

Knowledge Natter: Using QI to lead organisational change with the Linnaeus Medical Quality Team

RCVS Knowledge

Welcome to this Knowledge Natter by RCBS Knowledge. Here we have friendly and informal discussions with our Knowledge Award Champions and those who are empowered by quality improvement in their work. Whether you are a veterinary surgeon, veterinary nurse, receptionist or member of management, quality improvement will and can positively impact your everyday life. Listen and be inspired.

Lou Northway

Hi everyone, my name's Lou. I'm Quality Improvement Clinical Lead here at RCVS Knowledge and I'm here today to talk to Artie and Sam from Linnaeus who are from the medical team about their RCVS Knowledge Award. are champions for this year. Hi everybody.

Thanks so much for joining me. So before we do a deep dive into your project, I wondered if you could start telling us a little bit about Linnaeus and your roles within the team and what you're doing there.

Aarti Hogan

Okay so we're the Linnaeus Medical Quality Team. So I'm Aarti and I'm a vet and we also have Kathrine who's a vet but she's not here today and then we've got Sam who is here with us who's an RBN and you know we're all really passionate about patient safety and QI and really excited to be here with you today.

Lou Northway

And so your project is a huge amount of work, isn't it? It's gone, it's taken place over several years now. So where did the inspiration within the medical team come from for looking at this area? How did it all start?

Aarti

Yeah, so this this work started back in 2019. As we know, there was very little awareness of patient safety in the veterinary world back then. And VetSafe had only been launched for a few months and so we felt there was like a really huge opportunity to use what was then a new system as a tool to understand what was happening across

the Linnaeus group as well as to encourage local learning and improvement in our practices. So that's really sort of where the idea came to get started with all of this.

Lou Northway

And for those of you that may be listening, Sam, I wondered if you could tell us a little bit about VetSafe for those that might not be aware of what VetSafe is.

Sam Thompson

Yeah, sure. So VetSafe is a patient safety reporting system. So whenever there is a patient safety event in practice, we would be logging that on VetSafe. And actually, interestingly, I was on the flip side in 2019. So I was in the practice being supported by Catherine and Arty to kind of embrace VetSafe, get that embedded in our culture and do the reporting as well. So it was really useful for us in the practice to have an idea of what was going on and capturing any patient safety events.

Lou

So how did you start to sort of engage with teams and encourage them to use VetSafe? What were your aims?

Sam

Yeah, so basically we wanted to improve safety for all our patients by understanding more about the risks and using what we learnt to get those really like focused improvement initiatives. And you know, we could only do that with the active engagement of the practices. So I guess what that means logistically is, you know, practices had to have access to VetSafe and know how to get onto it. And, know, getting practice teams engaged was absolutely key to the success of this.

Aarti

And I guess we've identified a few factors that really, really helped. And what I'd say to anyone that's trying to do this on a greater level is that the buy-in of the leadership team is absolutely crucial because they need to prioritise it. And that's what happened. So our SLT, Senior Leadership Team, they prioritise patient safety reporting. You know, it's talked about often. So in a lot of meetings, and we really made a point of celebrating success by congratulating practices, such as one that Sam was in actually for high levels of reporting.

And I think they're just really getting down to practice level. So having champions in each of the practices and that didn't have to be vets or nurses. You know, it could be

RCVS Knowledge Page 2 of 9

your patient care assistants, your client care members, your practice managers. You know, it's just really finding those people in the practices that have that passion for QI like we do. And once you have that point of contact, it means that we had a group then that we could target with the support of the additional training.

And I think what's also really important is feedback. So communicating the progress back to the practices. And we had a newsletter that was available that gave us the data to share, but also some real stories and incidents that came out of the practices so people could see that what they were telling us was being used and was being championed across the whole business.

Lou

That's so insightful, isn't it? Sharing what's happening in practice and the type of like mistakes and errors and situations that are taking place. Because often when you reflect on them, think, gosh, yeah, that's happened to us or that's happened to my practice team as well. And how did you sort of roll out the training for the use of that? Say, was it webinars? Was it sort of regional events? Like, how did you go about that?

Aarti

Sam, did you want to take that one?

Sam

I was actually thinking I was still probably on the opposite side at that point. The things that we've done recently are really kind of having those champions in the practices, working with them collaboratively. We have regular meetings, so we'll have like a learning from VetSafe session every month where we talk about a topic that's come up. We also have great support from our medical team as well so they're also really communicating the importance of it and supporting practices with that assistance.

