



The canine Cruciate Registry

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Pam Mosedale:

Hi, everyone. Today I'm going to be talking to Ross Allan. Ross is Clinical Director of Roundhouse Referrals, in Glasgow. And I want to talk to Ross about the Canine Cruciate Registry. Hi, Ross.

Ross Allan:

Hi, Pam.

Pam Mosedale:

Ross, I've talked to Mark Morton about the Registry and obviously he's really passionate about it and he's the one who's the Clinical Lead on it. But I thought I'd talk to you as a vet who's actually used the Cruciate Registry.

Ross Allan:

Well, it's great to have the opportunity to speak to you about the Registry. It's something I first heard about potentially happening about three or maybe four years ago, and I was delighted to have the opportunity to take part in the advisory board in developing the Registry that we have today.

Pam Mosedale:

And why do you think it's such a good idea to have a Canine Cruciate Registry?

Ross Allan:

I think it stands out to me as one of the most exciting things to be happening in the profession at the moment for a number of reasons. I think the first is that it's reckoned that probably about one in 200 dogs that we see in practice every day will suffer some degree of cruciate injury. Probably about two thirds of these dogs we will operate on, to some degree or other, and probably about 20% of them will be referral surgeries. Many of them, in fact probably the majority of dogs that suffer cruciate injury will

be operated on in general practice. And yet there's massive gaps in the information and the knowledge that we have. There's lots of academic studies published, there's lots of published techniques, but there still is a big part to play in developing more information and more knowledge based on exactly what we are seeing in practice. So that's the real excitement for me, playing a part in developing that information and that knowledge.

Pam Mosedale:

And it's not just for referral vets, is it, to provide this data?

Ross Allan:

No, I think that's a key point. A lot of the information that's been published up until now has been on well-run trial studies, there's academic papers, there's hundreds of them, quite honestly published about cruciate disease. I think all of us that are in practice, we recognize that we see such a diverse group of patients. We see young patients, old patients, different breeds, different sizes. We see you more and more with comorbidities and multiple medical as well as surgical diseases. And we're treating these patients. And in terms of best science, randomized controlled, double blinded, placebo, all these kind of trials, in a way they are the best. But in another way, in the real world, what we're really trying to filter out and the whole purpose of the Registry is to try to filter almost real-world data and try to, and it is a challenge, and this isn't going to happen overnight. That's an important element of the Registry. But, in time, the hope is, or my feeling is that we do stand to be able to actually learn from the real patients that we are seeing in practice and operating on ourselves. And that's where I think that it is really exciting project to be involved with.

Pam Mosedale:

And vets who submit data, can they access their own figures back as well as the overall figures?

Ross Allan:

When you start taking part in the Registry, the key thing is to get your clients and your patients onto it. And once they're onto the Registry and things are underway, you could definitely start to look at what data you're collecting or what patients you're collecting. As I said, it is early days. So, in terms of meaningful data for you, you're not going to register one patient, one client and find it going to be life changing quite as quickly as that. But, in time, you'll start to get a picture of the patients that you're picking up compared to the larger population of patients that have been entered into the Registry. And, in time, my hope is that we start to learn a bit more about our own patient's clinical outcomes and how they've done compared to the larger group that are the Registry.

Pam Mosedale:

And does it take a lot of time to do this? How easy is it to use?

Ross Allan:

For me, the key thing is to find a way that this fits into life in practice. Now, it's important that all of us have different normal days. I'm not saying mine is like anyone else's and I'm sure theirs isn't like mine. The way that I use this is that the key step for me is to get these individual clients and their pets onto the Registry. So, the way that I do it is that we're using a video consulting app at the moment, or potentially via email, I'll send them the information about the Registry. But then, in the consult or via the video consult, I'll ask for their permission to enter them onto the Registry. And then it's as simple as

filling in four boxes. There is nobody who couldn't do that in practice. And that does not take any time whatsoever to capture that client, to seize the moment when they're interested and engaged to get them onto the Registry.

Ross Allan:

Once they're on the registry, there's a pathway to follow. And a lot of work when this was set up was to do with that pathway, about what elements, what information we wish to capture as they follow along. So, the clients themselves have information to put in, but then also clinically the clinician or their colleague has information to put in as well to do with the type of lameness, with what leg are they lame on, their weight and so on. And then, in time, there's surgical information to put in about what technique you used, what implants and there's detail there. There's more detail if you wish, this can be slimmed down as well.

