



ISSN: 2230-9926

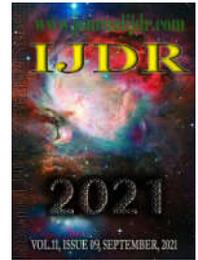
Available online at <http://www.journalijdr.com>

IJDR

International Journal of Development Research

Vol. 11, Issue, 09, pp. 50222-50225, September, 2021

<https://doi.org/10.37118/ijdr.22710.09.2021>



RESEARCH ARTICLE

OPEN ACCESS

AUDIT CONTRIBUTIONS TO THE QUALITY OF CARE IN HEALTH SERVICES

Conceição de Maria Costa*¹, Rosane da Silva Santana², Angélica Linhares Silva Lima³, Jaciane Santos Marques¹, Cleia Varão Marinho⁴, Nilza Bezerra Pinheiro da Silva⁴, Nailde Melo Santos⁴, Wildilene Leite Carvalho⁴, Walna Luísa Brarros e Ramos⁴, Nivia Cristiane Ferreira Brandão Soares⁴, Maria Almira Bulcão Loureiro⁴, Carla Danielle Araújo Feitosa¹ and Andressa de Oliveira Lima⁵

¹Federal University of Piauí – UFPI, ²Federal University of Ceara, ³Facultaty of Technology and Higher Education (FATESP), ⁴Federal University of Maranhão – UFMA, ⁵Mauricio of Nassau University Center (UNINASSAU)

ARTICLE INFO

Article History:

Received 10th June, 2021

Received in revised form

14th July, 2021

Accepted 19th August, 2021

Published online 27th September, 2021

Key Words:

Audit, Quality Management, Quality of Health Care.

*Corresponding author:

Conceição de Maria Costa

ABSTRACT

Introduction: The process of auditing health services is closely associated with qualitative and quantitative factors. The function of the audit in health implies in administrative and assistential actions guided by quality methods of evaluation of health services indicators, allowing the health professional to be responsible and to have a wide perception of the assistance provided to the patient, without forgetting the fundamental principles of health and management procedures. **Objective:** To analyze the scientific evidence on the main contributions of auditing to the quality of care in health services. **Methodology:** This is an integrative literature review study, carried out in the MEDLINE, LILACS and Scielo databases. Free scientific articles available in full published between the period January 2015 to May 2020, in English, Portuguese and Spanish languages were included. **Results:** The main contributions of auditing in healthcare services are to measure the quality standards established in healthcare units; to provide a more effective relationship between managers, employees, and users; and to promote sustainable growth in the financial sphere. **Conclusion:** It can be concluded that auditing in hospitals contributes directly to changes in aspects related to quality with an administrative and financial perception, focusing on institutional growth and development.

Copyright © 2021, Conceição de Maria Costa et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Conceição de Maria Costa, Rosane da Silva Santana, Angélica Linhares Silva Lima, Jaciane Santos Marques et al. "Audit contributions to the quality of care in health services", *International Journal of Development Research*, 11, (09), 50222-50225.

INTRODUCTION

The high costs undertaken in health services concern managers, researchers and users of health services, driving discussions about the role of professionals and health policies in the search for solutions that can adequate quality and usability of resources, so that health institutions can ensure quality and financial management adequate to the health system with effective operation (INCHAUSPE; MOURA, 2015). The audit is scientifically known as a systematic and formal action of some activity, function, program or management, performed by designated professionals, of competence for function, which aims to assess whether certain activity is being performed according to the objectives that are proposed by the function (FREITAS et al., 2014). The process of auditing health services is closely associated with qualitative and quantitative factors.

The function of health auditing implies administrative and care actions guided by quality methods of evaluating indicators of health services, allowing the health professional to be responsible and have a broad perception of the assistance provided to the patient, without forgetting the fundamental principles of health and management procedures (JENNINGS et al., 2015). Auditing has emerged as an important tool for measuring the quality (care audit) and costs (cost audit) of healthcare institutions. It constitutes a review and control system to inform management about the efficiency and effectiveness of the programs being developed. Its function is not only to indicate the failures and problems, but also to point out suggestions and solutions, assuming, therefore, an eminently educational character (SPERIDIÃO; TRAD, 2006). Precepts about the quality of care have been widely discussed in the last decade with the implementation of the goals of Patient Safety and Quality of Care, however, the discussions about this quality process only began with the