If people need more help then we will go and visit a practice and we'll spend some time with them actually on site working through it with them, giving them some examples. And we've also introduced kind of live reviewing sessions as well where we'll help people with the reviewing part of it also. So that's kind of what we've been doing recently. And from being someone in the practice, initially, it was very much being supported again by the quality team, resources from VetSafe being distributed, talking about that on kind of the senior leadership calls as well.

RCVS Knowledge Page 3 of 9

And having actually quite a lot of support for me personally, it was from my clinical director as well, helping me with that and helping getting the teams on board. So it's really been kind of a multi, very holistic approach to it with many, many aspects.

Lou

So did they apply to become a patient safety champion or was it sort of like the managers that said, you you'd be really good at this. How did it all come about for them?

Sam

I think originally it was very much managers identifying. I know that was definitely how I was asked to take that on board. Now it's a little bit different actually. There are people who are wanting to take on that role with a patient safety champion. We have some sites where they actually have an interview process for it. Such is the demand. So I think now people are really keen to really take that forward and go with it. So it is still a little bit of a mixed bag, but there's definitely been a shift over the years as to how that person is important.

Aarti

Yeah, I think we'd probably underestimate how much a culture shift is needed because when you work in a big group, you've got a whole bunch of practices that do have autonomy in how they work. And we want to get people onto the same level where it's a really safe space to be able to talk about mistakes and to be able to use it as a learning thing. So I think never underestimate what a culture means in a practice and making that come along.

And again, I think we were very lucky that we've been supported on our journey with this because I think one of the barriers can be if your leadership team doesn't fully comprehend how important it is. And ultimately as vets, nurses, PCAs, receptionists, whatever role you have in your practice, we work in very empathetic kind of thing, jobs, jobs that we want to do the best thing by our patients. So it really, really gets to the hearts and minds of our teams. So I think it's really important that you have leadership on board and you can use that to really embed this.

And when you started getting sort of the anonymised reports back through to the teams on the ground, were they really engaged with what they were seeing? Are they really interested in sort of seeing how many medicine errors were taking place and things like that?

RCVS Knowledge Page 4 of 9

So I think, again, you you've got your champions there, but hopefully you've also got engaged leadership teams as well. And it's really interesting for them to see what is going on in their practices. And, you know, like we say, you might think it just happens to you, but actually when you look at a bigger picture, you see the reports in your own practice and you see actually it's happened to several people, which then guide your improvement. And I think what's really been interesting for our teams over the years is where we share the bigger data with them so they can see what's happening for them and then also see what's happening elsewhere. And I think one, it gives that sort of feeling of safety that knowing that, you know what, this is happening in another place and let's chat to them and see how they're addressing it and see if we can also do a similar sort of thing. So I think it really brings that collaboration together. But yeah, we're definitely seeing that practices do get in touch with us about what they're seeing on their data.

And that's also how we guide our education as well. Like Sam mentioned, the learning from VetSafe sessions that we do, and they're very much guided from what's coming out of the practice.

Lou

Yeah, and they're a really good place to start, aren't they? Even the VDS newsletters and things that come through as well. And when you're reading about things that don't go so well in practice, the opportunity to learn from everything. And also when things keep happening, it just makes everyone be involved in, well, let's stop it happening again. And that's really empowering for teams as well. So FET-SAFE was sort of like the start of the Linnaeus patient safety framework. And then over time, Linnaeus have updated their patient reporting to a platform called Halo, haven't they? Their own bespoke platform. Could you tell us a little bit about that?

Aarti

You know, we really loved VetSafe and you know, so great for our teams to able to use it, but it works brilliantly at a UK level and you we would do work for a global business. So what we wanted to do was to be able to catch like the data and the learnings from all of our practices, which is ultimately what led to the development of our bespoke reporting system. And that's like you said, is called Halo. You know, were, and I were both involved in producing that.

RCVS Knowledge Page 5 of 9

It was built from the ground up and has a lot of the functions that ThetSafe has. But we've built on it, so taking in the feedback that we've had from our teams over the years, what didn't work well for them, what they'd like to see. And so really use that to try and incorporate it into the system. And also look at what we want out of it at the other end. So how can we best help the teams using what they're telling us?

And so this system is now used across the UK, but also the US, Europe, and now Asia. And it's fascinating. It's given us a real insight into what happens at local, national, and international levels. And we've heard it said often, haven't we, that we're alike in so many more ways than we're different. And we can see that in the data.

Lou

I was going to ask that, I was going say is it very similar country to country or does it differ massively or are the teams sort of facing similar things?

Aarti

So I don't think it's any surprise, obviously medication errors are the top of the list. And honestly, it's so fascinating, because the percentages that we see at global levels of medication errors is almost identical to what we see at the NAIS, which is almost identical to what we see in lot of practices. So it's really interesting to see how the same sort of errors happen, no matter which way you're splicing that data.

