

CONTINUOUS QUALITY IMPROVEMENT

A ROADMAP FOR THE VETERINARY PROFESSIONS

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The full research report should be read in conjunction with this publication. The report, including a full list of references, is available at www.rcvsknowledge.org.



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THE CASE FOR QUALITY IMPROVEMENT

Everyone in a caring profession is driven to deliver consistent, high-quality care. Our biggest challenge has nothing to do with professional motivation or clinical expertise, but with how we can best structure ourselves to continually improve patient care, business efficiency and our working environments.

Although the context for developing quality improvement (QI) in the veterinary professions differs from the NHS – where it has been pursued by various governments in response to well-publicised failures and voters' concerns about

performance gaps¹ – the underlying reasoning is the same: like any other healthcare system, we are motivated to continuously improve quality and patient safety.

Until recently, improving quality in the veterinary professions involved ensuring that professionals are kept up to date with new treatments and diagnostics; discussing practice with peers; mentoring new recruits; and learning from experience. While these all remain valuable, a more structured approach to advancing the quality of care is needed.

HOW OUR FUTURE COULD LOOK WITH QI

This is not an entirely different world to today, but it would be a continuously improving version of it.

- Outcomes are measured profession-wide, helping to identify what works well, and what doesn't, with the overall aim of raising the standards of care.
- Teams work together more closely, with a shared understanding of what quality looks like, how responsibilities for it are distributed, and how to measure progress.
- Clients are reassured that their practice measures the quality of care for their animals, and are given opportunities to engage with improvement activities.
- Fewer unwarranted variations in treatment, thanks to guidelines based on the best available evidence.
- Overuse, misuse and underuse are steadily identified and minimised.
- Organisations have the opportunity to improve value, by reducing poor patient outcomes, as well as wasted resources.
- Teams have a 'safe haven' in this competitive environment for sharing and anonymising data acquired through benchmarking, auditing and rapid learning cycles, as well as identifying improvement initiatives that are not working or are working exceptionally well.
- Teams unite in a reflective learning culture: they discuss areas for improvement with openness and understanding rather than discipline and blame, thereby safeguarding against emotional distress caused by errors, while still advocating for the needs of patients.

¹ Ham, C., Berwick, D. and Dixon, J. 2016. A brief history of policies on quality of care in England. In: Ham, C., Berwick, D. and Dixon, J., *Improving quality in the English NHS: A strategy for action*. London: The King's Fund, pp. 5-7.

BACKGROUND TO THE PROJECT

In early 2019, RCVS Knowledge commissioned RAND Europe to undertake research to assess the QI landscape in the veterinary sector. The purpose was to provide a wide, robust evidence base to support organisations and veterinary professionals to implement systematic continuous quality improvement in day-to-day practice.

Specifically, the research sought to set out:

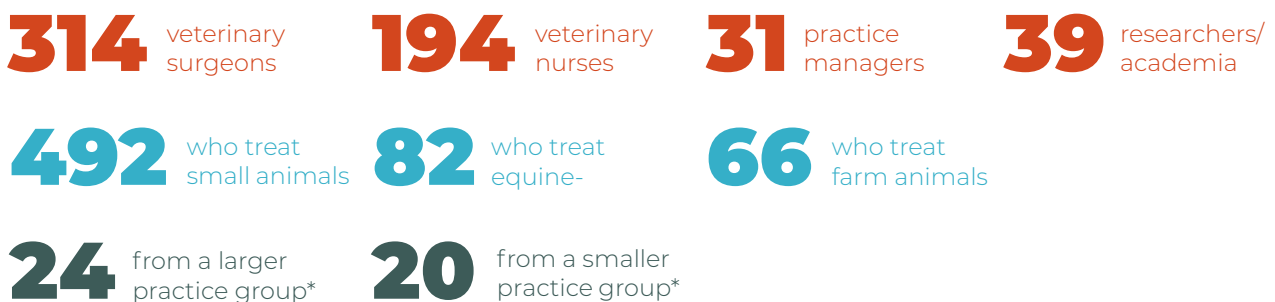
- current improvement activity carried out in practice by the veterinary professions
- what clinical governance/QI means to the

- professions, and its relevance to their work
- whether veterinary professionals measure the quality of care that they provide
- the incentives, enablers and barriers that the professions face when engaging with QI
- how stakeholders can help overcome barriers and support engagement with QI.

