



## **QI Boxset: Starting out with Checklists.**

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RCVS Knowledge:

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

Pam Mosedale:

Hi everyone. Today I'm going to talk to Falon Hepburn. Falon's an RVN, she's the referrals nurse at the Roundhouse Veterinary Hospital, and she's the Lead Educational Nurse. Hi Falon.

Falon Hepburn:

Hi, Pam.

Pam Mosedale:

Hi. Nice to talk to you. So I was wanting to talk to you about the nurse's role in checklists. Do you use any checklists in your practice?

Falon Hepburn:

Yes, we have a variety of checklists that all members of staff use, from kind of surgical safety checklist, that's the one that we're rolling out at the moment. We're doing some tweaks on that and that will be launching in a couple of weeks' time. But we also have our surgical equipment checklist, our epidural checklist, yeah, the list goes on.

Pam Mosedale:

Yeah, those surgical kit checklists are vital, aren't they?

Falon Hepburn:

Absolutely. Especially coming from an orthopaedic background, you know, there's bits everywhere.

Pam Mosedale:

Goodness. I know, yeah, the amount of kit in orthopaedic ops is really amazing, isn't it? So, and you said, epidural checklist too. That sounds interesting.

Falon Hepburn:

Yeah, it is. Pretty much all of our hind limb ops have an epidural carried out. So it's important that our team members that are setting up for the epidural to take place, that they know exactly what to put out on the table for the surgeon to then perform the epidural. So obviously we need to have all the skin prep, your spinal needles, and your medication, which is what I and the vet will get out and

organise and calculate. But it just makes it easier for any new members of staff that are coming into the practice. They can easily pick up the checklist or if someone was off sick, the checklist is there to pick up and carry on.

Pam Mosedale:

That's why they're so important, isn't it? They can have consistency, but also can help you if you just forget one little thing and then finish up having to run around trying to find it in the middle of the procedure, which is no fun for anybody. Do you have an anaesthesia checklist or is that part of this new checklist you're going to implement?

Falon Hepburn:

So this is part of the new checklist that we're going to implement. So it starts off pre-anaesthesia and works the whole way through up to post-operative. So it does sound like it's quite lengthy, but actually, it is quite short and sharp, very easy to follow, and yeah, incorporates your anaesthetic and your surgical safety.

Pam Mosedale:

That sounds really interesting. So, on a traditional surgical safety checklist, there are maybe three places you stop. So there are more places on this one, are there?

Falon Hepburn:

Yes. Yeah, I would say there are five sections on ours.

Pam Mosedale:

And each section, just a few points, is there, on each one?

Falon Hepburn:

Yeah, I would say there are probably about eight to 10 points on each one, but simple 'yes' or 'no' answers or obviously grading for your ASA category, you've got your grades there, but pretty much every other question is either a 'yes' or 'no' in a tick box.

Pam Mosedale:

And is this going to be on the anaesthesia monitoring chart or on a separate piece of paper, or how are you going to do it?

Falon Hepburn:

Yeah, so it will probably be on a separate piece of paper. I think that is still to be finalised, but it will likely be on a separate piece of paper, and then it's easily picked up. We print all of our anaesthetic forms out and admit forms the previous day, so it'll just be something else that needs to be printed. And then once it is uploaded and stored, then it'll be recycled, you know, disposed of correctly.

Pam Mosedale:

And have you been involved in actually drawing it up?

Falon Hepburn:

I've been involved in trialling it, I was used as a bit of a guinea pig, and to also give feedback to management about it. So I have used it, and given my own personal thoughts on it, and it has been tweaked. A couple of other RVNs have used it as well to trial it, and our thoughts went back to

management. Like I said, it has been tweaked and when it's finalised, it will be rolled out in a couple of weeks

Pam Mosedale:

And when it's been used a little bit more by some more of the team, will you be looking at it again to see if you need to do any other tweaks?

