

The logo of Galgotias University is a circular emblem composed of several overlapping, curved segments in shades of red, yellow, and blue, creating a sense of motion or a stylized 'G'.

**MEDICAL AUDIT  
PART 1**

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# TOPICS TO BE COVERED

- Definitions
- History
- Need and Purpose
- Prerequisite
- Medical audit committee
- Principles

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## DEFINITION

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## **Medical Audit is a planned programme**

- which objectively monitors and evaluates the clinical performance of all practitioners,
- which identifies opportunities for improvement, and
- provides mechanism through which action is taken to make and sustain those improvements.

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## Medical Audit vs. Clinical Audit

- **Medical audit** is defined as the review of the clinical care of patients provided by the medical staff only.
- **Clinical audit** is the review of the activity of all aspects of the clinical care of patients by medical and paramedical staff.
- By 1994, the term 'clinical audit' appeared to have largely replaced the earlier term 'medical audit'

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# HISTORY

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## HISTORY

- 1750 BC: the 6th king of Babylon, **Hammurabi** instigated audits for the clinicians.
- Modern medicine (1853–1855): **Florence Nightingale** conducted first clinical audit during the Crimean War. She applied strict sanitary routine & hygiene standards that decreased the mortality rates from 40% to 2%.
- 1869–1940: **Ernest Codman** became known as the first true medical auditor following his work in 1912 on monitoring surgical outcomes. Codman's "end result idea" was to follow every patient's case history after surgery to identify errors made by individual surgeons on specific patients.

## HISTORY

- A growing requirement for more formal audit in the middle 1980s was accelerated by publication of the Confidential Enquiry into Perioperative Deaths (CEPOD) in 1987 and the Government White Paper, entitled 'Working for Patients' in 1989.
- 1961: Report of Mudaliar committee stressed on encouragement of medical audit in India.
- 1969: Then Health Minister of India Dr Sushila Nayyar introduced medical audit in India.
- But it became operational only in 2007, after the establishment of National Accreditation Board for Hospitals and Healthcare Providers (NABH) in 2005.





## NEED&PURPOSE

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## NEED FOR MEDICAL AUDIT

- 1. Professional motives-** Health care providers can identify their lacunae & deficiencies and make necessary corrections.
- 2. Social motives-** To ensure safety of public and protect them from care that is inappropriate, suboptimal & harmful.
- 3. Pragmatic motives-** To reduce patient sufferings and avoid the possibility of denial to the patients of available services; or injury by excessive or inappropriate service.

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## PURPOSE OF MEDICAL AUDIT

1. 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.
2. Regulatory in nature
  - ensures full & effective utilisation of staff and facilities available.
3. Assess the effectiveness of efficiency of health programmes & services put into practice.

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## PREREQUISITES FOR MEDICAL AUDIT

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## PREREQUISITES

1. Hospital operational statistics
  - a. Hospital resources : Bed compliment, diagnostic and treatment facilities, staff available.
  - b. Hospital utilisation Rates : Days of care, operations, deliveries, deaths, OPD investigations, laboratory investigations etc.
  - c. Admission Data: Information on patients i.e. hospital morbidity statistics, average length of stay (ALS), operation morbidity, outcome of operation etc.

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## PREREQUISITES

2. The procedure of collection and tabulation of hospital statistics should be standardised.
3. Primary source of this data is medical records, hence accurate and complete medical record should be ensured.
4. A well trained Medical Record librarian should be present for carrying out quantitative analysis.
5. Hospital planning and research cell should be established at state level to tabulate and analyse data, with recommendations for improvement.

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**MEDICAL AUDIT COMMITTEE**

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## MEDICAL AUDIT COMMITTEE

- Medical audit committee should consist of hospital consultants, who are committed to Medical audit.
- The committee should meet once in a month and submit the report to medical superintendent (MS) as confidential.
- It should be constituted of
  - Senior clinical consultant Chairman
  - Consultants from concerned clinical depts Members
  - Representative of MS Member
  - Medical record officer Member Secy.

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**PRINCIPLES OF MEDICAL AUDIT**

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## PRINCIPLES

1. Health authorities and medical staff should define explicitly their respective responsibilities for the quality of patient care.
2. Medical staff should organise themselves in order to fulfil responsibilities for audit and for taking action to improve clinical performance.
3. Each hospital and specialty should agree a regular programme of audit in which doctors in all grades participate.

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## PRINCIPLES

4. The process of audit should be relevant, objective, quantified, repeatable, and able to effect appropriate change in organisation of the service and clinical practice.
5. Clinicians should be provided with the resources for medical audit.
6. The process and outcome of medical audit should be documented.
7. Medical audit should be subject to evaluation.

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