

Welcome to
Untangling clinical governance

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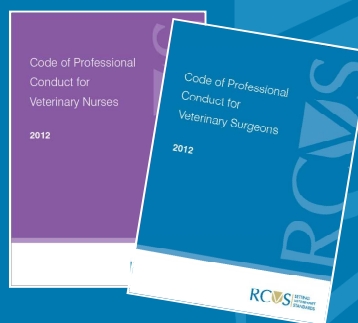


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**Why should you be
bothered about
clinical governance?**

“Veterinary surgeons and veterinary nurses must ensure that clinical governance forms part of their professional activities”



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Objectives



- Explain what clinical governance is
- Deal with how practices can comply
- Workshop
- Individual responsibility

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Clinical governance



Expectations and concerns...?

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Clinical governance



You are putting your life into their hands.

What documentation do you get?

What documentation and procedures do you expect to be in place?

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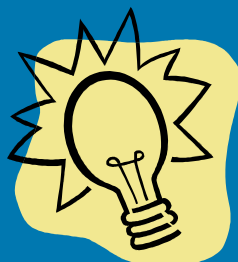
Clinical governance is...



‘A framework through which (NHS) organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.’

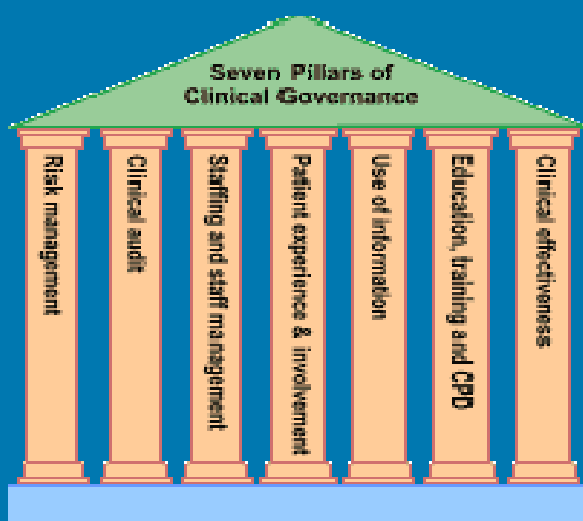
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Kolb's learning cycle (reflective practice)



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Seven pillars of wisdom??



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Veterinary context...



- Risk management
 - Compliance with legal requirements – eg Health & Safety, COSHH
 - Critical event reviews
- Information management / IT systems
- Staff/teamwork
- Continuing professional development
 - Responsibility of professional to keep up to date
- Clinical effectiveness
 - Evidence-based medicine
 - Clinical audit
- Client involvement

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Definition of clinical effectiveness



'The application of the best available knowledge, derived from research, clinical experience and patient preferences to achieve optimum processes and outcomes of care for patients.' Royal College of Nursing (1996)

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Definition of clinical effectiveness



*‘Doing the right thing in the right way,
for the right patient, at the right
time.’*

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Patient and client experience 1



- Ensure continuity of care for patients by having effective systems of case handovers between clinical staff
- Have protocols to safeguard the pain relief and nursing care for all in-patients
- Have an effective means of communicating with clients, eg newsletters, websites etc
- Monitor and take note of feedback from clients

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Patient and client experience 2



- Ensure that clients can easily find out the names of staff, eg badges, notice boards, website etc
- Have protocols known to all relevant staff for dealing with members of the public
- Have a complaints procedure
- Record all complaints received and the responses to the clients
- Have an effective communication system within the practice

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Practice manual – why bother?



- Staff training
- Clarity
- Consistency
- Legal protection

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Practice manual - content



- Health and Safety info
- HR info
- Contacts
- Clinical protocols and guidelines
- Surgical information
- IT information
- Client information and prices
- Financial guidelines (payment etc)
- Visit guidance

FORMAT?

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Information management



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Information management



Practice Manual

Using the side navigation bar (on the left) you can navigate through the Practice Manual. You can also use the 'search' tool in the top right hand corner of this page, if unsure of it's location.

If you have a new document to be added/ update a current document/ or have a suggestion email this to Natasha.