Falon Hepburn:

Oh, absolutely. I was actually discussing in theatre today with Ross Allen, the vet, that this is going to be a live document, it can be edited, which I think is very important because it's a team effort. You know, there's no point in having a checklist there if people don't think it's useful or they can't be bothered filling it out. It's good to get feedback, and there may be something on there that they maybe don't understand properly, and we have to explain why that's on there.

Pam Mosedale:

That's great because I think you're right, it needs to be a living document and it needs to be very personalised to your particular practice, doesn't it?

Falon Hepburn:

Yeah, absolutely. Every practice is different. We do first opinion work here, and referrals. So, we see everything from your cat castrates right up to your fracture repairs, just depends on what comes through the door.

Pam Mosedale:

So are you going to use this for all the procedures in the practice?

Falon Hepburn:

So we will be using it for all the procedures, but at the moment when it first gets rolled out, it'll just be used for referrals initially, and then once we get more comfortable using it, it'll be rolled out to other areas of the hospital.

Pam Mosedale:

Are you intending to use it for emergencies as well, for emergency surgeries?

Falon Hepburn:

Yeah, absolutely. We will have some of them pre-printed, so they're easy to grab when you're grabbing your ICU monitoring charts, so they're literally at an arm's length away. There's no reason that they shouldn't be filled out in these situations because this is when the pressure is high and when errors are likely to occur.

Pam Mosedale:

Absolutely. When you're rushing, that's when you are concentrating on something and rushing and a bit panicky, that's when we can forget one crucial step, isn't it? And you've used them before in previous roles, surgical safety checklists?

Falon Hepburn:

Yeah, I have, I found them very useful. They weren't mandatory, but I did find them useful.

Pam Mosedale:

So are you going to try and persuade everybody in the practice to use them when you introduce them?

Falon Hepburn:

Absolutely. I think it will become a protocol eventually that you will have to use them. We always want to be doing the best for our patients and we see this a lot here, we may not be perfect, but we are certainly trying our best. We want everything to be as safe for our patients as possible. And yeah, especially with my role as the Educational Nurse, definitely I will be using this myself and implementing it and getting the team to use it also.

Pam Mosedale:

That's a really interesting role, Educational Nurse, isn't it? So is that part of your role to make sure people are trained for these types of things?

Falon Hepburn:

Absolutely, yep. You know, we can be prepared for an emergency as much as we can be. We work in veterinary, and we don't know what's going to come through the door, but this is why we have our checklists, it just helps us. It's less stressful. And going forward, I think it's something that every practice should take on board.

Pam Mosedale:

And earlier you mentioned having everything ready and it's saving time and I think that's really important at the moment, isn't it? When every few minutes saved is so crucial at the moment when everybody's working so hard and so overstretched.

Falon Hepburn:

Yeah, absolutely. We know it's tough, and time management in practice is difficult as well because not everything goes to plan, you know, we're working with animals, but you know, I think if we can try and manage it a little bit better and have these checklists available to hand and someone takes charge. So it will be our VN's that take charge of this in my practice. But, you know, having someone to take charge to read out and vocalise these checks, it'll just help minimise any, any errors going forward.

Pam Mosedale:

That's great. So the nurses are going to be reading the checklist out at these five times during the procedure. Will the nurses actually be empowered to tell the vets to stop if they haven't used the checklist?

Falon Hepburn:

Oh, absolutely. The checklists are there for a reason. We've got, as I said earlier, ours does start at the pre-anaesthesia stage, so that's when everyone has a chat. It's simple questions that we're asking each other, that then get recorded to help minimise risks going forward. So, at the pre-anaesthetic stage, there shouldn't be too much stress involved, the patient hasn't even had its pre-med yet. So, as long as it's not an emergency, the team should take time to discuss the patient going forward and go through the checklists all together.

Pam Mosedale:

And that's interesting because you're right, I think the checklist, it's not just only about patient safety, obviously, that's most important, but it's about communication, isn't it? And making you into a team when you start to chat about the case from the beginning?

Falon Hepburn:

Absolutely. It's a team philosophy at the end of the day, you know, everyone has their part to play. Especially in my role, I would be lost without my team members. We're like a family here and we all want the same goal. We want what's best for the patients.

