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The Journal of Community Health Management

Journal homepage: <https://www.jchm.in/>**Letter to Editor****Medical audit****Y. Eben Jeya Roy^{1*}**¹Globe Medical Record Consultant, Medical Records, Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, India**ARTICLE INFO***Article history:*

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For reprints contact: reprint@ipinnovative.com**1. What is a Medical Audit?**

The word audit means to take into account or to check. Medical audit means to account for or to evaluate the performance of those engaged in the care of patients. It is an objective method for applying a yardstick to the quality of physicians' performance. It is an analysis of clinical work in a hospital. It is an attempt to assess the quality of the care team. The medical audit is not a police action. It is an evaluator methodology or tool with an educational value. It is a periodic and systematic evaluation of the quality of medical care on the basis of documentary evidence to support diagnosis. Treatment to justify the utilization of hospital facilities.

2. History of Medical Audit

1. Dr. Farnest Codman of Boston enthusiastically emphasized the fact that the professional efficiency of the hospital could not be properly evaluated without good medical records and a study of end results. Thus, a monthly reporting of the end results of work done by the physicians in hospital began. This was the forerunner of our present monthly analysis of hospital service and was in reality a very minimal medical audit.
2. George Grayward probably inaugurated the first real medical audit in the U.S. in 1918 at a women's hospital

in New York City; then, in 1929, Thomas R. Pontan presented a plan for professional service accounting and medical audit. This plan, with variations as demanded by changing time and progress, has been used quite successfully ever since.

3. Methods of Medical Auditing

There are two phases of medical auditing:

1. The first phase includes the quantitative aspect by providing adequate performance records as a basis for analysis.
2. The second phase of medical audit is the qualitative aspect that is actual analysis of recorded data in the clinical records and the filled reports pertaining to the professional work of the hospital and other related information. The auditing of qualitative and quantitative analysis can be performed by two ways: a) Internal b) External.

3.1. Internal audit

1. The quantitative aspects of medical auditing can be done by the staff of M.R.D. All the records of patients discharged can be collected daily and arranged in a standard chronological order. Then the deficiencies of each discharged record are listed on the deficiency slip. This is to enable the doctors' conference (weekly chart

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review) at the doctor's conference room in the medical records department.

2. The qualitative aspects of medical auditing can be done only by medical personnel who are specialized in the field. Moreover, medical staff make checks from time to time and day to day while carrying out the treatment of hospitalized patients.
3. To have a counter check, the medical officer of another unit belonging to the same service can be asked to verify the papers of patient records and give their opinion on whether the treatment carried out was consistent with the complaints diagnosis of the patient or not. If they differ, they submit their remarks to the treatment doctor.

3.2. External audit

External audit denotes an audit of the work of the treating doctor, and it is done by members other than the treating team of doctors; this is in addition to an internal audit. The following are some of the ways to conduct an external audit:

1. Hospital administration, with the assistance of a few selected clinicians, can undertake the medical audit work by conducting monthly medical statistics meetings in the 1st or 2nd week to discuss the hospital statistics for the previous month, including death, unimproved, and interesting cases. For this, all the medical staff of clinical departments, the nursing superintendent, and the medical records officer should be asked to attend the meeting. In the course of the discussion, the hospital administrator selects cases for

critical examination by the clinicians specially selected for the purpose. This random check is done every month by the clinicians, and their periodical report to the administrator keeps a check on the physicians' work.

2. A medical audit committee can be formed in each hospital with 5 to 10 physicians/surgeons of good judgment who are frank, fearless, and without prejudices, well-skilled in their respective fields, and selected from major clinical services.
3. The Director of Medical and Health services can select few specialized physicians/surgeons for the purpose. These specialists make periodical visits to the hospitals to examine the professional work and make a confidential report to the M.S. or Director of Medical and Health services as the case may be.

4. Source of Funding

None.

5. Conflict of Interest

None.

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