



Meghan Conroy RVN

Meghan Conroy is the Head Veterinary Nurse for four CVS first opinion practices in and around Southampton. She qualified in 2013 and has worked in a mixture of first opinion and referral practice. She is passionate about her work and for the development of the registered veterinary nursing role. She is part of committees that look at quality improvement in the veterinary profession as she feels it is hugely important for our patients and clients that we are constantly reflecting on how we can do better. She is also currently undertaking a 2.5 year post graduate qualification in clinical and professional veterinary nursing with the Royal Veterinary College. In her spare time, she peer reviews journals for the veterinary community, volunteers for Streetvet and enjoys much needed downtime! This usually involves walking her three gorgeous dogs or cosying up with her cats and husband. She also has a canary that she obtained from work who is incredibly opinionated.
Email: mconroy130@gmail.com

Quality improvement in veterinary practice and the use of clinical audits

Meghan Conroy RVN

ABSTRACT: Quality improvement (QI) techniques can help veterinary practices improve the care they give to their patients. There are numerous barriers that may prevent veterinary staff taking part in audits such as lack of time and know-how, but these projects do not need to be complex to make a difference. QI can review practice policies and procedures to prevent avoidable harm to patients and to embed evidence-based veterinary medicine into decision making and daily practice. All staff should be encouraged to incorporate QI in to reflective practice.

Keywords: quality improvement; clinical audit; evidence-based veterinary medicine

What follows is an interview between Nikki Ruedisueli and Meghan Conroy discussing the process of conducting clinical audits and how they inform quality improvement in practice.

Nikki

What is the definition of quality improvement to you?

Meghan

I think quality improvement has such a broad meaning, it can be simple questions we ask ourselves such as 'what kind of cleaner we use and is it effective for veterinary use?'. It just means that we're continually assessing what we're doing in practice and reflecting upon these things. I think that's one of the reasons why the RCVS has changed the CPD requirements to allow for reflection.

Nikki

You said that it can be quite simple and I think that's the problem; often people are worried that it's something that's complex or investigating something that's going wrong, but actually, it can be a simple clinical audit.

Meghan

We, as veterinary professionals, are always looking at different techniques or protocols to improve our care. I think as soon as you put a label such as quality improvement or clinical governance then it suddenly can sound really scary.

Often, I think people think it's to assign blame to something that's happened, and

that's certainly something that I'm really passionate about changing for people. I have been in the situation myself, where I have had something awful happen in practice, and it really stays with you and I had no one to talk to about it. This can really affect your mental health and it really affects the way you work. And so that's why I think it's so important to break down these traditional barriers that we have to quality improvement so that everybody is doing something no matter how small it is, to constantly reassess how they work.

Nikki

How have you used QI in your practices?

Meghan

So, there's a number of things that we do, unfortunately Covid stopped us for a while and we had to rethink and reimplement some of our QI elements. So, before we would have regular clinical governance meetings, these would be about every six weeks, and we'd go through any interesting cases that we had. I would also do a clinical audit every month that would be discussed during the meetings. We would also go through our morbidity and mortality (M&M) books. Each practice has an M&M book, to see if there are any trends that we can pick up early, such as clipper rash or intravenous cannula site infections. So, the team collectively came together to look at a combination of these three things, and you know just opening that culture up of speaking freely and questioning each other. There's always been a traditional hierarchy, especially in veterinary medicine, where, you're not allowed to question what the vet

may have prescribed or the way they have treated a patient. And actually, that's something we've really tried to change within our practices because I don't think anyone is infallible, we all make mistakes and if we can pick up on something at the earliest point, then that just helps everyone, especially the patient. Also, vets have so much to remember all the time and are often multitasking different conditions with different patients. So why wouldn't it be good if a nurse, patient care assistant or receptionist highlights a potential problem? As long as we do this in a respectful manner then this will help everyone.

Nikki

You mentioned the clinical audit where you do an audit a month, can you briefly explain what an audit can cover?

