

Medical Audit in Tertiary Care Teaching Hospital- Bane or Boon?

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At present, health care service providers to the community across the nation mainly comprise of government hospitals (both teaching and non teaching), non teaching private hospitals and private hospitals attached to medical college. Among the category of teaching hospitals, private hospitals attached to medical college form a major or at least equal chunk [approximately 50-55%] as per official website of Medical Council of India a statutory body governing the standard of graduate medical education; which is exhaustively inclusive of clinical services as part and parcel of medical education. ^(1, 2) One can safely say the MCI plays a role of External auditors for all such teaching hospitals. Can we give a thought How one can think of standards of clinical services beyond MCI guidelines? [Of course only while / after complying minimum standard requirements by MCI. ^(1 & 2)]

Western literature has mention of audit in one form or another, having diverse nomenclatures as medical audit, clinical audit, surgical audit, medical record audit etc with some overlapping among them. Before extending our search; if we re-access the chapters of standard bio medical books i.e., Bailey & Love's Short Practice of Surgery, entire chapter is available on the theme and defining it very briefly as a process used by clinicians who seek to improve patient care. ⁽³⁾ Apart from that many other literatures illuminate the gross and finer aspects of such Audit. ⁽⁴⁾

It is reality that private bodies also pour some assets in inception and expansion of such centers in one way or other. (When even religious activities can't take place without finances!) Even if it is charity or public funds, issue is whether money spent is worth? Same is applicable to corporate bodies participating in such activities and specially when they think twice on Return on Investment or Break Even. It is pious duty of all

concerned with such institutions that it achieves its worthiness.

The infrastructure, equipments and human resources available at such center must address the need of the community in question. Health managers, even with no or little medical background are doing wonderful job at many places but many a times it is not easy for them to articulate MCI norms in their perceptions and at this stage the medical audit can play a role.

The Catchment of such hospital shall be constantly monitored whether patients from that area comprise of all class, community, diverse medical attention etc; for quantity of clinical cases. If quality of services is not at par with other options available to patients; I fear it will adversely affect the quantity.

The reduction in patients from Catchment is an alarm for review of number, type of patients, and category of patients- Indoor or outdoor only? Do such patients visit the center in question in situation of epidemics whether or not? Once it is analyzed, one can think of why patient comes in OPDs and goes to some other center for Indoor admission even if it is advised, even if center is well equipped with diagnostic and therapeutic gadgets, even if skilled medical personnel are available. Various parameters of Medical audit of i.e., referral to higher center from outdoor, outdoor indoor ratio, length of hospitalization, rational investigations and modalities, types of complications etc; can play important role in assessing the standard of medical care catered if analyzed and definitely can guide better and further.

So far as equipments (costly ones) are concerned we shall think of Use coefficient and try to find out what worth that equipment is. Revenue generating areas shall be prioritized to check the fiscal health of the institution.

All these (medical audit) is a bane if Hospital Information & Management System (HIMS) is not there or its data are underutilized at the center in question for improving

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the medical services. Medical audit has potential of being a boon, if we medical teachers try to understand it, accept it and exercise it. Internal audit of process and product with indigenous articulation with MCI guidelines has to be a boon. We as a medical fraternity shall explore how we can participate in it. If we think beyond editorials or review article on the issue and contribute in designing, structuring and implementing such quality assurance process, we can keep feeling proud of our profession with reference to duties and responsibilities towards hospital and community as a whole.

References

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