

## Clinical Audit Case Example: Process audit in an equine hospital

### Section A: The eight stages of a clinical audit.

Clinical audit is a process for monitoring standards of clinical care to see if it is being carried out in the best way possible, known as best practice.

Clinical audit can be described as a systematic cycle. It involves measuring care against specific criteria, taking action to improve it, if necessary, and monitoring the process to sustain improvement. As the process continues, an even higher level of quality is achieved.

#### What the clinical audit process is used for

A clinical audit is a measurement process, a starting point for implementing change. It is not a one-off task, but one that is repeated regularly to ensure on-going engagement and a high-standard of care.

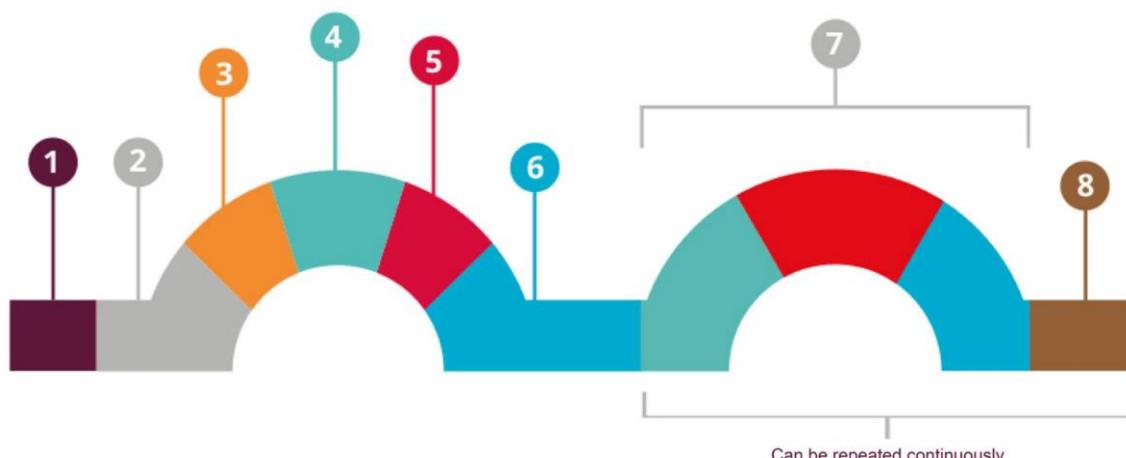
It is used:

- ⇒ To check that clinical care meets defined quality standards.
- ⇒ To monitor the changes made to ensure that they are bringing about improvements and to address any shortfalls.

A clinical audit ensures concordance with specific clinical standards and best practice, driving improvements in clinical care. It is the core activity in the implementation of quality improvement.

A clinical audit may be needed because other processes point to areas of concern that require more detailed investigation.

A clinical audit facilitates a detailed collection of data for a robust and repeatable recollection of data at a later stage. This is indicated on the diagram where in the 2nd process we can see steps 4, 5 and 6 repeated. The next page will take you through the steps the practice took to put this into practise.



## **1. Choose a topic relevant to your practice**

**The topic should be amenable to measurement, commonly encountered and with room for improvement.**

A process audit to identify if the dispensing protocol was being followed within the equine hospital.

## **2. Selection of criteria**

**Criteria should be easily understood and measured.**

The medication record was checked against medications dispensed on the PMS to check how many had been signed and counter signed as per the practice protocol..

## **3. Set a target**

**Targets should be set using available evidence and agreeing best practice. The first audit will often be an information gathering exercise, however targets should be discussed and set.**

This audit was performed to obtain information on the current standard (benchmark) of the practice. This information would also be used to identify any training requirements within the practice.

## **4. Collect data**

**Identify who needs to collect what data, in what form and how.**

Charlotte Hartley (clinical Coordinator / RVN) will head the audit as sole charge for the dispensary.

## **5. Analyse**

**Was the standard met? Compare the data with the agreed target and/or benchmarked data if it is available. Note any reasons why targets were not met. These may be varying reasons and can take discussion from the entire team to identify.**

Approximately half of the drugs dispensed had not been signed for.

## **6. Implement change**

**What change or intervention will assist in the target being met? Develop an action plan: what has to be done, how and when? Set a time to re-audit.**

Barriers were identified and a new protocol was designed to address these.

## **7. Re-audit**

**Repeat steps 4 and 5 to see if changes in step 6 made a difference. If no beneficial change has been observed then implement a new change and repeat the cycle. This cycle can be repeated continuously if needed. Even if the target is not met, the result can be compared with the previous results to see if there is an improvement.**

The audit was repeated after initial changes were implemented to monitor for improvements.

## **8. Review and reflect**

**Share your findings and compare your data with other relevant results. This can help to improve compliance.**

The team were updated with the results.

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### Section B: Clinical audit in practice, using a process audit as an example



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**Name of initiative:** Process audit of the dispensing protocol

**Initiative start date:** August 2019

**Submitted by:** Charlotte Hartley RVN

### Introduction

This QI initiative took place in an equine hospital to identify if the dispensing protocol was being followed. Charlotte Hartley (clinical Coordinator / RVN) will head the audit as sole charge for the dispensary.

### Aims

This audit will highlight correct dispensing procedures including checking and counter signing medication labels prior to dispensing and also the number of customers who signed upon receipt of their medication.

Ideally in relation to the RCVS code of Professional conduct and the VMR 100% of medications dispensed should be checked, the audit will highlight what improvements are required to reach this target

### Actions

Data was collected retrospectively over a period of six months. Each customer upon collection of medication is requested to sign and date a dispensing file as evidence that they have received them. Medications are placed in a collection box on reception once prepared and the dispensing labels should be signed and counter signed by a second person who has checked the label against the medication to be dispensed. This record will be checked against the PMS to see who had signed for medications.

### Results

42% of the drugs dispensed had not been signed for, thus stipulating that the medications had not been discussed with the client and protocols not followed correctly. The team identified barriers to this; including the reception area being very busy, and the veterinary surgeons being out of the practice.

The protocol was adjusted and included that all requests for medication should be put on the clients records immediately, and the label printed at the same time. The label should then be placed on the medication at initialled by the person preparing the medication. This will be placed in the collection box along with the receipt form that must be signed for on collection.

### Impact of intervention

On the second audit, there was an improvement and only 22% of items dispensed had not been signed for. The main barrier was the veterinary surgeon being out of the practice.

The practice has now implemented a Vet in practice to ensure that all medications can be signed off by them. Medication requests will be dealt with immediately and put on the patient's record. The medication will be labelled and the person preparing the medication will initial the label and place in a check box for the Vet in practice to check again and also initial the label. This will then be placed in the dispensing box on reception and a dedicated receptionist will hand out the medication and request the client to sign for the preparation.

This will be reviewed in 6 months' time.



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