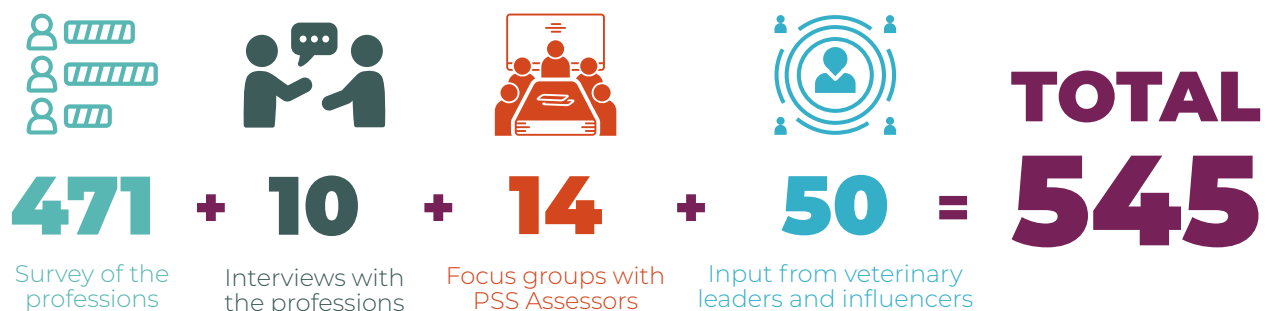
The data we gathered led us to a roadmap to fully implementing continuous quality improvement in the veterinary professions.

REPRESENTING VIEWS OF

Totals of the survey, interviews with the professions, focus groups and summit



DEVELOPING THE EVIDENCE BASE



*These numbers do not include the number of survey participants as they were not asked whether they were from a smaller or larger practice.

EVOLUTION, NOT REVOLUTION



Though the veterinary professions have made progress in establishing some form of clinical governance, full-cycle QI is not yet embedded in day-to-day work across the sector.

- Current improvement activities are often informal and unrecorded, and it is unclear if changes are routinely monitored to measure their impact and whether the resulting evidence is shared with others.
- It is increasingly important to have a formal system that shows how quality issues are addressed, given that animal owners are better informed than ever and are potentially more willing to make complaints.
- Veterinary professionals want to bring new treatments and technologies into day-to-day treatment as quickly as possible, and informal approaches are no longer sufficient to enable this.



The evidence to support bringing QI into the veterinary sector is strong, but leadership is needed to make sense of QI and tailor it to the needs of practices.

- While there is a broadly positive orientation towards QI, there is much less clarity about what it involves in practice.
- Those new to QI are unclear about the best ways to get involved.
- Implementation of QI tools needs careful tailoring to particular circumstances and requires change management.



Change should be consistent, prioritised and involve the efficient use of time.

- There is neither a need, nor an appetite, for a whole new 'improvement architecture'.
- Innovations need to become embedded and operate for long enough to demonstrate whether or not to abandon, adapt or spread.²
- Time constraints emerged as the most important barrier, so finding ways that allow easy, visible and quick forms of QI should be prioritised.

2 See, for example: Haraden, C. and Leitch, J. 2011. Scotland's Successful National Approach To Improving Patient Safety In Acute Care. *Health Affairs* 30(4), pp. 755-763; Mcdermott, A. et al. 2015. Hybrid healthcare governance for improvement? Combining top-down and bottom-up approaches to public sector regulation – The University of Aberdeen. *Public Administration*, 93(2), pp. 324-344.

