

# THE RALPHER

SUMMER EDITION 2022





## HI THERE!

This Summer we've welcomed a number of new people to Team Ralph including four diplomates to bolster our Internal Medicine, Oncology and Neurology and Neurosurgery services. Find out more about Julie, Hannah, Patricia and Lorenzo below.

In this edition we've also got a curious internal medicine case study, a look at polyneuropathy with our Senior Neurology Nurse Miguel plus an article focusing on workplace culture. Check it out!

Take care,

**TEAM RALPH**

# Team announcements



## Let's celebrate... our people!

**Julie Pradel**, European Veterinary Specialist in Oncology, has worked at a number of referral centres and enjoys all aspects of medical oncology, but has a particular interest in lymphoma and anal sac gland adenocarcinoma. Julie joins Stefano, Inge and Enya in providing care to our patients with cancer.

**Hannah Darcy**, Internal Medicine Diplomate, completed her specialist training at the Royal Veterinary College, becoming a member of both the American and European Colleges of Veterinary Internal Medicine in 2019. Following this, Hannah worked as an Internal Medicine Specialist in Sydney for a year, honing her coffee appreciation and sea turtle endoscopy skills, before heading back to the UK. She has particular interests in endocrinology, immune-mediated diseases and teaching.

**Patricia Ibarrola**, Internal Medicine Diplomate, completed her residency training at Liverpool University and obtained her specialist qualifications in 2008. She has worked both in academia and private referral practice in the UK and Ireland. Patricia loves all aspects of Internal Medicine but is specially interested in infectious diseases.

**Lorenzo Mari**, Head of Neurology and Neurosurgery, is a European Veterinary Specialist in Neurology and Neurosurgery and has previously worked in several referral centres across the UK and Italy. On joining The Ralph Lorenzo says "I feel very excited and honoured to be appointed as Head of Service with an extremely talented team. The Neurology and Neurosurgery Service at The Ralph has been rapidly growing this year and it is nowhere near stopping as we work towards providing more and more help to our little friends and their carers in need".

**Inge Breathnach**, Senior Oncology Nurse, was invited to speak at the European Society of Veterinary Oncology (ESVONC) Annual Congress in Sicily. Inge delivered two talks, the first looking at nurse-led education and support for carers and the second about social media use. Inge was also part of a panel discussing nursing considerations for the new intratumoral injection Stelfonta (which we have used successfully in the hospital). Inge manages a highly successful page on Instagram which provides fellow veterinary nurses with support and practical advice about nursing the oncology patient. Follow her @oncologyrvn.

**JULIE**

**HANNAH**

**PATRICIA**

**LORENZO**

**INGE**





**Handsome Buzz first visited The Ralph's Internal Medicine Service in March 2022 for investigation of liver disease.**



Buzz was found to have high liver enzyme activities on a blood test taken at his local practice as part of investigations for chronic intermittent vomiting. No specific cause of Buzz's liver disease was found on his initial visit. As Buzz was relatively bright and well in himself, it was elected to trial medical treatment with liver protectant drugs before considering more invasive procedures.

Over the next month, Buzz's liver values remained extremely high (more than 10 times the upper limit of normal!) and so he returned to The Ralph for laparoscopic liver biopsies in May 2022. Unfortunately, almost immediately after starting this routine procedure, Buzz developed a pneumothorax (air accumulating in the chest, preventing the lungs from expanding) and subsequently suffered cardiopulmonary arrest. Our vigilant anaesthesia team spotted the problem almost immediately and started CPR on Buzz, managing to bring him back to life, as well as draining the air from his chest. Buzz's surgery was aborted and within an hour this amazing dog was up and about in ICU!