Ross Allan:

And also, what you can do is set up templated information. So, it makes it quicker, it makes it easier for you to put in standardized techniques. So, if you're using the one technique for the vast majority of your 25-kilogram dogs, then you can probably, or you certainly can set it up to make it even easier for you to put that information in. So, for me, time, of course we're all short of it, is not a reason to not do the Registry. I think this is time really, really well spent. It might take a little bit, but it's not going to hold you back at all.

Pam Mosedale:

Excellent. And what about the clients? Is it difficult to get their permission? My dog had a cruciate rupture before the Registry, about three years ago, and certainly I would've been keen to participate in it. But is it difficult to persuade people to do it?

Ross Allan:

Not difficult at all. The exact opposite, clients love it. They love the idea of it. And I do like contact. I enjoy it. It's one of the things about practice that is definitely enjoyable, is talking to the clients and making that connection. And what I say to the clients, my normal line is similar to this, it's, "We, as a practice, and me personally are taking part in this, that they the Registry, which stands to develop and increase our knowledge and understanding about cruciate disease, the most common cause of lameness in dogs. And Benji here could play a part in us learning more about this and treating other dogs in the future that little bit better. Would you like to take part? Would you like Benji to be put onto the registry then for us to follow him through? You'll be sent some emails and you can opt out to any time. But what would be really good is to get your long-term feedback on how Benji recovers and what works for him and how it goes for you at home."

Ross Allan:

And there is no client yet has said no to that. It's the exact opposite. The clients are delighted. They see it almost as a badge of honor that they're getting the chance to take part. They're really, really excited about this. So, our clients will not be fearful of it at all. And what I'd also add maybe is that many clients, certainly if they've had surgery themselves, will be very familiar with this. If you're going in for a knee surgery or hip surgery nowadays, the chances are you'll be on probably one if not two or three separate registries, because quite often there are multiple registries for any human surgery on an individual joint. So, clients are definitely excited about this and enthusiastic about taking part.

Pam Mosedale:

That's great to know that the clients like participating so much and they actually can find out quite a bit of information about cruciate repair on the site too, can't they?

Ross Allan:

Yeah. So, way that I do, when I register the clients onto the Registry and I put in their details, they'll be sent information that will allow them to take part in the Registry. When they get that for information, they'll also get links to be able to view the information on the various techniques and procedures that are there. This has all been written by some of the key people in the industry and it's been peer reviewed before it's gone out there. And so there is information on different procedures, complication rates, the pros, and cons, that is available up on the registry for the clients, as well. So, another benefit of taking part in the Registry.

Pam Mosedale:

And so, the clients can access something that isn't your individual thing so that they can feel that it's good impartial information for them. That sounds great. Wonderful. And I think that's the great thing, isn't it, the long-term outcomes? Because, in the past, I would've thought in your situation in referrals, you know your short-term outcomes of your procedures, but you don't necessarily have the long time follow up, do you?

Ross Allan:

Well, I think cruciate disease is one of these things where people make a lot of bold statements, but how much do we really know? Clients often ask me, "When will they be better? When will they recover?" My normal line is sitting on the fence and say, "Well, probably there's three times to when they recover." There's probably six weeks for many procedures we might hope the bone has healed or should have healed. There's maybe 12 weeks because, what I was taught at uni and at courses over the years, 12 weeks is a good time point. That's a good one. But then there's also one year. Often clients say, "How about long term?" And I'll say, "Well, probably about a year, they'll be doing a bit better than they were at 12 weeks or maybe at six weeks."

Ross Allan:

So, there's all these different time points that set outcome. But, in reality, we've still got a poor understanding, I think. And in terms of how, especially a diverse general pet population recover longer term and especially those with multiple injuries, comorbidities, or whatnot. So, I think the long-term aspect of the Registry is a really important element and will be something that should add to our knowledge going forward.

Pam Mosedale:

And it's assessed by the questionnaires that go to the clients, isn't it, the longer-term outcomes? Is it the LOAD questionnaire, is it?

Ross Allan:

Right. So multiple questionnaires are sent at certain time points to the clients, and that's sent out automatically. So, there's no need for you in practice to do that. That's the good thing. You get the clients and the pets onto the Registry; you do the surgery and you put in your clinical information about

what you did. Then, you will have the opportunity to put in follow up information, roughly around about six- or eight-weeks post-op, about the recovery as you view it, if there were any complications that you're aware of. But there are also questionnaires going out to clients at certain time points to capture their feedback about their pet's recovery.