WHY QI, IN NUMBERS

THE CASE FOR CHANGE



96%

agree that **QI will improve veterinary care** within practice



60%

have spent **less than 3 days on QI activities** in the last 12 months



11%

have spent **no time on QI activities** in the last 12 months



81%

would like **QI training**



7%

have used RCVS Knowledge's **free QI training tools**

THE MAIN BARRIERS AND CHALLENGES TO ENGAGING WITH QI ACTIVITIES



74%

lack of
know how



55%

lack of
time



55%

lack of
organisational support

THE ROADMAP TO QUALITY IMPROVEMENT

A range of stakeholders will be instrumental in supporting a cohesive approach to effective implementation of QI across the animal care sector. Stakeholders should include professional organisations including the RCVS and RCVS Knowledge; veterinary teams; veterinary practices and practice groups, including charity practices; educators, researchers and academics; veterinary client mediation services; and commercial

companies, including insurance companies and practice management system providers.

Two things are clear. First, there is an enthusiasm across these stakeholders for embracing quality improvement. Second, there is uncertainty about how to do so within the time and resources available. The roadmap to quality improvement is designed to harness the first and address the second.

Ensure that QI is a part of business as usual, rather than in addition to the existing workload

A consistently held anxiety identified in the report was the pressure of time. The concern is that teams are already working at, or even over, capacity and that there is no room to add further tasks to the daily routine. The research also showed that participants believed that setting aside dedicated time for QI was important. Squaring this circle will not be easy.

Two things will help achieve this. The first is that, as suggested, having a small number of routinised and scalable approaches will help limit the time required for implementation on the ground. The second is connecting this to existing work.

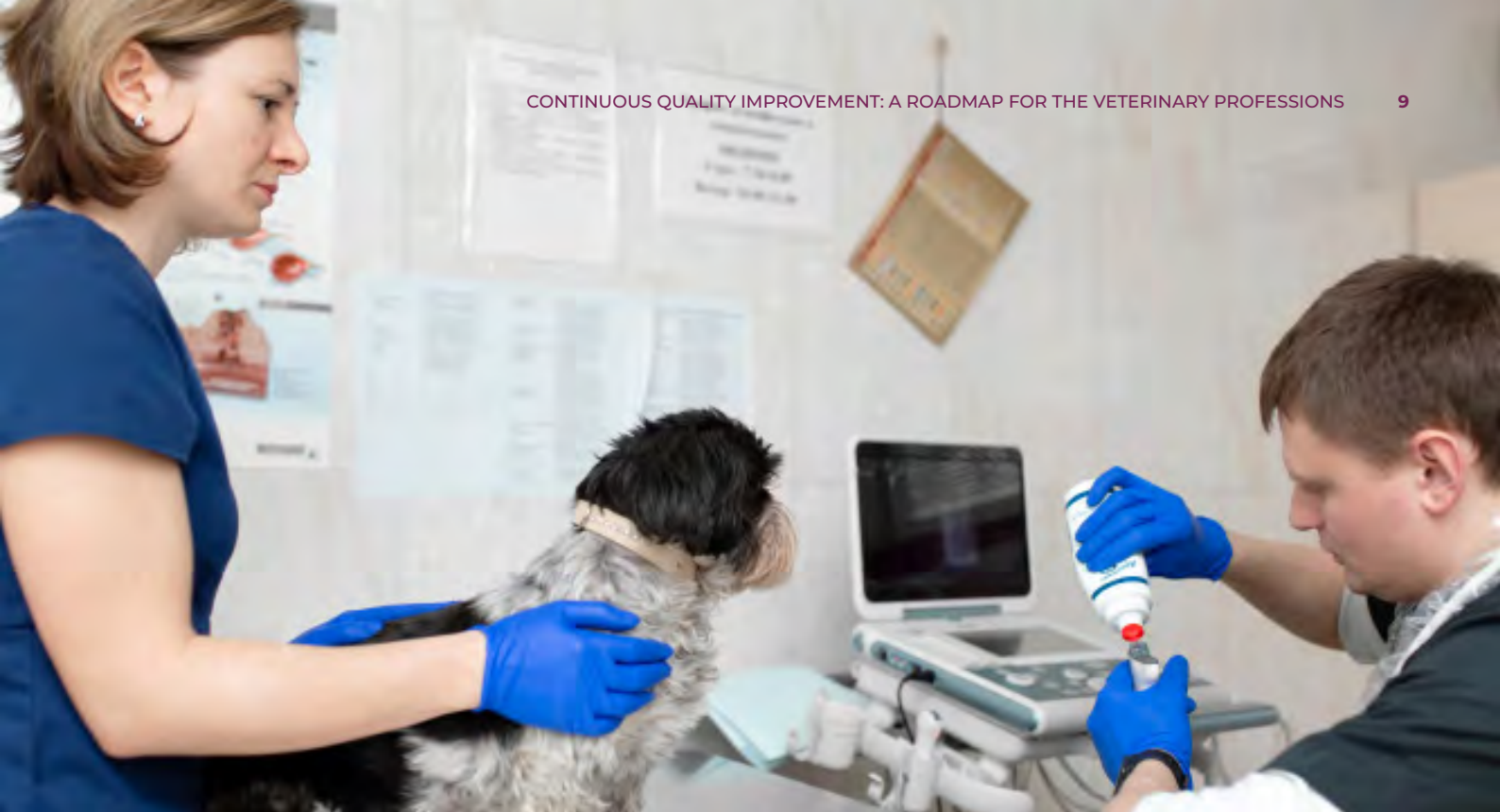
To provide a clear message that there is a commitment to improvement at board level, thereby

