

**Knowledge Natter: In conversation with Abi Redfearn from Rosemullion Veterinary Practice about the award-winning audit to improve infection control and cleaning methods in clinical and non-clinical areas.**

## **Abi Redfearn CertVNECC RVN**

RCVS Knowledge:

Welcome to this Knowledge Natter by RCVS Knowledge. Here we have friendly and informal discussions with our Knowledge Award Champions and those who are empowered by quality improvement in their work. Whether you are a veterinary surgeon, veterinary nurse, receptionist, or member of management, quality improvement will and can positively impact your everyday life. Listen and be inspired.

Lou Northway:

Hi everyone, and welcome to this RCVS Knowledge Natter. My name is Lou Northway. I'm one of the Clinical Leads here at RCVS Knowledge, and today I'm talking to Abi from Rosemullion Veterinary Practice, a part of CVS Corporation. So, hi Abi. Welcome.

Abi:

Hello. Thanks for having me.

Lou Northway:

It's lovely to have you here. I've been really excited about talking to you about your project because it's a topic we haven't actually covered on the Knowledge Natters yet. So before we get into your project, can you please start by telling those listening a little bit about you, your career journey and how you've got to this point now?

Abi:

Yes. So I will go back to when I was at school. So I finished school and I always wanted to do something with animals. So I went off to college and I dropped out of college because I hated it. So I went and worked at Marks & Spencers and I thought, that was it, my career is down the drain. I'm never going to get a job at a veterinary practice. So I did that for a couple of years and then one day I thought, why don't I just go and hand out my CV and do some work experience? So I handed out my CV and I managed to get a job as a student. So I got my first job and I qualified in 2016. I then became head nurse there. I then went on and did

my Vets Now ECC Certificate. And then I had a bit of a quarter life crisis and I wanted a complete challenge and I went and joined the Army.

Lou Northway:

Wow. I wasn't expecting that. Continue.

Abi:

So I joined the Army to go into the Veterinary Corps, but I broke my ankle and then got stress fractures in both my legs. So I left the Army after 18 months and I'm now here at Rosemullion.

Lou Northway:

That's quite a journey, isn't it? Honestly, I don't think I've had anybody that's the profession quite in that angle before. That's so interesting.

Abi:

I just always wanted the challenge.

Lou Northway:

Yeah, no, absolutely. And then your journey to find your first few steps on the QI ladder, how did that all come about?

Abi:

So I started at the hospital and I'd never done QI at all, and we are really lucky that they do a lot of QI here and we have a QI lead vet. So she's called Alice. So she took me under her wing and I started doing a little bit of auditing and then one of my colleagues said, "Oh, well, I've done some environmental swabs and found a few gross things, but I haven't done anymore with it. Can you take it on?" And I didn't really want to do it, to be honest. I thought it sounded like a lot of work, but actually once I got into doing it became a bit of a passion project. So I was swabbing things and finding lots of gross things around the hospital, and I just got really excited by it. And it all went from there really with the auditing.

Lou Northway:

And how did you go about this project that you got your knowledge award for? How did you decide what to swab, where to swab, how to swab, where did that all come from?

Abi:

So it started off I thought, well, I'll check some kind of clinical and nonclinical areas. So I did theater tables, prep room tables, door handles, phones, keyboards. I even did the toilet door handles. So I swabbed all those places and the results were really gross. We had pseudomonas and various other horrible things. So I spoke to the lab and I got some really good advice from them, and I did implementing new protocols then. So hand washing

protocols, bare below the elbow, people getting changed into their uniform when they arrived at work. And from there I then started re-swabbing and re-auditing and looking at the results.

And I never intended on doing this for the QI awards, but once I'd done it and the results were actually improving and we were doing well, it was Alice at work that said, "Why don't you submit this for the RCVS knowledge awards?" So that's kind of how it all came about. It was a real accident and I'd never really done much QI and it was just a bit of a learning curve as I was swabbing and figuring out what I needed to do along the way.

Lou Northway:

Yeah. And were you pleasantly surprised with QI, that your first initial thoughts on what it was going to be like are very different to actually what it is?

Abi:

I thought it was very intimidating. It was something I didn't really want to do. I didn't know how to do it. It was quite overwhelming. But actually as I was doing it, I didn't really realize that I was auditing until afterwards. And actually it's really easy and anyone can do it.

Lou Northway:

And part of your project was involved giving a questionnaire to your team as well. Can you tell me a little bit about that?

Abi:

Yeah, so after I'd swabbed and the results were not great, I just wondered what else we could do to improve. So I thought by handing out a questionnaire to the team, I could get things like, are you wearing gloves when you look at ears? Are you wearing PPE for infectious cases? And I even put some questions on there that were like, do you wash your hands when you've been to the toilet? Just things that it gets people thinking. So not necessarily to ... I didn't want to upset people or offend anyone, but it just gets people thinking. And then with the results of that, we implemented things like sanitizing phones and keyboards, giving out hand sanitizers to all staff, making sure that we had the correct hand wash in the toilets and by sinks. So it just was sort of food for thought really, and results were quite interesting. And it then gave me something else to re-audit as well down the line to see if more people were wearing gloves or PPE and that kind of stuff.

Lou Northway:

And I bet everybody was really interested to see how things changed and improved as well.

Abi:

Yeah, I think people were quite shocked by the results initially, but I think because I was updating everyone on what was found on the swabs and what was found on the questionnaires, people were then more invested to do their part to help, I guess.

