

Cambridge University Press 978-1-906-98535-6 - Let's Do Audit!: A practical guide to improving the quality of medical care through criterion-based audit Andrew Weeks, Katie Lightly and Sam Ononge Index More information

93

Index

action plans 51-2, 91g

References to the glossary have the suffix 'g'. References to footnotes are in the form 84n.xvii where 84 is the page number and xvii the note number.

case notes, keeping track of 30,

```
examples 77
                                          84n.xviii
administrative audits 4
                                        case notes reviews 3,91g
adverse event audits 3,91g
                                        categorical data 40, 42
aims of audit 1
                                        clients 91g
ambiguity, avoidance of 22,
                                            basic information on 27, 39
                                            obtaining data from 31-2
 84n.xvii
Argentina, audit in 5
                                            problem identification by
                                              13-14
audit
   compared with research and
                                        clinical audit 91g
     service evaluation 8
                                            compared with research and
   definition 1, 10
                                              service evaluation 8
audit cycles 1-2, 10-11, 55
                                            definition 1.10
auditors 6
                                        communication in the audit
averages 40, 41-2, 45-6
                                          process 53-5
                                        community feedback 33
                                        complexity of audits 14, 15, 55
background information on
 patients 27, 39
                                        Confidential Enquiry into
'bench mark up' auditing 5
                                          Maternal Deaths (CEMD) 3
bias
                                        confidentiality 27, 31
   avoidance of 22, 66n.iii
                                        continuous data 39, 41-2
   sources of 30, 31, 32, 84n.xvii
                                        courtesy bias 32
blame 7-9, 54
                                        criteria 19-20, 25-6, 91g
                                            examples 65,72
caesarean sections, audit of
                                            numerical format to match
                                              data collected 39
 postoperative infection rates
 71-8
                                            selection process 20–4
                                        criterion-based audits 3-5, 91g
calculations 37–43, 44–6
```



Cambridge University Press 978-1-906-98535-6 - Let's Do Audit!: A practical guide to improving the quality of medical care through criterion-based audit Andrew Weeks, Katie Lightly and Sam Ononge Index More information

94 Let's do audit!

critical incident audits 3,91g	eclampsia, audit criteria 23 effectiveness of audit 5–6
data analysis	environmental problems 16
examples 67–8, 74–5	equipment
inputting data 37	fixing 54
performance gap estimation	problems caused by 16
43	errors
presentation of results 42–3	in data collection 33
statistical analysis 37–42, 43–6	identification of cause of 7–9,
data collection 34–5	54
confidentiality of data 27, 31	evidence obtained by audit 14,
examples 65–7, 73–4, 80, 84–5	86n.xxiii
identification of necessary data 27–8	facilities, audit of <i>see</i> structure, audit of
long-term monitoring 56	feasibility of audit 15
from patients 31–3	'five whys' technique 48–9
pro forma tables 28–9, 33,	focus groups 32, 91g
65–6,74	100d0 g10dp0 0 2 , > 1g
process of collection 15, 33,	Ghana, audit in 5–6
66	graphs 42–3
retrospective and prospective	guidelines 92g
29–31, 84n.xviii	DNR policy 65
sample size 29, 53	management of postoperative
demographic information 27, 39	infections 72
diagnostic criteria audits 4	use in establishing audit
distribution of data 38,39	criteria 20–2
district referral systems, audit of	
79–82	health professionals see staff
'do not resuscitate' (DNR) policy,	human error
audit of 63–70	in the audit process 33
documentation	in medicine 7–9
audit of 4,72n.ix,87	
data collection and 30, 69n.v,	implementation of change 47-8,
84n.xviii	56–7
double data entry 33	action plans 51-2, 77, 91g
drug management in low resource	communication issues 53–5
settings 89	examples 68–70, 75–8, 80–2,
dry runs 33, 67	85–9
•	

