#

**INSERT CLINIC NAME**

**Template Fire Safety**

**Policy**

**Save Face**

**Quality Improvement Activity and Audit Template**

# **Introduction**

# Practitioners and clinics will use a vast array of internal policies and procedures, but the most appropriate policies will always depend on the size and nature of the individual organisation. The policies are more effective if they are developed and reviewed on an ongoing basis with the involvement of staff, and are tailored to suit the specific needs of a clinic and its activities. However, some guidance and examples mean that you don’t have to start from scratch.

# Save Face has developed a number of example generic policies which can be used as a basis for your own policies, where relevant these policies should be tailored to suit the needs and requirements of each individual practitioner and clinic.

# **Disclaimer**

# Save Face accepts no responsibility for any third party loss or consequences arising from the use of these example policies.

**Clinic Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Audit/Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Auditor/Team Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Introduction**

This template is designed to help medical aesthetic clinics implement a robust quality improvement (QI) program. It encompasses both proactive activities and regular audits to ensure ongoing improvements in patient care, safety, and overall practice standards.

**Quality Improvement Activities**

**Table 1: Quality Improvement Activities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity**  | **Description** | **Target Date** | **Responsible Person** | **Status (Completed, In Progress, Pending)** |
| **Patient Feedback System** | Implement a system for collecting patient feedback through surveys, comment cards, or online platforms. |   |   |   |
| **Patient Satisfaction Surveys** | Conduct regular patient satisfaction surveys to gather feedback on the clinic's services, staff, and overall experience. |   |   |   |
| **Staff Training & Education** | Implement a comprehensive staff training program covering all aspects of aesthetic procedures, infection control, patient communication, and ethical practices. |   |   |   |
| **Protocol Review & Update** | Regularly review and update all clinical protocols, ensuring they are consistent with current best practices and guidelines. |   |   |   |
| **Equipment Maintenance** | Implement a strict schedule for equipment maintenance and calibration, ensuring all equipment is functioning optimally. |   |   |   |
| **Incident Reporting & Analysis** | Establish a robust system for reporting and analyzing any incidents related to patient safety, treatment outcomes, or staff performance. |   |   |   |
| **Data Collection & Analysis** | Track key performance indicators (KPIs) related to patient outcomes, treatment satisfaction, and practice efficiency. Analyze the data to identify areas for improvement. |   |   |   |
| **Peer Review** | Implement a peer review process where practitioners review each other's work, providing feedback and suggestions for improvement. |   |   |   |
| **Patient Safety Initiatives** | Implement initiatives to enhance patient safety, such as pre-operative screening, comprehensive consent forms, and detailed aftercare instructions. |   |   |   |

**Quality Audits**

**Table 2: Quality Audit Schedule**

|  |  |  |  |
| --- | --- | --- | --- |
| **Audit Area** | **Frequency** | **Responsible Person** | **Next Audit Date** |
| **Patient Records & Consent Forms** | Quarterly |   |   |
| **Treatment Protocols & Guidelines** | Annually |   |   |
| **Infection Control Practices** | Annually |   |   |
| **Equipment Maintenance & Calibration** | Annually |   |   |
| **Staff Training & Competence** | Annually |   |   |
| **Patient Feedback & Satisfaction** | Annually |   |   |
| **Incident Reporting & Analysis** | Annually |   |   |
| **Risk Management** | Annually |   |   |

**Table 3: Quality Audit Checklist**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Audit Area** | **Checklist Item** | **Observation** | **Status (Yes, No, N/A)** | **Action Required** |
| **Patient Records** | - Patient records complete and accurate? |   |   |   |
|  | - Consent forms properly obtained and documented? |   |   |   |
|  | - Patient medical history reviewed and documented? |   |   |   |
| **Treatment Protocols** | - Treatment protocols up-to-date and consistent with best practices? |   |   |   |
|  | - Treatment protocols readily accessible to all staff? |   |   |   |
|  | - Protocols include detailed pre- and post-treatment instructions? |   |   |   |
| **Infection Control** | - Infection control practices being implemented as per policy? |   |   |   |
|  | - Hand hygiene procedures followed consistently? |   |   |   |
|  | - Appropriate PPE used for all procedures? |   |   |   |
| **Equipment** | - Equipment maintained and calibrated according to manufacturer guidelines? |   |   |   |
|  | - Equipment service records maintained? |   |   |   |
| **Staff Training** | - Staff trained on all relevant procedures and protocols? |   |   |   |
|  | - Staff competence assessed regularly? |   |   |   |

**Action Plan**

**Table 4: Action Plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Audit Area** | **Observation** | **Action Plan** | **Responsible Person** | **Deadline** | **Status (Completed, In Progress, Pending)** |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

**Monitoring and Review**

This QI program should be reviewed at least annually or more frequently if there are significant changes to the clinic's operations. The action plan should be monitored and updated as necessary.

**Signatures**

Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: This template is a general guideline. Specific requirements for quality improvement activities and audits will vary depending on the type and size of the medical aesthetic clinic and its location. Consult with quality improvement professionals for more detailed guidance and assistance.

This QI program provides a structured framework for continuous improvement in medical aesthetic clinics. It promotes a culture of patient-centred care, safety, and ongoing improvement and development of practice standards.