Surgical Audit: A Process Invaluably Needed to Improve Surgical Patient Care in Mosul Hospitals

Abstract

Background: Accreditation, evidence-based clinical practice and audit are the three pillars of up to date and state of art medical services (patient care) provided by modern hospitals.

In Iraq at large and in Mosul in particular, these processes have not been fully introduced yet in our hospital services.

Aim: To focus on the need for introducing surgical audit to help monitor and improve surgical patient care in Mosul hospitals.

Review: Clinical Audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. It is a process used by clinicians who seek to improve patient care. The process involves comparing aspects of care (structure, process and outcomes) against explicit criteria. If the care fall short of the criteria chosen, some change in the way that care is organized is proposed and implemented. Further monitoring is used to confirm improvement in healthcare delivery.

Surgical audit is a systematic, critical analysis of the quality of surgical care that is reviewed by peers 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 aims of surgical audit are: to identify ways of improving and maintaining the quality of care for patients; to assist in the continuing education of surgeons; to help make the most of resources available for the provision of surgical services. This process involves: collection and measurement of clinical activities and outcomes; analysis and comparison using standards, performance indicators and outcome parameters and a peer review process with a feedback mechanism to redress problems. Surgical audit forms include; personal surgical audit (total / practice / selected) and group hospital or specialty audits (focused or generic).

The Directorate of Health in Ninawa issued an Administrative Order in 2010 to its main five teaching hospitals to appoint an Audit Committee in each hospital and start implementing audit principles in their patient care. These committees have not started to function properly.

Conclusion: To keep abreast of modern patient care standards, it is highly needed to start as early as possible implementing surgical audit in Mosul Teaching Hospitals as a pilot project and then to further its application to other clinical specialities.