AUDIT & LOGBOOK

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WHAT IS AN AUDIT?

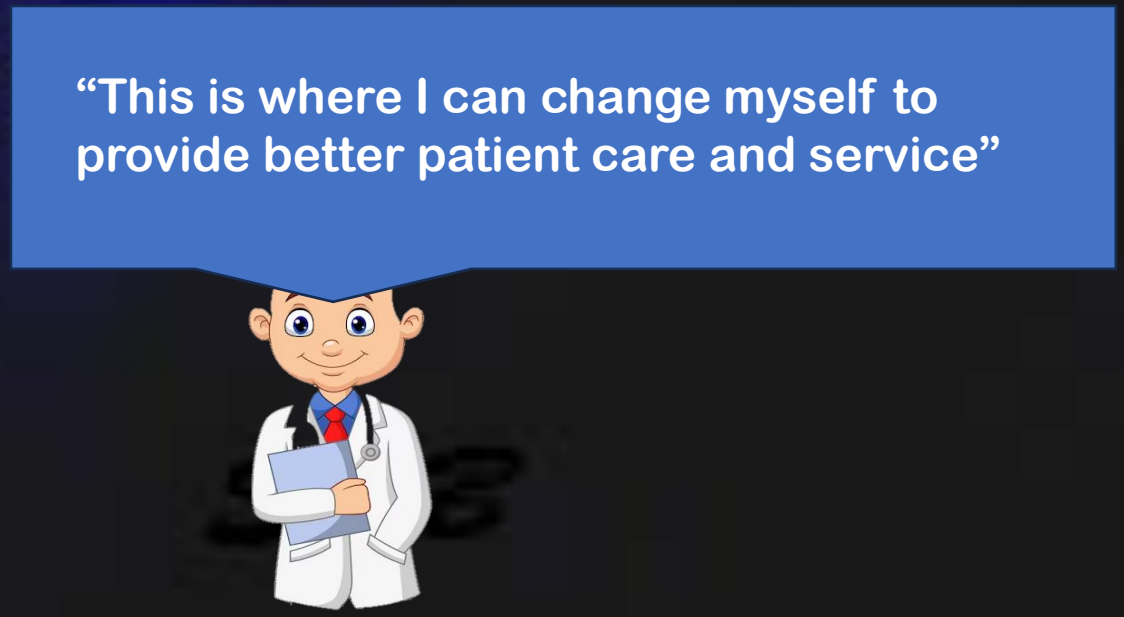
- It is an
- Unbiased,
- Systemic and
- Critical Analysis OF
    - Surgical care,
    - Reviewed by peers,
    - Compared to
        - Recognized standards
        - Explicit criteria

AIMS OF A SURGICAL AUDIT?

- Single out ways of improving and maintaining the QUALITY of care for patients.
- Assist in continuing education of surgeons at all levels.
- Best utilization of resources available for the provision of patient care.
- Using the word “SELF” implies all of this applied to you.

WHY?

- It is a quality improvement exercise and a powerful educational tool.
- Leads to an improvement of surgical practices by providing a direct feedback.




POWERFUL
EXAMPLE

A REALITY CHECK

- 30th October 1935, in Ohio.
- Model 299 being tested for the first time, with 5 of the MOST EXPERIENCED PILOTS OF THE USA.
- Stalled and crashed, killing two of five crew members.
- The problem was “pilot error”.

13.000 PLANES

B-17
BOMBARDIER

- Many of the B-17 Flying Fortresses were found to have flown at least 100 missions and known as Century Bomber.

A SIMPLE CARD MADE ALL THE DIFFERENCE!!!

2001

- Critical Care specialist Peter Pronovost, decided to give the doctors checklist a try.
- Steps when putting in a central line-

1. Wash hands with soap.
2. Put on a mask, cap and sterile gown.
3. Prep the skin with chlorhexidine.
4. Sterile drapes.
5. Sterile dressing over the insertion site.

2002

- The ICU nurses were authorized to stop the doctors if any step was skipped.
- The results were collected for one year.
- The 10 day line infection went from 11% to ZERO!!
- Saving 43 infections, 8 deaths &
- Two million dollars!!!!

