***ID: 6930***

***Semester: DPT 8th***

***Assignment: Evidence base practice(LAB)***

***Submitted to: Dr attaullah***

***Date: 10 July 2020***

***Q1: WHAT ARE CLINICAL GUIDELINES?***

***ANSWER:*** *A systematically developed statement designed to assist clinician and patient decisions about appropriate health care for specific clinical circumstances.*

* *Clinical practice guidelines (or simply “clinical guidelines”) are recommendations on how to diagnose and treat a medical condition. They are mainly written for doctors, but also for nurses and other health care professionals.*
* *Guidelines are designed to support the decision-making processes in patient care.*
* *The content of a guideline is based on a systematic review of clinical evidence - the main source for evidence-based care.*
* *Information about diagnosis, prognosis, effects of therapy.*
* *Clinical guidelines provide an efficient alternative.*
* *They provide a single source of information about the management of clinical conditions.*
* *Evidence-based clinical guidelines integrate high quality clinical research with contributions from clinical experts and patients, in order to formulate reliable recommendations for practice*

***PURPOSE OF CLINICAL PRACTICE GUIDELINES:***

* *The purpose behind a clinical guidelines is to give an instant asset of top notch data for both specialist and patient, so they can talk about together*

*\_ the various alternatives for treatment and the various degrees of advantage or hazard that mediations may have for that understanding.*

* *A common and educated choice would then be able to be made about how to continue with treatment.*

***To describe appropriate care based on the best available scientific evidence and broad consensus***

* *To reduce inappropriate variation in practice*
* *To provide a more rational basis for referral*
* *To provide a focus for continuing education*
* *To promote efficient use of resources*
* *To act as focus for quality control, including audit*
* *To highlight shortcomings of existing literature and suggest appropriate future research.*

***Q:2 Why do we need clinical guidelines?***

***ANSWER:***

* *With the increasing volume of high quality clinical research available to physical therapists*
* *it very well may be a test to figure out which study results are adequately dependable to be applied practically speaking*
* *high quality clinical guidelines do the work*
* *The execution of clinical guidelines must to give increasingly steady, just as progressively powerful consideration for patients.*
* *They likewise give a significant asset to patients, helping them follow their condition and treatment choices.*
* *To facilitate more consistent, effective and efficient practice and improve health outcomes for patient.*

***Q 3: What is Clinical AUDIT? explain in detail***

***ANSWER****: A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change, at individual, team, or service level*

*\_Further monitoring is used to confirm improvement*

*\_Evaluation of data, documents and resources to check performance of systems meets specified standards.*

***PURPOSE OF CLINICAL AUDIT:***

* *To plan future course of action, it is necessary to obtain baseline information through evaluation of achievements*
* *For comparison purpose with a view to improve the services.*
* *It is regulatory in nature ensuring full and effective utilization of staff and facilities available*
* *Assess the effectiveness and efficiency of health programs and services put into practice*
* *Describe and measure present performance*
* *Help developing explicit standards*
* *Suggests what needs to be changed*
* *Help mobalise resource for change*
* *Reviews the past and modify the present process*

***Stages of clinical audit***

***Stage 1: Identify the problem or issue***

*This stage involves the selection of a topic or issue to be audited, and is likely to involve measuring adherence to healthcare processes that have been shown to produce best outcomes for patients.*

***Stage 2: Define criteria and standards***

*Decisions regarding the overall purpose of the audit, either as what should happen as a result of the audit, or what question you want the audit to answer, should be written as a series of statements or tasks that the audit will focus on. Collectively, these form the audit criteria.*

***Stage 3: Data collection***

*To ensure that the data collected are precise, and that only essential information is collected, certain details of what is to be audited must be established from the outset. These include:*

*The user group to be included, with any exceptions noted.*

*The healthcare professionals involved in the users' care.*

*The period over which the criteria apply.*

***Stage 4: Compare performance with criteria and standards***

*This is the analysis stage, whereby the results of the data collection are compared with criteria and standards. The end stage of analysis is concluding how well the standards were met and, if applicable, identifying reasons why the standards weren't met in all cases. These reasons might be agreed to be acceptable, i.e. could be added to the exception criteria for the standard in future, or will suggest a focus for improvement measures.*

***Stage 5: Implementing change***

*Once the results of the audit have been published and discussed, an agreement must be reached about the recommendations for change. Using an action plan to record these recommendations is good practice; this should include who has agreed to do what and by when. Each point needs to be well defined, with an individual named as responsible for it, and an agreed timescale for its completion.*

*Action plan development may involve refinement of the audit tool particularly if measures used are found to be inappropriate or incorrectly assessed. In other instances new process or outcome measures may be needed or involve linkages to other departments or individuals.*

*Too often audit results in criticism of other organizations, departments or individuals without their knowledge or involvement. Joint audit is far more profitable in this situation and should be encouraged by the Clinical Audit lead and manager.*

***THE END …………***