raising the profile of these activities and giving teams permission to spend time on QI, practices can introduce actions in HR processes. These could include providing teams with job descriptions that include QI as part of the role, assessing attitudes to QI in the recruitment process, linking QI adoption to annual assessments, and providing QI training. Practices should also include QI activities in routine team discussions.

Reshaping the Practice Standards Scheme (PSS) and using data collection for clinical audit purposes and linking this to (anonymised) benchmarking information would support management rather than add to the workload (for example, vetAUDIT³). Checklists, guidelines and protocols could save time while increasing safety.

“ *If you've got someone that has a passion for it then that helps. If you've got someone senior in your organisation that is keen on it and can see the benefit and are willing to use the resources to facilitate it then I think that is a big enabler. (INT11 profession)*

3 vetAUDIT [RCVS Knowledge][online] Available at: <https://vetaudit.rcvsk.org/> [Accessed 7 Aug. 2019].



Build on the existing passion for quality that exists and link this to a more routinised and scalable approach

Delivering change in how people do their routine work and in how they view their own roles and identities is difficult. In this context, professional identity is an important driver of behaviour.⁴ A top-down approach, which makes the case for change and maintains momentum, is helpful but needs to combine with mobilising passion from those on the ground. The research behind this strategy shows that while inspection and clinical audit are important, so too is visible leadership at the local level.

However, a balance must be struck between encouraging 'one hundred flowers' to bloom in local initiatives and providing a coherent and manageable programme of improvement in which lessons can be learned and shared, and evidence about what works can accumulate. This creates a 'rhythm of learning' but requires deliberate constraints on improvement activities. This requires a small and discrete set of approaches that can demonstrate fidelity to core principles so that when approaches work they can be

replicated. This will establish a more routinised and scalable approach.

A suitable place to start (with a view to developing this over time) would be with the five established areas for action identified by RCVS Knowledge. Our research showed these to be broadly (but not completely) understood and acceptable:



Clinical audit



Benchmarking



Significant event audit



Guidelines



Checklists

⁴ Godin, G. et al. 2008. Healthcare professionals' intentions and behaviours: A systematic review of studies based on social cognitive theories. *Implementation Science*, 3:36.