DETROIT

Sinai-Grace Hospital

Detroit Receiving Hospital

Keystone Initiative -2006

Administrators also involved in this exercise. Within 18 months the following were observed:-

- Most hospitals cut their quarterly infection rate to 0%.
- These 'poor" hospitals outperformed 90% of hospitals USA-wide.
- Saved an estimated **$175,000,000/- in costs!!!!**
- Saved an estimated **1500 lives!!!!**

SURGICAL SAFETY CHECKLIST

WHAT IS THE DIFFERENCE RESEARCH vs AUDIT?

- Does not necessarily increase the extent of surgical knowledge.
- The primary purpose not to promote scientific enquiry.
- Reviews the performance of a surgical team, hospital or practice.

- Large audit databases can be used to ratify or negate research hypothesis.
- BUT
- Privacy must be maintained particularly if multiple hospitals are contributing.
- Ethics committee permission a must.

HOW TO RUN A SUCCESFUL AUDIT?

- Helps if there is an ambience of surgical audit in the hospital/team.
- Often seen as threatening/unnecessary.
- Essential therefore to create an environment of an educational input.
- NO BLAME GAME.
- Mesh collection of date with usual ward work. SAVE TIME.
- Permission for date collection.
- Data collection must be supervised and verified.
- MUST “CLOSE THE LOOP”. Prove that implementing changes improves patient care.
- Needs close communication with other disciplines and departments.
- Hospital administration must be made part of the audit process.

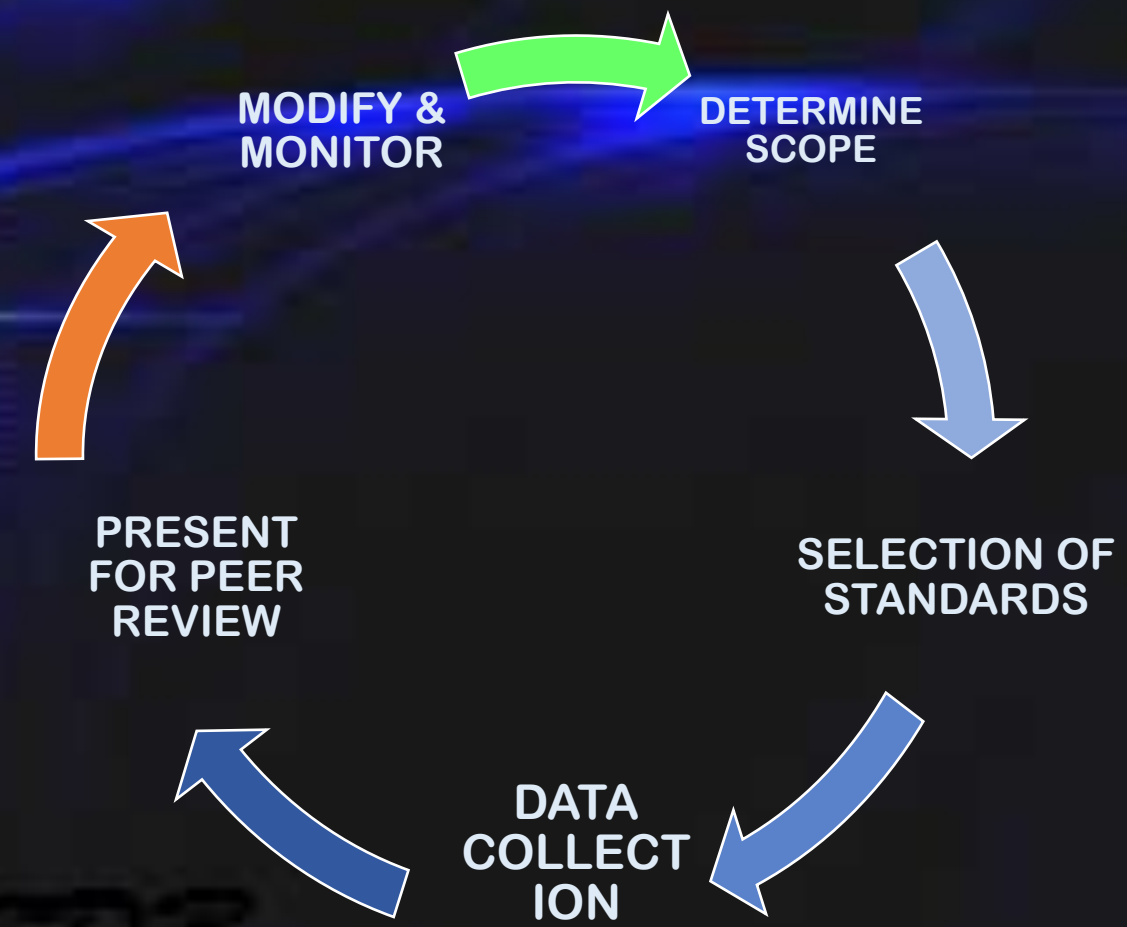
TYPES OF SURGICAL AUDIT

- Personal audit.
- Group/Speciality/Hospital audit.
- Clinical registry which has been peer reviewed.

