Clinical Audit Case Example: Dental analgesia audit by Kay Lockwood

Section A: The eight stages of a clinical audit

Clinical audit is a process for monitoring standards of clinical care to ensure care 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 continuously improve. 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.

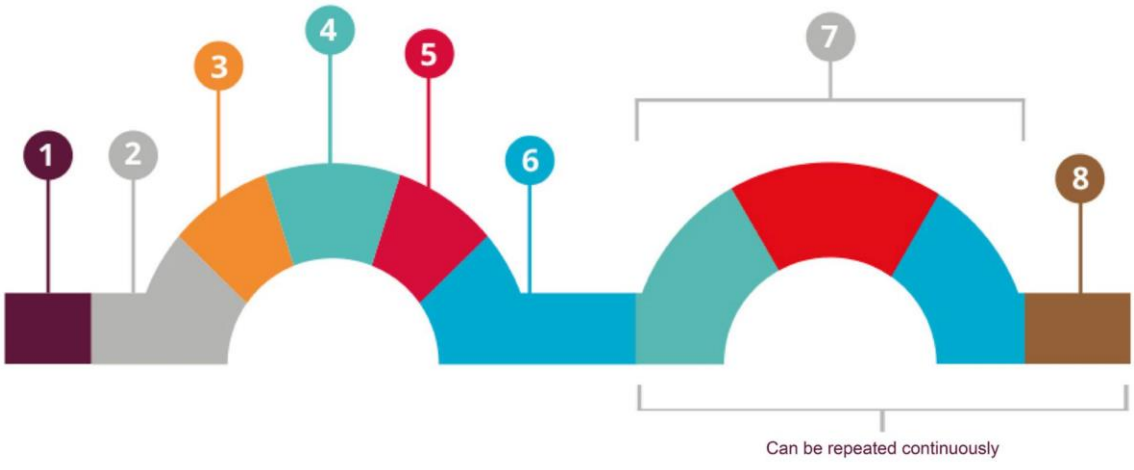
It is used:

- ⇒ 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 a 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 in the diagram where in the 2nd process we can see 4, 5 and 6 repeated. The next page will take you through the steps the practice took to put this into place.



1. Choose a topic relevant to your practice

The topic should be amenable to measurement, commonly encountered, and with room for improvement.
In this case, the practice team wanted to see if all their feline dental extractions were receiving local anaesthetic blocks for analgesia.

2. Selection of criteria

Criteria should be easily understood and measured.
Patients either had dental extractions and were given local anaesthetic blocks, or had extractions and were not given local anaesthetic blocks.

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. Ideally, the target would be 100%.

4. Collect data

Identify who needs to collect what data, in what form, and how.
Data was collected from clinical notes and from the PMS.

5. Analyse

Was the standard met? Compare the data with the agreed target and/or benchmarked data if it's available. Note any reasons why targets were not met. These may be varying reasons and can take the discussion from the entire team to identify.
The initial audit results showed that only 25% of patients received local anaesthetic blocks.

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.
Training was provided to the team to increase confidence in performing the procedure. Charts were put up in the dental room to remind the team.

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 them 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.
A repeat audit showed an increase to 58% of patients receiving local anaesthetic blocks for extractions.

8. Review and reflect

Share your findings and compare your data with other relevant results. This can help to improve compliance.
The interventions were continued, and a re-audit is performed regularly, with repeat training provided for those that require it.

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Section B: Clinical audit in practice, using dental analgesia as an example

Name of initiative: Dental analgesia audit
Initiative start date: August 2017
Submitted by: Kay Lockwood RVN

Introduction

Riversbrook Veterinary Group is a two-site small animal practice, made up of 8 vets (6 FTE) and 6 RVNS. I became practice director in November 2016, and since then I have continually looked for ways to improve not only the practice on a business level, but to improve the clinical standards and ensure that patients receive the best care at a first opinion level. Some areas that have been improved were not necessarily issues, nor were they involved with adverse situations, however during audits and inspections they were highlighted for improvement.

Clinical governance meetings are held monthly to discuss cases (on occasions these meetings are held more regularly, including mortality and morbidity cases), audits, ways to improve the clinical standard, recent journal articles, and CPD that the team has completed.

Aims

A post-operative check audit was specifically completed for feline dental procedures, to see if they presented back to practice in pain. The practice protocol was that all cat dental procedures requiring extractions received local anaesthetic nerve blocks for analgesia. The aim was for 100% of these patients to be receiving them.

Actions

Information was obtained from the PMS system and the clinical notes to see if the local anaesthetic blocks had been given. This was performed over one months' worth of data.

Results

The target was not met, with only 25% of cat dental extractions receiving local anaesthetic blocks.

A meeting was conducted, which found that the main reason the local anaesthetic blocks weren't given, was due to a lack of confidence in the techniques. Staff training was provided to refresh skills and build confidence. The team were reminded that cats commonly mask pain, and will often continue to eat and drink while experiencing pain, so providing multimodal analgesia was important. Local anaesthetic block charts were placed in the dental room so that the veterinary surgeons had easy access to information and nurses empowered to remind the vets of this task.

A repeat audit in November 2017, showed an increase to 58% of patients receiving local anaesthetic blocks for extractions. Confidence can take time to grow, so we continued with the training. Fast forward to February 2020 and now 78% of our extractions receive local anaesthetic blocks. Ideally, we should be seeing 100% of patients receiving local anaesthetic blocks for all extractions. As there has been a change in the veterinary surgeon team recently, repeat training will be scheduled for newer members, and those returning from maternity leave.

Impact of intervention

As a practice that supports new graduates, we wanted to ensure that there were clear clinical guidelines. With support, the team developed guidelines for a multitude of conditions. These guidelines have been an invaluable learning tool for both new graduate and experienced vets (including locums), allowing them to quickly and easily identify treatment options for owners and provide information sheets for clients. It also ensures that clinical standards are kept the same for all clients, however, it is important to highlight that vets do have clinical freedom to follow what is best for that individual patient.

Our number of post-operative complications linked to extractions has now reduced since local nerve blocks were introduced as routine, and confidence performing local anaesthetic nerve blocks has increased among the team.