



QI Boxset- How the reception team can get involved in Quality Improvement.

Podcast transcript

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Jo Civil

RCVS Knowledge:

Welcome to the Quality Improvement box set by RCVS Knowledge, a series of webinars, podcasts, and video interviews, for practices and practitioners.

Pam Mosedale:

Hi everyone today, I'm going to be talking to Jo is lead receptionist at 387 vets in Walsall. Hi Jo.

Jo Civil:

Hello Pam.

Pam Mosedale:

Hi, lovely to talk to you. I wanted to talk to you particularly about your role in the practice around quality improvement.

Jo Civil:

Okay. That's lovely. So when I went on the BVRA Congress you did a super presentation all around quality improvement and it got me really passionate about how we could improve things at our practice. So we've always done lots of auditing for a number of years but I've now assumed the role of quality improvement officer so I'm now responsible for facilitating the audits in the practice and making sure that we've got audits across various sections of the practice, not just clinical areas, nonclinical as well and basically following up on those audits and making sure that yes, we're moving in the right direction and if we're not moving in the right right direction, how do we improve things? So some of the audits that I've personally been involved in have been puppy socialization. So making sure that vets and nurses are having conversations with new puppy owners that they socialize their puppies.

Jo Civil:

I've also been involved in general anesthetic making sure that the forms are correctly completed because we were finding not even patients names are on there initially, and it just makes the whole thing, so sort of disjointed when you haven't got half the information that should be on there,

especially when it's even basic information. So making sure that those forms were completed properly and also involved in stock management and making sure that certain products that seem to disappear off the shelf very quickly, but stock is saying, oh, we actually have six of those and trying to work out well, why is the discrepancy? So those are some of the things that we've been involved in historically. And then we're also looking at doing future audits, which I will be launching at our clinical meeting on Thursday.

Pam Mosedale:

Great.

Jo Civil:

Yeah, so looking at things like euthanasia, so have we carried out the client's instructions? Did they want a routine or did they want an individual cremation? And did they want casket urns? Is that what they've actually got and what sparked that was? Initially a poor client came in and they'd asked for an individual cremation with footprints and fur and all sorts of things. And sadly we hadn't done those extra things. So it kind of highlighted that this is an important area to look at. So that's a new one. Also the histories that come through from other vets, making sure they're attached to the records and that we've updated the history of the vaccination status. So again, it's, it's compliance for the patient and it's also, you know, business for the vets as well. So look looking at it from a two edge sword. So yeah, there are a couple of the good things that are coming up as well. Wow.

Pam Mosedale:

So it sounds amazing. And I think it's so enlightened for your practice to have their QI champion being one of the reception team. I think that's lovely to hear.

Jo Civil:

Yeah. Yeah. I think it's good for reception to get involved. It's great for teamwork. So the audit teams that we set up, we try to have a vet, a nurse and a member of reception. So you're getting lots of perspectives on the audit itself. It means that everybody can understand the whole of the business so the nurses can understand the constraints that the receptionists have and vice versa. And I think it's really rewarding for everybody to see that you've actually improved on something. So whereas the puppy socialization was at 45% initially and it's gradually gone up audit by audit to now be 85%. It's, it's inspiring really.

Pam Mosedale:

That's wonderful. And, I mean, it's great. It is so much a whole team effort. I think that's brilliant. And that you have that in each audit where, you know, whether it's little bit clinical or little bit nonclinical, you have a mixture of people, which is wonderful. And you are the puppy socialization one you described, well, I mean, that's so topical, isn't it with you know, after lockdown all these lockdown puppies and whether they got socialized or not. So what we, you were measuring whether the vets and nurses recorded that they talked about socialization. Were you, is that what you were measuring?

Jo Civil:

Yeah. So when they came in for first or second vaccinations has a conversation taken place that we've discussed socialization and the reason why that's important.

Pam Mosedale:

Excellent. And if

Jo Civil:

The discussion hasn't taken place or not.

Pam Mosedale:

And so did you do some team training about that when you started or part way through, or,

Jo Civil:

Yeah. So we talked about it at practice meetings. After the audit I would complete a, sort of a, a focus sheet saying, this is how we've done this audit. This is what we did last audit. So we've moved it forward by X percent. However, we need to get up to our target level, which well, we set it at 95% actually, which is quite high,

Pam Mosedale:

Very high.

