

Differentiating clinical audit, service evaluation, research and usual practice/ surveillance work in public health

| RESEARCH | SERVICE EVALUATION* | CLINICAL AUDIT | SURVEILLANCE | USUAL PRACTICE (in public health) |
|---|---|---|---|--|
| The attempt to derive generalizable new knowledge including studies that aim to generate hypotheses as well as studies that aim to test them. | Designed and conducted solely to define or judge current care. | Designed and conducted to produce information to inform delivery of best care. | Designed to manage outbreak and help the public by identifying and understanding risks associated. | Designed to investigate outbreak or incident to help in disease control and prevention. |
| Quantitative research – designed to test a hypothesis. Qualitative research – identifies/explores themes following established methodology. | Designed to answer: “What standard does this service achieve?” | Designed to answer: “Does this service reach a predetermined standard?” | Designed to answer: “What is the cause of this outbreak?” | Designed to answer: “What is the cause of this outbreak?” and treat. |
| Addresses clearly defined questions, aims and objectives. | Measures current service without reference to a standard. | Measures against a standard. | Systematic, statistical methods to allow timely public health action. | Systematic, statistical methods may be used. |
| Quantitative research – may involve evaluating or comparing interventions, particularly new ones. Qualitative research – usually involves studying how interventions and relationships are experienced. | Involves an intervention in use only. The choice of treatment is that of the clinician and patient according to guidance, professional standards and/or patient preference. | Involves an intervention in use only. The choice of treatment is that of the clinician and patient according to guidance, professional standards and/or patient preference. | May involve collecting personal data and samples with the intent to manage the incident. | Any choice of treatment is based on clinical best evidence or professional consensus. |
| Usually involves collecting data that are additional to those for routine care but may include data collected routinely. May involve treatments, samples or investigations additional to routine care. | Usually involves analysis of existing data but may include administration of interview or questionnaire. | Usually involves analysis of existing data but may include administration of simple interview or questionnaire. | May involve analysis of existing data or administration of interview or questionnaire to those exposed. | May involve administration of interview or questionnaire to those exposed. |
| Quantitative research – study design may involve allocating patients to intervention groups. Qualitative research – uses a clearly defined sampling framework underpinned by conceptual or theoretical justifications. | No allocation to intervention: the health professional and patient have chosen intervention before service evaluation. | No allocation to intervention: the health professional and patient have chosen intervention before audit. | Does not involve an intervention. | May involve allocation to control group to assess risk and identify source of incident but treatment unaffected. |
| May involve randomisation. | No randomisation. | No randomisation. | No randomisation. | May involve randomisation but not for treatment. |
| Normally requires HREC review. Refer to http://internet.nslhd.health.nsw.gov.au/AboutUs/Research/Office/Pages/Submitting-for-Ethics-Review.aspx for more information. | Does not require HREC review. | Does not require HREC review. | Does not require HREC review. | Does not require HREC review. |

* Service development and quality improvement may fall into this category.