Trying to understand what had happened, our Imaging Team performed a number of conscious ultrasound scans on Buzz. This showed that some of his liver appeared to be in his chest, suggestive of a diaphragmatic

hernia (hole in the diaphragm allowing abdominal organs into the chest cavity). After a few days of recovery, we took the plunge to return to surgery with Buzz. This revealed a congenital pleuroperitoneal diaphragmatic hernia (a communication between the abdomen and chest that Buzz was born with), which surgeon Dani McCready successfully repaired. Despite the drama of his hospitalisation, Buzz recovered smoothly from surgery and was able to be discharged the following day.

We are delighted to say that Buzz has made more than a full recovery: he has more energy and a better appetite than previously! His liver enzyme activities have normalised, and so it appears that the hernia was the cause of Buzz's liver disease all along, with the liver suffering chronic, low-grade trauma from being trapped in the chest. We are very hopeful that Buzz has now been cured, and can look forward to a long and happy life of mischief!

Buzz's case shows the excellent level of team work and amazing skill of our different departments here at The Ralph: it was a truly hospital-wide effort to save Buzz and to nurse him back to health.

**Thank you everyone!**



**Tales from the clinical floor**





7-year-old Andrew was brought to The Ralph with a 5 day history of collapsing, difficulty exercising, progressive tetraparesis, barking voice changes and reduced muscle tone in all limbs. Andrew's presentation was most likely consistent with polyneuropathy.

## Initial examination

An examination and diagnostic tests were performed to understand the cause of Andrew's symptoms and to develop a suitable rehabilitation plan. The electrical stimulation exam highlighted a clear delay in the nerve conduction in all of Andrew's limbs. Andrew was diagnosed with suspected idiopathic polyradiculoneuritis.

Polyradiculoneuritis is an inflammation that develops suddenly when the body's immune system attacks the nerves. It affects the motor and sensory nerves with axonal and myelin loss of varying degrees. This results in generalised weakness and paralysis. Polyradiculoneuritis is often related to an underlying condition, such as immune-mediated, infectious diseases, paraneoplastic syndromes, toxic diseases and metabolic conditions. In some cases we never understand the primary reason (idiopathic), which was the scenario for Andrew.

## Hospitalisation

In the beginning Andrew's time in the hospital was very challenging due to the severity of his condition; it can be life threatening as it affects all muscles of the body including the respiratory and cardiovascular systems. Andrew was also in a state of "depression" and lacked motivation. Just think how we would feel if we lost the ability to move in a short period of time...

Another common complication with this type of pathology is aspiration pneumonia due to the misuse or failure of the gag reflex and the inability to move. This pathology can occur after feeding, or is self-induced through vomiting. Because of this high risk complication Andrew spent a couple of days in ICU for monitoring, gladly with no signs of aspiration pneumonia.

Andrew also received medication for his high blood pressure and gastrointestinal clinical signs.





## Treatment

Andrew is one of the most vivid cases in my mind, not just for being one of the most challenging cases I have seen but because I formed a very good relationship with him. I do have a soft spot for white fluffy dogs like Andrew, but this was special! I spent a lot of time with Andrew during his first couple of weeks with us, helping with his rehabilitation process and general nursing. Andrew was not easily motivated, not even with food. I found out that he enjoyed having people around him, so I took it upon myself to spend as much time with him as possible. I'd also see Andrew when I caught up on some extra shifts. I remember the first time I spent a weekend at home knowing that it would be 3 days until I would see Andrew again - I was gutted. When I returned to work the first thing I did was check on Andrew. When he saw me he wagged his tail for me! I can say without any hesitation that this was one of the most heartwarming moments in my 10 years of nursing.

From that moment forward it was as if he had 'turned the switch' and wanted to do more. We found out that Andrew was motivated by human interaction - he had started to trust us so he could start his recovery and get back to his normal self.

During this initial period of treatment, one of the most important elements is to find out what motivates our patients. During Andrew's first visit with his family they commented on the bond that Andrew and I had, which was apparent when I left the room and Andrew was looking for me. When I returned he was wagging his tail as if I had been gone for a long time. Andrew's carer was surprised by his behaviour and mentioned that Andrew was not a fan of visiting the vets.

