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PREVENTIVE HEALTH IN A CHANGING WORLD

CLINICAL MANAGEMENT AUDIT

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Background

Physician General Medical Audits were traditionally done by few selected physicians. This was reviewed, with the aim of optimising audits for improvement in patient care and employ peer-to-peer audits to maximise learning value for all physicians.

Methods

The team examined current audit processes, gathered feedback from physicians experienced in medical audits, and reviewed international and local practices.

Audit templates were built to audit on chronic, acute and A&E cases, using Redcap as the audit collection tool.

Audit cases were generated by Health Informatics and Quality departments. For chronic cases, patients with suboptimal disease control were sampled.

This proposal was endorsed by senior management after several refinements involving stakeholders.

A pilot audit involving a small group of physicians at each clinic was done, with improvements made based from analysis of issues encountered.

All physicians were subsequently briefed and involved in the full implementation.

Results

All physicians completed the audit within timeline. Feedback on the learning value through this audit were generally positive, which is anticipated to translate into better patient care.

Indicators from 4 quality domains (Legibility, Completeness, Documentation of critical/essential information, Appropriateness of management) were compiled for the institution and individual clinics, with individualised feedback to the auditees.

Actionable insights were distilled for sharing within each clinic, such as use of unapproved abbreviations in clinical documentation.

Conclusion

The team implemented the first systematic clinician peer audit in our primary healthcare institution. Engagement with stakeholders and focusing on making an intuitive and meaningful audit system is key to successful implementation.