

# AUDIT AND SERVICE EVALUATION

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Clinical audit is a process used by clinicians who seek to improve patient care. The process involves comparing aspects of care (structure, process and outcome) against explicit criteria and defined standards. Keeping track of personal that a surgeon's own performance is monitored continuously and can be compared with a national data set to ensure compliance with agreed standards. Involvement in active audit processes is also an essential component of revalidation for the individual surgeon in the UK. If care falls short of the guidance standard being compared against, some change in the way that care is organised should be proposed. This change may be required at one of many levels. It might be an individual who needs training or surgical equipment that needs replacing. At times, the change may need to take place at the team level. Sometimes, the only appropriate action is change at an institutional level (e.g. a new antibiotic policy), regional level (provision of a tertiary referral centre) or, indeed, national level (screening programmes and health education campaigns). There are two main types of audit in common practice - single site/local audits and multisite regional, national or international audits. Both are designed to improve the quality of care. In an ideal world local audits might identify needs closest to the patient, which can then be further investigated in multisite larger scale audits. For example, hospital topics are often identified at departmental morbidity and mortality meetings, where issues relating to patient care are discussed. The reporting process might identify a possible national issue, and a national or international audit could be designed to be delivered by local surgical teams. Audits are formal processes that require a structure. The following steps are essential to establish an audit cycle: 1 Define the audit question in a multidisciplinary team. 2 Identify the body of evidence and current standards. 3 Design the audit to measure performance against agreed standards based on strong evidence. Seek appropriate advice (local audit department in the UK) and ensure institutions have agreed to undertake the audit. 4 Measure over an agreed interval. 5 Analyse results and compare performance against agreed standards. 6 Undertake gap analysis: a if all standards are reached, reaudit after an agreed interval; b if there is a need for improvement, identify possible interventions such as training, and agree with the involved parties. 7 Reaudit. A new type of audit that has developed significant traction in surgery over recent years is the 'multicentre snapshot audit', whereby many collaborators across multiple hospitals prospectively collate anonymised patient-level data for a specific condition, presentation or intervention over a short time period of normally around 6-8 weeks. This allows exploration of differences in patients, techniques and management across the cohort to identify areas of practice variability that may result in apparent differences in outcome. These studies Archibald Lemman Cochrane, 1909-1988, Director of the UK Medical Research Council Epidemiology Unit, Cardiff, UK, after whom the Cochrane Collaboration is named. Further research is needed. Key advantages of these snapshot audits are their easy accessibility and the fact that they can be conducted at almost zero cost, so they can be an

excellent means of bringing a new group together to collaborate and create contemporaneous and 'real-world' data together. AUDIT AND SERVICE EVALUATION

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