The days continued to go by and Andrew was slowly showing signs of improvement, including being able to stand without any support. At this stage he started to become motivated by food as well, and we could clearly see that he was very pleased with himself everytime he improved a little bit, possibly because everyone around him would make a huge fuss about his achievement! It is a well known tactic that we also use when we have patients who are motivated by pleasing us humans.

The journey was heading in a good direction and Andrew was now able to take some steps with needing the support of a cart. This gave him the feeling of independence, and was a very important step in his recovery because up until this point he had to rely on all the Nurses/Physios/PCAs/Vets to go outside or to just get up off his bed.

After a few sessions of hydrotherapy (using the underwater treadmill), to help regain his muscle mass and stability, Andrew evolved from the cart walks to walks with minimal support. It was then we could make plans to send him home. Unfortunately at this point he developed a gastrointestinal issue, so his departure was delayed by a couple of days whilst we treated the issue.

## Discharge

This has been one of my most emotionally-charged discharges. Seeing Andrew walk towards the car with his tail and head up as he walked with pride was a moment that still gives me “goose bumps” when I remember it.

I can not praise everyone enough who was involved in Andrew’s recovery and treatment. All of the Ralphers from the PCA team, nursing, physiotherapy, customer care, veterinary interns, veterinary specialists, finance, management were wonderful. We all played a part in Andrew’s full and total recovery and I am proud to be part of such a great team. Being able to be at Andrew’s side day in, day out, was incredibly special.

Andrew is and will always be considered my best friend. When he came for his weekly physiotherapy sessions I made sure to see him and spend time with him, and judging by his reaction I can see that he is just as happy to see me as I am him.

I am happy to say that Andrew has now graduated from physiotherapy, and I hope that he won’t need our services in future. This means that I probably won’t cross paths with Andrew for a long time. On one hand, we are happy that our jobs allow us to help patients when they are at their most vulnerable, but it is always a bittersweet sensation when we have to depart from them.

I will forever be grateful to you Andrew, and promise to treat all of my future patients with the same dedication as I did to you in hopes that they allow me in as you did. I sincerely hope that our paths cross in the future where I can see you running free in some park, beach or forest.



## My top nursing tips

### MOTIVATE

Find out what is the best motivation for your patient. Is it food, toys or other dogs? Use this to help with their recovery.

### PRAISE

As most of our patients tend to respond very well to vocal stimuli, always praise them for every effort. It’s so important that we try and reduce our patients’ frustration.

### REST

Make sure your patient is properly rested as this recovery process is very demanding on energy levels. If you feel your patient is not keen on exercise, take a step back, allow them to receive plenty of rest and resume later on in the day.

WRITTEN BY  
**MIGUEL BORRAIHO**  
Senior Neurology Nurse





# OUR NEW-ROLOGISTS!

(...see what we did there!)

Our Neurology team is passionate about all things brains, spines and neurons. Here our new Head of Neurology and Neurosurgery, Lorenzo Mari, and our Neurology and Neurosurgery Diplomate, Cristoforo (Cris) Ricco, share their insights on what's new and tips for approaching neurological cases in practice.

Spotlight on...

## Who is the most interesting case you've seen and why?



**Lorenzo:** I remember this little French Bulldog puppy who presented with an unusual intermittent flickering of the third eyelid on his left eye; his carer described him "like he was an alien". It turned out he had a congenital (non-progressive and not painful) condition characterised by a sort of "miswiring" of the nerves which control the muscles responsible for moving his eye. This condition was previously reported in humans but had never been seen in animals before we published this case. Interestingly, soon after our report came out, I received a video from Spain of a donkey with exactly the same problem! At that moment I felt like an explorer who had just discovered something new.

