Review paper

Medical Audit and Death Audit

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Abstract

A good death is not a single event; a good death is a series of events, relationships and preparation that takes place over time (Evans and Walsh, 2002). [1]There is no gold standard for what constitutes a good death, the definition varies between individuals and therefore quality care must be negotiated to incorporate the individual patient values and preferences (Steinhauser et al, 2000).[2] Death audit meetings are infrequent in Government hospitals in India to analyse the circumstances which led to death of patients and what are the possible steps if taken might have prevented the death(Times of India 2004).[3]Medical audit determines the quality of medical care provided to patients from analyzing the clinical records and hospital services. In the present article we have given Idea about history, purpose, and maintenance record and analysis process. Government is planning to make infant and maternal death audit by clinical team compulsory as a part of efforts to ensure that no women and child will died in state (Andhra Pradesh) in want of medical attention (The Hindu 2010).[4]

Key Words: Medical Audit, Death Audit, Maternal Death, Infant Death, Clinical Records

Introduction:

It was Mac Eachern who stated, "That financial deficiencies can eventually be met but medical deficiencies may cost lives & loss of health which can never be retrieved. The aspect of 'dealings' in medical care, along with examination & verification in a hospital is termed as medical audit". The main objective of evaluation of medical care in retrospect through qualitative analysis of clinical records, including analysis of hospital services is a simpler way to look into the meaning of Medical Audit. In relation to this another term "Death Audit" came in to force, which means a technique or process of quantitative death record analysis & compiling the information pertaining to the professional activities of the hospital, as well as the qualitative analysis & evaluation of the data so collected.

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History of Medical Audit and Death Audit:

The history of medical audit dates back to 18th century in England where the system came in to force for the first time. In India however, the process is slow and apart from some specified area of maternal mortality or infant mortality medical or death audit is truly lacking.

Purpose:

The primary purpose of such an audit is to elevate the quality & efficiency of medical care, & for so doing, to seek the cause for poor results.

Pre Requisites:

- **Formation of a Committee:**

When a committee is chosen to audit the records, major departments should be represented & there should be rotation of members to give various persons an opportunity to contribute to the programmer. Of course, the members must be experienced physicians who have good judgment & are frank, fearless, & without prejudices. Essentially among the members of the committee there must be one Forensic Expert, a Pathologist and the Doctor who was in charge of the patient during his or her treatment.

- **Medical Record Librarian:**

A trained medical record librarian with a good background of medical knowledge is essential to carry out medical accounting or quantitative case record analysis, which is the first step of death audit. In the absence of such a person it is considered that an intern or a house surgeon should be able to supervise & guide the staff to carry out the analysis.

- **Medical Record:**

Last, but the most important item is the source of information for medical audit, i.e. the medical record kept by the hospital. These must be complete & accurate, for obviously, analysis or an audit can be no better than the medical records from which it is compiled. However, sooner the audit is established, realizing that their records are being scrutinized, better will be the physicians' records.

Mechanics of the Audit:

1. Preparatory Phase:

- See the completeness, accuracy, & adequacy of components of the record.
- Agreement or lack of agreement between provisional & final diagnosis and that cause of death identified by the Post Mortem Examination, i.e. the history & physical findings & the end results;
- Whether the final & pathological diagnosis and the cause of death agree;
- Whether a consultation was requested or not, and if so, recorded or not.
- Whether P.M. Examination was done or not and what was the result.

2. Analysis of Recorded Data:

- The other phase of the death audit is the actual analysis of the recorded data in the clinical records, the field reports pertaining to the professional work of the hospital & other related information. These are of two kinds:-
  (i) External (ii) Internal

3. Duties of the Committee:

i) To detect possible errors in diagnosis, treatment, judgment or technique.

ii) To check the statement of prognosis & results (discharge or death). If he agrees with the statement of the physician he will approve the record for indexing; if disagrees, the committee will:
   a) Confer with the attending physician & arrive at a decision.
   b) Return the records to the physician for elaboration & correction, or
   c) If the results are entirely out of line (confirmed by P.M. Examination), make necessary suggestions & recommendations so that the error is not repeated.

iii) To indicate if a case is of educational value for inclusion in the staff meetings.

iv) After the auditor or the audit committee has finished with the record, it is sent to the medical record librarian for filing. Before filing, the observation of audit is transferred to the physician's index card, & also indexes for diseases & death are prepared.

Methodology of Medical and Death Audit:

1) **Criteria Development:** Criteria development for the audit depends on the indications for admission, hospital services recommended for optimal care, range of length of stay & indications for discharge, & complications or cause of death.
2) **Selection of Cases with Diagnosis**
3) **Post Mortem report statement regarding the cause of death**
4) **Worksheet preparation**
5) **Case evaluation**
6) **Tabulation of evaluation**
7) **Presentation of reports**

Criticism:

Poor result may be due to:

- Incompetent administration of the hospital
- Inadequately equipped physical plant
- Lack of essential supporting services
- Lack of competent personnel
- Poor technical support after P.M. examination

Conclusion:

It should be remembered that patient care includes elements that may be examined objectively or subjectively or both. The objective elements can be measured by statistical documentation & analysis to serve as a point of departure from which qualitative judgment can be made, where as the subjective elements require qualitative judgment through clinical evaluation. Continuous evaluation provides stimulation for improvement of clinical services, professional education, hospital administration & better patient care. Medical and Death audit, when practiced together can go long way in improving the quality of patient care in our hospitals, which at present is far below the expectation of the community.

References:

1. **Evans N, Walsh H.** The organization death and dying in todays society: Nursing standard.2002; Vol.16: 33-38
2. **Steinhauser K.E, Christakis N.A, Clip E.C et al**. Factors considered Important at the end of life by patients family, physician and other care providers.JAMA.2000; 284:2476-2482
3. **Abantika G.** Death audit meetings rare in Government hospitals. July 26, 2004. Times of India New Delhi.
4. **Special correspondent.** Maternal and infant death audit made compulsory. July 12, 2010. The Hindu Hyderabad