Quality Improvement
2023 Report

Content

You may notice a new look in this year's CVS Quality Improvement (QI) report. This is due to our recently published Clinical Governance Framework, as introduced here by Paul Higgs, CVS Chief Veterinary Officer, which illustrates the essential ingredients, in our view, to cultivate a culture of continuous improvement.

For each improvement project outlined in this report, we pull out elements of the clinical governance framework that guided us. These include our values which shape the environment we aspire to achieve and the pillars that contribute to quality of care that were most important to project success.

An additional benefit of developing the clinical governance framework was only realised after the fact, when we noticed that it was useful in planning an improvement project, whether QI or research. We have included an outline of this process that we use in this report, in the hope that it is also helpful to you.

QI progressed significantly in our practice divisions in 2023. The breadth and depth of clinical improvement projects expanded in the small animal teams, with progress achieved in a wider area of clinical subject matter. Equine teams chose to look locally at what was needed in their practice and design their own projects. Seeing these projects progress over time has been rewarding for clients and patients but also for the development of our QI Leads as their experience in affecting change grows. Our Farm teams have also grown their QI activity by leaps and bounds and have had positive impact on animal welfare and public health by improving the use of diagnostic testing to guide appropriate treatment and management of respiratory disease and mastitis cases.

Improving quality of care happens one project at a time. I am proud and humbled to share and celebrate the work and passion of so many people over the past year. I hope by sharing what we are learning along the way that it contributes to the collective knowledge of the profession and that opportunities for connection and collaboration are created as result.

Sincerely

Angela Rayner

Director of Quality Improvement

In December 2022, we brought together a wide and diverse group of clinical and non-clinical colleagues to discuss priorities for clinical improvement across for the future. Drawing insights from veterinary literature and clinical improvement processes in human medicine, we identified the critical need for a clinical governance framework, of which none existed within the profession at the time

While Quality Improvement (QI) has long been acknowledged for enhancing care quality and patient outcomes, Clinical Governance remains less understood in the veterinary profession, often solely associated with clinical audit or morbidity and mortality reviews. However, we recognised its more exciting potential to foster an environment in which clinical improvement can thrive and be sustained.

We created an Integrated Care Council (ICC) to provide broad and diverse perspective on the different areas of clinical and non-clinical work. Throughout 2023, the ICC crafted our Clinical Governance Framework, launched in November, which now supports clinical improvement processes and decisions across CVS. Our vision is to continuously improve the quality of our clinical services by creating an environment in which high standards of veterinary care can thrive.

Recognising that merely identifying the areas for improvement would not be enough to inspire sustainable change, we hope to cultivate a culture of continuous improvement; where everyone understands our shared purpose and the values that would underpin the psychological safety needed for this to succeed. Consequently, our Clinical Governance Framework is made up of three key areas:

- Our definition of "Quality of Care" for animals: Encompassing six components, this identifies the desired outcome of our clinical governance processes. Our shared-purpose!

- The culture of clinical improvement: Five behaviours fostering psychological safety, this culture encourages learning, consistency and team resilience.

- Areas of focus for clinical governance: Addressing six clinical priorities that align with animal welfare and individual patient, owner and colleague needs.

We believe that this framework is useful for everybody in our profession as it promotes the benefits of robust clinical governance and a psychology safe culture. It offers a structured approach to assess current practices, drive positive change and enhance the wellbeing of our profession, clients and patients.

Our Quality Improvement Report this year now focusses around how the framework positively influences our decision making, collaboration and learning. Of course designing a clinical governance framework is a continuous improvement process itself and we are excited to see how it evolves over the coming years.

CVS Clinical governance framework
How to use it to plan for change

To read more about the governance framework – visit the CVS website HERE. [this need a QR code for the print element or for us to spell out the full link.]

The CVS clinical governance framework outlines the structures, behaviours, and values that we see as vital to cultivate the right culture for continuous improvement to flourish.

It provides a stepwise guide to planning for clinical improvement, whether that be a quality improvement or research project.

When implementing an improvement project, 80% of your time should be devoted to planning as this will set you up for the best success to help change occur. Here we will see how reflecting on the six pillars can guide our activity. The pillars include: Clinical Effectiveness; Research and Development; Ethical Integrity and Sustainability; Information

Sharing and Collaboration; Education and Training; Quality Improvement and **Patient Safety.**

For each pillar, with your improvement team, work through the following questions:

Clinical Effectiveness

✓ What is your aim?

✓ What does a good outcome look like?

✓ What are the motivators for you and your team?

Research and development

✓ Do you know enough to start planning the project/change? Search the current evidence-base.

✓ What more do you need to know?

✓ Where will you find this information?

Ethical Integrity and Sustainability

✓ Are there ethical concerns or benefits to your project?

✓ How will you obtain diverse perspectives in planning your project? Consider who works within the system you are trying to improve.

✓ Regarding sustainability, what positive or negative impact might the project have on people, the environment, and resources?

✓ What could unintended consequences by and how will you know if they occur

Information and collaboration

✓ Who needs to know about this project? They might not be directly involved in the project, but they may be able to support you in removing barriers to change.

✓ Has it been done before, and can you collaborate to learn from that experience?

✓ How will you ask for feedback and share your results?

Education and training

✓ Does anyone in my team need training to help achieve our goal?

✓ How will I deliver this training?

✓ Is the training the same for everyone or do I need to tailor it to make it accessible?

Quality improvement and patient safety

✓ How will you know if the changes have been safe and effective? Think about what you will measure.

✓ When will I plan to check and how?

✓ What will I do if things haven't turned out the way I wanted?

Top tips when planning change

1. Be clear. Take time to really understand the problem, from multiple perspectives, before you start to design your project. This will help you clarify your aim and decide on your measures that will determine your progress.

2. Embrace collaboration. Team members who do the work can help provide solutions to the challenges you face, as they see different parts of the system that you may not be aware of. Ensure that all team roles are represented in your improvement team.

3. Take time to reflect on what you're learning. Things may go to plan, but there also may be some surprises. Talk to the team about their experience to help you understand your data. Revise your approach as needed.

4. Go for it! When we aim for perfection, this can sometimes prevent us from getting started. Make a plan, give it a try and see what happens.

> " It provides a stepwise guide to planning for clinical improvement, whether that be a quality improvement or research project.

Clinical Advisory Committee – Subject Matter Working Groups
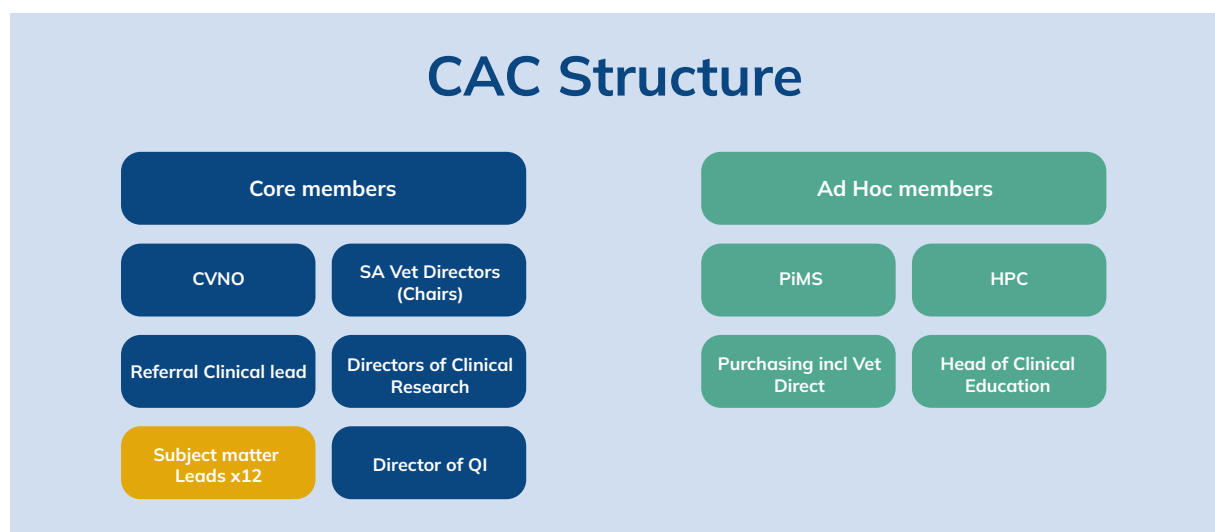
Our challenge

In CVS' small animal division, the activities of Clinical Advisory Committee (CAC) fell away during the pandemic. This gave us an opportunity to reconsider and reinvigorate collective clinical decision making.

We wanted to develop a Clinical Advisory Committee that would be responsible for supporting the delivery and continuous improvement of a high standard of care in the Companion Animal (Small Animal and Referrals) divisions.

Previously the committee had focused on development of the dedicated and preferred product list, supporting or developing key policies, such as the vaccine policy, and considered the use of some types of equipment.

The entry pathway to the committee previously had been not always clear, and many of the committee were those in leadership rather than frontline roles.

Feedback from colleagues was also clear that transparency in decision-making was important, as was inclusive and fair representation.