Meghan

Yes, I do a number of audits and they can range from clinical to non clinical, for example, the one where I won the award from the RCVS knowledge was on aural cytology. We looked at how many of the vets were actually taking swabs at the first time of seeing canine otitis. Or were they trialling antibiotics without doing in house cytology.

So that's a very clinical one. Others can be where you check how often patient safety checklist for procedures are being used and the completion of those, and if they've highlighted any issues.

And then there's ones that are not so clinical but still very important to practice for example, client waiting times; looking at operation times and how long does it take to get the patients admitted and actually starting the procedures. We've just recently hired a head receptionist for the hub, which I'm so grateful for as this means that she can take part in a lot of these.

Most of the time a clinical audit can be focussed on the team as a whole but there will be the occasion where it will highlight someone who is underperforming in an area. However, it's not about highlighting that to the whole team. That's where I as a manager may recognise a skills or knowledge gap that we can help an individual with through CPD or extra resources.

It's really important to point out that it's not about creating a blame culture, it's about the team themselves and what we're doing collectively to improve our care to our patients.

Nikki

What techniques have you implemented to perform any sort of clinical governance QI in your in your practices.

Meghan

So, a lot of them are through the clinical audits and identifying skills gaps. For example, following the aural audit, we realised that actually some of our vets were inexperienced when it came to the microscope as they hadn't used one for years, and didn't really want to admit that they didn't know.

What the audit highlighted is that staff needed CPD and we ensured that they got the training required. This also allowed us to reflect on antibiotic use afterwards so that was another technique of quality improvement.

The morbidity and mortality books definitely help. Again, it's not about assigning blame it's just about looking at trends, so if we have had a few dogs go home with vomiting and diarrhoea, we can look to see if there is a link, as they didn't come in with it; is it because of something we did or was it coincidence?

So, I think the team really appreciate that; we are better now we're talking about our cases with each other. You know we have WhatsApp groups where we can discuss cases, asking each other for advice especially where they're in four different practices. It's vital that they keep that communication open otherwise we can become a little bit isolated.

I think those are the main ways where we've been able to implement QI.

Nikki

How did you find that staff members initially responded to it as it sounds like you've got them on board now but how did you persuade them that actually this was the way to go?

Meghan

I won't lie, it wasn't easy in the beginning. They saw me as a bit militant, which I'll have to put my hands up, I absolutely am, I go in guns blazing and then I have to remind myself that diplomacy is best. Huge learning curve for me as a manager.

Some more experienced members of staff were a little bit reluctant because it's such a

new thing for them and perhaps they thought I was just criticising them rather than pointing out areas I feel we can do better. Whereas I think a lot of the new graduates, were like, 'oh yeah that's fine, that's normal' we've learnt about that in University.

I've had to work very hard to ensure that it's not seen as a negative subject. And now to most of the team, discussing cases is part of the norm and looking for improvement is part of normal practice.

Nikki

I think that's really important point isn't it that it isn't about assigning blame, it's about improving patient welfare. What changes have you seen in the staff members regarding QI?

Meghan

I think we are a lot more open now and a lot more honest with each other. If things don't go well, or we feel we could have done better with a case; the thought of sitting down and talking about it doesn't fill you with dread. Previously, there was a thought if you went and spoke to your boss about something, it was always a bad thing; but actually, these are great opportunities for us to go; 'Okay, we tried this but it didn't turn out the way we wanted, what do we feel we could have done better?' And then go from there and learn from that experience rather than just beat our selves up because we're brilliant at doing that in veterinary medicine, and that's one of the reasons why our mental health can be so poor. We're very good at taking a lot on at once and not talking to each other about something that is stressing us. We may have a bad experience and learn from it but not as quickly as if we had shared our concerns with the team as they may be feeling exactly the same about it or have a completely different opinion on what may have happened. So that's why it's vital to have this culture of transparency and honesty.

Nikki

How do you think it's helped to your clients and the patients?

Meghan

I think it's helped them tremendously, Actually; I would say I am so proud of our standard of care.

