

## Surgical audit and researches

### Surgical Audit **What is it and why do it?**

Surgical audit is a systematic, critical analysis of the quality of surgical care that is reviewed against explicit **criteria** or recognized standards, and then used to further inform and improve surgical practice with the ultimate goal of improving the quality of care for patients. The purpose of audit is to examine whether what you think is happening really is, and whether current performance meets existing standards.

- **Simply put.....**

**...improving the quality of patient care by looking at current practice and modifying it where necessary.**

### A surgical audit involves:

- Collection and measurement of clinical activities and outcomes
- Analysis and comparison using standards, performance indicators and outcome parameters and
- Review process with a feedback mechanism to redress **problems**.

The key feature of audit is that it involves reviewing **actual** surgical performance, including outcomes. This clinical experience and that of your team is compared with accepted standards of what that performance should be.

### The aims of audit are:

- To identify ways of improving and maintaining the quality of care for patients;
- To assist in the continuing education of surgeons; and to help make the most of resources **available** for the provision of surgical services.
- Improve the delivery of healthcare to patients
- Highlights deficiencies
- Promotes **efficiency**
- Highlights good practices to staff and patients
- Promotes change
- Ensures standards exist as well as raising standards
- Improves teamwork

### What is the audit cycle?

The audit cycle is the process that is undertaken when conducting an audit in clinical practice. Unfortunately, all too often the last stage of the process is forgotten and the audit remains incomplete.

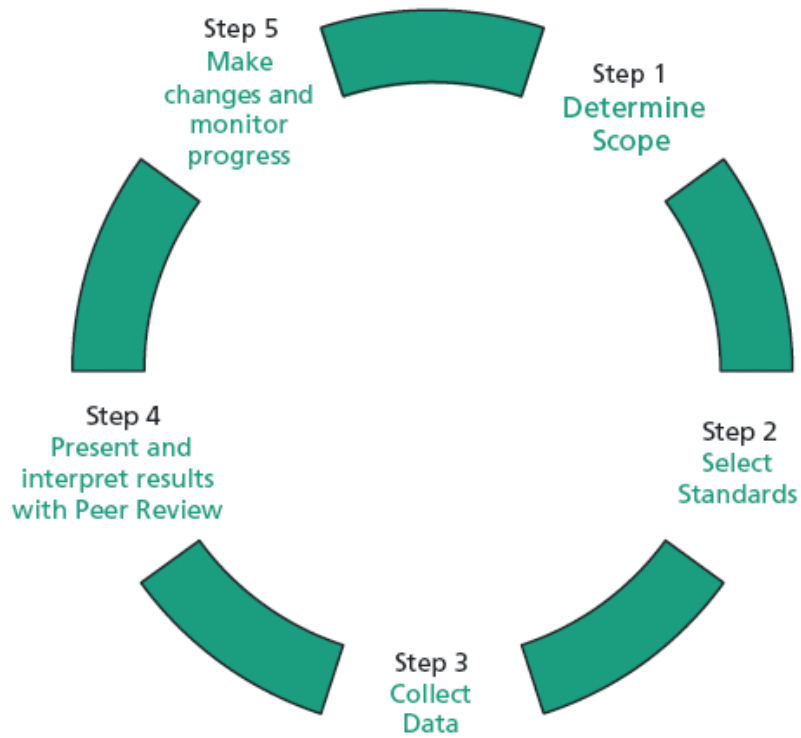
Initial baseline data is gathered on a specific area of practice. The current standard in this area of practice can be identified and new standards can then be set. Changes can be identified and implemented to try and affect practice; the effect of those changes can be evaluated and standards can be reviewed.

**What is the difference between audit, research and data collection?**

Research and audit are often confused; the differences between audit and research are explained in the table below.

<b>RESEARCH</b>	<b>AUDIT</b>
May involve experiments based on a hypothesis.	Never involves experiments and involves measuring against pre-existing standards.
It is a systematic investigation.	It is a systematic review of practice
It may involve random allocation.	It never involves random allocation.
There may be extra disturbance to patients.	There is little disturbance to patients.
It could be a new treatment.	It never involves a completely new treatment.
Creates new knowledge about effectiveness of treatment approaches	Answers the question "are we following best practice?"
May involve experiments on patients.	Patients continue to experience their normal treatment management.
It is usually a lengthy process and involves large numbers of patients.	It is usually carried out involving a small number of patients and within a short time span.
It is based on a scientifically valid sample size (except in the case of some pilot studies).	It is more likely to be conducted on a pragmatically based sample size.
Extensive statistical analysis of data is routine. Data analysis can take a number of forms depending on whether qualitative or quantitative research has been carried out.	Some statistics may be useful.
Results can be generalisable and hence publishable. Quantitative research tends to be more easily generalisable than qualitative work.	Results are only relevant within local practice settings (although the audit process may be of interest to a wider audience and hence audits are publishable).
Responsibility to act on findings is unclear.	Responsibility to act on findings rests with individual osteopaths.
Findings influence the activities of clinical practice as a whole.	Findings influence activities of practitioners within a practice.

Always requires ethical approval.	Does not require ethical approval.
Research can identify areas for audit.	Audit can be a precursor to clinical research by pinpointing where research evidence is lacking.



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