

# Traditional Audit

A **traditional audit** in surgical practice typically involves the periodic review of outcomes (e.g., monthly, quarterly, or annually) to assess complication rates, adherence to protocols, and performance metrics.

While valuable for long-term trend analysis, traditional audits have important limitations when it comes to detecting subtle or early changes in surgical performance.

## Key Characteristics

- **Aggregated data** over time (e.g., number of complications per month)
- **Delayed feedback**—results are often available only after the audit cycle ends
- **Less responsive** to short-term variability
- Often focuses on **statistical significance** rather than **clinical relevance**
- Usually conducted by quality assurance or governance teams

## Common Uses

- Institutional benchmarking
- Departmental morbidity and mortality (M&M) reports
- Accreditation and certification
- Guideline compliance review

## Limitations

Limitation	Impact
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Delayed detection	Complications may accumulate unnoticed
Insensitivity to small changes	Subtle learning curves or decline go undetected
No real-time correction	No immediate feedback for the operator
Aggregated averages mask outliers	Individual trends may be hidden

## Why CUSUM Offers an Advantage

CUSUM provides a **case-by-case dynamic view**, making it far more sensitive and actionable in scenarios where **early detection** and **individualized monitoring** are essential—such as surgical training, new procedures, or patient safety monitoring.

While traditional audits remain useful for **macro-level assessments**, CUSUM fills the gap at the **micro-level**, offering real-time insights and the ability to intervene before trends become problems.

## Best Practice

A robust surgical quality system should combine:

- **Traditional audits** for global, institutional performance
- **CUSUM analysis** for real-time, individual-level monitoring and early warning

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