I used to work in referral practice, and when I went back to first opinion, a lot of my friends said to me; 'aren't you worried

that you're going to lose all your nursing skills', or 'aren't you worried that you're not going to be able to be the nurse you want to be'? But actually, I feel I can be just as good a nurse, maybe even better. It's a very different job, but I can still have brilliant basics. And that's what I think has helped transcend to our clients and patients is that anything we do, we might not have the equipment of a referral and we might not have that particular skill set or knowledge, but the general practice things that we do can still be done to really high standard. And that's what clinical governance allows us to do, because we're constantly reflecting on what we're doing and that passes on to the patient.

You then end up with a more satisfied client, who trust you with that service. I think it's really helpful to us, we're quite open with our clients as well about it. If we feel something didn't go quite according to plan, we let them know that we will look into it. Lets bring them along with that process because that just builds trust between veterinary practitioner and clients.

It's like the practice standard scheme. A lot of clients actually really like if you're a part of it; they might not understand it fully; but just to know that you're a part of something like that reassures them.

Nikki

What are your aims for the future?

Meghan

Currently I think it's just to get everyone through COVID. Everybody's mental health, especially in the last six months of the last year has been hit so hard. It's been a roller coaster and QI took a backseat. But actually, what I have noticed since I've started to re-establish the QI is actually how important it is, even during COVID to have that stability for people. It's also about getting them excited about something because if someone's done well in an area, that's a really positive motivator for people when they feel like just getting through the work day is hard.

Nikki

I think that you raised a really good point there because you said it's demonstrating when somebody has done really well. I know you said it earlier, but it's just reminding people it's not about the negative things that have happened; it's also about actually what we do well and make sure that we continue to do that and make sure the team is on board, doing that as well.

Meghan

Absolutely, in January we did an audit on how regularly we pain score as we've been using the Glasgow composite pain scale scores and the grimace scale. It highlighted that our students were absolutely phenomenal at using them. We all pain assess patients, but we don't necessarily standardise the score and scale but do it in our head. But our students, they really use those tools and they were fabulous. We were able to give them credit which was brilliant for their morale and also reminded qualified nurses/vets to use standardised pain scoring models. I was so proud of them and they were really proud of themselves.

Nikki

So, beyond COVID, what are your aims?

Meghan

So, I think beyond COVID, for me personally, my aim is to continue with our clinical audits, but also probably go for the RCVS knowledge awards as well. I'd love to win the champion award.

For my practice and for clinical governance in general, it's just to continue on that positive thread of trying to encompass the whole team into what we're doing. Continue reassessing and reflecting and grow a team that can do these audits and to empower people to look at their own practices.

Perhaps also to challenge the status quo a little bit which I think is really important as long as it's done in a healthy way then that's great for our profession.

Nikki

How do you think that nurses can play a part in QI?

Meghan

I think we're vital for it to be honest. Our job is making sure that the ship runs as smoothly as possible and this is just another tool that we can have in our armoury. I think we are in the best place because we see everything that goes on. In practice, especially in first opinion, where things change so rapidly and you can go from being in theatre with a bitch spay, to nursing a hospitalised patient to the discharge of those patients, there's just so much that you're involved in. Therefore, it is easier to see where the improvements could be made.

I think everybody should get involved, I think it's a whole team effort and I think

everyone has their areas, but I think the nurses are vital in leading this initiative.

Nikki

How do you think this can add to the retention of the RVNs in practice?

Meghan

I really hope that it gives another avenue for RVNs to explore. We have lots of opportunities in this profession to branch off into, referral practices, teaching, you can travel the world with what we do. And that's incredible. But I know that people get really disheartened when we're not officially recognised as a profession and I completely understand that but I think the more we act like a profession, the better prepared we will be to take on that role fully and I think QI is one of those ways of doing it.

I think it embraces the culture of veterinary medicine which is constantly moving forward.

I really love the clinical aspect and I think actually this marries the two really nicely.

Anyone can do it; you don't need to have a qualification to do QI and you certainly don't need one to do it well.

Nikki

So, what resources helps you carry out QI?