Sam

Yeah, I find it really fascinating, medicine errors. And I've been doing a lot of reading recently in from the NHS as well. It's slightly terrifying, but also really interesting. But I think it just comes back to the fact that we're all human, isn't it? Like human error is one of those things which we can just try and improve our systems as much as we can and use equipment and resources to try and mitigate risks. But at the end of the day, we are still human. Sam, so what were the big impacts from the project over the last five years now, isn't it? So, yeah.

Lou

What have the big impacts been over time, would you say?

Sam

Definitely more collaborative working, so we have practices now.

RCVS Knowledge Page 6 of 9

volunteering, kind of, oh my goodness, this happened, this is what we've done to rectify it, and we think this would be really good to share. So we have our own newsletter, actually, and we do share things, some sort of top tips, lived experiences, so that hopefully people can, again, not have to live it themselves, but kind of learn from others. We've also got some quite big projects being rolled out, and a lot of that is being driven by data. We've developed guidelines for the organization, so we have warming guidelines.

And again, that we keep going back to, that is driven by what we see. So it's been really interesting actually to see quite how impactful just the reporting system can be. yeah, lots of stuff going on definitely, kind of at site level, but also on a bigger scale as well. And I don't know if Arty maybe wants to chat about some of those bigger projects that we've got in the pipeline that have definitely been influenced by what we're seeing.

Aarti

Yeah, so I think I've mentioned the medication data and you know that is our first global initiative, global action that we're looking at because you know as a global team when we've seen what's happening we're like we can actually make a difference here. So you know we've got two little projects underway to see if we can reduce those areas, one for pharmacy organisation and like you know we know a safe pharmacy isn't going to look pretty and I think it's just embracing that in practice.

And then the other one is, you we anaesthesia medications, while they may not be the most common, they're where the greatest harm occurs. So, you we're looking at ways to make, you know, to standardise labelling anaesthesia syringes to try and stop those mistakes happening or at least putting a system in place that makes it harder to make those mistakes. So, you know, I think that's our big one. And then, you know, we're also looking at some of the barotrauma figures. So, you know, how easy is it to close the valve on an anesthetic machine? I have done it to my own cats. You know, the consequences when that's been left open just a couple of seconds too long is absolutely devastating. And, you know, anyone that works in QI and patient safety is about, you know, the term systems improvements, that this isn't a people fix, it's a systems fix.

And that's a really exciting project that I'm working on at the moment to make it so that it isn't possible to harm animals by barotrauma.

Lou

Yeah, no, absolutely. That resonates with me as well. I've seen that happen many times over the years, actually, like you say, there are people and organisations now trying to

RCVS Knowledge Page 7 of 9

develop equipment that is more patient safe to reduce that risk of human error, which is really exciting. So sounds like you've got so much underway and hopefully some of those projects will end up back in the Knowledge Awards again, I hope.

Lou

So thank you both so much for joining me for this very short Knowledge Natter. The project is really inspiring and for anybody that's listening today you can log on to the RCVS Knowledge website and have a read of the case report and then you'll be able to go through and see how the project was structured and everything that was done along the way and hopefully get some inspiration to take back to your own practices as well. Thanks so much for joining me Sam and Artie.

RCVS Knowledge

We hope you have enjoyed this recording. Please share it with your colleagues and friends. If you would like to find out more about quality improvement and access our free courses, examples and templates, please visit our quality improvement pages on our website at rcbsknowledge.co.uk.

RCVS Knowledge Page 8 of 9

Our transcripts and closed captions are generated manually and automatically. Every effort has been made to transcribe accurately. The accuracy depends on the audio quality, topic, and speaker. If you require assistance, or something doesn't seem quite right, please contact ebvm@rcvsknowledge.org

This work is licensed under a <u>Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License</u>. This information is provided for use for educational purposes. We do not warrant that information we provide will meet animal health or medical requirements.

It is ok to: share, discuss and learn! You can share this resource with your teams, colleagues, and organisations with credit to RCVS Knowledge and the author where appropriate. You can share downloadable links on your socials and within internal networks.

It is not ok to: edit, change, or add to this resource, or claim it as your own. Although you are welcome to use it and reference it, you should not copy and paste it in its entirety. You should always provide a link back to this online resource. You may not use it for commercial purposes, for example, charging for its use, providing it behind a paywall, or providing it as part of a paid-for subscription service.

You should reference this resource like this: RCVS Knowledge (2025). *Knowledge Natter: Using QI to lead organisational change with the Linnaeus Medical Quality Teame*. [Online] Available at (rcvsknowledge.org)

RCVS Knowledge Page 9 of 9