

Clinical audit – a tool for science, education and quality

Luis Duarte Costa

In this issue of the journal we published two original articles approaching clinical audit.

In the first article, the Internal Medicine service of Santo Antonio Hospital in Porto has reviewed all the oxygen therapy stages.¹ After the creation of a working group (involving the nursing team), the review of the literature and all guidelines published, the project design and implementation, it was recognized the flaws in the several stages (prescription, transcription, administration and monitoring) of the common procedure often ignored as the drug. Based in the results it was created a training programme for all health professionals, the procedures protocol and adjustments into IT applications for the whole oxygen therapy process.

In the second article, emerging from the Cardiology Service into Entre Douro e Vouga Hospital Center, the authors created a survey to a convenient population to assess the awareness on thoracic pain and efficacy of a Public Health campaign about acute coronary syndrome (ACS).² The results similar to other national and international studies, suggest a need for wider and better information on ACS and a first step on the activation of the Coronary Speed Route.

What is then a clinical audit?

The word originated from the Latin *auditari*, means *to listen many times* and within the scope of Accountancy and Finances it is used since 4500 BC.³ In the English language, the term auditing was labeled in those areas, meaning to make inspections/accounting/ balance.

In Health it is unknown which was the first clinical audit, but it is certain that one of the first ones was made up by Florence Nightingale during the Crimean War (1853 – 55). It was recorded at the time the mortality rate before and after hygiene procedures, with the objective of formulating a project to improve asepsis, which had a great impact on the mortality rate. In 1912, Ernst Codman, a Boston surgeon, has developed the monitoring of the several stages (diag-

nosis, treatment and follow-up) in Surgery, enabling the identification of errors and creating the bases for what is nowadays the Joint Commission on Accreditation of Health Care Organization.⁴

Slowly, throughout the 20th Century, we have witnessed a change of paradigm. The action focus was no longer the physician, but gradually moved towards the patient. In 1989, in the United Kingdom National Health Service it was created the White book – *Working For Patients* where it is defined as Clinical Audit: *The clinical audit is a critic and systematic analysis of the quality of healthcare including diagnosis and treatment procedures, associated to the use of resources and obtaining results to the user's quality of life.*⁵

By this time Medicine was so complex and above all the delivery of healthcare services pushed Auditing to be compulsory as a management tool.

Several kinds of clinical audit were defined:

Standard-based audit or auditing of Norms/Procedures, with the aim of defining rules, gathering data comparing clinical procedures with the normative practices and to implement the necessary changes (as in the article related to the audit of oxygen therapy practice);

Recording and monitoring errors: to evaluate retrospectively any flaw to identify causes of errors and subsequent correction;

Peer-review or revision by peers: usually reserved to discussion of complex clinical cases or those not fitting in rules, namely those vocated for personal and service training;

Survey to patients/users: a tool to obtain the perspective of the consumer patient, whether on the degree of satisfaction or about knowledge in the areas of medicine (as in the article referring to the audit of attitudes before thoracic pain), fundamental in areas of public health and to design awareness campaigns.

In brief, what initially was only a management tool and surveillance and with a punitive weight is nowadays a tool for science, medical education and weighing on quality.

In Portugal, clinical audit has been developed and promoted the accreditation of several hospitals and health services, based on the *Organizational Audit* program rules of the King's Fund Health Quality Service in London.

In June 2010, the Health Department has created the document – *Internal Organization and Hospital Management* where clearly it is highlighted the role of the clinical management, based in several actions namely:

Commitment with quality management and persistent availability to review and improve performance;

Commitment to create a culture of evaluation and clinical audit as a common resource for reading and assessment;

To manage and learn based on the recognition of error and complaints.⁶

With scarce works published on such subject, mainly addressed to the audit of the clinical process, Internal Medicine is in a privileged position at hospital level to lead such *Reform on Quality*. We cannot waste the opportunity! ■

References

1. J. Neves, C. Sousa, I. Marques, M. Barbosa, P. Pereira, S. Ramos, A. Martins, N. Rocha. *Rev Med Int* 2011;18(3):129-136.
2. Miguel Correia, Ana Correia. *Rev Med Int* 2011;18(3):137-143.
3. Friedlob, G. Thomas & Plewa, Franklin James, *Understanding balance sheets*, John Wiley & Sons, NYC, 1996, ISBN 0-471-13075-3.
4. Porter, N, *History of Clinical Audit*. In Guidelines and Audit Implementation Network.
5. Department of Health, *Working for patients*. London: The Stationery Office, 1989.
6. Grupo Técnico para a reforma da Organização Interna dos Hospitais. *A Organização Interna e a Governação dos Hospitais*. Ministério da Saúde, Junho 2010.