[Click here to go to the FORUM](#)
When you click on the forum, what are you waiting for? By not checking the forum regularly do you know what you're missing out on?

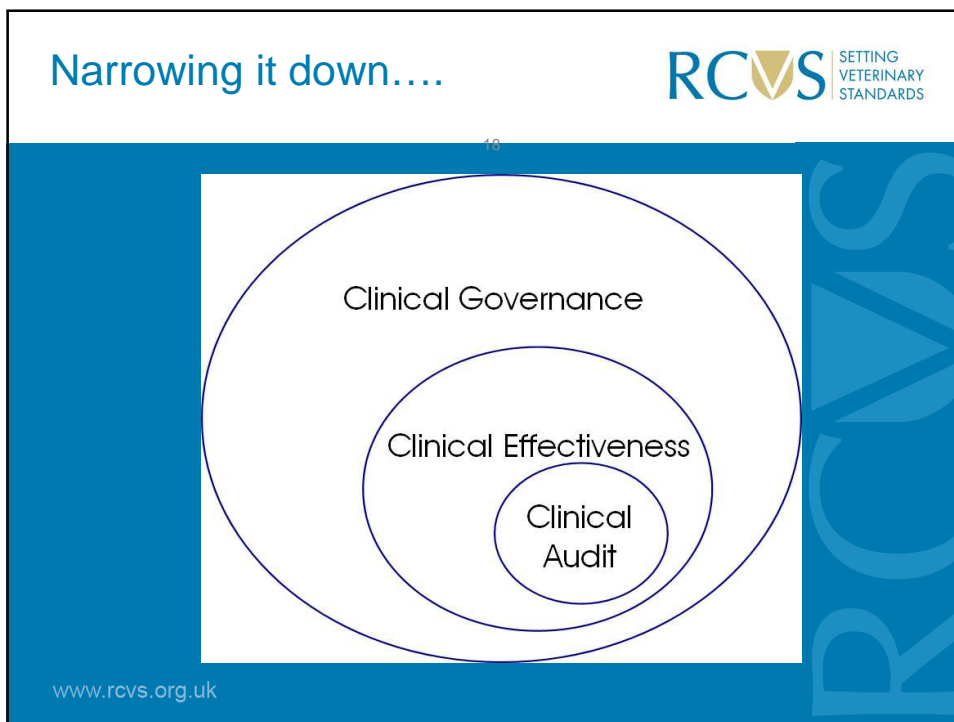
Our mission statement:
"We aim to provide a caring, quality veterinary service dedicated to the needs of our clients and their pets throughout all stages of their lives"

[Add personal gadgets](#)

Gadgets in this area are only visible to you

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Narrowing it down....



Clinical audit



Clinical audit, at its simplest, is the collecting and recording of clinical information with the aim of monitoring the quality of care

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Clinical audit cycle



'A quality improvement process in clinical practice that seeks to establish guidelines for dealing with particular problems, based on documented evidence when it is available, measuring the effectiveness of these guidelines once they have been put into effect, and modifying them as appropriate. It should be an ongoing upward spiral of appraisal and improvement.' (Viner, 2006)

