

## Medical care evaluation

Devising reliable and valid methods of clinical audit is expensive in terms of money, time, personnel, as well as being difficult.

Nevertheless, today, all of us must expect to account publicly for our standards, for our methods and for our costs. While statistics give the figures — the quantity of care — medical care evaluation (MCE) will give information regarding that important factor: the quality of care.

While it would be uneconomical or impractical to evaluate everything, one can evaluate indicator or tracer conditions, especially conditions that are common, disabling, disturbing and treatable. Consequently a 'disease index register' will be required for early retrieval of notes on those conditions to be evaluated.

Taking such conditions which are either preventable or treatable, and reviewing them for unnecessary disease and disability and unnecessary and untimely death, one has an early warning signal, a sentinel health event, which may show us that the quality of care may need to be improved.

Examples of such sentinel health events could be:

- Typhoid fever
- Whooping cough
- Malignant disease of the cervix
- Rh incompatibility
- Maternal deaths
- Perinatal morbidity and mortality
- Iatrogenic disease
- Mongolism
- Nutritional marasmus
- Diabetes mellitus with acidosis or coma

to name a few.

Review may show evidence of identifiable social, economic, environmental, lifestyle or genetic factors, lack of family awareness of health risks, the mother who did not take her baby for immunisation, or the lack of effective health information by members of the health team, in the schools or in the community.

It is clear that the practitioner cannot be solely responsible for many of the errors of omission and commission that result in a sentinel health event. Nevertheless he or she has the initial and often continuing responsibility to bring the problem to the notice of those concerned.