TYPES OF SURGICAL AUDIT

- Should encompass your scope of work, perhaps start with a procedure that is commonly done and then expand to infrequently done procedures.
- Total practice or workload audit involves all surgical procedures performed.
- Clinical unit audit encompasses all procedures that are done in that unit.
- Registries are usually maintained to provide a peer reviewed feedback on surgical practices for a particular aspect of work. Powerful source of data.

CYCLE OF A SUCCESFUL AUDIT



SCOPE

- Should be clearly defined and achievable.
- Power(number) of patients to be studied usually with the help of a medical statistician or published literature.
- Common areas:-
  - Length of hospital stay.
  - 30 day mortality.
  - Time on waiting list.
  - Investigations advised.
  - Timing and use of prophylactic antibiotics.
  - Patient satisfaction.

STANDARDS

- Evidence based research and guidelines.
- Existing local guidelines.
- Data in that particular specialty group.

COMPARING POST-OP COMPLICATIONS CLAVIEN-DINDO CLASSIFICATION

Grade	
1	Any deviation from the normal postoperative course without the need for pharmacological treatment or surgical, endoscopic and radiological interventions. Acceptable therapeutic regimens are: drugs as antiemetics, antipyretics, analgetics, diuretics and electrolytes and physiotherapy. This grade also includes wound infections opened at the bedside.
2	Requiring pharmacological treatment with drugs other than such allowed for grade I complications. Blood transfusions, antibiotics and total parenteral nutrition are also included.
3	Requiring surgical, endoscopic or radiological intervention
3a	Intervention under regional/local anesthesia
3b	Intervention under general anesthesia
4	Life-threatening complication requiring intensive care/intensive care unit management
4a	Single organ dysfunction
4b	Multi-organ dysfunction
5	Patient demise

DATA COLLECTION

- Online systems
  - Full audit
  - Logbook tool

eLogbook - the Pan-Surgical Electronic Logbook for the United Kingdom & Ireland

The Pan-Surgical Logbook has been developed to support surgeons of all grades and all Specialties in the United Kingdom and Ireland.

The eLogbook has been developed in close co-operation with the Specialty Associations to provide a whole of life service to surgeons of whatever specialty. It will build up a complete record of your work, it will inform appraisals, it can contain a record of your CPD and shortly it will be able to provide reports in support of re-validation and re-certification.

You should start your logbook as soon as possible - as soon as you start training in whatever capacity. At present, over 31,000 surgeons use the elogbook and the logbook developers are committed to provide seamless integration to any future vehicle adopted by the official training body that requires training data for the purposes of assessing surgical training. As a mainstream tool, irrespective of your specialty, the future of the eLogbook is assured.

Users should also be reassured that data will not be released to any 3rd party without the user's prior expressed consent.

See latest Release notes here

eLOGBOOK Help

If you require help or advice about using the elogbook, please contact the elogbook helpdesk by e-mailing helpdesk@elogbook.org