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The clinical audit cycle

RCVS SETTING VETERINARY STANDARDS

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The audit cycle

Guidelines – EBVM

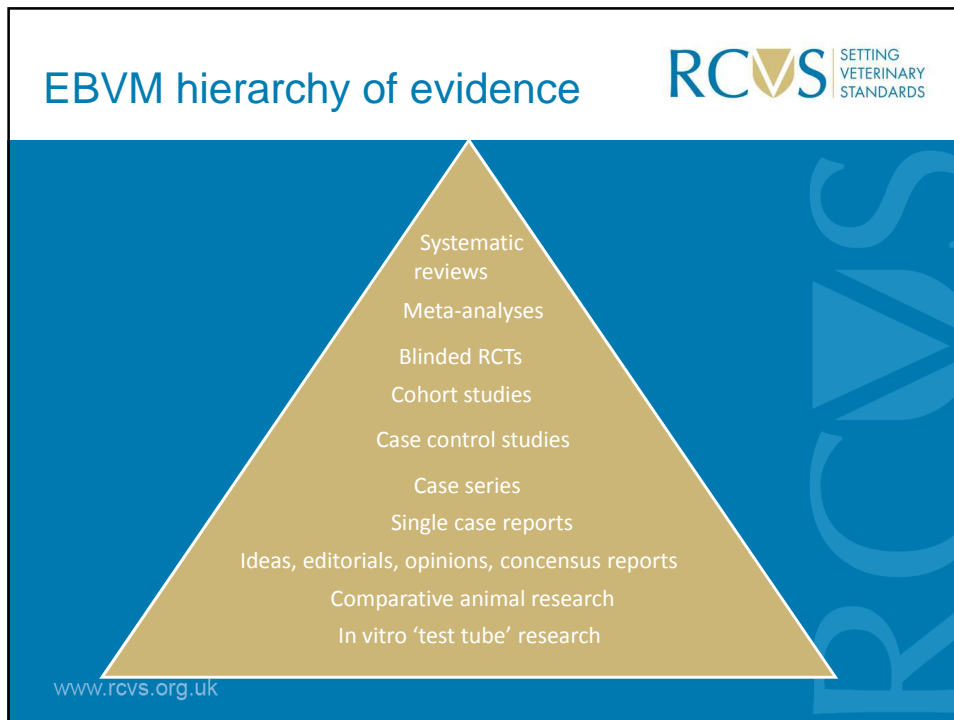
RCVS SETTING VETERINARY STANDARDS

Establish guidelines using evidence-based veterinary medicine:

“The conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. This means integrating individual clinical expertise and the best available external clinical evidence from systematic research.”

Handbook of EBVM, Cockcroft and Holmes (2003)

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Audit and research – the differences



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Research

- Provides the foundations for national or local agreement about the kind of clinical treatment and care we should be providing – ie it helps to answer the question “**What is Best Practice?**”

Clinical audit

- Answers the question “**Are we following agreed Best Practice?**”

Clinical governance – Some practical ideas...



1. Meetings
2. Feedback CPD information
3. Significant event meetings
4. Protocols/guidelines
5. Clinical audit

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1: Practice meetings



- Communication!
- Organise regular **clinical** discussion meetings for the practice team
- Record minutes...
...and actions!

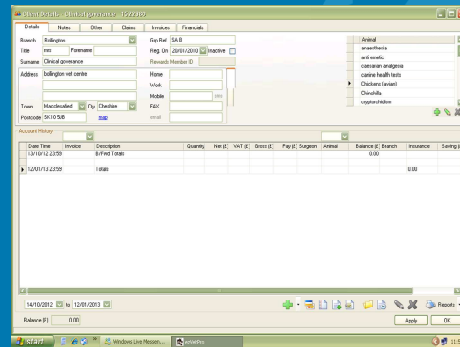


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1: Practice meetings cont'd



- Use your practice management system and the intra/internet
- All staff should participate and input agenda items
- Decisions communicated to all staff
- Act on results and make appropriate changes
- Monitor changes



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2: Feed back CPD information



- Feed back useful and relevant information to the practice
- Organise clinical/journal clubs
- Know when to refer
- Use new online Professional Development Record (www.rcvs-pdr.org.uk) – ask at RCVS stand (106, NIA) for a demo



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3: Animal safety: significant event meetings/audits



- In case of an unexpected medical or surgical complication, anaesthetic death, accident or serious complaint – hold a **no blame** meeting ASAP and record details
- Consider what, if anything, could have been done to avoid this, and what changes in procedure might be made as a result



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Significant event meeting example



- 'Barney' crossbreed – non-healing wound following orthopaedic procedure
- MRSA cultured
- Owners unhappy not had risk explained
- Meeting of all staff involved
- Staff re-assured this was to try to reduce risk of this happening again



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Result of this significant event meeting



- Update hygiene protocols and **practice biosecurity policy**
- Better **client information** on post-op care and recognising complications
- Remember to **discuss risks** with client pre-op – consistent information
- Review practice **antibiotic prescribing policy**
- **Audit** post-operative infections