Pam Mosedale:

So, what are you going to do, you've done your trial, that's great. You've designed it, and you've done your trialling, what stage are you at now? How are you going to get this over to the rest of your team?

Falon Hepburn:

So coming from the hospital, obviously, we do have quite a big team here, a team of different disciplines and different areas. So going forward for the RVNs, we will be having a nurse meeting and this checklist will be introduced. It's not totally new, the other RVNs know that it's in the pipeline because some have tried it out to give their feedback, which is very important. But we will all have our own individual meetings. So nurses will have their meetings, the PCAs will have a meeting and the vets will have their meeting and then it'll all come together at our weekly hospital meeting. And it'll be rolled out so everyone is aware of what's going on, they're aware of what it looks like, just the basics, and who's going to be taking charge of reading it out, which will be the RVN.

Pam Mosedale:

Excellent. And then are you scheduling a meeting after a certain time to see how it's going?

Falon Hepburn:

Yeah, so the lead nurses will likely have their own meeting and get a little bit of feedback from everyone, do a little audit, see what's going on, what's working well, and what's maybe not working so well. Getting feedback and our team members' understanding of it and you know, chatting about has there been any near misses, has it prevented us from making an error, and just, just highlighting that.

Pam Mosedale:

That's going to be so interesting, isn't it? I'm glad to hear that you're going to audit it. That's great. And obviously, you can audit just that it's filled in, can't you, which will be really good to do. But also recording any near misses, any things that you pick up and prevent them from becoming an error will be fascinating, won't it? So does everybody know how they should be recording those?

Falon Hepburn:

That will be getting rolled out at the meeting, just to make sure everyone is on board with it. And we also use an online communication system for all of our practices because we don't just have the hospital, we have branches as well. So, it's where we can communicate, you know, not everyone's available at the end of a phone, especially not in our line of work, so we can set 'to-do's' for different people in the different practices. So we also have areas where we can upload our protocols and our checklist to. So there will be a copy on there as well.

Pam Mosedale:

So if it works well in the referral situation, you're going to roll it out in the branches too?

Falon Hepburn:

Oh, absolutely, why not?!

Pam Mosedale:

No, absolutely. You said that you'd used them before, have you ever known of any situations where using a surgical safety checklist has prevented an error?

Falon Hepburn:

I have actually prevented an error occurring in a previous practice from the wrong surgical leg being clipped. Which is, it sounds very basic, but when you think about it, that has a huge knock-on effect, so just from someone communicating and either circling or ticking a box on a checklist, it stopped the wrong procedure potentially.

Pam Mosedale:

Once the wrong leg is clipped, the wrong leg could be operated on, couldn't it too? Brilliant. I think that could be a way to persuade anybody who's a little bit reluctant. Are you thinking you might have some people you need to chivie along to use it?

Falon Hepburn:

Oh, I think, yeah, absolutely. I'm not going to lie, everyone is different, and I think time management like I had touched on before, especially with the vets, they just want to get things done. Do it the best that they can do, obviously, but it's another sheet of paper to them. But it is important. Hopefully, we'll have good feedback from it and it'll be positive and it will be good going forward. Yeah, I'm hoping it does help, and I'm hoping there's not too much resistance

Pam Mosedale:

I expect you will get a little bit, but that will be part of it, to deal with that, won't it? But I think illustrating to people that it's actually prevented errors is a massively important part of it, isn't it? Do you think some of the nurses might be a bit reluctant to actually speak up and assert themselves to actually do it? If vets are trying to 'let's get on with things'?

Falon Hepburn:

Yeah, I mean they may, everyone's personalities and things are different, but you know, we are here, we have the lead nursing team here, so we are here to speak up on behalf of the other nurses if they need that. Like I said, we will be having the meetings so they'll be well informed that they can speak up, it's important to speak up. It's better to deal with an issue before it becomes a bigger issue, everyone's got a voice, you know, we are a team. They'll be encouraged to do it.

