

Quality assessment of clinical audits conducted in the Gaza Strip between 2015-2018 "Audit of Audits"

The purpose of this survey is to evaluate the quality of clinical audits conducted in the Gaza Strip by students, doctors and other healthcare professionals over a 3-year time period (2015-2018). The aim is to develop a shared understanding among researchers for the design and conduct of clinical audits and, therefore, improve the impact of clinical auditing in terms of best practice and patients quality of care.

This survey is meant to evaluate the efficiency of clinical auditing in general and not the individual audits. However, the results of this project is expected to help individual researchers and policy makers enhance their roles in delivering and managing high quality audits that can contribute to improving the quality of patient care provided in our local hospitals.

The answers to this form will be studied and the results will be used to make recommendations and implement changes regarding the standards of conducting clinical audits.

It is advised that team leaders answer this form only.

Expected time to complete the survey is 15-20 minutes.

Your contribution is highly valued.

Please don't hesitate to contact us shall you have any queries.

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***Required**

General Information

1. Audit title *

Please provide the full title of your audit.

2. Audit purpose *

Please briefly describe the main purpose of your audit.

Approval and Funding

3. Did you seek the approval of any organisation before conducting this audit? *
- If you answer 'yes', please move to the next question. Otherwise, please skip.

Mark only one oval.

Yes

No

4. Please enter the name of this organisation.

5. Audit funding *

Please explain how did you cover the expenses of your audit.

Audit Group and Supervision

6. How many members were your audit team? *

Please write a number.

7. Who made up the audit team? *

Please tick as applicable. If you tick "other", please specify.

Tick all that apply.

Students

Doctors

Dentists

Nurses/Midwives

Pharmacists

Researchers

Academics

Other: _____

8. Did you receive any training in clinical auditing? *

Mark only one oval.

Yes

No

9. Was your audit group supervised throughout the work? *

If you answer 'yet', please move to the next question. Otherwise, please move to the next section.

Mark only one oval.

Yes

No

10. Who was your supervisor?

Please enter a name.

Methodology and Data Analysis

11. Where was the audit conducted? *

Please enter the name of the place where the audit was conducted (e.g. hospital, healthcare centre, etc.). If more than one, please enter all names.

12. Which field of healthcare did the audit cover? *

Please tick as applicable. If you tick 'other', please specify.

Tick all that apply.

- Medicine
- Surgery
- Obstetrics and gynaecology
- Trauma and Orthopaedics
- Paediatrics
- Emergency Medicine
- Anaesthesia
- Public health
- Intensive care
- Psychiatry
- Ophthalmology

Other: _____

13. When was the audit conducted? *

Please enter a year.

14. What was the duration of this study? *

Please enter the duration in weeks.

15. Who was the target of your audit? *

Please specify the target sample of your audit (e.g. patients, students, staff, etc.)

16. What was the size of the audit sample? *

Please enter the number of cases that were included in this audit.

17. Did you choose any guidelines or standards in order to compare the local practice with? *
If you answer 'yes', please move to the next question. Otherwise, please skip.

Mark only one oval.

Yes

No

18. Which guidelines/standards did you choose for your audit?
Please specify the guidelines or practice standards that you chose for your audit and compared your results with.

19. How did you collect the data? *
Please tick as applicable. If you tick 'other', please specify.

Tick all that apply.

Retrospectively

Prospectively

Mixed (Retrospectively and Prospectively)

Other: _____

20. What did you use to collect the data? *
Please tick as applicable. If you tick 'other', please specify.

Tick all that apply.

Online forms

Written forms

Face-to-face interviews

Phone interviews

Hospital records

Observation of practice

Other: _____

21. How did you perform the data analysis? *

Please tick as applicable. If you tick 'other', please specify.

Tick all that apply.

SPSS statistical Software

Microsoft Excel Software

Manual data analysis

Other: _____

Recommendations and Actions

22. Did you make any of the following recommendations? *

Please tick all applicable boxes

Tick all that apply.

Improvement of documentation

Development of local guidelines

Staff education/training

Improvement in local procedures

Patient education/training

23. Please explain if you made any recommendations other than those listed above.

24. Please explain if you took any follow-up actions to make sure changes are being implemented.

Presentation

25. Was your audit presented to the local team at the hospital where the study was conducted? *

Mark only one oval.

Yes

No

26. Was your audit presented at any other local meetings or conferences? *

Mark only one oval.

Yes

No

27. Was your audit presented at any regional or international meetings or conferences? *

Mark only one oval.

Yes

No

28. Please upload your poster or powerpoint presentation (if available).

Files submitted:

Abstract and Publication

29. Did you write an abstract on your audit? *

If you answer 'yes', then please complete this section. Otherwise, please skip to the next section.

Mark only one oval.

Yes

No

30. Please upload your abstract (if available)

Files submitted:

31. Did you get your abstract published?

Mark only one oval.

Yes

No

32. Link to the publication (if applicable)
-

Audit Cycle

33. According to your knowledge, was the audit cycle completed by conducting a re-audit? *

If you answer 'yes, a re-audit was conducted later' or 'this was already a re-audit', then please complete the section. Otherwise, please skip to the next section.

Mark only one oval.

Yes, a re-audit was conducted later

This was already a re-audit

No, a re-audit wasn't conducted yet

I don't know

34. What was the duration between the first audit and the re-audit?

Mark only one oval.

Less than 6 months

Between 6 months and 1 year

More than 1 year

I don't know

35. Did the re-audit show an improvement in the outcomes observed in the first audit?

Mark only one oval.

- Yes, improvement in the outcomes was observed.
- No, improvement in the outcomes was not observed.
- I don't know.

36. Did the re-audit show an implementation of the changes suggested in the first audit?

Mark only one oval.

- Yes, all or some of the changes were successfully implemented
- No, nothing was implemented
- I don't know

Further Contact

Optional

37. Please leave us your name and email address if you are happy to be contacted shall we have any queries. Otherwise, please finish and submit.

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