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4: Practice guidelines and protocols



- Practice team discussions on guidelines and protocols used in practice
- Build up a manual to be used as guidance in practice
- Use it for staff induction
- Keep it updated

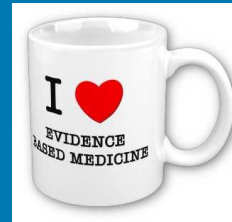


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4: Practice guidelines and protocols con't

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- Look at the evidence base for common procedures
- Revise protocols if necessary
- Run clinical club/journal club meetings, live or online, discussing cases and clinical papers



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Result of this significant event meeting

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- Update hygiene protocols and **practice biosecurity policy** (*protocols*)

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Drawing up a biosecurity policy



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- **Hand hygiene**
- Cleaning protocols for premises
- Good clinical practice

Drawing up a consulting room cleaning protocol



- Floor
 - Three times more contamination than door handles
- Hand-touch areas
 - Door handles
 - Computer mice and keyboards
- Table



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RVC QMH 2010
JSAP 51 Askoy, Boag, Brodbelt,
Grierson

Hand-touch areas: reducing keyboard contamination



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Cleaning protocols and SOPs



Cleaning check sheet for consulting room

Week commencing	Monday	Tuesday	Wednesday	Thursday	Friday
Daily clean	Daily clean	Daily clean	Daily clean	Daily clean	Daily clean
Daily clean	Daily clean	Daily clean	Daily clean	Daily clean	Daily clean
Daily clean	Daily clean	Daily clean	Daily clean	Daily clean	Daily clean
Daily clean	Daily clean	Daily clean	Daily clean	Daily clean	Daily clean

Daily

Table 1: Some enteric pathogens of dogs and cats

Pathogen	Dog	Cat	Zoonosis?	Carriage by healthy animals?	Control needed
Canine/feline parvovirus	Y	Y	N	Rare	Virkon, 5% bleach
Canine/feline coronavirus	Y	Y	N	Common	Virkon, 3% bleach
Campylobacter	Y	Y	Y	Common	Virkon, 3% bleach
Salmonella	Y	Y	Y	Rare	Virkon, 3% bleach
E. coli	Y	Y	Y	Rare	Virkon, 30% bleach
Clostridium	Y	Y	Y	Common	Virkon, 30% bleach
Helicobacter	Y	Y	(?)	Common	Probably only spread by licking!
Toxoplasma (rare)	Y	Y	Y	Common	10% ammonia for 30 minutes, steam cleaning
Cryptosporidium	Y	Y	Y	Common	10-30% ammonia, steam cleaning, >6% hydrogen peroxide. Dry cage thoroughly.
Giardia	Y	Y	Y	Fairly common	Quaternary ammonium eg benzalkonium chloride. Dry cage thoroughly.

TRIGENE AMMONIA DILUTION CHART

Dilution	Container Size				
	500ml	1Ltr	5Ltr	10Ltr	20Ltr
1:100 (Self-cleaning)	self-clean	self-clean	2 Pumps	4 Pumps	8 Pumps
1% (5% dilution)	5 ml	10 ml	50ml	100ml	200ml
1:100 (5% dilution)	self-clean	self-clean	2 Pumps	4 Pumps	8 Pumps
1% (5% dilution)	Self	10ml	50ml	100ml	200ml
1:200 (5% dilution)	self-clean	1 Pump	2 Pumps	4 Pumps	8 Pumps
0.5% (5% dilution)	Self	20ml	100ml	200ml	400ml

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Result of this significant event meeting



- Better **client information** on post-op care and recognising complications (*protocols/leaflets*)
- Remember to **discuss risks** with client pre-op – consistent information (*protocols and staff training*)



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Result of this significant event meeting




- Review practice **antibiotic prescribing policy**



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Are you **PROTECTing** your antibacterials?

Write your practice policy on empirical antibiogram use in the boxes below



Practice policy

- A practice policy for empirical prescribing (based on local antibiogram data) can reduce antibiotic use and improve antibiotic stewardship.

