

Practical examples of clinical audit in Nuclear Medicine

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Clinical Audit is a systematic critical analysis of the quality of medical care including the procedures used for diagnosis and treatment, the use of resources and the resulting outcome and quality of life for the patient (Doyle et al, 2005).

An effective clinical audit is educational as it promotes understanding. It is resource effective, helping to raise standards while promoting change. It is a valid source of information upon which problems or objectives can be identified. The test of medical audit is if it is comprehensive enough to take account of the contributions of all participants to a total patient episode, including the patient (Joss & Kogan, 1995).

In this presentation some examples are given of the clinical audit conducted in the Nuclear Medicine department at St. James Hospital in 2009.

Clinical Audit is usually multi-disciplinary, cross boundary, cohort-based, comparative and based around significant events.

The aim of this clinical audit was to comprehensively monitor the service from referral, to the patient's time attending the Nuclear Medicine department to the assessment of the satisfaction of the patients as a result of using this service. Measuring the quality of medical care provides a balanced account of the present status of a subject, highlights the unresolved problems and emphasises the evolving nature of the work in this field (Hopkins, 1991).

These audit topics were chosen because of the particular implication on the efficiency of the running of the Nuclear Medicine service. The topics explored included:

1. The service to Oncology
This involved assessing the date from when the patient was referred from oncology to the date of the patient's appointment for scanning.
2. Waiting times within the department
This investigated the time the patient had to wait from arriving in the department on a particular day to being scanned that day.
3. Patient Satisfaction Audit
This assessed the patients' satisfaction levels by way of a questionnaire or a survey.
4. ARSAC verses departmental doses
This audited the recommended ARSAC doses by comparing these figures to what was used in SJH department.

The audit cycle thus highlighted a problem or objective and determined what aspects of current work were in need of consideration. Following this, a set of criteria or aspects of the care or service in need of examining were outlined. The data was then collected and from analysis of this data, areas of improvement were identified.

When necessary changes were made for each audit topic where relevant, the re auditing process could then commence. Upon this initiation, change can be negotiated and the resources mobilised for change can be established. The outcomes are always favourable and include health benefits, cost effectiveness and patient satisfaction overall.

References

1. Doyle D, Hanks G, Cherny NI, Calman K (2005) Oxford textbook of palliative medicine: 3rd Edition, Oxford University Press.
2. Hopkins A (1991) Measuring the Quality of Medical Care. Royal College of Physicians.
3. Joss R, Kogan M (1995) Health Services Management: Advancing Quality, Total Quality Management in the National Health Service. Open University Press.