Jo Civil:

Yeah. and this is how you do it. So we've got various SOPs in place for people to refer to as to what conversation they have. We've got puppy packs that they give out to clients. So that will prompt them to talk about socialization as well as lots of other areas. So yeah, you know, there's lots of things within practice that have changed as a result of that.

Pam Mosedale:

Excellent. I presumably you, you listen to the team when they say why sometimes they can't do it.

Jo Civil:

Yeah. Sometimes it's just a question if they're not documented it properly. So yeah, just trying to focus their minds on making sure that things are written down, that they've discussed X, Y, and Z.

Pam Mosedale:

Excellent, and, and you said you got you were doing something around cremation. I mean, that's just such a sensitive area, isn't it? If something goes wrong there it's so upsetting for the clients.

Jo Civil:

Is. Yeah, absolutely and it, it's the one time that I think you've got to get things right. Because there is no going back. There is no second chance. So yeah, it's, it's really important.

Pam Mosedale:

And how easy have you found to get, to get the team on board with these projects?

Jo Civil:

Sometimes it can be a bit of a tick box exercise, so, oh, yes. We've got this audit to do let's tick the box to say that we've done it and move on. I'm hoping that with my role as quality improvement, officer, that just by having a presence at the meetings and having a, a focus person that people can come to and I can say, oh, that audit's due by the end of the month. How are you getting on with it? But it'll just keep the, the focus going that actually audits are very important. And there is a reason for it. It's not just a tick box we're actually trying to make ourselves better.

Pam Mosedale:

Absolutely. I think that's right. People have to understand and great with your the one you demo discussed with us about the puppy, things that you, you, you kept telling them all the way through, or kept sharing with your team all the way through what the improvement was and that's important, isn't it? You've got to feedback.

Jo Civil:

Yeah. And I think as well from a morale point of view, people can see that yes, it is making a difference. You know, it makes people more receptive to keep going.

Pam Mosedale:

Absolutely, and, and have you had other team members now suggest areas that audit next?

Jo Civil:

Yeah. We've got the nurses that are doing care plans and postop temperatures. So those have taken place this quarter as well. And then from a non-clinical side, I've suggested that we look at client waiting times. That's a little more challenging how we actually work out how the logistics of how we, we sort that one, but yeah, once we've got the audit teams in place sure. We'll, we'll come up with a plan.

Pam Mosedale:

Excellent. And you'll probably demonstrate when you do the one about client waiting times, what they call the Hawthorne effect that when people are being watched, they perform better. Cause you probably, you might find that everyone gets a bit competitive for how long they're keeping the, the clients waiting.

Jo Civil:

I would imagine.

Pam Mosedale:

And do you, would you ever share any of these results from your audits with, with the clients? Do the clients know what's going on?

Jo Civil:

Well, funnily enough in the last newsletter, our practice manager did put a piece on the newsletter that I was gonna start focusing on quality improvement. So yeah, I think it's, it's nice from the client's point of view to know that we do these things in the background. So just because we've always done something doesn't mean to say it's always the best way to do it. So I think if clients can appreciate that, you know, we do go and above and beyond kind of behind the scenes, then it's, it's good that they know that.

Pam Mosedale:

I, I think so. And I think it's great that reception knows what's going on with even the more clinical audits. So, you know, maybe postoperative infections or that kind of thing, if you know about it, it's, you can reassure people when they're leaving their animals, can't you

Jo Civil:

That's right. Yeah. Yeah.

Pam Mosedale:

It is a very worrying time for people obviously. And do your reception team get involved, if, do you have significant event audit meetings when things go wrong and if you do do your reception team get involved.

Jo Civil:

So historically it was very sort of ad hoc. So in a clinical meeting or practice meeting, it would be, oh yeah. I remember when this happened. What we've actually got in place now is a significant event folder. So that has got a pro-forma in there very easy to fill out mostly a tick box exercise, the reasons why that thing happened. Definitely not a blame culture. So it's about finding out what happened, why did it happen and how do we make sure it doesn't happen again? And then in the clinical meeting, we're gonna bring up those significant events. So we've actually got the folder now with everything that's happened along the way, rather than it being, oh, now when did that happen? And did we discuss it last time? So a much more formal approach I think is better.

Pam Mosedale:

Yeah. I think that's a great idea to have somewhere where people can record it. And what about near misses? Would you record those as well?