CAC Structure

Core members		Ad Hoc members	
CVNO	SA Vet Directors (Chairs)	PiMS	HPC
Referral Clinical lead	Directors of Clinical Research	Purchasing incl Vet Direct	Head of Clinical Education
Subject matter Leads x12	Director of QI		

Our objective

We wanted to:

✓ tap into a group of people with a broad base of experience

✓ represent all types of clinical roles in our practices.

✓ include those who were not able to travel to face-to-face meetings

✓ provide transparency in our clinical decision-making process.

- ✓ develop a consistent and robust methodology for appraisal of treatments and equipment
- ✓ Give the members of the CAC the opportunity to develop their own priorities and work as a group on creating solutions.
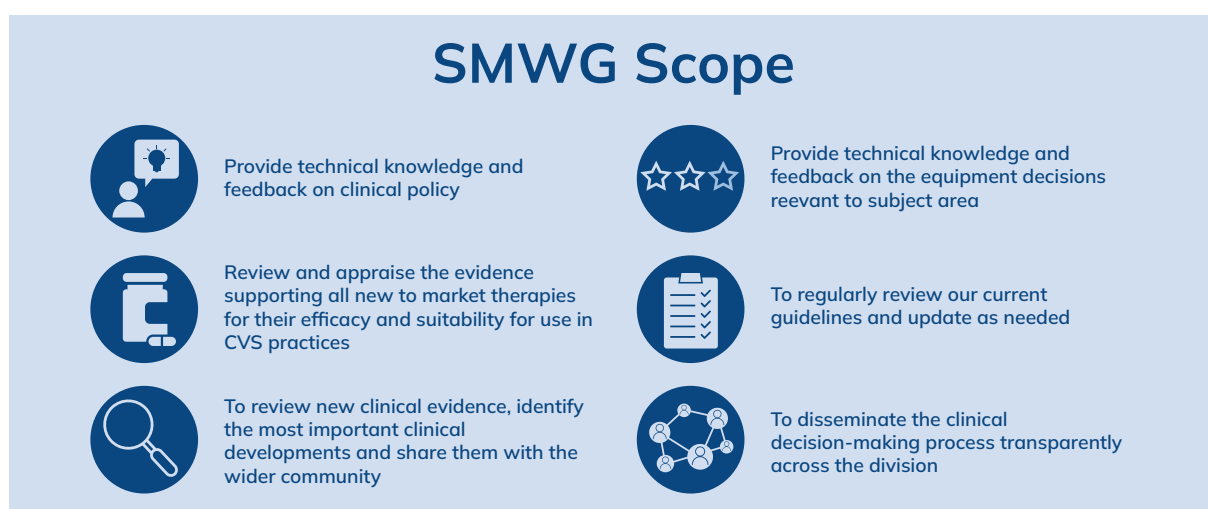
Our approach

This project particularly lent upon three of our pillars:

- **Clinical effectiveness** – by evaluating new knowledge (including research, techniques, therapeutics, equipment, and quality improvement projects); recognising areas in need of new knowledge; and making a clear and structured assessment of equipment and products based on clinical evidence base and technical knowledge

- **Ethical integrity and sustainability** – through inclusive decision making and diverse experience of our committees and reducing the number of times face to face meetings were required.

- **Information-sharing and collaboration** – by making recommendations and sharing learning with those who need it

After consulting with a broad set of stakeholders in our organisation, it became clear that broad and inclusive representation was key without it becoming unwieldy. So, we introduced the Subject Matter Working Groups (SMWG) to support the Clinical Advisory Committee with a wealth of experience and expertise representing the major subject areas: our subject matter working groups represent these areas:

Surgery	Internal Medicine	Diagnostic Imaging
Anaesthesia	ECC	Dentistry
Ophthalmology	Cardiology	Oncology
Neurology	Exotic medicine	Dermatology

SMWG Scope

Provide technical knowledge and feedback on clinical policy

Provide technical knowledge and feedback on the equipment decisions reevant to subject area

Review and appraise the evidence supporting all new to market therapies for their efficacy and suitability for use in CVS practices

To regularly review our current guidelines and update as needed

To review new clinical evidence, identify the most important clinical developments and share them with the wider community

To disseminate the clinical decision-making process transparently across the division

Outcome

We have 90 clinicians involved in the subject matter working groups, who are actively and flexibly contributing to the clinical direction of our business.

We also have a clear process for their involvement where patient safety, colleague, patient, client and environmental benefits are considered. This results in a transparent decision-making process, provision of relevant guidance and training, and sharing of information with colleagues.

Case Study - Introduction of Senvelgo

This was a new product to market with the potential for game changing patient benefits However, there was a need to ensure that colleagues are fully aware of the product, its existence, advantages, and limitations.

> " We have 90 clinicians involved in the subject matter working groups, who are actively and flexibly contributing to the clinical direction of our business.

As a result of work by the medicine subject matter working group the product was reviewed, ahead of its launch to market, who concluded it was likely to have important patient advantages. However, due to its novel nature it was felt that appropriate support was needed.

The clinical guidelines were reviewed and updated to include the product and explain where the product should sit, patient management guides were provided and a training resource was made available for all clinicians, available on the day of product launch into the UK.

Off the back of this recommendation a webinar was designed and led by the manufacturers due to a lack of lived experience in the industry. A course is now available on our learning resource Knowledge Hub.

The working group responded quickly while making an inclusive decision and provided important material that supported our colleagues, clients, and patients.

Cultural Aspects

This project has established clear accountability for important decisions we make and, perhaps more importantly has developed a culture of inclusive leadership where everyone can submit requests to our working groups and there is a clear

structure to give all our colleagues a voice through the diversity and representation of the subject matter working groups. On teamwork, the project has 12 new teams, pulling people from across the business together. They have a communality in terms of their interests and shared values, but it has been a learning curve for all to help nurture and build these teams virtually.

The future

As the working groups become more productive, our aim is to share more widely their activities and that of the CAC, and developing engagement with clinicians so they feel part of the process.
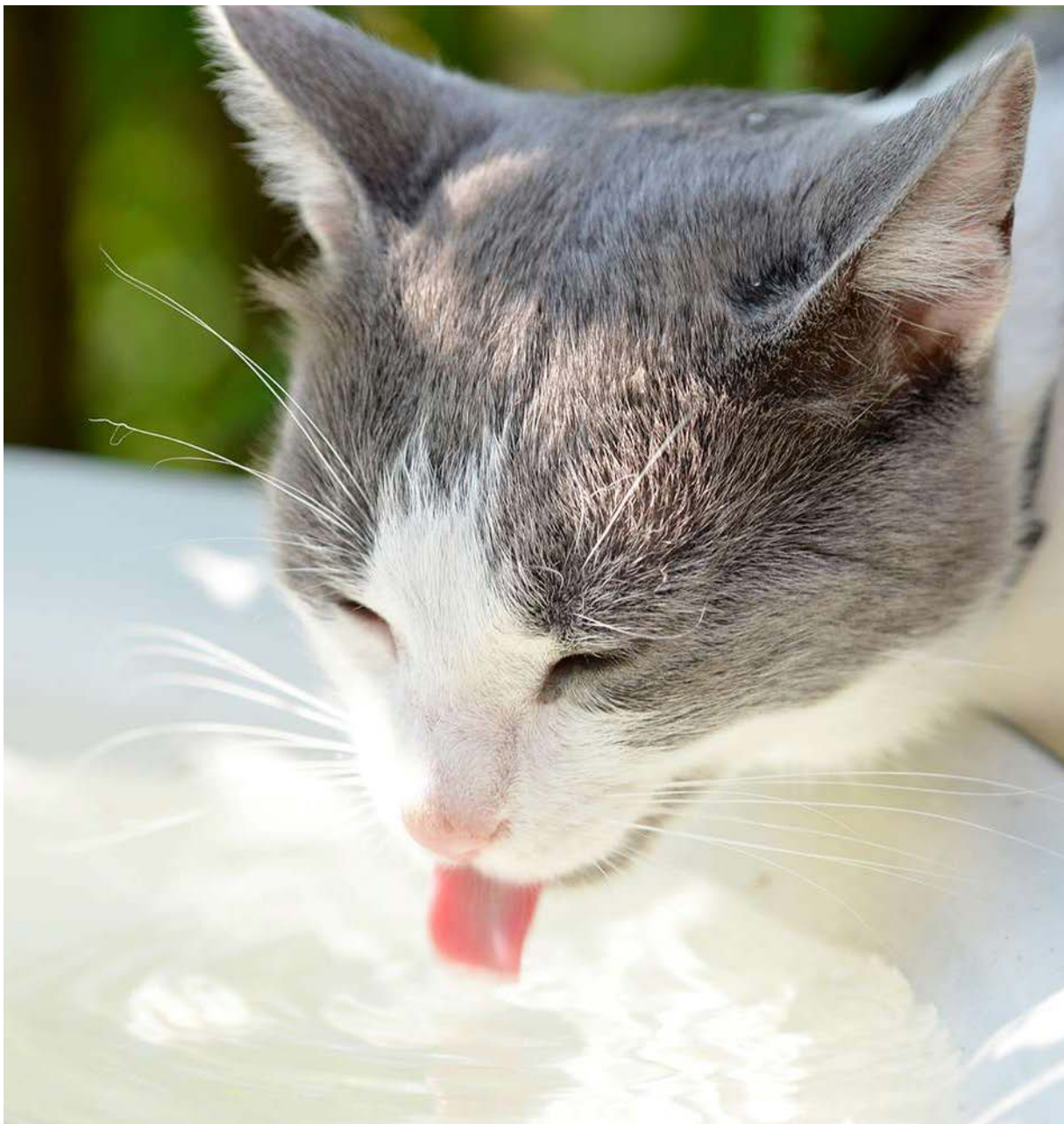
Small Animal Clinical Improvement Projects

Our opportunity

In small animal general practice, we have continued to prioritise areas for improving clinical effectiveness.