implementation of the audit specialty, which is a control mechanism on the services provided by the health unit, taking as an approach a multifactorial strategy with a focus on quality and management of expenses related to the health service (KENNEDY; TEVIS; KENT, 2015). Pereira, Pereira (2015) propose that quality management is any coordinated activity to direct and control an organization, so that it enables the improvement of products/services, seeking to ensure the complete satisfaction of customer needs, even exceeding their expectations. To this end, it is necessary for health services to conduct audits to improve the quality of patient care. The quality of auditing in health services involves all the care provided by the multiprofessional team to the patients. Therefore, it is necessary that health institutions offer continuing education to the professionals involved in this service, because it is only through the continuing education process that the professionals will have better technical-scientific knowledge to undertake efforts in quality actions in health. There is a reinforcement by health managers so that the audit process has a multidimensional perception, allowing care to be directed by the team with a vision for both the quality of health activities and the financial part (BAKAN; BUYUKBESE; ERSAHAN, 2014). Scientific efforts are undertaken to provide the audit and the professionals involved in this process with mechanisms of rationale and organization of actions to standardize and achieve high standards of quality, whether they are welfare and/or administrative. The evaluation of health services and programs is necessary as a daily element of the work in health to allow the identification of failures and the visualization of opportunities for improvement in all aspects of care (FREITAS *et al.*, 2014). Therefore, the aim of this study was to analyze the scientific evidence on the contributions of auditing in health services to the quality of care in health services.

METHODOLOGY

The Integrative Literature Review was used as a research method, which enables the incorporation of evidence into clinical practice, consisting of the construction of a broad analysis of the literature, contributing to discussions about research methods and results, as well as reflections on the conduct of future studies. This method also allows the combination of data from theoretical and empirical literature (BIBB; WANZER, 2008). Considering the variations for conducting methods for developing integrative reviews, there are standards to be followed. In the operationalization of this review, the sequence of six steps was adopted: elaboration of the research question, sampling or literature search of primary studies, data extraction, evaluation of the primary studies included, analysis and synthesis of results and presentation of the review (GALVÃO; MENDES; SILVEIRA, 2010). Initially, the guiding question of the research was elaborated "What is the scientific evidence on the contributions of auditing in health services quality of care in health services?"

The US National Library of Medicine National Institutes of Health (PubMed), Latin American and Caribbean Literature on Health Sciences (LILACS), Scientific Electronic Library Online (SciELO) databases were used to select the studies. The search for primary studies employed the controlled descriptors (Descriptors in Health Sciences - DeCS) - Nursing Audit; Medical Audit; Health Service; Quality of Health Care; Quality Management combined with Boolean operator (AND). In order to establish the sample of selected studies, the following inclusion criteria were established: free scientific articles available in full published between January 2015 and May 2020, in English, Portuguese and Spanish languages; and, excluded: informal case reports, book chapters, dissertations, theses, reports, news, editorials and non-scientific texts. The search for studies occurred in May and June 2020, 317 articles were found and only 12 were included in the study (Figure 01). The title and abstract of each scientific article were thoroughly read in order to verify their adequacy with the guiding question of the present investigation. The data analysis was performed descriptively, which has as its main objective to summarize, summarize, and explore the behavior of the data. For better understanding, the results were organized in a table

containing author, year, journal, databases, language, and results and discussed in a category.

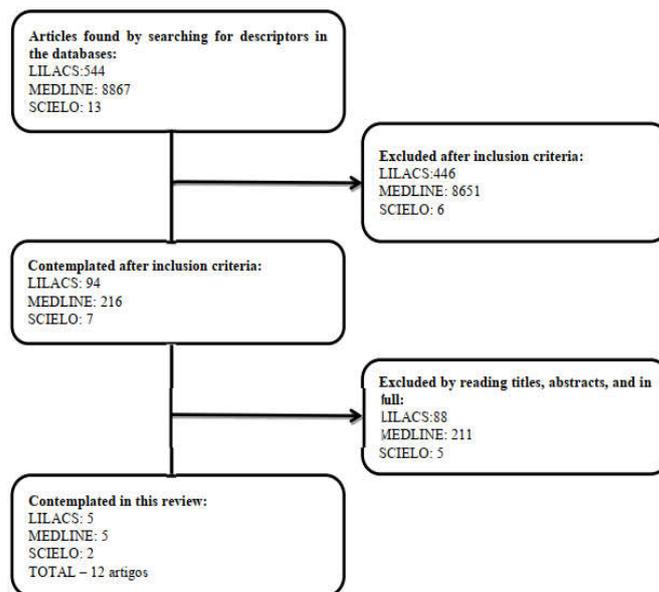


Figure 1. Identification of articles in the databases Teresina, Piauí, Brazil, 2021