Jo Civil:

Yes. Yeah. So we're doing kind of the wrong medications being given out. That's a severe breach or we've given too much of a medication instead of four tablets. We've given 30 tablets, things like that. So yeah, we, we are counting all sorts of things, even when things have gone wrong during anesthetic. Sadly we lost a patient before Christmas, so could we have done anything differently? Maybe not, but just assessing it as a, well, we did this, how could it have gone better? It's just, you know, it focuses the mind and makes everybody think about what we could have done.

Pam Mosedale:

Absolutely. And I think that's another great example of how important it is to have reception involved too, because maybe that the animal, maybe it was a rabbit or maybe it was a very nervous cat or maybe it was sitting next to a barking dog before it was admitted. And maybe that we had lots of adrenaline circulating and that could maybe account for some of this, the, the clinical things that happened later. So, and if you don't have reception involved, how do you know about that part of the story, a full story? Do you, unless you get the whole team?

Jo Civil:

No, that's really,

Pam Mosedale:

No, that's good. And, and, but yeah, I think near miss is an amazing amazing thing to record and discuss because nothing really did terrible did happen. So it's, it's easier to discuss and, and reception of such a vital role with handing over medication. And often you are the people who find out that there's a mistake, aren't you? When you, when you are handing it.

Jo Civil:

Yeah, that's right. So if it could be nipped in the bud, all the better.

Pam Mosedale:

Excellent. And you said you were doing a project around around histories being attached from other practices and things.

Jo Civil:

Yes, that's right. So when we get a history through making sure that it's attached to the patient record, but also that the vaccine has been updated so that they can get their annual reminder.

Pam Mosedale:

Right. Okay. Yes. Because that's quite often could get missed, couldn't it? Yeah. So whose responsibility would that be to be doing all that then?

Jo Civil:

So at the moment, reception look at the emails two or three times a day. So whoever looks at the emails, sees the history, attaches it to the record and then it's their responsibility to update the vaccination status. It just seems sensible that one person own that particular case rather than everybody doing bit of this bit of that. So yeah, that's how we work it.

Pam Mosedale:

Yeah. Good. And I mean, is there a chance for you know, where would people re ask? How, how would they, if someone in the practice wanted to set up a certain project, how, how would they go about that? Would they come to you to ask? Is that how it works now? Your QI champion?

Jo Civil:

Yes. So the clinical meeting, we discuss what audits we're currently doing, what audits we want to do and what time scales are they gonna do them in what's the priority at the moment. And like you say, getting everybody in the practice involved in at least one audit. So yeah, we, we have quite a list of things that we want to look at at the moment.

Pam Mosedale:

Yeah. I think time scales is a good idea as well, because, you know, you, you want to make sure that you, that you, you're not taking on too much don't you at the same time. Yeah.

Jo Civil:

Yeah. That's right. And making sure that it's the, I mean, what we are looking at doing is focusing on where of our significant events happened and is there an audit that we can do to make sure that that doesn't happen again? So that's kind of a priority. So where wrong medication has been given at I've developed a medication and dispensing checklist. So yet it's what we should all know what to do, but we don't necessarily always do it. So just by having a checklist that we can follow or yes, I need to just check that. So again, that's something else that we're doing as part of the auditing.

Pam Mosedale:

That's brilliant. I mean, we're all human, so we, we all make mistakes. So I think checklists are so useful to just remind us to go through, especially when you, you know, you're a little bit distracted by other things that are going on. It's so easy. All you very rushed, which everybody obviously is been in practice recently or tired. The it's just much more likely for these things to happen. Isn't it? And of course the surgical safety checklist too, that the vets can and nurses can use in, in in theater. I don't know if your practice has that, but, but I think there's so many places which, I think medication checklists are great, or case handover checklists. It's a matter of putting systems of work in isn't it?

Jo Civil:

Yeah.

Pam Mosedale:

Yeah. Brilliant. It sounds like you're, you're doing an amazing amount really. So you said you've got future projects. What kind of other things are you thinking of? You said waiting times you get to do that, is that because, wait you've had complaints about people waiting or just a certain bottleneck times or, or what

Jo Civil:

There are certain times. So particularly Mondays and Fridays, which I think everybody can relate to or there's maybe certain vets that are a little bit slower than maybe other vets. So just seeing where we can alleviate some of those pressure points, do we need an extra vet on a Monday morning? Things like that? So that's one of the things that we're looking at doing also estimates on consent forms particularly with dentals, even though it's very hard to estimate for a dental but they are such big figures sometimes so if the client's expecting a couple of hundred pounds and it comes into the thousand, then did we really manage that client's expectations?

