

Quality Assurance In Surgical Practice

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Quality assurance of the services that are meant for the clients is an integral part of ensuring the same has been delivered as expected according to a set standard.¹ This is a systematic process and is usually discussed in context of the industry. The manufacturing industry standards are well developed across the globe. These are meant to assess the quality of the products produced. Standard operating protocols are developed to achieve this goal.² This concept is equally applicable to the medical discipline. However, it is still not applied stringently across the globe mainly in the low income countries.³

Tracing the history, it was Ernest Codman, a surgeon, who is credited of providing a concept of assessment of quality of the surgical services way back in the early 20th century.⁴ He suggested data collection of surgical procedures with their outcome over time, analysis of the results and making them available to the public. This not only helps surgeons to improve their shortcoming but also the institutions to address the issues related to the services. In addition, people could decide where they would like to be treated.

The foremost objective of the quality assurance in the field of surgery is to ensure that patients are provided services in a friendly environment during treatment in hospitals with the outcome expected to be acceptable by any international standard. The stakeholders in this context include the patients, surgeons themselves and healthcare providers including institutions. Implementation of such programs is expected to improve the quality of the care with better outcome at a lower cost. It will also provide an opportunity for

the surgeons to improve their skills and address the need of further education and training.⁵ The availability of the outcomes through a national level agency can result in public trust and ensures transparency.

In order to implement quality assurance, stringent data collection of all the surgical services is mandatory. This can be done at different levels. Hospital administrators have the responsibility to acquire software that are available in market or develop through their own IT experts according to the needs. This is the very first and important step. Over time they will be able to identify deficiencies in the data collection process and software can be updated. Improvement that shall be required in order to improve quality will be driven by the collected data. This may be shared on their websites for public education and awareness. Other stakeholders include different professional associations, societies and groups like Society of Surgeons Pakistan, Cardio-thoracic, Urological, Pediatric Surgical, Neurosurgical and others in context of Pakistan. Special interest groups like those involved in trauma care, surgical oncology, minimal access surgery and others can also collect data related to their specific areas. It may represent a national level data from across the country. This data driven endeavor can provide a significant evidence based information that may be of help in developing policies as well as identifying needs for education and skills delivery. It has become a norm in many developing countries.⁶

The American College of Surgeons has a robust program in order to facilitate quality assurance both at the national and international level with collaboration of number of host of institutions that voluntarily participate. One of its program the Trauma Quality Improvement Program (TQIP) goal is to improve the quality of trauma care services provided. Through data collection, the participating institutions get number of benefits via collaboration, education, and shared practices, to name a few.⁷ The care for trauma victims across the United States is now standardized with better outcome as a result of this measure. Advanced Trauma Life Support program is an example

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of training of residents and surgeons across the globe through data driven protocols.

In Pakistan though quality assurance is practiced in few institutions but in context of public sector hospitals there is a lot to be done. It is hoped that this concept will materialized in future and with robust data collection on the outcome of the different surgical services provided, quality assurance will be actualized. Ofner D in a review article considers quality assurance a moral obligation on part of all surgeons.⁸ This cannot be overemphasized.

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