RESULTS AND DISCUSSION

Twelve articles were found, five belonging to the MEDLINE database, five to LILACS, and three to the Scielo electronic library. Five articles were written in English and the rest in Portuguese. It was verified that of the 12 articles selected for the study, three were from 2019, four from 2018, three from 2016 and only two from 2015, the articles were published in the respective journals: BMJ Open, Medical Care, Health Service Residency, Nursing (São Paulo), REME - Revista Mineira de Enfermagem, Cogitare Enfermagem, Caderno de Saúde Coletiva, Saúde e Sociedade, Ciência e Saúde Coletiva, Acta Paulista de Enfermagem, Revista Brasileira de Enfermagem as represented in Chart 1.

Benefits of auditing for quality of care in health services: The auditing model that has been installed in health services has reflected various adaptations depending on the professional perspective and its diverse scenario. In Brazil, with the implementation of the Unified Health System (SUS), it was possible for health actions to be evaluated by the audit established by the Brazilian Constitution in 1988, with the aim of guaranteeing the quality of health services and the financial management of resources. The SUS's function is to prevent, promote, care for, treat, and rehabilitate the health of its users, with free access as a marker, anchored by the 8.080/1991 and 8.142/1991 states that it is the State's obligation to ensure universal and equal access to health actions and services (BRASIL, 1998; BRASIL, 2014). With the implementation of the audit in hospital services it was possible to expand actions as a professional activity on a given object to measure and evaluate it in order to propose adjustments and necessary corrections, and should be exercised with honesty and moral standard (CORBARI; MACEDO, 2011). The Brazilian Ministry of Health (2011) points out that auditing is a management tool to strengthen the SUS, contributing to the allocation and proper use of resources, ensuring access and quality of health care offered to citizens. It is taken as a tool for control and regulation of the use of health services and, especially, in the private area, with a focus on controlling the costs of the care provided (PINTO; MELO, 2010). The purposes of the audit work process are to assess the preservation of the established standards and collect data that allow knowing the quality, quantity, costs and spending of health care; evaluate the component elements of the processes of the institution, service or system audited, aiming at improving procedures by

Chart 1. Categorization of the studies included in the review according to author, year, journal, databases, language and results. Teresina, Piauí, Brazil, 2021

AUTHOR	TITLE	DATABASE	YEAR	LANGUAGE
MAZON et al.	Efficiency of public spending on health: challenge for municipalities of Santa Catarina, Brazil.	LILACS	2015	Portuguese
KRALEWSKI et al.	The relationships of physician practice characteristics to quality of care and costs.	MEDLINE	2015	English
FREIRE et al.	Experiences of nurses in the process of quality assessment in a university hospital.	LILACS	2016	Portuguese
FERREIRA et al.	Satisfaction of external customers regarding nursing care.	LILACS	2016	Portuguese
MOLINA, MOURA	Patient satisfaction according to the type of admission in a university hospital.	SCIELO	2016	Portuguese
NICHOLS et al.	Changes in Utilization and Expenditures for Medicare Beneficiaries in Patient-centered Medical Homes: Findings From the Multi-Payer Advanced Primary Care Practice Demonstration.	MEDLINE	2018	English
ORZOL et al.	The Impact of a Health Information Technology-Focused Patient-centered Medical Neighborhood Program Among Medicare Beneficiaries in Primary Care Practices: The Effect on Patient Outcomes and Spending.	MEDLINE	2018	English
RAMOS et al.	Relationship between quality and economic indicators: a study in a network of third-sector hospitals in southern Brazil.	LILACS	2018	Portuguese
RODRIGUES et al.	Out-of-pocket payments in hospital bills: a challenge to management.	SCIELO	2018	English
MAETENS et al.	Impact of palliative home care support on the quality and costs of care at the end of life: a population-level matched cohort study.	MEDLINE	2019	English
SILVA et al.	Hospital management and nursing management in the light of lean health care philosophy.	LILACS	2019	Portuguese
FONSECA, CUNHA	The creation of the autonomous social service of the Instituto Hospitalar de Base as a new model of hospital management in Distrito Federal, Brazil.	LILACS	2019	Portuguese