Our practice data showed clear areas where our clinicians were trying to improve, which helped us identify specific areas for development. So in July 2022, nine CVS Clinical Quality Improvement Projects were launched, with every practice able to select at least one from: dental radiography, ear cytology, endoscopy and endosurgery, fine needle aspiration, hypertension, lameness investigation, ophthalmology, radiography and radiology, and ultrasound.

Due to the above programme's success, a further series of clinical improvement projects was launched in May 2023. These comprised:

- Brachycephalic obstructive airway syndrome – to increase the use of new CVS' Brachycephalic Assessment Forms for BOAS in order that a holistic assessment can be done, and thorough diagnosis made.

- Dermatology – to increase the use of microscopy and initial diagnosis in practice to offer the correct treatments first time to cats and dogs.

- Diabetes – to increase the number of patients receiving a recently validated Diabetic Clinical Score and blood testing to improve and manage diabetes in cats and dogs.

Our approach

Each clinical improvement project has been designed to help practices identify where they may be able to improve their standard of clinical care and delivery of specific services; detect any barriers which may be preventing them from achieving it; ascertain if colleagues have associated learning and development needs; offer practices a suite of clinical learning and support materials; plus provide colleagues with the relevant operational systems and reporting tools to evaluate their project achievements.

Data is supplied to show a practice's starting position and updated monthly, giving timely feedback for sites, demonstrating the impact of changes made, and engendering team pride in achievements. By understanding practices who were

performing well, we could also set targets for what a good level of performance was – to give practices a guide target.

To provide support to colleagues, every project has its own dedicated clinical quality improvement library on our unique Knowledge Hub virtual learning platform. These learning, education and development materials include wet lab training, webinars, training videos, clinical frameworks, handy checklists and client resources. Each project also has a virtual discussion board, creating a shared space to discuss issues, co-create and share ideas for improvement. In addition, our Regional Clinical Lead team also provides the daily face-to-face support and training needed locally to help practices achieve their goals.

> " Team engagement and project choice have been a key factor in the success of the programme to date.

The full process has involved a collaboration between key stakeholders across the CVS group – including the Learning, Education and Development team, the Director of Quality Improvement, the Advanced Clinical Services Network team and VetOracle (CVS specialist telemedicine service) – to select and develop projects, and design and build resources needed to support practices with quality improvement.

A high level of autonomy and accountability has also been given to our practices throughout, where practice teams are collectively able to choose the area they want to focus on, decide how they are going to identify areas for improvement, and be in control of their own changes.

Team engagement and project choice have been a key factor in the success of the programme to date. It was also important for CVS to create a safe environment, where practice colleagues felt able to speak up and discuss areas where they needed help – enabling them to choose the right project for them and suggesting new ideas for change.

To encourage uptake and engagement, our Small Animal Clinical Improvement Projects were relaunched using a company-wide email and video from CVS' Small Animal Clinical Directors. Individual practice meetings were also held with our Regional Clinical Lead team – to decide on their project and discuss targets. Practice feedback throughout the year has been instrumental to further develop each project and the additional resources needed by practices during the course of each project.

The Outcome

The below table shows the results and effectiveness of key small animal improvement projects to date:

Project	Aim	Measured Procedure	Number of procedures (Jul '21–Apr '22	Number of procedures (Jul '22–Apr '23	Improve-ments
Ultrasound	Increase the confidence of practitioners to carry out a full abdominal ultrasound examination to allow them to reach a more accurate diagnosis without referral and enhance their professional development	Ultrasound scans	31,241	34,115	2,874
Ophthalmology	Increase the number of eye consultations receiving a full eye examination (SST, IOP and Fluorescein test) to increase the chance of earlier diagnosis of eye conditions	Full eye exams	23	1,396	1,373
Lameness	Increase the number of patients receiving a LOAD or Feline OA score and improve repeat LOAD or Feline OA scoring to improve the diagnosis of management of osteoarthritis in dogs and cats	LOAD scores	6	4,815	4,809
Hypertension	Increase the number of cats over the age of 7 years that have their blood pressure measured each year leading to early diagnosis of hypertension	Blood pressure mmeasurement	9,917	19,722	9,805
Dental Radiography	Increase the number of patients that received dental radiographs as part of their dental procedure to improve patient outcomes	Dental X-rays	5,079	6,748	1,669
Endoscopy	Increasing the use of endoscopy in general practice to improve the quality and time from diagnosis to treatment	Endoscopic procedures	3,191	3,532	341

No data is yet available for our Brachycephalic obstructive airway syndrome, dermatology, and diabetes projects.

Our Small Animal Clinical Improvement Projects are now a feature of our yearly small animal general practice cycle. They will continue to be revisited, supported and developed by our Clinical, Quality Improvement, and Learning and Development teams.

Video

To hear more about some of our individual Clinical Hub Improvement Projects click:

Ear Cytology

Lameness

Hypertension

Using the RCVS Practice Standard Scheme as a framework for improvement

The Practice Standards Scheme (PSS) is an initiative to accredit UK veterinary practices. It is a stamp of professional quality that promotes and maintains the highest standards of veterinary care. Membership of the PSS is voluntary, and around 69% of eligible UK practices are part of it. All CVS practices in the UK are accredited by the Scheme.

Our opportunity

The opportunity is to use the PSS as an improvement tool to provide a framework for running a practice and to ensure we are fulfilling clinical and regulatory requirements.

We use the framework to understand what resources practice teams need to achieve accreditation and review all assessment reports to understand what further action is needed by the practice to achieve accreditation. Trends in action items post assessment are gathered to identify where there is a gap in support, or systems need to be put in place to clarify the requirements of the Scheme or to make them easier to fulfil.

Our aim

The aim is to support practices in proactively maintaining the highest standards of clinical care. We draw on many support teams within CVS to assist with the aim such as, Health and Safety, IT, Property and Purchasing – as they will all contribute their own expertise to the mission.

Our approach

Our approach leans on the following pillars:

Ethical integrity and sustainability - being accredited by the Scheme helps to meet our professional obligations as the legal requirements of running a practice are clearly defined, while the wider effect of doing so is clearly considered by, for example, ensuring practice teams are safeguarding antimicrobials, with an emphasis on sustainability.

Education and training - the CVS Learning, Education, and Development (LED) Team ensures that training is developed and achievable for all practice teams to meet the requirements of the Scheme. Bespoke training and support unique to PSS accreditation are also provided, to help make the process more comfortable and easier to accomplish, this includes common post-assessment action items, medicines compliance and systems that facilitate clinical audit.

The outcome

Overall rate
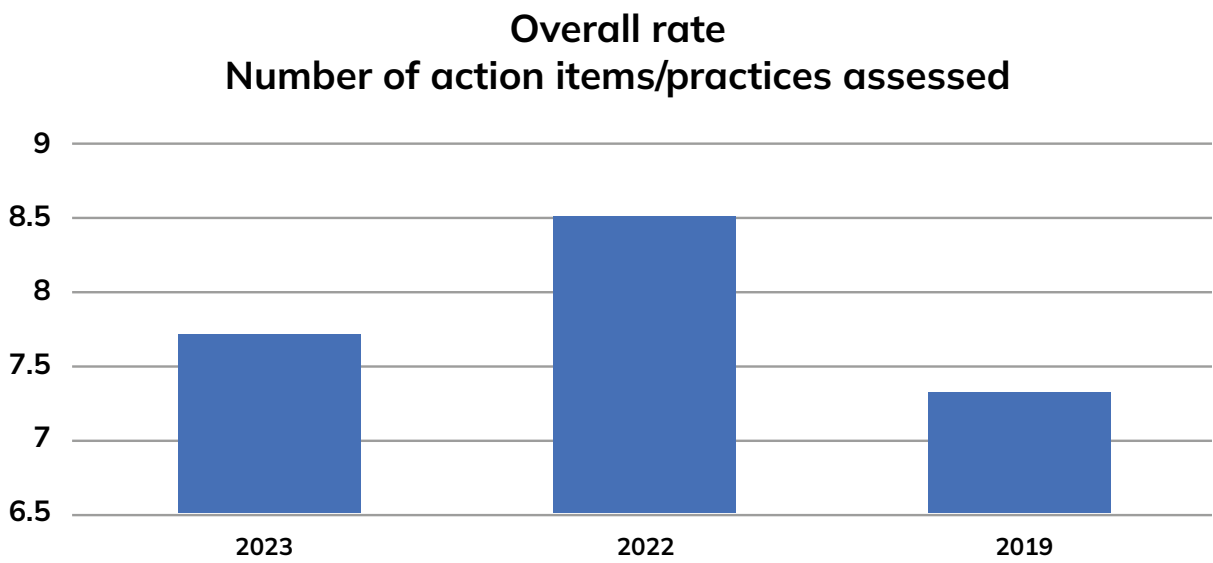### Number of action items/practices assessed

Figure 1: Overall rate of action items as per number of practices assessed

We specifically review outstanding action items from assessment reports to let us know how we're doing, as well as looking at the total number of action items as per number of practices assessed.