## What new advances in neurology and neurosurgery can we look forward to?



**Cris:** We are working on new surgical techniques in the field of spinal stabilisation and the treatment of spinal cord compressive fluid filled cavities called subarachnoid diverticula which should be available at The Ralph very soon. Another area that I would really enjoy developing is the routine sampling of nervous tissue. In the era of 3D printing there are many techniques that we may be able to develop to make this procedure become more routine.



**Lorenzo:** There are also many applications for the use of 3D printing in neurology - which we are currently already offering at The Ralph - including patient-specific drill guides and customised titanium implants that perfectly match the anatomy of each patient requiring advanced spinal stabilisation. This will help with patient safety which is a big plus!

## What advice would you give your fellow vets?



**Lorenzo:** I find a lot of vets feel intimidated by neurology, and this is a very well described situation in human medicine under the name of “neurophobia”. What appears to be scary is the complexity of the anatomy and physiology of the nervous system, together with the severity of the clinical signs that we see (think about a seizing or a paralysed patient). These factors combined can sometimes make you feel you have no time to apply your knowledge and make an informed decision about what is best for the patient. My advice is always to take a breath and focus on describing what you see in your

neurological examination as your first step. If you thoroughly describe the clinical signs that you see, then defining what to do will be much easier; if you ask yourself what to do before taking your time to describe what you see, that will never be a winning approach.



**Cris:** We will be providing some CPD in September (date to be confirmed) to help with understanding the anatomy and physiology of the nervous system, and hopefully build people’s confidence in managing neurology cases in practice, so stay tuned for more details.

## Anything else?

**Both:** We’re really looking forward to meeting all of you at our upcoming CPD events and to working together as one team. We enjoy supporting you with solving the neurological cases that come through your door, whether this is by talking the case through on the phone and offering advice or by caring for the patient here at The Ralph when needed. We also appreciate your input on how to improve our services in a way that is tailored to your needs.





# UNDERSTANDING SAFETY CULTURE



WRITTEN BY DAN TIPNEY

Head of Culture, Patient Safety and Human Factors at The Ralph

**"THE WAY WE DO THINGS AROUND HERE" IS COMMONLY USED AS A SIMPLE WAY TO PORTRAY WHAT IS MEANT BY THE TERM "CULTURE" WITHIN ORGANISATIONS...**

At The Ralph, we talk a lot about culture, and for good reason. Organisations that are made up of teams whose behaviours are largely aligned with clearly laid out core values have been shown to have improved metrics with regards to aspects such as team engagement and wellbeing, recruitment/turnover, and performance.

The last point regarding team performance is particularly significant to veterinary teams as it is intricately linked to patient safety. If we consider performance to be the reliable delivery of skills towards achieving a set objective, we can conclude that a high-performing veterinary team is one that is able to consistently deliver clinical skills, resulting in a lower chance of adverse outcomes to patients.

Safety culture is a specific entity with the broader discussion above and is an area of considerable research and discussion within various safety-critical professions. When examining some of this literature, it is clear that the culture of an organisation has been shown to influence the attitudes and behaviours of the team and is intrinsically linked to quality and safety outcomes. Within aviation and human healthcare, the concept of deliberately attending to the culture of an organisation to improve safety is commonplace. Safety culture and its improvement are a key part of strategies to understand the causes of errors and to implement sustainable changes to reduce them.

A simple example that links culture with patient safety is the use of tools such as a surgical safety checklist. There is sufficient evidence to indicate the very high likelihood that if designed, implemented and used effectively that they will reduce the number of complications and associated consequences for patients. However, even the best-designed checklist is unlikely to make a significant impact if the culture in that regard contributes towards it not being used, or it only being used when a member of management is present.