eLogbook Registration Guide

Surgeon's Logbook

Varun Shetty

4.0★
482 reviews

10K+
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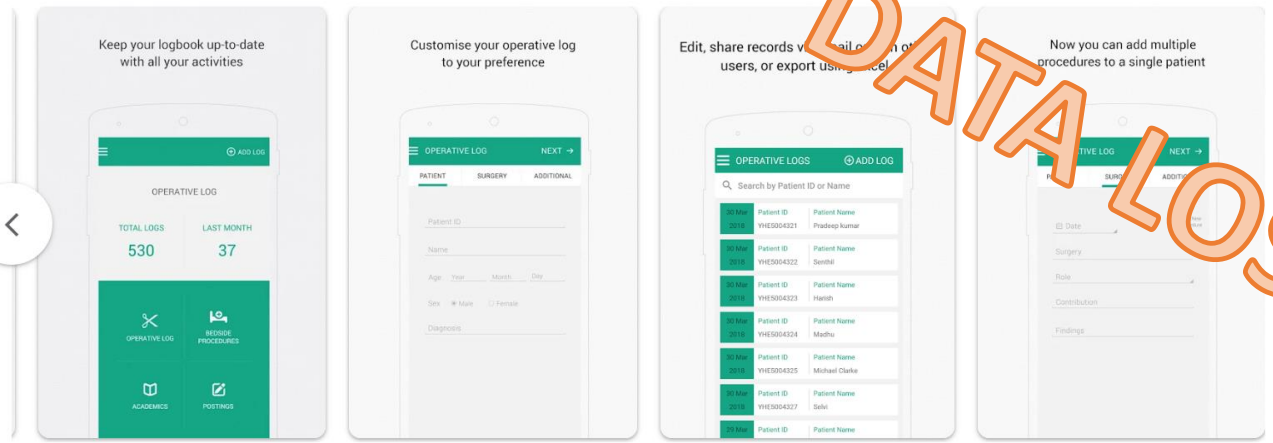
This app is available for some of your devices



About this app

The Surgeon's logbook app is meant for the surgical trainee.Version 2.0 is a major upgrade which is built with the feedback from existing users. The user interface is highly intuitive, in an effort to make the surgeon more compliant with his data entry. The app is the most versatile logbook app available for surgeons in the market.

Feed Data:
• Organize your operative and academic activities....

Updated on
Mar 30, 2018

App support

Similar apps

SurgeOn - Surgery Unified
SurgeOn
5.0★

Paramedic Drug List Flashcards
PORTER STREET LLC
4.3★ $6.99

Swanton's Cardiology Guide
Skyscape Medpresso Inc

AMJ Australasian Medical Journal [AMJ 2018;11(3):195-201]

A Critical review of surgical logbook applications for the android and iOS platforms in the Australian setting

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RESEARCH

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ABSTRACT

Background
Smartphones have become pervasive in all aspects of modern life and the health care industry is not immune. Currently smartphone applications (apps) are used by 85–87 per cent of physicians. Surgical logbooks are a mandatory part of training and time consuming to maintain.

Minimum Dataset (MDS) and Extended Dataset (EDS). Apps were included if they could be utilised to record clinical procedures.

Results
Seven apps were available and fit the criteria of our search: Surgeons Logbook, eLogbook, LogBox Academic, SurgCase, T-Res 2, Surgeon Log Book Free, and SurgiLog. None of the apps completely satisfied the requirements of maintaining a surgical logbook as stipulated by RACS. However, Surgeon's Logbook provided ability to customise the logbook fields, which allows users to modify their logbook app to meet the requirements. Furthermore, the lack of connection to hospital electronic medical records, or RACS, limits the usability of these apps for Australian trainees.

Conclusion
The current apps available in the market do not meet the requirements of Australian trainees. However, with the advancing technology and rapid progress of smartphones and their apps, this is likely to change in the future.

Key Words
Medical education, Surgical specialties, Operative procedures, Surgical logbook

What this study adds:

Conclusion

The current apps available in the market do not meet the requirements of Australian trainees. However, with the advancing technology and rapid progress of smart phones and their apps, this is likely to change in the future.

LEARN HOW TO MAKE AND USE AN ONLINE LOGBOOK AND PUT IT ON A CLOUD STORAGE

MORTALITY & MORBIDITY MEETING

MORTALITY AND MORBIDITY MEET.

RCS
ADVANCING SURGICAL STANDARDS

[INSERT NAME OF SURGICAL SERVICE] MORBIDITY AND MORTALITY MEETING PREPARATION CHECKLIST

Action	Completed
Confirm Date and Time of Next Meeting - Keep a note of the apologies for the meeting	
Book a suitable room	
Book AV – PowerPoint and compatible to show imaging	
Catering - as required	
Agenda - Prepare and circulate agenda for the meeting	
On the Day - Pre-meeting briefing with Chair— quick run through the agenda, apologies and any other foreseeable issues.	
After the Meeting • Clear the room of any confidential papers • Make a record of any cases that the team were unable to discuss and list for the next meeting. • Update the centralised attendance log • Draft formal recording log—this will need to be sent to the Chair for their approval (within 3 working days). • Prepare action list this will need to be sent to the Chair for their approval (within 10 working days). • Once the above have been approved by the Chair, save to an appropriate shared drive for access by attendees. • Send a copy of the action list to the Clinical Governance Lead and relevant non-clinical mangers if the actions agreed concern them. • Update any relevant audits with the outcomes of the M&M discussions.	