In Figure 1, the last three like-for-like years (COVID era removed where no full assessments took place), had a spike in the number of deficiencies post COVID, of which we are now recovering.

In 2023, the number of post assessment action items have decreased significantly, largely due to the increased level of support and resources practices now receive.
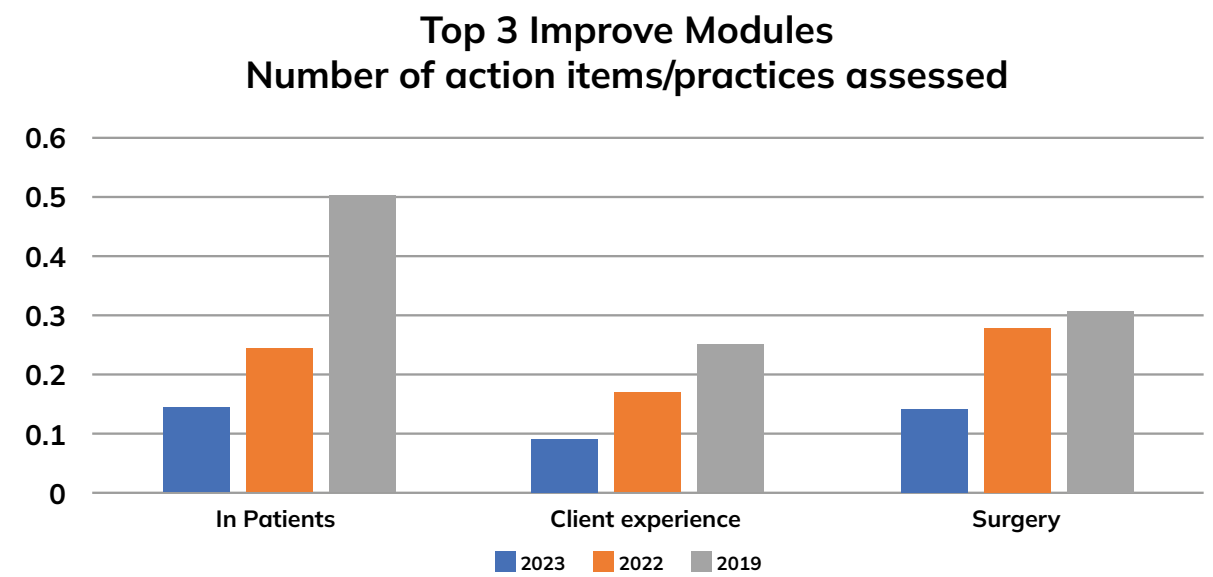
Top 3 Improve Modules
Number of action items/practices assessed

Figure 2: Top 3 PSS Modules that have seen a reduction in action items.

16

Top 3 Improve Requiring Action
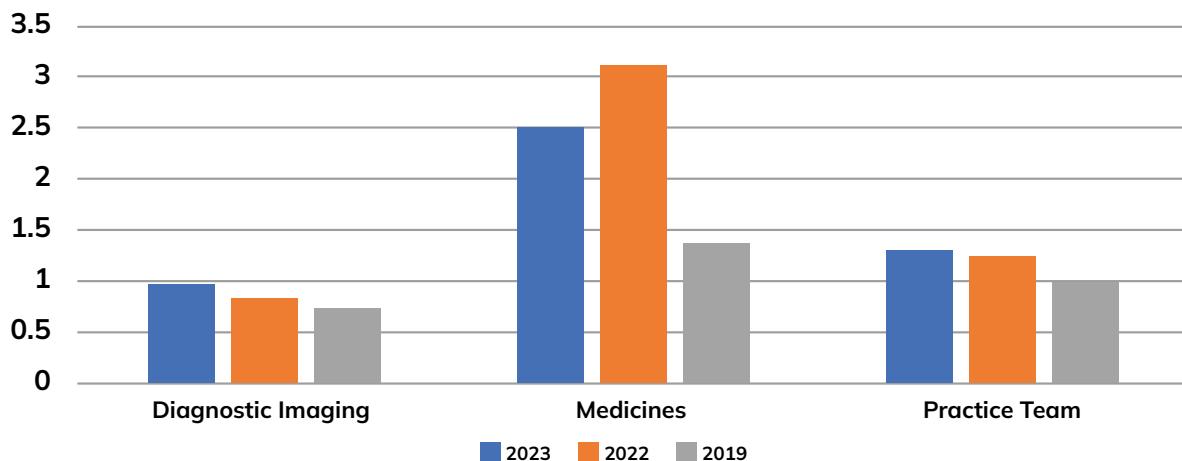### Number of action items/practices assessed

Figure 3: Top 3 modules of action items post assessment

Figure 3, reflects the trend in modules that see the most action items required post assessment. Whilst there has been a decrease in the Medicines module for 2023, this continues to be the highest area. We focus our efforts for improvement on those areas where trends in the number of action items are increasing.

> **In 2023, the number of post assessment action items have decreased significantly,**

Cultural elements

The assessment process is meant to be useful in highlighting where attention is needed. We safeguard a 'just culture' to encourage teams to ask questions and feel safe to talk about the areas where help is required.

We also encourage 'accountability'; while the PSS provides a framework for improvement in standards, teams decide how they reach that goal by taking their local ways of working into account. However, strong 'teamwork' is prevalent as practice teams share what they've learned during their accreditation process to benefit all.

When supporting the accreditation process, problem-solving is often required. There can be several different support teams involved in the system that will contribute to solutions for practices. This enables 'systems thinking' and demonstrates the interconnected nature of CVS and how one change in one area, will affect many people and how they work.

17

Engaging Practice QI Leads in a One Health approach to Clinical Improvement

Our challenge

Every CVS Farm practice has appointed a vet to be a Quality Improvement (QI) Lead, whose role is to develop ideas for clinical improvement and advocate for these within their practice team. Our opportunity was to engage with the QI Leads to set the direction for QI in the CVS Farm Division... and to develop QI projects to address One Health challenges, such as antimicrobial resistance, and improve animal welfare.

Approach

Our approach lent on the following pillars:

- Clinical Effectiveness - We worked with professional experts and our QI Leads to determine what good and effective care looked like in practical day-to-day terms. We also invested in technology to help make it easier to provide the desired care and to reach our improvement aims, which also reduced delays in providing the right treatment.

- Ethical Integrity and Sustainability –This project should have a positive effect on public health as a step toward reducing antimicrobial resistance. It was an inclusive project that involved Practice QI Leads in the planning and decision-making around these projects, which is important because any idea for change must be practical to implement.

- Information sharing and collaboration - Results were shared with the Practice QI Leads, with their feedback gathered to help make sense of our results, and identify if more or different action is needed.

- Quality Improvement and Patient Safety - The QI leads determined which projects to do, what resources were needed to help implementation and what to measure to determine progress. Due to the seasonal aspect of the work, we regularly checked in with the Practice QI Leads during the expected time of activity to see how the work was progressing within their team. We discussed barriers and enablers of change and the group shared their ideas on how to address them.

Outcome

Some members of the group were motivated to determine the effect on clinical outcomes. This could only be done locally at each practice with manual spreadsheet work, which limits our ability to have a holistic view of the effect of our projects.

However, on our respiratory campaign – to improve the use of diagnostic testing (nasopharyngeal swabbing) in respiratory disease in calves, to inform

appropriate treatment and management and target antibiotic use when indicated. This project began in 2022and a year later the use of swabs had increased 55%.

Our Mastitis campaign aimed to improve the use of diagnostic testing (Mastatest) to inform appropriate treatment and management decisions and target antibiotic treatment when indicated. This project started in 2023 and this year's data collection will be used as a benchmark for future progress.

The following case studies provide colour.

Cultural elements

Inclusive leadership and teamwork were important to this project. Improvement is most effective when a need is identified and the people doing the work are an integral part of developing the project. Our QI Leads decide on the projects of focus, based on specific improvement needs and collaborate on identifying the resources needed to implement the project. When the work is carried out, they support each other in sharing their success stories in the case that others may pick up ideas to try in their practice, as well as brainstorming on how to overcome challenges.

Please provide a case example of how your project directly affected animals, people and/or the environment.

See case studies for detail

The future

The respiratory campaign project has been running since 2022. The mastitis and worming campaigns began in 2023.

The practice QI Leads felt that it is still early days for these projects and more progress can be made. So they will continue as seasonal campaigns.

