Continuous quality improvement: RCVS Knowledge

RCVS Knowledge Canine Cruciate Registry

Mark Morton

RCVS Knowledge is embarking on a project to create a canine cruciate registry (CCR). This registry will record information about the surgical management of canine cruciate ligament (CCL) ruptures. This is a common cause of lameness in dogs.

Surgery is performed in up to two-thirds of diagnosed patients. Surgical registries aim to improve patient outcomes and minimize complications, while identifying factors that may be associated with good or poor outcomes. Numerous surgical techniques exist, however there is a lack of high-quality evidence on the prevalence and comparative outcomes of each. Advising on surgical procedures that have the best outcome can be difficult.

We are therefore aiming to gather as broad a sample as possible of accurate, up-to-date data on canine CCL techniques and outcomes. This data will be used to evaluate which surgical techniques and implants lead to improved patient outcomes and are associated with the least complications. Outcomes will be owner assessed. This registry will aim to help guide veterinary surgeons' decision making within the practice. It will provide accurate rates of success and complications that can be discussed transparently with owners and used to form a treatment plan, enhancing public trust within the sector and improving patient care.

The registry will also allow individual veterinary surgeons to perform clinical audit and compare their outcomes with peers, allowing for quality improvement.

Veterinary surgeons will be able to view only their own data, though they will be able to make comparisons with anonymized data within the registry.

To register your interest please visit www.rcvsknowledge.org/canine-cruciate-registry.

KEY LEARNING OBJECTIVES

- Discuss the controversies around manging cranial cruciate ligament ruptures
- Discuss ways the evidence could be improved
- Introduce the RCVS Knowledge Canine Cruciate Registry

MULTIPLE CHOICE QUESTIONS

1. Who can contribute cases to the registry?
(A) Specialists
(B) General practice veterinary surgeons
(C) Advanced practitioners
(D) All veterinary surgeons performing cruciate surgery
2. How will the registry measure outcomes?
(A) Videos
(B) Force platforms
(C) Radiographs
(D) Owner-assessed outcomes
3. Who will be able to report complications with surgery?
(A) Veterinary surgeons
(B) Owners
(C) Complications will not be able to be reported
(D) Veterinary surgeons and owners

Helping the whole clinical team make a real difference to antibiotic use

Rachel Dean

Improving the quality of the care we provide is important to all members of the clinical team, the patients they care for and the clients who own the animals.

Continuous quality improvement (QI) can be perceived as a complicated governance activity that involves many steps and collection of large amounts of data. In addition, the language used around QI is often very complex and sometimes feels far removed from everyday practice. Only the people who have direct contact with

veterinary patients, for example, veterinary surgeons, veterinary nurses and support teams, can truly have an impact on the quality of care provided, hence it is vital that all of the clinical team is engaged if it is really going to affect care rather than be a 'tick-box' activity.

To begin implementing QI activities that make a difference in practice, everyone needs to know what QI is, what the purpose of it is and, also, what it is not. QI includes *all* the activities that are undertaken to improve patient care — this can vary from a chat over a coffee about a particular case to a complete quality-improvement cycle that alters standard operating practices across a number of practices. A lot of QI is informal and needs to be recognized, recorded and rewarded. QI is not about identifying fault, so a healthy, no 'blame and shame' clinical culture is needed for successful implementation.

The most impactful QI activities are when the clinical team decide together what areas of practice need to be improved. Establishing the best way of improving care needs to not just be based on what the evidence suggests is 'best/better' but also encompasses what the

clinical teams believes is feasible and meaningful in the practice setting.

In this presentation, a pathway to introducing QI into a number of different clinical settings will be discussed. The barriers and facilitators to implementation will be discussed along with successes and failures to date in a growing corporate group of practices. The clinical example of approaching how to reduce antibiotic use in practice will be used to demonstrate how the concepts can be turned into reality.

QI is not boring, it is vital to practice and makes the job more interesting.

KEY LEARNING OBJECTIVES

- Explain the concept of quality improvement (QI) from a clinical perspective
- Produce a plan for starting QI activities in your clinical setting
- Describe the difference between audit and QI

MULTIPLE CHOICE QUESTIONS

1. What is quality improvement?
 - (A) The same as clinical audit
 - (B) Purely a clinical governance activity
 - (C) Boring
 - (D) A route to improving clinical care
2. Who are the people that can use QI to advance patient outcomes?
 - (A) Owners
 - (B) Veterinary surgeons and nurses
 - (C) Practice managers
 - (D) All of the above
3. What does QI in practice need to be?
 - (A) Recognized
 - (B) Recorded
 - (C) Rewarded
 - (D) All of the above

Anaesthesia: what to do when things go wrong

Elizabeth Leece and Pam Mosedale

When things go wrong under anaesthesia, the results can be catastrophic for the patient and colleagues. However, if an adverse event occurs or problems become commonplace it can be easy to neglect resolving the issues that may have resulted in the problem. Veterinary surgeons and veterinary nurses should be working together to report adverse events and conduct analysis of these events and identify potential causes. The aim can then be to eliminate future events by the introduction of changes in case management, development of guidelines in certain situations and inclusion of checklists into the daily routine to minimize adverse event occurrence and improve patient outcome. We will consider some commonly encountered problems experienced during or following anaesthesia and work through the quality improvement process to introduce simple steps to improve patient management.

This session will describe an anaesthetic significant event incident in a practice, which led to the practice looking at the evidence base and consulting specialist anaesthetists in order to learn and respond to particular anaesthetic emergencies. We will discuss the effectiveness of quality-improvement tools, their implementation in practice and barriers to their use.

KEY LEARNING OBJECTIVES

- Recognize and address clinical problems associated with anaesthesia and analgesia
- Work through quality improvement including reporting, discussion and problem solving
- Introduce guidelines and checklists to minimize the occurrence of such anaesthesia-related problems and evaluate the improvements achieved

MULTIPLE CHOICE QUESTIONS

1. How should checklists be used?
 - (A) Only for anaesthetic procedures
 - (B) Only for surgical procedures
 - (C) For any procedure where missing out steps can have consequences for patient safety
 - (D) Only for very complex procedures
2. It is the responsibility of whom to try to continuously improve the quality of care provided in the practice?
 - (A) The veterinary surgeon
 - (B) The veterinary nurse
 - (C) The practice manager
 - (D) All of the team
3. What can using a checklist achieve?
 - (A) Prevent all surgical complications
 - (B) Improve team communication
 - (C) Eliminate all human errors
 - (D) Prevent complaints