RCS
ADVANCING SURGICAL STANDARDS

[Date of meeting]

MORBIDITY & MORTALITY RECORD

Case presentation

Case presenter:		**Minutes by:**	

The patient

Patient Initials:		**Hospital No:**	
D.O.B:		**Age:**	

Background:

Date of admission:		**Date of operation:**	
Diagnosis:			
MDT decision:	*(if applicable)*		
Date of incident or death:			
Brief summary of events that occurred:			
Was a clinical incident form/investigation made?			

Analysis:

Categorisation of contributing factors as agreed by M&M group:	
☐ Human factors	☐ Patient factors
☐ System factors	☐ Insufficient data
Other:	
Any additional comments:	

Standard of care grading by M&M team

Choose an item.
Preventable harm (Yes/No):
Further investigation required (Yes/No) :
Is the formal duty of candour being triggered (Yes/No):
Any additional comments:

Agreed actions

List of actions	Individual(s) responsible for implementation

[Name of surgical service]
Morbidity and Mortality Meeting
Case Presentation

[Name of Presenter]

[Details of patient e.g. initials, hospital number etc.]

[Date of meeting]

Patient

A brief description of the patient's relevant clinical history, including:

- age
- date of admission
- co-morbidities
- previous investigations
- diagnosis
- the decision of the MDT (if applicable)
- confirmation of the treatment undertaken
- details and timing of adverse outcomes

Events

A summary of the events that occurred either pre-operatively, in theatre or post operatively that led to the adverse outcome:

- a decision to change a treatment plan
- changes in patient circumstances

It is also helpful to include appropriate data such as:

- vital signs measurements
- assessments on the ward
- imaging.

Analysis

Summary of the presenter's analysis of the contributing factors that led to the adverse outcome. These should be categorised under headings such as the ones outlined below:

- Human factors
- Systems factors
- Patient factors

Analysis

A review of any relevant literature should be presented in order to provide context to the case summary. For example, this may include:

- a review of recurrence rates for oncology patients,
- surgical excision margins
- the impact of co-morbidities on outcomes etc.

Key learning points

The presenter should highlight what they consider to be key learning points from the summary of the case and literature reviewed for discussion. Such as:

- case selection
- patient pathways
- processes for escalating care of patients
- hand over processes

M&M MEET

RCS
ADVANCING SURGICAL STANDARDS

REFLECTIONS ON AN INSTANCE OF SURGICAL MORBIDITY OR MORTALITY

The patient

Describe the patient's age, clinical history and any other relevant details.

The adverse event

Give details of the timing and circumstances of the event and what your role was in this.

Surgical Morbidity and Mortality discussions

State if the event was discussed at a surgical M&M meeting, when this was held, whether you were present and what the outcome of this discussion was.

Clinical Incident reporting

Specify whether the event was recorded by your Trust as a clinical incident and whether it was graded as minor or major.

Personal reflection

Give your personal account of what you recall about the event.

Personal learning

Describe what you feel you have learnt from this event.

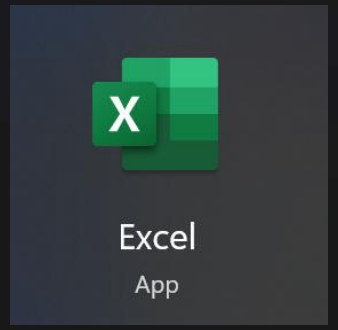
Actions taken personally in response

Give details of any actions that you have taken as a result of this event.

Ways in which your practice has changed as a result

State whether you have made any changes to the way you approach your clinical practice as a result of this event.

ONLINE LOGBOOK-
CLOUD STORAGE/GOOGLE SHEET



READING

- Surgical Audit Guide 2012 – Royal Australasian College of Surgeons.
- https://www.rcseng.ac.uk/standards-and-research/gsp/morbidity-and-mortality-meetings-tools-and-templates/