Case study – Respiratory campaign

Bovine Respiratory Disease (BRD) is the most common cause of morbidity and mortality in cattle, triggered by a complex interaction of stress factors, viral, and bacterial infections. Since September 2022 we have submitted 15 samples for respiratory pathogen investigations. A mixture of agents were diagnosed using both serology and nasal swabs. Sample collection method was determined on a case-by-case basis, depending on the type of enterprise and sourcing policy.

Agents found on Swab Investigations

- Mycoplasma
- P13
- RSV
- BVD
- IBR
- Histophilus
- manhemia
- pastereurella
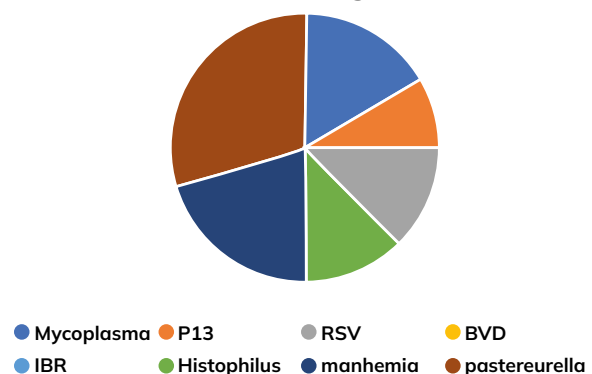
The campaign presented an ideal time to engage with farmers on a more preventative approach. It opened up opportunities for us to discuss hygiene, immunity and environment management on farms. This also facilitated our newer vets to get to know and participate with work done on farms therefore improving our teamwork.

Responsible use of antibiotics is a must, and we as farm vets must ensure clients

also agree with this. Through increasing the use of vaccination and using targeted treatments we are addressing this. Targeting the right vaccine for the right farm, depending on the onset and duration of immunity was enabled through the results from this project. Timing vaccination in relation to peaks in clinical cases or pre-stress periods such as weaning, group movements or transport ensured covering animals against the correct pathogen effectively. In these examples, there was a 60% uptake on vaccination following testing.

With the high cost of BRD on farms, there is an industry push to reduce incidence. We hope to reduce the level of BRD through increased use of diagnostic testing and tailored management protocols. Healthy animals are more productive and will achieve higher outputs such as daily live weight gain, lower age at first calving, higher milk yields and feed conversion rates. Reducing disease incidence will also have a positive impact on animal welfare.

Mastitis campaign

The CVS QI team launched a new campaign this year to improve the role of farm vets in dairy cow mastitis decision making, using culture and sensitivity testing. By doing this, we hope that the use of antibiotics will become more targeted and even lower overall antibiotic use.

Less than half of mild to moderate clinical mastitis cases are likely to benefit from antibiotic therapy (Bradley et al 2001) but it is vital to differentiate them from those that will benefit from prompt treatment. A major barrier to achieving this has been the need to send milk samples off to a lab, resulting in a turn-around time of 48hrs or more and a delay in treatment.

To overcome this barrier, CVS has invested in Mastatest technology in many of our farm clinics. We are now able to perform culture and sensitivity testing on milk samples in-house and have results ready in 20-24 hours. Not only this, Mastatest emails the results to the farmer and vet immediately, with a treatment plan predetermined by the vet when initially setting up the machine.

Coast2Coast Farm vets introduced Mastatest in July 2023 and have run over 100 clinical samples at the time of writing. We have found it easy to use and our admin staff run the samples with minimal training. There is no need to wait for a vet to set up the test. The online dashboard allows you to view summary data across all samples tested. Figure 1 shows the overall prevalence of bacteria species we have found in our samples so far. Over a quarter of cases either had E.coli or had no growth at all and it is likely that these cows would go on to self-cure without the need for antibiotics. S.uberis was found in 30% of samples, although the results are skewed by a large farm experiencing an outbreak of S.uberis!

Figure 2 shows the results of the antibiotic sensitivity testing for S.uberis. It is easy to see at a glance that Penicillin has the lowest MICs whereas cephalexin has a range of higher MICs. This fits

with the history of antibiotic use on this farm, which had not used penicillin based antibiotic tubes previously. Using these results, we have moved away from a broad-spectrum category C antibiotic tube onto the narrow spectrum category D penicillin product.

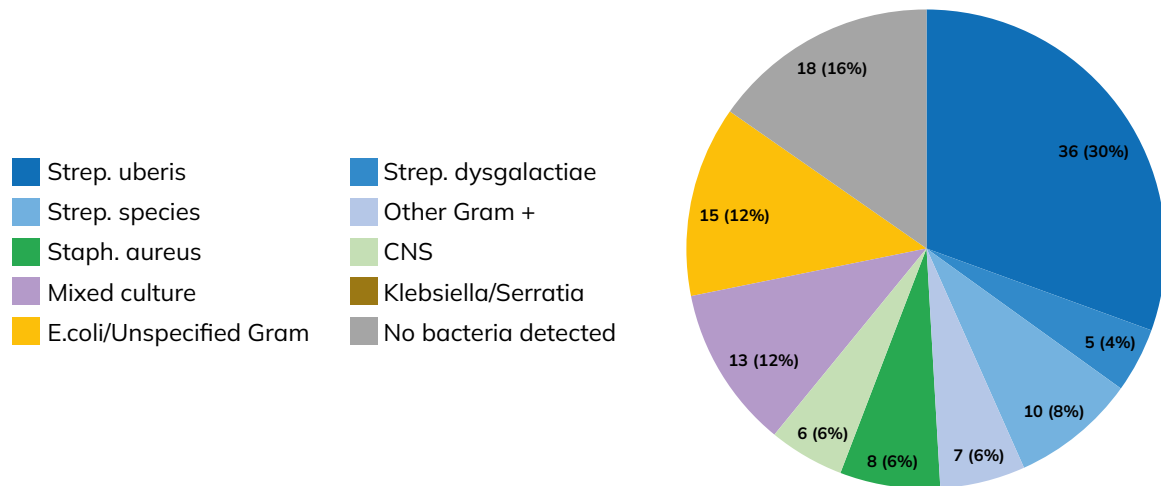## Bacteria Identification Report

Number of Samples: 118

Legend:
- Strep. uberis
- Strep. species
- Staph. aureus
- Mixed culture
- E.coli/Unspecified Gram
- Strep. dysgalactiae
- Other Gram +
- CNS
- Klebsiella/Serratia
- No bacteria detected

Figure 1

Name: Coast 2 Coast Farm vets
Report Date: 23/11/2023
Period: Jul-23 to Nov-23

Mastatest

Antibiotic Sensivity Testing Report

All antibiotic cincentrations in mg/L

Legend: <=0.06, 0.12, 0.25, 0.5, 1, 2, >2, >4, >8
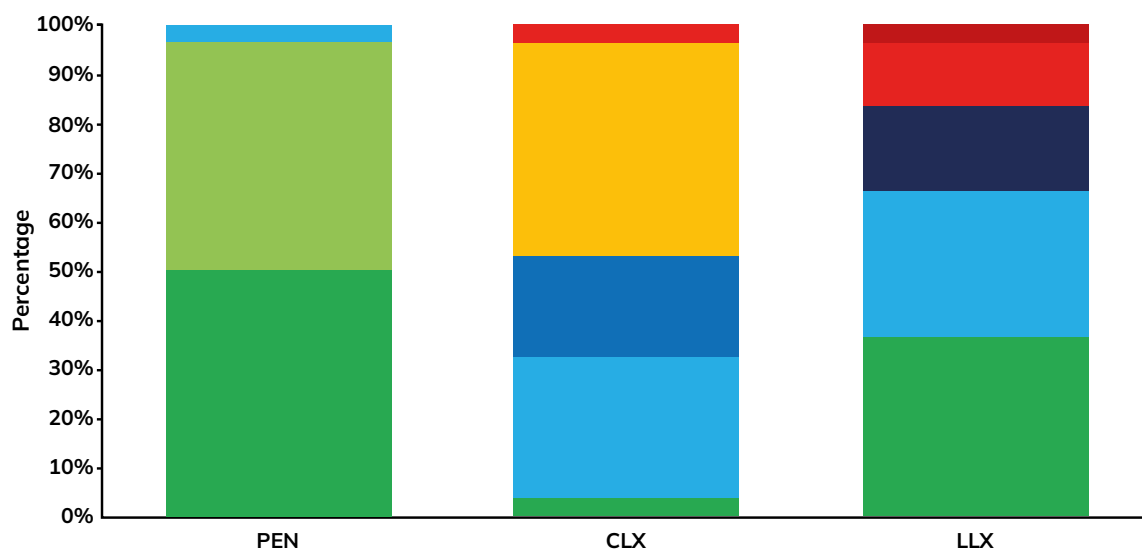
Strep. uberis n=30

Figure 2

Equine Individual Practice Quality Improvement Projects

Our challenge

CVS Equine provides industry-leading veterinary services to patients across the UK, Netherlands, and the Republic of Ireland.

Each UK first opinion equine practice has a Quality Improvement (QI) Lead. We wanted to support each of them to deliver an individual practice Quality Improvement Project (QIP) at their specific site, with the potential to share success more widely within the equine division.