Pam Mosedale:

Well, that sounds, that sounds great. I think you're right. That dentals can be a huge bone of contention can't they? You know because it's so difficult to estimate, but just the fact that there is some sort of estimate on there is the, is the first stage, isn't it. And I think all the examples you've given are really powerful because you can go back and discuss this with actual facts. Can't you, rather than just saying, oh, we don't think people are doing estimates for dentals. You can actually say 25% of our dentals didn't have an estimate or, or whatever your figure is.

Jo Civil:

Yeah, absolutely and I think it is far easier for a client if they come in and you've said oh the dental, probably between five and 800, even if it comes in at 800, at least you've managed that client's expectation on it. And whether a signature means anything or not, you've got a signature to say they were aware of it as well.

Pam Mosedale:

Well, if they've been informed, then, then that's a, and obviously you in the client care team, you are the ones that get the backlash when, when people come to collect their animals. And haven't so, you know, you're, are on the front line of that. I mean, have you ever thought of, you know, having sort of client focus groups and asking them, what kind of things you, you might need to improve?

Jo Civil:

That's a good idea. Actually, they do that a lot in doctors, don't they? Mm,

Pam Mosedale:

I mean, I, I don't think it's common in practices at all, but I think it's something that might be interesting that you could maybe, or, or any kind of survey, of your regular clients, it can be a focus group or it could be a questionnaire or anything like that. So,

Jo Civil:

Yeah, we, we are actually drafting a survey at the moment because myself and the practice manager are working on the, RCVS customer service, additional awards. So we are putting in place a survey for that. So that'd be a, an interesting exercise to see what clients think of us and where they think we can improve.

Pam Mosedale:

Absolutely. And, and it's just being open, isn't it, it's learning from these things. It's not being defensive, it's learning from things from, from each other and as, as a whole team and learning from what our, our clients think is important as well, because sometimes what we think is important and what our clients think is important and not always the same things, are they? No,

Jo Civil:

Not, no, no. It's not always the cuddling puppy. That's important. It could be the arm around them when they lose their lifelong pet and Absoluty. So yeah, it's important. Yeah,

Pam Mosedale:

Absolutely and as far as the rest of your team is concerned, have they sort of embrace quality improvement now? Have they done any, like CPD on it?

Jo Civil:

So I've looked at the, RCVS Knowledge as has the practice manager. Super site if anybody hasn't looked at it and we've discussed today, actually setting up maybe little 10 minute training sessions, particularly for people that have never done an audit before, so that they know how to research it, what they're looking for and how to even set out their findings of, of what the audits found. So yeah, we're gonna set that up as well.

Pam Mosedale:

Excellent. Because at RCVS Knowledge, apart from having a CPD audit course they could do, which is takes a little, probably half an hour or so we've also got the QI box set, which has got lots of short podcasts like this that they can listen to. So yeah. Encourage your team to if they're interested to have a look at that because you know, we can all learn from each other then can't we

Jo Civil:

Definitely. Yeah.

Pam Mosedale:

Well, thank you so much for talking to me, I am so pleased. I couldn't be more pleased that we've now got people in, in front of house and client care involved in quality improvement. In the past it has kind of been thought of as being a vets thing or a nurse's thing, but it's a whole team thing, isn't it?

Jo Civil:

It is. And I, I do feel really enthusiastic about starting or continuing and making it better you know, improving the quality within the practice. So once you get involved in it, I think you appreciate just how and it's very important for the health and wellbeing of staff, because if you can do a job that's easier than perhaps you were doing before and achieving a better result, then that's ultimately gonna have an impact on your health and wellbeing as well. If you haven't got clients coming and complaining about a certain thing, then it all it all helps with you, your health and your wellbeing.

Pam Mosedale:

That's such a good point. Thank you for raising that. I think yeah, the team morale that, that you get from the fact that you're all cooperating, you're all talking and communicating about these things and you're making a difference. Yeah. And we spend so much time at work. So that, that is a, a brilliant, a brilliant point that yes, it's the welfare of the animals, but it's also the welfare of the team. Isn't it?

Jo Civil:

Absolutely. Yeah.

Pam Mosedale:

Well, thank you so much for talking to me. I think your practice is so lucky to have such an enthusiastic QI champion. So we will wait to see, to see more things coming from you and don't forget we have the Knowledge Awards you can enter for those.

Jo Civil:

I will. Thank you, Pam. Okay,

Pam Mosedale:

Pleased, to speak to you.

Jo Civil:

Bye. And you. Bye bye.

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