Be clear about the role of each stakeholder

The strategy cannot be imposed by any one organisation; it requires stakeholders to collaborate.

Stakeholders include: professional organisations including the RCVS and RCVS Knowledge; veterinary teams; veterinary practices and practice groups, including charity practices; educators, researchers and academics; veterinary client mediation services; and commercial companies, including insurance companies and practice management system providers.

The tasks they will need to collaborate on include: training; collecting and sharing evidence; providing leadership; and changing ways of working.

In agreeing and allocating tasks, the key question to consider is who has the information, capacity and incentive to best lead this task.

Clearly each might contribute in different ways. For example, universities are best placed to lead further research, but expertise in researching quality improvement is found in only a few university departments.

Working with funding councils and others, a consortium of research entities might learn from organisations such as The Healthcare Improvement Studies Institute⁵ to strengthen the evidence base for continuing to improve healthcare. Similarly, undergraduate courses should be adapted to include compulsory sections on QI which are given a symbolic equivalence with more overtly clinical courses.

There needs to be some coordination of these efforts. Such efforts may need to evolve over time.

Attendees at The National Summit for Supporting Quality Improvement in Veterinary Care 2019, which was part of the research behind this strategy, demonstrated a willingness for stakeholders to engage with QI. A light touch mechanism for bringing these together on a regular, perhaps annual, basis should be established to review progress and, where necessary, re-allocate responsibilities.

5 The Healthcare Improvement Studies Institute [online] Available at: www.thisinstitute.cam.ac.uk/ [Accessed 7 Aug. 2019].



“ QI is just an essential part of that [clinical excellence] really. I think unless you’re constantly questioning and auditing and justifying what you’re doing, it’s very easy to find you’re failing to recognise something that’s very obviously happening in front of you. (INT7 profession)

Amplify the client voice in support of improvement

It is notable in our research that under 8% of respondents identified animal owners as important stakeholders in delivering QI. This should not be taken to imply a lack of interest in the views of owners more generally. A recent review of applying user involvement for improving (human) healthcare quality showed that relatively little is known about this, but nevertheless there is support for the idea that user involvement might be a useful tool for supporting cultural change around quality improvement.⁶ It is not surprising, therefore, that there is limited understanding of how user involvement might help drive forward QI in a veterinary context.

‘Quality’ includes the experience of clients who may have a different understanding of what

constitutes a ‘good outcome’ compared with how clinicians define quality. Indeed, part of the business case for QI is that it could both reduce complaints and help demonstrate that well-founded complaints are acted upon. The research supporting this strategy noted that consumerism and changing client expectations are important drivers of change. Rather than user involvement becoming a burden on practices, harnessing this for QI would transform it into a positive force for improvement. Veterinary practices should review approaches to user involvement, and identify and widely promote what is practical across the veterinary sector.

6 Boström, J., Hillborg, H. and Lilja, J. 2017. Cultural Change of Applying User Involvement for Improving Healthcare Quality: A Review of the Impact on Attitudes, Values and Assumptions among Healthcare Professionals and Users. *Quality Innovation Prosperity*, 21(3), pp.158-172.

Strengthen QI in education, training and research to increase QI expertise in the professions

Only 16% of our survey respondents agreed they had received enough training to support them in implementing QI/clinical governance. Over 40% said they had not received training and would like to do so in the future. It is likely that there is both a need for, and an appetite for, further QI training.

This could be included in undergraduate courses but would also be a part of further professional development.

It is also important to consider how to strengthen the research infrastructure around QI. As has been made clear, not all QI activities thrive in every setting. It is not likely that the strategy for QI will get everything right first time and at least in some cases rigorous research will be the only way to build an evidence base to address gaps and weaknesses. Indeed, the final part of the strategy for action is to create an environment where approaches flex and evolve along with the growing evidence base.