Lou Northway:

Yeah. And environmental swabbing is so interesting, isn't it? I've done it myself in practice a few years ago now. I probably should redo it. You've inspired me. But at the time, I remember being like blimey, in places we'd done our end of day deep clean, but we were still having growing things, not necessarily serious things, but still stuff that shouldn't be there. So are you making sure chemicals are the appropriate concentration? How can we make that process easier? One of the things that was really early identified in my practice is that our clipper spray always ends up going back in the cupboard. It's not near the actual clippers. So people just get the clippers and they put them back. But just little things like that, making sure that we are cleaning them between patients. You forget don't you? You are in a rush. So embedding those little system changes in your hand hygiene audit as well. That was really interesting, wasn't it?

Abi:

Yeah. So again, it was just something that I thought of along the way, and it just helped with getting people thinking again about what they're doing and getting people to improve, just by handing out questionnaires and doing audits. I think that in itself is quite a powerful tool for change.

Lou Northway:

And to involve everybody as well, isn't it? So, what do you do? Because I know, for example, I stroke a dog in reception and then I walk out the back and then I have to crack on with an op and I go to the kennel and I get the dog out and I think, gosh, I've now just touched the patient without washing my hands in the middle. So it's so hard sometimes to slow yourself down to remember to do things.

Abi:

And we also found pseudomonas on our reception phones, which was really quite shocking. So I think the receptionists are obviously petting all the patients as they come in and then picking up the phone. So every computer station has wipes, but it also has hand sanitizer now just to encourage people to wipe things and sanitize their hands.

Lou Northway:

And I also think the handle of the otoscope as well. So we're great at sanitizing the headpiece, but we still often touch the ear with our hands or gloved hand, before you then grab your otoscope. And then I think, oh my gosh, there's another way you can [inaudible 00:08:37].

Abi:

[inaudible 00:08:37] swab.

Lou Northway:

Let me know. Let me know. And your practice is super enthusiastic with QI, and this isn't the only sort of project area that you have looked at. So what else have you been doing in practice?

Abi:

So I've currently been doing audits on booking sheets. We've had lots of discrepancies with things like suture materials, lots of price discrepancies, so things like that are not getting booked out properly. But also the batches, uncontrolled drugs. I felt like it was a bit of an unconventional thing to audit, but it just will help, hopefully, the practice dealing with our stock levels and that kind of stuff.

Lou Northway:

So Abi, your practice is super enthusiastic with QI and you've done loads of different other audit projects as well. So I wondered if you could talk to me a little bit about the other areas that you've covered.

Abi:

So one of the things we were doing last year was a wound scoring chart. So in our consult rooms, we've got charts that have a score and a description of what a wound looks like. So when we see things postoperatively, we can then give it a score to make sure that across the board, all the staff are rating wounds the same. I know that's something you've done in your practice as well.

Lou Northway:

So I've been working on this myself, but I haven't actually got a finished product yet. But I think it's so important because the interpretation of a wound is so different person to person, isn't it? And knowing what normal wound healing and what stage of wound healing it is, and whether it's normal inflammation or unexpected inflammation depending on what day it is and things like that. So just helping to standardize what people scoring to make it a little bit more accurate is really, really helpful. So yeah, I'm all on board and that's great. And have your team said it's really useful and it has supported them?

Abi:

They've said it's something that's really helped, especially the nurses that are doing nurse consults. If there's different people seeing back the same animal, it's just, yeah, it's helped them to distinguish whether it's improving or if it's getting worse. So we found them really useful.

Lou Northway:

And I love the audits everyday things because for example, neutering, you don't anticipate that you're going to have complications. And I think when people think of complications, it's just something big and serious. But actually clipper rash is a complication that needs to be addressed because it impacts welfare, doesn't it? And it's not nice.

Abi:

That's something we do really regularly. So every couple of months we'll have a look at our neutering complications and touch wood, they're always quite low. And I think that's

something we do a really good job on, is just keeping on top of that stuff. So that's one of our routine things that we audit. We also look at booking sheets, all the regular auditing stuff we do, it just becomes second nature, I think, doesn't it when you do it all the time.

Lou Northway:

Yeah. I feel like you view practice life through totally different eyes don't you? It's like every single thing you do is an opportunity to improve, whether it's patient outcomes, financial like you say, workflow, stock, everything. You can audit and monitor and try and make better.

Abi:

And it's not directly QI related, but we've been doing a lot of work looking at human factors. So we've done some really interesting CPD, and it's something we're really trying to implement in practice just to improve what we are doing. And I think it's a reflection on what the NHS do, and I think it's something that's been really helpful for us as a team looking at errors and why they happen and what we can do to improve on that.

Lou Northway:

Yeah, I see them very much aligned as two things, but they cross over so much, don't they?

Abi:

Yeah. Yeah, absolutely.

Lou Northway:

So Abi, it's been so nice to talk to you. We're happy to meet you. Congratulations again on your Knowledge Award. I know it's been a heck of a lot of work, but it's an amazing, massive project so I would recommend that everyone that's listening heads on over to the RCVS Knowledge website to read of Abi's case reports, it details all of the outcomes, where bacteria was grown, where it wasn't grown, and the amazing improvements that she made with her team. So lovely to meet you, Abi. Thanks again.

Abi:

Thank you. Thanks.

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