Pam Mosedale:

Yeah. And that must be great to keep the clients engaged as well and to find out longer term of what's happening. And this fits in, doesn't it, with the requirement for practices to be auditing what they do?

Ross Allan:

Yeah. I think there's themes throughout my career. I think evidence-based vet medicine, I think we all agreed to that, we all think that's a good thing. But more and more as we go forward, I think clinical audit has a key part to play. And I think benchmarking as well is something that is coming our way and we should engage with it and view it as an opportunity, not as a threat and not as something to be fearful of. For me personally, one of the reasons that I'm keen to be involved is to actually be able to better understand how my patients do. All of us in practice want to do our best for our clients and want to do our best for our patients. But, at the moment, we do a procedure, we do it well, they recover well, the owners say they're doing well, but actually how good is good? And do we actually know?

Ross Allan:

And I think, through using the Registry, in longer term, when we can get our own individual, i.e., personal, feedback on our patients' individual recovery and start to get an idea of how our, for example, TPLO recovers compared to the general population of TPLO, or whatever technique you're using, you will have a better opportunity to understand how your patients recover. And I think that's a really interesting idea in terms of down the line and it will be quite a while, hopefully we'll be able to get an idea in terms of what some people might do a bit different or what the learning is that other... What opportunities there are to enhance and develop our own individual personal techniques that we use when performing cruciate surgery on our patients.

Pam Mosedale:

So, audit is a requirement of practice standards too now, with my old practice standards hat on from my previous role. And I think it's so important for practices to be looking, measuring what they do. And things to like the Cruciate Registry and the National Audit of Small Animal Neutering outcomes can really help give practices an easy way to get into clinical audit?

Ross Allan:

Well, absolutely. The Registry is great and, for the practice, if it were not doing any audits at the moment, but it was doing cruciate surgery, this is something that is almost an off the shelf audit system that the vet themselves individually and for the practice can put into place. Get it set up and running, you just need to register online, it's easy to do that. And then you can make use of it. And I think also, for us as a team in practice, my colleagues and I we like doing this. We like knowing that these clients are on the system, and we'll be able to keep an eye on them and see how they recover on longer term. So, it's exciting and a good thing to be part of.

Pam Mosedale:

And I think benchmarking too, from the point of view of informed consent and clients is really great when people ask, "What is the risk of this procedure? What is the chance of success?" It's great if you can give them benchmark figures and, in the future, you'll be able to give benchmark figures and your own figures.

Ross Allan:

Yeah, because I think a lot of clients do naturally ask the question about... When you mention there's a good recovery, most patients do well, et cetera, clients like numbers. And, at the moment, in practice to actually give percentages for the risk of infection or the risk of complications, we tend to give numbers, but where do they come from? Whereas I think, through taking part in the Registry or through performing our own clinical audit in practice, we are actually able to give them numbers that are actually representative of our own individual patients' recovery. So, I think the Registry is a great tool that we will be able to get our own individual numbers and percentages and measure our own individual clinical outcome, but also contribute to the greater good and, in time, be able to benchmark our individual recovery versus the greater population within the Registry.

Pam Mosesdale:

Absolutely. And are there any other surgeons in your practice performing cruciate surgery? Have you managed to get other members of the team on board with this?

Ross Allan:

There are a couple of others that are in the process of registering and certainly, going forward, we're going to make it standard that we do offer it to each and every patient that is having any surgery. And I think it's important to mention here that this isn't just for advanced surgery, this isn't just for osteotomies. The whole point about the Registry is that we want to capture every patient we possibly can that's having any sort of cruciate surgery. So extracapsular sutures, MMP, Cranial Closing Wedge, TPLO and everything and anything that anyone else might be doing, let's get all that information. This should enable us to not rule in or out certain techniques, not prejudice their opinions based on our own personal experiences, but on real data that's come from real world clients having surgery done in practice.

Pam Mosesdale:

Yeah. And I think it's so great that this is for the whole profession and it's not just for one practice group or one large practice or whatever. It's everybody contributing to the same thing.