Meghan

The best resources that I have is the RCVS Knowledge website (<https://knowledge.rcvs.org.uk/quality-improvement/>), they go through everything with you, and I'm lucky that I work in a corporate veterinary practice, CVS, that's really supportive of QI and we had Richard Killen as the head of our QI, when I first joined.

I went on this quality improvement day course. And to be honest, I thought, 'great, a day out of practice, I'll take that'; but actually, I fell in love with it. I saw Amelia, and Ashley from RCVS knowledge, and they were great. And so if anybody needs any help, go to that website and look at all the free resources that are there for us, and then contact them if you have any questions as well because they're always really willing to help.

Healthcare Quality Improvement Partnership that show clinical audits and resources of QI within the NHS. You can even sign up to these and have them emailed to you on a regular basis.

I would say also having access to the BSAVA and BVNA organisations can give you a lot of information to compare your own protocols to.

Nikki

Is there anything else that you want to say that you think will encourage nurses to get involved with quality improvement and clinical governance?

Meghan

I think all I would say is, give it a go. If you aren't keen yourself, find somebody who really loves protocols and reassessing what you're doing in practice to help you. I'm lucky because there are people in my practice that are really happy to look at the results and see that it benefits them.

I think that's the key; give it a go and actually seeing that it's not as difficult and it's not as scary as people think. I think people often confuse audits with research. We're definitely not doing research although it would be nice to get to a point where we collected enough data we can potentially do research, but this is actually just taking figures, looking at what the reasons behind these figures could be and then the chance to improve them or looking at how you match these with a national database. You know I'd be really interested to see how we're doing compared to nationally.

Nikki

So, you recommend that people pick something that's really simple and you make sure you've got at least one other person on the team that's happy to help. Then go for it and see what happens.

Meghan

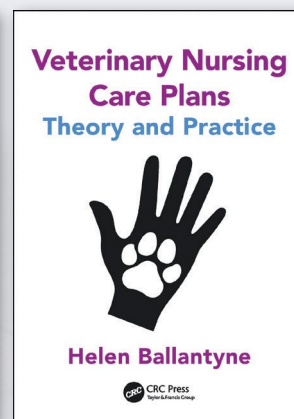
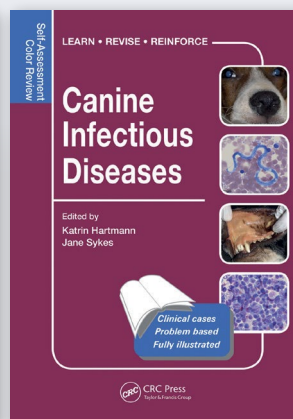
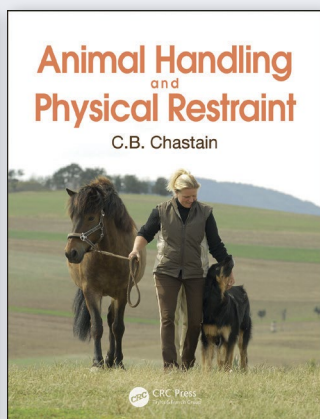
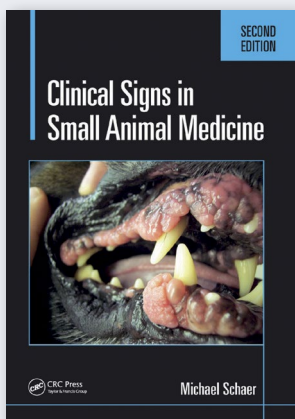
Yeah, the RCVS give you really good guidelines of how to have an outcome and what you're looking for and there's even a course you can do that really helps you with that.

For example, take something like patient safety checklist, or even anaesthetic forms, we all have them and use them to varying degrees. Just check that they're being filled out, and that everything's on there that you think should be. Look at maybe 40 of those, see how many are fully completed and then change it into a percentage. You can then see how happy you are with them, maybe look at the ASA classification system to see what they would recommend on information needed on anaesthetic forms.

It does involve a little bit of time, and the when you start off, you're a bit slower, but you build up and you learn to know where to look for resources as well.

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