Pam Mosedale:

That sounds great. And like you say, that minute or whatever to go through the checklist might save you hours of trying to sort out some sort of client complaint or error later, which is soul-destroying for everybody, isn't it? So, absolutely, that's great. It sounds like you've got it all worked out there and I'd be really interested to know how this goes as it goes along. You said that you use some other checklists around your kits and things. Maybe it's not in your role, but do you use checklists around case handovers, maybe? They're another area I think where checklists can be quite useful.

Falon Hepburn:

We do have a wards checklist. I'm not involved in that too much, it's more the ward nurses that do that or the other nurses that are rotating around the hospital. But I do know that there is a checklist in there. We do have phlebitis scores and things like that as well. And we do check off on our hospital sheets that we are checking patient catheters and all those kinds of things. So, we do have checklists in other areas of the hospital, but it's maybe just not as specific as the surgical safety checklist.

Pam Mosedale:

But they can be useful and like you say, for nurses who are rotating into different roles can be really, really helpful too if they've got them, so it sounds like you've got lots of systems in place to try and make the day go better.

Falon Hepburn:

Yeah, absolutely. We want people to have an easy day, not many days are easy, but we want things to flow. We want continuity, we want to minimise risks and errors occurring, and protocols are there for a reason. Checklists are there for a reason. It's not just to be there to be a burden, they're there for safety. So yeah, it tends to work well, the continuity from handing over and communication works well, and it doesn't take long to do.

Pam Mosedale:

So, what would your message be to the practices or what would you say to practices that are not using surgical safety checklists?

Falon Hepburn:

I would ask them why not? You know, you have your tools on the RCVS Knowledge website to get you started, the checklist templates are there, you know, take a little bit of time. I know it's difficult, we are all very busy, but try and put aside some time to go on and have a look. Pinpoint just even a small area of the practice that you want to start on. Don't overwhelm yourself. Maybe think of an area where you have been having some kind of errors occurring or near misses and start there. Communicate with the team and get feedback. I think that's what's important, it is a team effort.

Pam Mosedale:

That's brilliant advice. You're absolutely right. It's really important, isn't it? The team knows what's going on, that this thing doesn't just fly in from above and gets forced onto everybody without people understanding the process and why you need it.

Falon Hepburn:

Absolutely. Absolutely. You know, we need everyone from receptionists all the way up to management, it needs to work, it needs continuity from when a receptionist takes a phone call all the way through to the patient post-op or discharge and at home. It's feedback from everyone and it is a kind of ...it's not trial and error as such, but as I said earlier, these things need to be a live document. We are taking our other colleagues' thoughts on board, and tweaking things where it needs to tweak. Because if you don't, then you're going to have resistance. There has to be a bit of come and go as well, but once the final document is set, it's set that it gets used as it's meant to get used. It doesn't get altered without it going to management or with there being a reason as to why.

Pam Mosedale:

Yeah. And that discussion, that's the thing. And agreeing as a team on how are you going to change it. But that sounds wonderful, and we'd be really excited to maybe talk to you again in a few months and see how it's actually worked.

Falon Hepburn:

Yes, absolutely. Hopefully, all positive.

Pam Mosedale:

Well, positives or negatives, we can all learn from each other's practices. I'm sure it'll all be positive, but if you have any little hurdles along the way, it's useful to discuss those, isn't it?

Falon Hepburn:

Yeah, absolutely. It's important, that's what your Vets Safe and things like that is therefore as well, you know, so we can only live and learn. But these will hopefully prevent us from having any kind of disaster.

Pam Mosedale:

Well, yes, they won't prevent everything, but there are some things that they are going to help with really, really, aren't there? And, and thank you for mentioning the Knowledge resources and yeah, there's a lot of things there aren't there, there's a checklist manual with lots of examples from seven or eight different practices, but as you rightly said right at the beginning, you can't just take one off the shelf and just use it. You have to adapt it to your own practice and then adopt it once you've adapted it. It's been really fascinating talking to you, Falon. Thank you so much. I shall let you get home now, but we'll maybe catch up again in a few months and see how it's all going.

Falon Hepburn:

Yeah, that sounds great, Pam. Thank you very much for your time.

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