

Editorial II

AUDIT IN ANAESTHETIC PRACTICE

Audit in anaesthesia involves setting standards in clinical practice, monitoring whether these standards are achieved, measuring outcomes, identifying strengths and weaknesses and implementing changes to improve. It is also a useful tool to assess and improve training centres and training programmes.

The Board of study in Anaesthesiology currently requires an audit of the workload to recognise a training centre for postgraduates. It also evaluates the log books and the assessment books of the trainees as an audit of their training, thereby setting standards for the final MD Anaesthesiology examination. Together with the College of Anaesthesiologists of Sri Lanka a range of courses of continuing education are also conducted. The College in addition has set standards of anaesthetic and intensive care practice for the hospitals in Sri Lanka.

Clinical audit improves patient care and outcome. Our practice is particularly important for audit as we have direct one to one patient contact within a concentrated short time period whether in the theatre or the ICU. National Institute of Health and Clinical Excellence (NICE) defines clinical audit as a *quality improvement process which seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.*

It is the aspects of the structure, process and outcomes of care that are audited and changes are made at an individual, team or service level. Healthcare improvement is confirmed by further monitoring.

We need to audit our clinical practice to continue to improve clinical safety and outcome by critically looking at our practices. Audit identifies and promotes good practice and leads to improvements in patient care. It provides us information about effectiveness of a particular service, identifies problems and solutions and above all improves team work and communication. We have also seen a large number of protocols and guidelines developing in the world which gives us the standards against which we could judge our practice.

Audit findings to be a key tool to change of practice requires appropriate methodology and a supportive environment. It is timely and appropriate that the College and the Board of study together plan audits to improve outcomes and provide both trainers and the trainees more formalised training. We need to recognise that time, encouragement and training are required to have an 'audit friendly' environment.

References

1. Frostick. Simon P, Radford. Philip, Wallace. Angus, Medical Audit; Cambridge University Press; Chapter 19-20.
2. Royal College of Anaesthetists. Raising the standard, 2nd Edition.

Anuja Abayadeera*

Senior Lecturer in Anaesthesiology

Faculty of Medicine, University of Colombo

** Corresponding author. E – mail: anujaa@slt.net.lk*