“ ... people are under a massive amount of pressure to do as much as they can as quickly as they can. People forget paperwork and focus on animals in busy situations – need to be able to focus on both. (INT16 profession)





Continue to monitor, learn and adapt current ways of working; QI is a journey and not a final destination

A key feature of QI is that it is continuous, but this should not be taken to mean continuously doing the same thing. As QI practices take effect and deliver improvement, those practices may themselves become less important as the changes they promote become part of the routine. For example, improving how animals flow through the care processes may require a conscious effort to change and measure new ways of working. For example, it might require coaching in team leadership to improve flow. Once established, however, this may become the accepted way of working and other priorities for improvement will emerge. In this sense, a strategy for QI should be seen as a strategy for

evidence-based learning. *Veterinary Evidence*⁷ (an open-access peer-reviewed journal set up in 2016) will help with this, along with the RCVS Knowledge library, which is the only veterinary library offered to those in practice.

This will require a theory of learning within the sector, including, for example, understanding how busy professionals best learn. Journals and libraries are important but in themselves do not create learning. *Veterinary Evidence* now provides audio summaries but improving the supply of evidence will always need to be matched by improving the demand.

7 *Veterinary Evidence* [RCVS Knowledge][online] Available at: www.veterinaryevidence.org [Accessed 7 Aug. 2019].

CONTINUING THE JOURNEY

The time is now for the professions to embrace the opportunities presented by a culture of quality improvement and to translate these opportunities into safer, ever more efficient and improved clinical outcomes for patients.

The roadmap to quality improvement outlined within these pages relies on active support and leadership from across the professions.

The six paths on the roadmap are more than mere recommendations or action points; they are descriptors of the collective mindset the veterinary professions need to embrace.

We know from human health experiences that silo working jeopardises the success of QI efforts. As such, we encourage a harmonised approach; one which emphasises collaboration and shared learning.

It may require a change in the traditional style of leadership, and it will certainly require organisation-wide commitment, but the entire veterinary industry can realise the potential of QI.

In 2018 RCVS Knowledge launched their continuously expanding suite of QI resources. These have been designed to provide practice teams with time-efficient ways of implementing quality improvement, and to initiate those new to the concept. RCVS Knowledge will continue to build on this offering.

We believe that QI should be part of normal working, rather than an add-on to the day job. We support a one-team approach, focusing on how whole teams successfully work together and interact.

Most fundamentally, although we know that there is room to improve, we acknowledge that everyone already strives to do their best – QI is simply the framework that can make that sustained endeavour a reality.

“ *...the combined and unceasing efforts of everyone... to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development (learning). (Batalden and Davidoff, 2007)⁸*

8 Batalden P.B., and Davidoff F. 2007. What is "quality improvement" and how can it transform healthcare? *BMJ Quality & Safety*, 16(1), pp.2-3.

ACKNOWLEDGEMENTS

We are grateful to the participants who took the time to engage with this research. It would not have been possible without their valuable insights and sharing of experiences.

This summary describes research by RAND Europe, documented in *Assessing the landscape and future actions for Quality Improvement in the veterinary sector: The insights, expectations and aspirations of the profession* by Lucy Hocking, Natalie Picken and Tom Ling. RAND Europe is a not-for-profit research organisation that helps to improve policy and decision making through research and analysis.

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RCVS Knowledge's mission is to advance the quality of veterinary care for the benefit of animals, the public, and society. RCVS Knowledge champions the use of evidence-based veterinary medicine in veterinary practice.

We support the thousands of dedicated veterinary professionals in delivering high-quality evidence-based veterinary medicine to the millions of animals in their care, through our peer-reviewed journal, library, quality improvement activities and historical collections. We are the charity partner of the Royal College of Veterinary Surgeons.

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