Our approach

QI Leads were invited to identify an area for improvement that was important to their practice team. Resulting QIP concepts ranged from focusing on clinical procedures and medicines analysis, to infection control and waste recycling.

Our approach lent particularly on two pillars:

- **Clinical effectiveness** - projects that had the potential to improve clinical effectiveness were encouraged

- **Quality improvement and patient safety** - we favoured projects that were measurable. Each project was guided via interactive monthly meetings, informal seminars and discussions with CVS Director of Quality Improvement, covering:

  - Specifying the aim and evidence for change;

  - Engaging the practice team – who and how;

  - Identifying measures for evaluation;

  - Testing ideas and concepts - and building in feedback;

  - Looking at how to deliver systemic change; and,

The table below outlines the CVS equine practice QIPs which are currently underway:

Alnorthumbria Equine Vets, Morpeth	Evaluation of management advice given to owners of horses who are being put on box rest via an owner questionnaire.
Animed Equine Veterinary Clinic, Shedfield	Improving follow-up of castrations performed in the clinic versus at yards to record complications and compare the two cohorts.
Bell Equine Clinic	Prosepective assessment of the efficacy of 'Insol' vaccination in horses and ponies during treated for culicoides hypersensitivity during 2024.
B&W Equine Vets, Breadstone	Evaluation of synovial joint 'flares' after intra-articular medication with polyacrylamide gel for the treatment of osteoarthritis.
B&W Equine Vets, Failand	Improved estimation of horse weights to enable more accurate medication dosing.

B&W Equine Vets, Willesley	Reducing clinical waste and increasing recycling through improving waste segregation and education.
Cinder Hill Horsted Keynes	Comparison of mare colostrum concentrations (using refractometers) with the subsequent blood levels of immunoglobulins in foals.
Equine Veterinary Centre, Doncaster	Improved follow-up of equine emergency cases in first opinion equine practice.
Oaklands Veterinary Centre & Equine Hospital, Yarm	Too determine the cause of bacterial contamination detected in endoscopicsamples and to improve cleaning protocols to eliminate contamination.
Phoenix Equine Exeter	Improved frequency of face-to-face vet meetings for clinical learning reviews etc – this is challenging due to the wide geography of the practice.
Scott Dunn's Equine Clinic, Wokingham	Improved compliance with submission of 'off-label medication consent' forms from clients.
Seadown Equine Clinic	
Southampton	Client education regarding environmental modifications to improve management of horses with equine asthma.
Severn Edge Equine Vets, Bridgnorth	Increasing the use of clinical photographic images and videos stored in patient records within the practice management system.
Valley Equine Hospital	
Lambourn	The utilisation of digital dental charts for recording equine dental pathology and treatment.
Wessex Equine Vets	
Calne	Characterisation of infectious agents resulting in equine pastern dermatitis.
Western Counties Equine Hospital	
Cullompton	Performance analysis in racing thoroughbreds before and after treatment for equine gastric ulcer syndrome.

- Sustaining improvements upon project completion

Cultural aspects

Once equine practice QIPs were initiated, monthly meetings showed strong 'teamwork' as they were used as an opportunity for QI Leads to collaborate and share ideas and experiences to help each other reach their aims.

The outcome

The CVS Equine QIPs are varying in scale and will complete at different time points. Many projects showed progress toward the aim from the outset, whilst others needed to be re-designed and adapted, demonstrating a true quality improvement process as the QI Leads adapted to what they were learning.

Further to evaluation of each QIP's results, it will be decided whether we can extend the changes implemented and learnings more widely to positively impact the wider group.

Improving the process for receiving laboratory samples

Our challenge

CVS' process for receiving laboratory samples was well understood by colleagues but slower than it was possible to achieve.

Our objective

To ensure that all samples received were booked into the Laboratory Information Management System (LIMS) prior to going into the laboratory for analysis.

This was a new process for CVS' laboratories

The goal was twofold. Firstly, to significantly decrease the potential for errors in labelling the samples submitted, and secondly to get them booked in sooner. This gets the samples labelled and into the lab faster so that the samples can be analysed and reported to the clients more quickly.

Our approach

This lent on three of our pillars:

- **Clinical effectiveness** – to get to a 'good' situation where samples were booked in and labelled before going into the laboratory. This would help us to decrease completion time versus the previous process.

- **Information sharing and collaboration** - as the process affected the entire lab, directly or indirectly, everyone needed to have input on what needed to change, or what their requirements were for their specific department.

- **Education and Training** - explaining, diagramming, and walking through the process was necessary for everyone to understand it. Our Labs director had worked with the process for many years in other laboratories, but other colleagues were not familiar with it.

Cultural aspects

All the company's values came into play with the new system.

Teamwork was critical for success, including suggestions and input from all team members to make the system work.

This included the post room, lab departments, and diagnostic support. The IT group's important contribution was to make changes to the current LIMs system, setting up the workstations with computers, barcode readers, barcode printers, and document scanners.

The outcome

The teams learned the new process, and discovered how it was beneficial for them, as well as our clients. This resulted in test results being turned around more quickly, with less chance of error.

This new process is now routine within the laboratory division and is recognised by colleagues as a significant improvement over the previous method.

> **"**
>
> Teamwork was critical for success, including suggestions and input from all team members to make the system work.

Revitalising our Antibiotic Stewardship Programme

Our challenge

Over the last two years, CVS companion animal practices in the UK have seen a consistent reduction in the use of highest priority-critically important antibiotics. With our collective aim of reducing the misuse and overuse of antibiotics, which can lead to antibiotic resistance, this is only one piece of the puzzle. So, we asked ourselves – where do we go from here?

Our aim

It is important to draw on the lived experience of practice teams to guide our future work. To achieve this, we wanted to have a day where we gathered colleagues that represented the many aspects of the system of antibiotic stewardship, in both clinical and supporting roles, together to learn about their experiences and how they might shape our focus going forward.

Our approach

We took a two-step approach with the pillars of information sharing and collaboration and ethical integrity and sustainability in mind. Step one was to survey all CVS UK colleagues, with a focus on antibiotic stewardship and infection control, to identify what was currently working for them and any areas for improvement. Step two focused on using the survey data for roundtable discussions, with the aim of prioritising our focus for the coming year.

The activities working well, which will continue to be part of our AMS strategy, include:

- CVS Prescribing Guidance which collates current evidence
- Provision of BSAVA ProtectMe posters as a decision-making aid in practice
- Digital dashboard providing monthly prescribing data which enables teams to track their progress
- Team discussions to reflect on prescribing patterns and areas for improvement

Some 49 areas for improvement were identified by the survey. These were

> " This enabled the entire organsation to learn what we can do to affect change.

all considered at the CVS Antimicrobial Stewardship Day, held at Bristol Veterinary Specialists in November 2023. The group discussed each area for change and, using a Delphi process, independently ranked each area for change. They discussed the challenges for making and implementing change and discussed how a change project could be planned.

The outcome

Listening to feedback from the day, helped to identify the challenges in implementation of a renewed stewardship strategy and how we might meet those challenges. It resulted in identifying three priorities for the coming year:

1. Continued collation of the evidence and understanding, to support responsible antibiotic prescribing and infection control processes.

2. Cultivating a culture where tidiness, cleanliness, and hygiene, is an important part of everyone's role in infection control.

3. Supporting client education and communication of AMS processes or practice policies.

Cultural elements

Accountability – part of the process of promoting good stewardship has always been ensuring that clinicians determine what appropriate prescribing is, within the model of contextualised care. CVS as an organisation is also accountable for making that easy to do.

Inclusive leadership – diverse perspectives bring about more meaningful and holistic change when they are included and considered.

Systems thinking – we ensured that we involved all roles that play a part in antibiotic stewardship, including clinical and supporting roles, at all levels of the organisation. This enabled the entire organsation to learn what we can do to affect change.

The future

Systems to encourage continuous improvement will be developed within the organisation, for example – the digital dashboard will be enhanced to support our aims. Education and resources for both clients and practice teams will be developed to support a shared understanding of how we can all work together to reduce our risks of promoting antibiotic resistance.

Improving information sharing and collaboration at CVS

Our challenge

In a company with circa 500 practices, 2,250 vets and 3,000 nurses, we want to ensure that we are effective in the way we share best practice; communicating improvements and changes that are useful or necessary for our colleagues and provide the channels for our teams to collaborate.

In January 2023, CVS had three main communications channels: an operational email that goes out every Monday giving updates for practices and other facilities' to do list. This was accompanied by a regular newsletter (sent out as a PDF) called CVS Connect, which included articles on wider company activities and people stories and a video business update that was cascaded to colleagues through the various management teams. Inevitably, some colleagues did not read or watch some of these channels and were not engaged by them. The challenge was therefore to develop channels that were more 21st century and delivered of sharing best practice, improvement and encouraging collaboration.

Our objective

We wanted to do more to tell the story of our veterinary colleagues with newsgathering about our business and developing content that demonstrates who we are using engaging audio-visual material.

We wanted to make our internal channels more attractive, more engaging, more difficult to ignore and more 21st century ie more digital, more interactive.

Separately, a different group in our organisation were working on developing a regular publication that showcased our inspiring clinical care.

