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Autopsy: An Under-Used Clinical Audit Tool

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Abstract

Background: Post-mortem (Autopsy) examination is a highly trained procedure that involves the opening of the dead body with thorough examination to establish the cause and manner of death, and evaluate injury or disease process that might have leads to the death.

Method: Databases which includes; Google scholar, AJOL, and PubMed were searched using keywords of Autopsy, Audit, Clinical, and Quality assurance for the materials. Available literature was downloaded and used as reference materials.

Results: Quality assurance is a systematic and planned approach to continuously monitoring, assessing and improving the quality of health services.

Based on the existing resources, and the aim of clinical audit is to improve patient care and clinical outcomes systematically by implementing changes using explicit criteria.

Conclusion: Autopsy should be regarded as critical services for the purpose of quality assurance and integrated into hospital-based quality assurance programs.

Keywords: Autopsy, Audit, Clinical, Quality assurance

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Introduction

The first recorded medical audit was credited to Sinan Ibnu Thabit the chief Physician of Baghdad and The first medical licensing examination was introduce and only physicians who passed the examination are allowed to practice medicine; following the investigation of medical malpractice that leads to death of a patient by Abu Batiha al-Muhtasib (Market inspector) at the request of Abbasid Caliph Al-Muqtadir (1-3).

According to Ibn Al-Ukhuwwa in his book, Ma'alim al-Qurba: fi Ahkam al-Hisba, "If the patient is cured, the physician received his pay. If a patient dies, his relative sees the chief doctor. They present the prescriptions written by the Doctor: If the chief Doctor asses the physician performance at his duty without negligence, he now tells the relations, that the death is natural but if otherwise because of his poor performance and negligence he tells them to take the blood money of their relative from the doctor. At this period, it is certain that medicine is practiced by experienced and well-trained individuals. (1,4,5)

A clinical Audit is a process that aims at improving patient care and clinical outcome in a systematic manner by implementing changes using explicit criteria and the implementation of change. The concept of the clinical Audit was slow to catch on. For over 130 years evaluation of quality of care provided to the patient's is embraced by only few healthcare workers. (5).

Method

An extensive search of MEDLINE Databases, including Google scholar, AJOL, PubMed, and bibliographies using keywords of Autopsy, Audit, Clinical, and Quality assurance for the materials. Available literature was downloaded, used as reference materials, and stored in the reference database.

Results

References articles were retrieved, and relevant pieces of information were used for the manuscript.

Discussions

Post-mortem (Autopsy) examination is a highly trained procedure that involves the opening of the dead body with thorough examination to establish the cause and manner of death, and evaluate injury or disease process when these are unknown or uncertain. Aside from these known functions of the autopsy, it is also helpful in discovering and

researching new diseases, investigating environmental and occupational related diseases, and determining the accuracy of investigations, particularly the Laboratories and imaging techniques. An autopsy is an essential audit tool when effectively used as it provides data for both quality control and assurance programs. Several studies have shown this quality in many centers as published in different journals (5-7).

Florence Nightingale did one of the first clinical audits during the Crimean War of 1853-1855 (medical barracks hospital in Scutari): mortality rates fell from 40% to 2%. Ernest Codman (1869-1940). In 1912 Codman was the first medical auditor from his work on monitoring of surgical outcomes in Massachusetts (1-3). Clinical Audit was slow to catch on. This situation remained for over 130 years evaluation of quality of care provided to the patient's is embraced by only few healthcare workers as clinical audit concepts have developed-medico-centric views of the mid-Twentieth Century. The Multidisciplinary approach is used in the latest healthcare system. It also shows the change in focus from a professionally centered perspective of the healthcare provision to the view of the patient-centered approach (4,5). The Audit has some significant components like; Standards-based Audit - A cycle that is associated with defining standards, collecting data to measure current practice against those standards, and implementing any changes deemed necessary. Adverse occurrences critical incident and screening monitoring- This peer review of cases with concern and unexpected outcomes. Individual cases are discussed anonymously to reflect on patient management processes from point to point so that we learn for the future. The 'significant event audit' is usually described in cases dealing with the primary care setting.

Ongoing review and assessment of surgical cases' performance and the outcome is called Surgical Audit. Peer review involves reviewing interested and unusual cases rather than problematic ones for the quality of care provided by the clinician to improve clinical care through Patient surveys and focus groups (5). Therefore, the main parts of the clinical Audit's are review of performance so as to guarantee that the right thing is done. Perhaps, it gives a model to enable improvements to be made. Healthcare systems of many countries has formally incorporated clinical audit, for examples; in 1993 into the United Kingdom's National Health Service (NHS), clinical audit guidance group (under the clinical administration umbrella and established part of the system for improving the standard of clinical practice) (4). Therefore, it is not out of way for individual to say that; process of quality improvement that seeks to improve patient care and outcomes through a systematic review of care against

a set's criterion and the implementation of change as clinical audit process (4, 5). Some researchers have shown this audit process (6-9). Clinical Audit also reflects the change in focus from a professionally centered view of health provision to the idea of the patient-centered approach.

Quality assurance is planned Continuous monitoring, improving, and assessing the quality of health services., Quality assurance comes in many forms, also known as total quality management, clinical Audit, or quality circles (6). Quality of care means different things to different stakeholders, such as patients and doctors. All quality assurance systems should encompass three perspectives on quality: clinical standards. Performance management. Client satisfaction. Clinicians are unwilling to show interest in using autopsy as a quality assurance tool. Not much data has to buttress the popular believes that patients care is improve through the use of information generated from autopsy, which means the beneficial effect of autopsies on the patient quality of care remains a matter of faith (2-5). Most autopsy reports are left redundant within the pathology department and or some cases within the hospital medical records especially the hospital-based autopsy cases therefore becoming "orphan data" Therefore an autopsy play a significant role as a quality assurance tool all aspect medicine and surgery. In the hospital setting Autopsy should be regarded as a critical tool in assessing patient safety. Thus, for maximum impact on the quality of care to patients' management, hospitals should institute policies on the use of autopsy and identify the responsible people to achieve the following; Full involvement of a representative pathologist in the institutional Quality Care Committee or other staff committees with such responsibility, use of a standardized routine to present and analyse diagnostic discrepancies involving rough quantification of the level of the distinction. Efforts to discover if the difference was essential or evitable. Elucidation of the circumstances that led to the diagnostic error. Rigorous educational efforts to minimize the possibility that similar errors will reoccur. Ensure that appropriately trained staff and adequate facilities are available for the performance of autopsies. Ensure that professional services for the autopsy are properly reimbursed. Without recompense, autopsies are often not viewed as the truly valuable medical procedure they are. Other importance of autopsy includes; emphasizing the continuing discrepancies between antemortem and post mortem diagnoses, incurring tissue and organs for transplantation and for research purposes, public education, the development of accurate mortality statistics, information documentation for future legal, financial, and medical evaluation, autopsies have helped elucidate conditions such as shock,



cardiovascular disease, aging, and cancer, assessment of new forms of therapy and new diagnostic modalities, continuing education of physicians (6-10).

Conclusion

The healthcare system can thus benefit from autopsy data by substantially enhancing the accuracy of vital statistics, which play essential roles in research, funding, and other policy decisions. Therefore, the autopsy should be regarded as a critical service for quality assurance purposes and should be integrated into hospital-based quality assurance programs.

Conflict of interest

None declared

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