Ross Allan:

I'm absolutely with you there. In terms of the profession, this is an interesting and exciting time in terms of where the profession's going. I think, for us as a profession, to be able to collectively work on something which will enhance and increase our understanding of the most common surgical procedure performed in practice and the most common cause of lameness, I think that's something that the profession can be extremely proud of. And I think also for us to collectively do this together, in terms of working collectively, we're in a commercial world, that's where we work and that's where we operate. Then there are commercial challenges, we're all facing them. But to do this as a profession rather than individually, I think is absolutely for the betterment of the profession and something that the profession should be really proud of, going forward.

Pam Mosedale:

And so, I know you're really, really busy, but how do you fit all this into your normal working day?

Ross Allan:

Right. I think it's important, when you start out the Registry, one thing that will become apparent but only to you is how it's going to fit into your day exactly. For me, as I've said, key thing is to get the clients registered and get them on it. After that, there will be some people that will make use of the cloud-based Registry, it's on the cloud, in terms of inputting the data or inputting the information as you see the client quite literally in the minute. Personally, that's not what I'm able to do. And I don't think that really works for me.

Ross Allan:

So, what I do is I will get the client registered and the pet registered. And then, at the end of the consult, I'll try generally to put the information in, or what more often will happen is maybe at the end of the day or at the end of the week, or sometimes at the end of every two weeks, I'll go back in, and I'll put in all the information for the patients that I've seen in that previous time period. But I'll make a point of capturing information that I require on the PMS, the management system, as we've gone along.

Ross Allan:

For me that normally works easier, but it's something that can adapt, and it can fit into how you want to use it. So, some people will be on the day in the minute. Other people will maybe be collecting that information and put in one hour at the end of the week or end of every couple of weeks.

Pam Mosedale:

And can't you nominate someone else in your practice as a delegate to input the information for you if you're really busy in practice?

Ross Allan:

Yeah. I think that there are probably some webinars that have even more insight into how best to use the Registry and I'm just learning. But there's definitely delegate options. So, you can delegate a member staff to put in some clinical information and some surgical information. Or indeed what I've heard some people are doing is, in the theater, at the time of the surgery, that's the time to put in the surgical information. Have your iPad or whatever and put in that information then. So, there are those ways of using it, but you got to try out and, with your team, and often the team like taking part, what's going to work for you and what's going to work for them.

Pam Mosedale:

Yeah. So, I was wondering about that. I'm sure it would be great to get the team on board with this because they would be really interested, I would think, in hearing as it goes along how the results are comparing.

Ross Allan:

Yeah. I think, the team, we've done our own little clinical audit exercise on the cruciate surgery we do in practice for the last few years and the team are aware this and they like taking part. I think the team did enjoy it. What I think we all need to understand is you're not going to get the instantaneous benefit

from this. You maybe get the benefit of it in terms of seeing the client's appreciation and excitement about taking part. But, in terms of getting the numbers and getting the feedback and learning from it, that is going to take a bit of time. And it's only through us all contributing, taking part, registering the clients, and making this part of our normal day-to-day way of working, for the next probably 12 months to 12 years. That's what I'm thinking.

Pam Mosedale:

Yeah.

Ross Allan:

In time, we'll get this information back.

Pam Mosedale:

It's the long game, isn't it? But what might come from it would be so amazing if everybody can contribute.

Ross Allan:

Yeah, absolutely. I think can keep this going and, over time, add more and more clients and have it running consecutive years and longer term, it will be really, or potentially, totally transformative in terms of our understanding, especially in long term follow up and especially for a wide range of procedures performed, at a range of practices and by a range of people with all levels of experience and post-grad qualifications. Everybody that's performing any sort of cruciate surgery should undoubtedly take part.

Pam Mosedale:

Well, that's brilliant. And your enthusiasm for it, Ross, is really obvious. So, what would be your call to action then for your colleagues?

Ross Allan:

What would my call to action be? Sign up, make that bold step. It'll only take you 30 seconds, but register, go to the Cruciate Registry webpage, at RCVS Knowledge, sign up personally, and then encourage each and every one of your clients, talk to them, give them the opportunity to take part in the Registry. I'm not kidding you when I'm saying that they will absolutely be thrilled to take part, they'll want to take part, and it's going to be something that will add value. Also, in terms of the commercial world we operate on, it will add value to the surgery you're providing, clients will understand that and like that, and want take part. So, I would absolutely encourage everybody to take part. It's a great thing to do and a great project to be involved in for the long term and for the greater good of the profession.

Pam Mosedale:

Thank you. That was amazing.

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