detecting deviations from the established standards; Evaluate the quality, ownership and effectiveness of health services provided to the population, aiming at the progressive improvement of health care; and Produce information to support the planning of actions that contribute to the improvement of the SUS and user satisfaction (BRASIL, 2011). According to Pereira *et al.*, (2012), the benefits of auditing in health services become favorable to health plan operators, public and private hospitals, due to the evaluation of the quality of services offered to their customers, directing to the improvement of the assistance provided according to the profile for their providers. According to Oliveira and Cardoso (2017), auditing has the function of evaluating the efficiency and effectiveness of services and for health services and aims to evaluate the quality of care through direct observation of the patient's record and clinical history. For Silva *et al.* (2012), auditing in the hospital area may also be used as a management performance tool, pondering the assistance and providing professional and scientific development of nursing. It is important to emphasize that the auditor's attributions should not be restricted to the analysis of medical records, which sometimes makes this professional a mere taskmaster; it is essential that he/she develops technical, political and scientific skills, through scientific work and essays on the work process in this area. The audit service is intended to survey data and assess the preservation of established standards, regarding efficiency, efficacy, quality and effectiveness. The quality of the services offered to the patient, as well as the production of knowledge to support the planning of actions that help in the permanent improvement of health care practices are essential to ensure customer satisfaction (FURUKAWA *et al.* 2018). In a more comprehensive way, nursing audit is the evaluation of the quality of nursing care, provided to the client, performed through the analysis of medical records and the verification of compatibility between the procedure performed and the items that make up the hospital bill charged, identifying deficient areas of nursing services, providing concrete data, so that decisions can be taken, enabling, consequently, the improvement of nursing care (CARVALHO, SILVA, 2014). Health auditing, among other concepts, is the systematic evaluation of the quality of customer care. It is carried out through the analysis of medical records and verification of compatibility between procedures performed and the items that make up the hospital bill charged, ensuring a fair payment through appropriate charging. Still, it is a voluntary, periodic and reserved method of evaluation of the institutional resources of each hospital to ensure the quality of care through previously defined standards (BAZZANELLA, 2013). Action strategies are used continuously on the organizational and functional structures in order to measure the effectiveness and efficiency of health activities, whose results are presented to the health system administration.

Alongside these functional bureaucratic structures and organizations of service production and control of the financial balance, auditors execute in their plans, the evaluation of performance in the service network as a way to seek feedback with the user and society in general (ROSA, 2012). The audit can directly influence the service offered, since prioritizing the control of expenses demands greater dedication from the professional. This fact values the quality of care, demanding that all phases of the process be followed, according to established standards, thus reducing disallowances and costs. As for the purpose, auditing can be used in care/quality or in cost control. When applied to care/quality, it is based on the records made about the patient in the medical chart and/or the patient's conditions verified in loco, to evaluate the positive and negative aspects of the assistance provided. When used to verify costs, the audit is directed to the conference of medical bills, contractual and administrative disallowances in order to control the billing of health institutions (BAZZANELLA, 2013).

CONCLUSION

It can be concluded that the main contributions of auditing in health services for quality of care are to measure the quality standards established in health units, for a better performance of the auditing activity. Thus, the auditor's training is of utmost importance, since his performance emerges with the intention of adding to the gains in financial and social resources and market consolidation. Having as limitations the methodological processes that do not include the auditing practices themselves and subsidize the need for complementation by knowledge on the theme, in view of this, the expansion of the participation of auditors in the development of studies such as those reported in this compilation is implied, as a mechanism of replication of knowledge and contribution to the scientific community regarding the parameters of quality of health care.

REFERENCES

- Aiken, L. H. *et al.* 2012. Patient safety, satisfaction, and quality of hospital care: cross-sectional surveys of nurses and patients in 12 countries in Europe and the United States. *BMJ.*, 344, e1717.
- Bakan, I., Buyukbese, T., Ersahan, B. 2015. The impact of total quality service (TQS) on healthcare and patient satisfaction: an empirical study of Turkish private and public hospitals. *Int J Health PlannManage.*, 29(3), pp.292-315.