Our approach

This body of work is about Information-sharing and collaboration and the priorities we have in that pillar, namely:

- Informing – providing a feedback loop or raising awareness. This could be at a local level or across the group, for example when we break new ground with relevant and practical Research and Development.

- Educating – we will share learning and best practice. This includes sharing evidence and data around the company that will foster a culture of continuous improvement – supporting our teams to improve the care they provide.

- Collaborating – we will ensure we have the channels that enable a diverse group of colleagues to collaborate with each other, no matter where they are.

- Celebrating – we will share our results, celebrate progress and recognise success in learning. We will also highlight where we have met or exceeded our own or third party standards or scrutiny.

During 2023, we have developed new communications channels (or made more use of existing ones) that are more interactive and with better data so that we can see how engaged our colleagues are, namely:

Priority	New channel	Channel description
Informing	Practice Leaders Live, Practice Managers Live	A monthly Zoom call to engage Clinical Directors, Practice Directors and Practice Managers about developments within our organisation and the profession
	CEO Update	A monthly email update from the CEO of CVS detailing a current area of focus for the company
	Advances	Our new publication detailing our R&D projects that are funded by CVS
Educating	Learning newsletter	A newsletter detailing current learning opportunities within CVS
	CVS social media channels eg Linkedin, Facebook	More stories that demonstrate our learning whether that be case studies, new research or learning opportunities
	External media	Greater use of publicity in 3rd party publications to detail our new research deployment of best practice

|		
Collaborating	New workspaces for practice leaders, managers, environment champions and Clinical Improvement Advocates	Groups within our workspaces can engage and collaborate with each other, 'like' and 'comment' on each other's posts and solve problems together
Celebrating	CVS Inspire	A quarterly magazine showcasing some of the wonderful work happening within Small Animal and Referral divisions.

Outcome

The approach of developing these communications has been highly successful in some areas with engagement more questionable in others.

Every month circa 250 clinical directors and a similar amount of Practice Managers attend their leaders call and there are high levels of engagement with 20-40 questions on each call.

CVS Inspire goes out as a physical publication and there has been extremely positive feedback from clinicians throughout the company.

Advances goes out to circa 1,000 opinion formers and is accessible to all on social media. [Open rate and click through rate on Dot Digital].
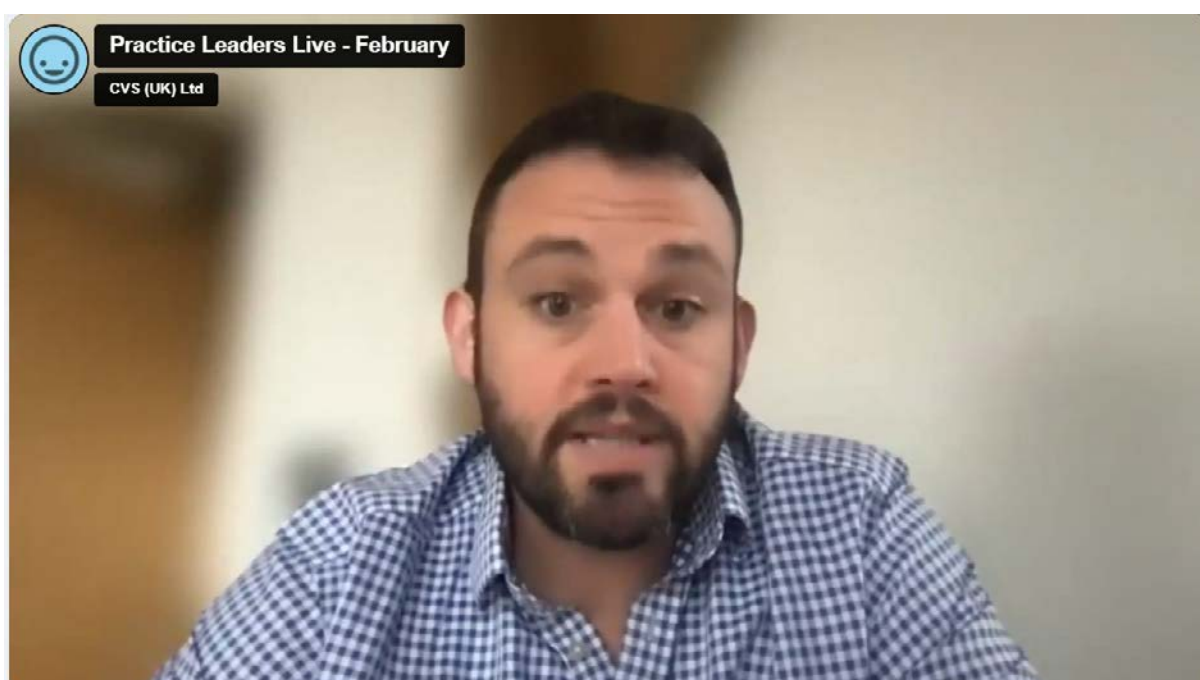
Externally, we have issued 36 media releases over the course of 2023 - on new research, LED, clinical improvements, best practice case studies and speaker events - typically generating an average of three pieces of coverage per release.

On social media, we have circulated circa 90 CPD, R&D, case study, speaker event and clinical posts with a typical rate of circa 1,100 unique impressions and 131 engagements on LinkedIn and 2,300 unique impressions and 230 engagements on Facebook per post. These all contribute to our priorities.

The area that we have progress is in 'collaborating'. Some workspaces have started with high levels of engagement and co-operation, for example our Environment Champions workspace has seen some vibrant communication from a network of 280 volunteers that are working to improve our impact on the environment. Our Practice Leaders have so far not engaged in a meaningful way with the workspace.

> " During 2023, we have developed new communications channels (or made more use of existing ones) that are more interactive and with better data so that we can see how engaged our colleagues are,

Cultural Aspects

This programme is all about 'teamwork' with colleagues pulling together to provide material and content for our communications channels. It also relies upon colleagues from across the company being prepared to come together to engage with these new communication channels. We believe this has largely been a positive experience.

The future

We are not short of data and we believe the use of data will be increasingly important in helping us to decide which communications are having an effect and which are being ignored. This will help us to course correct as time goes on.

New Graduate Programme for Vets

Our challenge

CVS' New Graduate Programme (NGP) [was the first in the UK, with a two-year structured clinical training programme supporting transition into general practice in small animal, equine and farm disciplines.

Following a 2021 survey, highlighting some poor induction experiences, changes were required to refresh the programme and support graduate capability and confidence. A curriculum re-design was also needed to align with the 2021 RCVS Vet Graduate Development Programme (GDP) Entrustable Professional Activities (EPAs) requirements.

Our approach

Our approach was based on four themes within our learning and education pillar:

- Select the right graduates to fit individual practices

- Develop a strong clinical foundation and supportive graduate experience

- Align clinical and professional skills development with the RCVS VetGDP EPAs

- Improve mentoring and pastoral support within practice

Regular research surveys were run with graduates, practice stakeholders and VetGDP advisors between 2021-23 to understand experiences and identify trends – to refine our programme, during the on-boarding, in-programme and off-boarding phases. A new learning ethos was first developed to support graduate's workplace learning, whilst on the job. See figure X.

Select the right graduates to fit individual practices

The sustainability of graduate on-boarding was then scrutinised. Whilst city and vet school locations are easier to fill, rural locations are harder. Therefore, a range of practices attended graduate careers days at all veterinary schools to recruit them into sites. A two-stage interview process was developed; first to centrally assess the graduates with scoring by multiple stakeholders; and second for local practices to decide who they wanted to hire, based on their unique environment.

Examples where previous hires had not worked out were also interrogated. Here it was found that new graduate confidence and team fit were a factor. It was agreed we needed to carefully match graduate to practice and offer the necessary clinical support, as this differed per graduate.

Develop a strong clinical foundation and supportive graduate experience

A four-week central induction plan was then designed to solidify day-one clinical skills, strengthen professional communication skills and build confidence. It comprised a two-week tutorial programme on delegation in practice, practicing GP skills in simulated environments, and consultation communication. A two-week individual practice induction was also developed along with a suggested on-boarding plan.

Align clinical and professional skills development with the RCVS VetGDP EPAs

Due to new RCVS VetGDP requirements, our in-programme taught courses were updated, taking into account graduate and practice feedback. This resulted in a range of 15 courses supporting clinical and professional development, including practical courses on surgery, care-based courses on common presentations, and revised courses on mental health. A trial sole-charge week was also introduced, where graduates set learning outcomes and spend time with senior vets in MiNightVet out-of-hours practices. As a result, our graduate course feedback scores are now 4.4/5.

Improve mentoring and pastoral support within practice.

To support graduates in-programme, all NGP practices now have a VetGDP Adviser to hold regular meetings, ensure the delivery of effective clinical care, and mentor clinical and professional development. Here a package of VetGDP training and resources was created to enable them to improve the graduate experience. This included; a new Mentor Training Scheme focusing on mentoring, quality improvement and wellbeing; and a new VetGDP Handbook providing day-to-day guidance. We also connected our VetGDP Adviser network through an online Workspace, providing an information sharing and collaboration forum and a library of resources. It currently has 463 members supported by a Regional Lead Mentor network.