# Human factors + patient safety

**"PICTURE YOUR PRACTICE WITH NOBODY IN IT... IF SOMEONE WERE TO WALK IN, THEY WOULD BE UNABLE TO PICK UP ON YOUR CULTURE."**



As with many aspects of veterinary practice, improvement within a given area requires an understanding of the current situation, preceding which we would normally identify something to measure. When it comes to safety culture, this begs the question; can it (or indeed any aspect of culture) be 'measured'? To answer this, it is useful to further explore what is meant by culture. Whilst culture is guided by values, beliefs and basic underlying assumptions – it can only actually be represented by behaviour(s). The simplest way to imagine this is to picture your practice with nobody in it... if someone were to walk in, they would be unable to pick up on your culture. Some of the values and intentions may be apparent but without being able to pick up on what people within the team are doing/not doing, the 'way you do things' would be unknown.

As such, we cannot measure culture in its entirety, as it relates to the sum total of team behaviours and consists of multiple sub-cultures that relate to many aspects of practice. However, we are able to measure attitudes and perceptions and in human healthcare there are widely adopted tools such as the Safety Attitudes Questionnaire (SAQ) to assess these factors, which have been identified to be strongly associated with behaviours and cultures which are conducive to delivering safe patient care. In 2017, the 'Nottingham Veterinary Safety Culture Survey' was validated for use within our profession and developed based upon these existing frameworks to explore areas such as organisational safety systems and behaviours, staff perception of management, risk perceptions and teamwork/communication.

At The Ralph, we run this survey annually across the whole team. The responses give us a snapshot in time regarding attitudes and perceptions which then help to guide the next steps. Typically, this involves running focus group discussions and observations to ascertain the context of various responses, which in turn guides action points that can help to continually improve aspects of culture and patient safety. Whilst we can never measure culture in its entirety, following these steps is an evidence-based means of capturing and addressing key areas which are linked to having a supportive and high-performing team who can reliably deliver safe patient care.

## **WANT TO LEARN MORE ABOUT WORKPLACE WELLBEING?**

Check out our CPD looking beyond mindfulness and resilience with Chartered Psychologist, Dr Kevin Teoh. Visit our YouTube to watch!





# FINDING CALM IN COOKING



“I love cooking! When there’s no rush and I have time to get all the ingredients, I love making this raw “Pad Thai”. The recipe is from a German Healthy Living magazine (don’t worry, I’ve translated it!)”

- Simone Kirby, Dentistry Specialist at The Ralph

## RAW PAD THAI

### Ingredients (serves 2)

#### For the base:

- 1 small carrot, peeled and cut into thin strips
- 1 small/medium courgette, also cut into thin strips
- ¼ to 1/5 of a red cabbage, sliced finely and pulled into thin strips
- ½ red pepper, seeded and cut into thin strips
- 2 spring onions, chopped
- 1 red chilli, chopped or sliced finely
- 1 handful of beansprouts
- 1 handful coriander
- 1 handful fresh mint

#### For the dressing:

- 1 tbsp coconut milk
- Juice and zest of one unwaxed lime
- 1 tbsp crunchy natural peanut butter
- 3 tsp soy sauce
- 2 tsp tahini
- 1 tsp sesame oil
- 1 tsp maple syrup
- 1 cm piece of ground fresh ginger
- 1 clove of garlic, chopped and pressed
- 1 lemon grass, peeled and chopped finely

#### For the garnish:

- 20g peanuts (slightly crushed)
- 2 tsp of sesame seeds

### 3-step method!

1. Mix the vegetables and herbs in a large bowl
2. Prepare the dressing, mix well and pour over the salad ingredients
3. Sprinkle with peanuts and sesame when serving

**Important:** Don’t let the courgette sit around for long once cut, as the water content exits and makes them soggy, - use and eat right away!





# TELEMEDICINE SERVICE

**ARE YOU WORKING ON A MEDICINE CASE  
RIGHT NOW AND...**

- The treatment isn't having the desired effect?
- The diagnostic test results are inconclusive?
- You're not sure what to do next?

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Our team of Internal Medicine Specialists will spend time reviewing your submitted cases, and will provide in-depth consultation and recommendations via Zoom. You'll receive a thorough written report so you can refer back to the advice. There is also the option for written-only recommendations if you'd prefer.

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