Reduce prophylaxis

- Antibiotics are not a substitute for surgical asepsis.
- Prophylactic antibiotics are only appropriate in a few medical cases (e.g. immunocompromised patient).

Other options

- Reduce inappropriate antibiotic prescribing (e.g. use of short courses, inappropriate antibiotic or not fitting disease) by covering appropriate side effects (e.g. analgesia, cough suppression).
- Use of rapid diagnostic tests to diagnose bacterial infection.
- Practice asepsis and development of a risk reduction plan for the need for antibiotics.
- Use of rapid diagnostic tests (e.g. PCR) to identify bacterial infection.

Types of bacteria and drugs

- Consider which bacteria are likely to be treated (e.g. Gram positive, Gram negative).
- Consider the distribution and resistance of drugs.
- Consider any potential side effects.

Employ narrow spectrum


- It is better to use narrow spectrum antibiotics as they are effective on common bacteria.
- Avoid using certain antibiotics as they are effective only against a few bacteria (e.g. ampicillin).

Culture and sensitivity

- Culture sensitivity when prolonged courses are likely to be needed (e.g. pneumonia, osteomyelitis, osteoarthritis) or when empirical therapy is used.

Treat effectively

- Use the right drug and at a sufficient dose and for the right duration.
- Use appropriate antibiotic stewardship training courses.



Periodontal disease

Respiratory infections

Systemic mycoses

Central nervous system

Genitourinary infections

Orbit and peri-orbit infections

Ear infections

Eye infections

Miscellaneous

Surgical prophylaxis


Antibacterials not indicated unless cytology and/or culture is positive

DO NOT USE

Second and Third-Generation Antibacterials

Follow the Cascade

5: Audit - possible uses of audit in our example



SETTING VETERINARY STANDARDS

1. **Outcome audit** of post-operative infections – retrospective data from routine surgeries
2. **Critical event review/audit** – following serious infections eg MRSA, MRSP
3. **Process audit** – of cleaning schedules

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Audit of post-op complications in routine neutering



- Group 0 – lost to follow up
- Group 1 – no complications
- Group 2 – complications – no treatment
- Group 3 – complications – medical treatment
- Group 4 – complications – surgical treatment
- Group 5 – death

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Process audit: cleaning schedules



- NHS cleaning standards
 - Internal audit
 - Subjective
 - Assessment of cleanliness of separate areas
 - Acceptable/non-acceptable
 - % score
- External audit
- Fluorescent dye
- VR 171 9



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Example cleaning audit sheet - consulting room



	Acceptable	Comments	Action time frame	Action Y/N
Floor	NO	Blood on floor	Immediate	Y
Table	YES			
Computer keyboard	NO	Not clean	End of session clean Purchase keyboard cover- 7d	Y N
Work surface	YES			
Walls	YES			

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Now over to you...

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What discussions and actions might come from this critical event meeting?



A new client brings their pet rabbit into your surgery with difficulty eating and overgrown incisors.

They sign a consent form which says 'Dental' and leave the rabbit with you.

The rabbit dies under anaesthetic, the clients are very unhappy, they say that did not know the rabbit was going to be anaesthetised as their previous vet just took their bunny from them for 10 minutes and clipped the teeth, and this is what they thought would happen.



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And from this significant event meeting?



An old lady brings her cat in with a bite abscess.

The cat is prescribed enrofloxacin tablets dispensed in a clear plastic envelope.

The lady comes back four days later with bite wounds on her hands apologising for the fact she can't get the tablets down the cat. Do you have any smaller tablets?

Also she can't understand why the cat is bumping into the furniture?

You look at the tablets and instead of 15mg tablets, 150mg tablets have been dispensed.

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Individual responsibility for CG



- Assess your **professional competence** in consultation with more experienced / qualified colleagues...
- **Keep up to date** with CPD and new developments relevant to your area of work...
- Look at your **performance**...
- Learn from the outcome of any **significant events**...
- Critically analyse the **evidence base** for procedures used...
- **Communicate** with other members of the team...
- Review your communication **with clients**...
...and then make appropriate changes to your practice!

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It's not rocket science !!



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