- Bazzanella, N. A. L. A auditoria como ferramenta de análise para a melhoria da qualidade no serviço prestado. Caderno Saúde e Desenvolvimento, [S.I], vol.3 n.2, jul-dez 2013.
- Bibb, S. C.; Wanzer, L. J. 2008. Determining the evidence in the perioperative environment: standardizing research process tools for conducting the integrative literature review. *Perioper Nurs Clin*, 3(1), pp. 1-17.
- Brasil. Constituição 1988. Constituição da República Federativa do Brasil Brasília, DF: Senado, 1988.
- Brasil. Ministério da Saúde. Auditoria do SUS: orientações básicas / Ministério da Saúde, Secretaria de Gestão Estratégica e Participativa. Sistema Nacional de Auditoria. Departamento Nacional de Auditoria do SUS. – Brasília : Ministério da Saúde, 2011.
- Brasil. Ministério da Saúde. Secretaria de Gestão Estratégica e Participativa. Departamento Nacional de Auditoria do SUS. Orientação para implantação de um componente do Sistema Nacional de Auditoria – SNA do Sistema Único de Saúde – SUS / Ministério da Saúde, Secretaria de Gestão Estratégica e Participativa, Departamento Nacional de Auditoria do SUS. – Brasília : Ministério da Saúde, 2014.
- Carvalho, F.A; Silva, M.A. A auditoria de enfermagem como possibilidade da melhoria do cuidado. [S.N], Goiânia, v. 41, p. 43-58, out. 2014.
- Corbari, E.C.; Macedo, J.J. Controle Interno e Externo na administração pública. Curitiba: Ibpex, 2011.
- Esperidião, M. A.; Trad, L. A. 2006. User satisfaction assessment: theoretical and conceptual concerns. *Cad Saude Publica.*, 22(6), pp.1267-76.
- Freitas, J. S. *et al.* 2014. Quality of nursing care and satisfaction of patients attended at a teaching hospital. *RevLat Am Enfermagem.*, 22(3), pp. 454-60.
- Furukawa, M. S. A. *et al.* 2018. Auditoria de enfermagem e tomada de decisão no controle da qualidade da assistência. *Rev. Interdisciplin. Promoç. Saúde - RIPS*, Santa Cruz do Sul, p, 214-220, jul-set.
- Galvão, C. M., Mendes, K. D. S., Silveira, R. C. C. P. 2010. Revisão integrativa: método de revisão para sintetizar as evidências disponíveis na literatura. In: Brevidei, M. M.; Sertório, S. C. M. TCC - Trabalho de conclusão de curso: guia prático para docentes e alunos da área da saúde. pp. 105-126.
- Inchauspe, J.A., Moura, G.M. 2015. Aplicabilidade dos resultados da pesquisa de satisfação dos usuários pela Enfermagem. *Acta Paul Enferm.*, 28(2), pp. 177-82.
- Jennings, N. *et al.* 2015. The impact of nurse practitioner services on cost, quality of care, satisfaction and waiting times in the emergency department: a systematic review. *Int J Nurs Stud.*, 52(1), pp. 421-35.
- Kennedy, G. D., Tevis, S. E., Kent, K. C. 2014. Is there a relationship between patient satisfaction and favorable outcomes? *Ann Surg.*, 260(4), pp. 592-8.
- Oliveira, N. J. de Jr.; Cardoso, K. E. O papel do enfermeiro frente à auditoria hospitalar. *Rev. Adm. Saúde*, v. 17, n. 68, 2017.
- Pereira, S. A.; Miranda, N. R. R.; Costa, R. F. Auditoria em Enfermagem e suas Interfaces com o Cuidado: Uma Revisão de Literatura. *Rev. Interdisciplinar da PUC Minas do Barreiro*, Belo Horizonte, v. 1, n. 2, p. 286-306, 2012.
- Pereira, G. S., Pereira, S. S. 2015. A Importância Da Qualidade Do Serviço Na Gestão Hospitalar. *Rev. Eletrôn. Atualiza Saúde*, 1(1).
- Pinto, K.A.; Melo, C.M.M. A prática da enfermeira em auditoria em saúde. *Revista da Escola de Enfermagem da USP*, v. 44, n.3, p.671-678. 2010.
- Rosa, V. L. 2012. Evolução da auditoria em saúde no Brasil. [S.N], [S,I].
- Silva, M. V. S; *et al.* 2012. Limites e possibilidades da auditoria em enfermagem e seus aspectos teóricos e práticos. *RevBrasEnferm*, Brasília , p 535-8. mai-jun.