Cambridge University Press 978-1-906-98535-6 - Let's Do Audit!: A practical guide to improving the quality of medical care through criterion-based audit Andrew Weeks, Katie Lightly and Sam Ononge Index More information

Index 95

re-audit 55–6, 70, 77–8, 81, 86 responsibility for 50, 51, 52,	non-normal distribution 38, 39 normal distribution 38, 39
85n.xx	
root cause analysis 48–9, 57,	observation of staff 31
68–9, 75–6, 80n.xiii, 92g	obstetric haemorrhage, audit
selection of interventions	criteria 23
50-1	obstructed labour, audit criteria
inspections, external 9	22–4, 25
internet resources for guidelines	online resources for guidelines 20,
20, 21	21
interviews	outcome, audit of 3, 4–5, 71–8
with clients 32	
with staff 31	patients
investigations (clinical), problems	basic information on 27, 39
caused by 16	obtaining data from 31–2 problem identification by
low-resource settings 5-6	13–14
audit of postoperative infection	performance gaps 43,75
rates 71–8	performance improvement 47–8,
audit of pre-eclampsia	56–7
management 83–90	action plans 51-2, 77, 91g
audit of referral systems 79–82	communication issues 53–5
,	examples 68–9, 77–8, 80–2,
Malawi, audit in 79–82	85–9
management (treatment), audit of	re-audit 55-6, 70, 77-8, 81, 86
4, 83–90	responsibility for 50, 51, 52,
managers see supervisors	85n.xx
maternal death/morbidity 3,5	root cause analysis 48–9, 57,
mean 40, 41, 42	68–9, 75–6, 80n.xiii, 92g
median 40, 42	selection of interventions
meetings	50-1
to discuss results 53, 54	pilot studies 33, 67
to gather data 13, 33	policy makers 50, 53, 54
mistakes	postoperative infection rates, audit
in data collection 33	of 71–8
identification of cause of 7–9,	postpartum haemorrhage, action
54	plan for treatment 52
mode 40, 41, 42	pre-eclampsia, audit of
morbidity 92g	management of 83–90
11101010101ty 125	management of 05 70



Cambridge University Press 978-1-906-98535-6 - Let's Do Audit!: A practical guide to improving the quality of medical care through criterion-based audit Andrew Weeks, Katie Lightly and Sam Ononge Index More information

96 Let's do audit!

presentations 53 staff Principles for Best Practice in Clinical education 54 Audit (NICE) 5 errors 7–9, 16, 54 prioritisation of problems 16–17, involvement in audit process 18, 72n.vi 6, 13, 50, 89 pro forma tables 28-9, 33 obtaining data from 31,66 examples 65-6, 74 role of senior staff 13, 33, 53, problem identification 13-18 82, 85n.xxi, 88 examples 64, 71, 79 stakeholders 92g process, audit of 3, 4, 15-16 see also clients; staff examples 63–70, 83–90 standards 19-20, 92g prospective data collection 30-1 comparison with current practice 43 quality improvement teams 48, examples 72, 79–80, 83–4 79n.xi, 89 setting 25-6 questionnaires 31,66 statistics 37-43, 44-6 structure, audit of 3, 4, 15, 79-82 re-audit 55-6 suggestion boxes 32 examples 70, 77–8, 81, 86 supervisors referral systems, audit of 79–82 involvement in audit process research 7, 8, 92g 53, 82, 85n.xxi, 88 problem identification by 13, resource usage audits 4 results (outcome), audit of 3, 4-5, supplies, problems caused by 16, retrospective data collection 30, 89 84n.xviii root cause analysis 48-9, 57, teaching 54 80n.xiii, 92g treatment, audit of 4, 83-90 examples 68–9, 75–6 Uganda, audit in 5, 6, 71–8, 83-90 sample size 29, 53 service evaluation 8,92g UK, audit in 5, 63–70 skewed distribution 38, 39 'why? why?' analysis 48-9, 92g