

What type of audit will we conduct?
 


We want to look at the best way to do things.



Research is useful, but it is not audit. Research is about establishing best practice while audit is about embedding best practice into our work. For example, clinical research might ask “in rabbits undergoing general anaesthesia does use of Drug X, compared to use of Drug Y, result in reduced mortality rates”, while clinical audit would ask “what is the survival rate of rabbits undergoing general anaesthesia in our practice”.



We want to look at a specific event in detail, from beginning to end.



A Significant Event Audit is a retrospective audit which looks at one case in detail from beginning to end to either increase the likelihood of repeating outcomes that went well, or decrease the likelihood of repeating outcomes that went badly. E.g. A rabbit died under GA and the team are looking at their systems to see if anything could be improved. Significant Event Audits may result in further development of guidelines, protocols or checklists and may result in the need for additional clinical audits (process/ structure or outcome).



We want to look at the results we get.



Outcome audit Looks at the results of clinical practice and can be retrospective or prospective. E.g. what is the survival rate of cows post LDA surgery; what is the post operative success rate in dog spaying; what is the average decrease in BP levels following hypertension treatment? Outcome audits allow the results of care to be reviewed and monitored with a view to improve rates of positive outcomes.



We want to look at how we work.



Process audit looks at the process of how care is delivered. E.g. how many cases of hypertension have routine BP measurements taken; are tests being used to monitor progress within an appropriate timeframe? Some of these can be done retrospectively (where the information exists), or prospectively at the time the process is occurring. Process audits can give an overview of how clinical care is carried out and could help to develop a uniform approach to cases if desired.



We want to check we have the right kit or facilities available.



Structure audit assesses facilities and equipment available. E.g. are there enough ET tubes and IV cannulas available at the point of GA induction; does the practice have a laser measurer, smoke bombs and Brix refractometer available for vets to conduct pneumonia investigations on farm; do all vets have a practice stamp for equine vaccination cards; are all medications stored within their use-by date? This type of audit may highlight areas that suggest additional resources are required or more timely follow-up.