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ELECTRONIC AUDITING OF SURGICAL OUTCOMES IN GYNAECOLOGY. AN EXAMPLE FROM A NATIONAL DATABASE

Hypothesis / aims of study

Auditing surgical outcome is necessary to provide information for patients' counselling as well as for surgeons' feedback. A National Society for Urogynaecology online database provides statistical reports that give both a snapshot of current practice as well as information on patients-reported outcome measures. This study assesses the surgical outcome of urogynaecological procedures using this database.

Study design, materials and methods

Over a 10-month period (March 2009 to March 2010) data were collected prospectively for all patients who underwent surgery for prolapse and/or incontinence in Crosshouse hospital, Ayrshire. Data were collected in 3 stages; preoperatively, on the day of surgical procedures and at the 3-months follow up appointment. Total questionnaire scores were calculated and entered pre-and-postoperatively. Data were analysed using the built-in online reporting function of the database.

Results

There were 127 surgical episodes for 124 patients. There were 91 prolapse procedures and 36 incontinence procedures. One new procedure (Single-Incision Mid-Urethral Tape) was introduced during the audit period and all 15 patients were entered into the database. Fifty nine patients had follow-up and completed episodes.

Interpretation of results

Generating the report was quick but interpretation of the data is still time consuming. It was not possible to identify particular patient's records in the reporting system. It was difficult to have a list of patients who had more than one episode. Furthermore, preoperative-to-postoperative comparison of individual questionnaire scores is not yet available. Epidemiological details about the patient are deficient e.g.: parity and co morbidity. This is an ongoing audit and to close the audit loop, increased vigilance during data entry is already in place and feedback to the audit committee has been given.

Concluding message

The national database seems to be a useful example; however, more work is still required to make reporting more user-friendly. Information gathered by this database is crucial for audit, research and introducing new procedures. In addition, this helps to assess our current practice and improve our future quality of care. The information outcome is as good as the quality of data entered.

<i>Specify source of funding or grant</i>	Local Hospital Funding
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	Prospective audit of medical records
<i>Was the Declaration of Helsinki followed?</i>	No
<i>This study did not follow the Declaration of Helsinki in the sense that</i>	Not Applicable
<i>Was informed consent obtained from the patients?</i>	No