> " our graduate course feedback scores are now 4.4/5.

To supplement this, two new Graduate Pastoral Support vets were employed to provide an additional layer of support for graduates outside of practice, and to develop a coaching programme for all practice colleagues.

Finally, within our off-boarding phase we wished to showcase next steps for a lifelong career at CVS. So a new careers day was introduced, showcasing the variety of opportunities for career development - whether in general clinical practice, referrals, emergency care and management.

The Outcome

Our two-year revised NGP now supports 250 graduates a year. Improvements,

particularly in the on-boarding phase and practice mentoring and pastoral support, are now a reason for joining CVS - with 43% accepting a role with CVS due to our NGP structure and support, and nearly 70% saying there is a thorough induction. 99% of our VetGDP Advisers now feel they have adequate training and resources for their role and the majority of graduates (>78%) feel well supported.

The Future

For further quality improvement, along with surveys, we regularly monitor graduate eNPS and attrition data to see where improvements can be made.

Our NGP will continue to develop in 2024. In on-boarding we'll take a regional approach to interviewing, enabling graduates to attend a session with practice colleagues and regional clinical leads. In-course we will rollout new courses, including feline medicine and the sole-charge week. Whilst in mentoring, new Graduate Tutor Group sessions will bring small groups of graduates together to develop local peer support networks in different clinical and non-clinical focuses.

Case study

Rheanna: "I've really enjoyed the induction residential. It's been a great way of being eased into the working world, from being a student to a fully-fledged vet."

Video

Find out more about our New Graduate Programme here.

Improving Ethical Guidance at CVS Group

Our challenge

2023 was a year where the veterinary professions had to tackle some difficult issues that involved complex decisions, ethical dilemmas and an understanding of new laws and regulations. Three stand-out issues were talking points in the year, namely:

- New legislation regarding banned breeds; specifically the XL Bully type

- Changes to professiona guidance through the RCVS Under Care Review

- Brucella canis

> " Our ethical integrity and sustainability pillar calls upon us to inspire the highest levels of public trust in veterinary service provision

Our objective

To support our colleagues with important information and advice as these issues developed.

Our approach

Our ethical integrity and sustainability pillar calls upon us to inspire the highest levels of public trust in veterinary service provision through the following priorities:

- Understand and adapt to the changing societal needs on the veterinary professions while always prioritising animal welfare, advocacy and professional integrity.

- Empower teams with the tools and frameworks to confidently make decisions in patient and client care that continue to promote the confidence and trust of the public.

- Positively influence policies and legislation to uphold the standing and integrity of the veterinary profession.

- Exceed all standards in patient protection, regulatory compliance, honesty and governance in social and clinical research

While careful consideration of the ethical concerns and the regulatory backdrop would help our colleagues this was as much about information sharing and collaboration.

Brucella canis

This emotive subject raised the question of whether and when to treat a dog that was imported from overseas, when it presents acutely unwell and it's Brucella status is unknown. We erred on the side of caution in the protection of our staff's health and welfare until evidence showed the true level of risk. We also ensured our practices had access to patient testing kits to help them make decisions. When evidence emerged in the form a risk assessment from the Human Animal Infection Risk Surveillance (HAIRS) Group that concluded that the risk of transmission is very low if PPE is worn, we were able to revise our guidance. We communicated this to all our colleagues through webinars, Q&A sessions and an updated guidance document. We also produced client information sheets and client support documents to help them understand the complex decision making when dogs tested positive.

XL Bullies

Changes to The Dangerous Dogs Act in 2023 created some emotive challenges for our colleagues. Following a rise in attacks and fatalities caused by XL Bully dogs, the UK Government added this breed type to the list of dogs banned under the Dangerous Dogs Act 1991 in England and Wales. The government required owners of XL Bully dogs to apply for a Certificate of Exemption, or to arrange for their dog to be euthanised by a vet. Again, communication and

clarity were important in supporting our colleagues and pet owners to navigate this new legislation and the emotional and ethical concerns that were raised.

We ran a Q&A webinar with guest speaker Caroline Allen from the RSPCA, to ensure we considered diverse perspectives on the legislation and gave the best advice to our colleagues. At the same time, we maintained a live FAQ document – updated for new developments. We kept our clinical leaders informed through our "Practice Leaders Live" monthly briefings and provided communication advice for practices to help them with clients and pressure groups.

Under Care

The RCVS' guidance opened up questions around telemedicine and included certain stipulations around how we prescribe and document prescriptions. The outcome was that for some treatments, such as antibiotics and anti-parasiticides, prescribing and examination had to be done contemporaneously. Changes made in haste can have unintended impact on the delivery of high quality of care and it was essential that we positively engaged with all professional bodies with the aim of making the transition achievable for vets.

Again, sharing information was important and we hosted three live Q&A webinars for circa 500 clinicians. Our clinical support team repeatedly

reviewed the consultation and new regulations, and our updates gave colleagues the tools and templates to make their job easier.

Outcomes

While we are still managing some of these complex issues, we know that our colleagues appreciated the support they received and attendance at our webinars was high, with anywhere between 100-300 clinicians attending every time. We received high levels of engagement, which we could see from the many dozens of questions that were asked in webinars. Our email updates from Paul Higgs, our Chief Veterinary Officer, were typically opened by the majority of our colleagues.

Cultural Aspects

This was a project that pulled upon all the aspects of a positive clinical culture. In our webinars we encouraged people to speak up about their uncertainties (just culture). As an organisation, we provided honest leadership and expectations(accountability), invited diverse perspectives (inclusive leadership) and worked together (teamwork) to manage these difficult issues. A systems thinking approach was also essential to help us understand and review the impact of each of these issues and identify opportunities for improvement.

CVS Group Plc
13 January · 🌐

Our view on supporting our colleagues and clients through the XL Bully ban

In light of the challenges faced by the veterinary profession due to the XL Bully ban, we stand united in our commitment to animal welfare.

Our profession is diligently navigating the complexities of this legislation, aiming to protect the well-being of all animals…. **See more**

RCVS Knowledge Quality Improvement Awards

The RCVS Knowledge QI Awards celebrate achievements across the profession for activities that contribute to advancing the quality of veterinary care. The awards include the Antimicrobial Stewardship Award and the Quality Improvement Award.

Quality Improvement Award

The RCVS Knowledge Awards for Quality Improvement showcase the implementation of recognised Quality Improvement (QI) techniques that drive improvement within the profession that aim to lead to better outcomes (either clinical or non-clinical), better care, and better learning.

Abi Redfearn, from Rosemullion Veterinary Hospital

2023 Quality Improvement Awards Champion

Rosemullion Veterinary Practice carried out an audit to improve infection control and cleaning methods in clinical and non-clinical areas. By updating protocols and products, providing hand sanitising stations and cleaning materials in high-touch areas and improving training and education, the team significantly decreased the risk of environmental contamination. The project is now being used as an example for other practices.

2023 Quality Improvement Awards Highly Commended

Active Vetcare, CVS, focused on re-finding Joy in Work by carrying out a baseline survey to discover how the team felt about working at the practice. They introduced 'What Matters to You?' training and followed the Joy in Work framework. They introduced a Joy in Work Board, a Joy-O-Meter and a suggestion box. The team felt more engaged and felt they were being listened to and the Practice has a productive approach to addressing issues.

Read the Active Vetcare case example **here**.

Old Golf House Veterinary Group submitted a sustainability application looking at various ways of reducing their carbon footprint. They focused on auditing the consumption of energy and consumables and a true data set will be analysed over a 12-month basis

Read the Old Golf House case example **here**.

Hayley Potter from Old Golf House Vet Group introduced a 'What Matters to You?' initiative to improve workplace wellbeing with Joy in Work resources used to aid the change. The introduction of wellbeing meetings brought about several interventions to help boost morale and Net Promoter Score (NPS) score.

Read Hayley's case example **here**.

Antimicrobial Stewardship Award

The RCVS Knowledge Awards for Antimicrobial Stewardship showcases practical examples where individuals and/or teams are improving responsible antimicrobial prescribing using recognised quality improvement methods. The awards aim to recognise those individuals and teams who are driving continuous improvements in responsible antimicrobial use and are open to anyone who works within the veterinary industry.

Antimicrobial Stewardship Awards Champion

White Lodge Veterinary Surgery, CVS, carried out a prospective audit to review the use of antibiotics, with a focus of antibiotic use in cat bite abscesses. With the introduction of checklists and in-house CPD they were able to treat 86% of their patients successfully without antibiotics without compromising welfare.

Read White Lodge Veterinary Surgery case example **here**.

Emily Parr and Paul Stanley from White Lodge Veterinary Surgery

2023 Antimicrobial Stewardship Awards Highly Commended

CVS Equine Group carried out repeated point prevalence surveys of antimicrobial use in first-opinion equine practice and introduced QI leads to each practice which helped create a baseline audit and raise awareness of antimicrobial stewardship.

Read CVS Equine Group case example **here**.

Quality Improvement Report 2023

CVS Group

www.cvsukltd.co.uk
www.careerswithcvs.co.uk
#thisiscvs