

# EXPERIENCE REPORT

## NURSING, AUDIT AND HEALTH REGULATION: AN EXPERIENCE REPORT

### ENFERMAGEM, AUDITORIA E REGULAÇÃO EM SAÚDE: UM RELATO DE EXPERIÊNCIA

### ENFERMERÍA, AUDITORÍA Y REGULACIÓN EN SALUD: UN INFORME DE LA EXPERIENCIA

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## ABSTRACT

Audit is the practical control of the use of health services and an educational process, able to contribute to the improvement of healthcare. This study aims at reporting the implementation of the Audit and Health Regulation Centre in a municipality of the state of Rio Grande do Sul. It focuses on the difficulties, potentialities and preliminary results of the centre. It was a successful experience, since the expected results were achieved. Continuing education, teamwork and interdisciplinary actions are important for the consolidation of health care practices, particularly audit and regulation. It is important to emphasize the nurse's role in auditing, regulation, and in leading new ways of health promotion.

**Keywords:** Nursing; Nursing Audit; Nurse's Role.

## RESUMO

A auditoria é uma prática de controle da utilização dos serviços de saúde e é entendida como um processo educativo, capaz de contribuir para ações assistenciais de qualidade. Este estudo tem como objetivo relatar a experiência vivenciada por enfermeiros na implementação do Núcleo de Auditoria e Regulação em Saúde em um município do estado do Rio Grande do Sul, enfocando dificuldades, potencialidades e resultados preliminares dessa estruturação. O núcleo de auditoria constituiu-se em uma experiência exitosa, visto que foram obtidos os resultados esperados. Ações de educação permanente, coparticipação de coletivos, trabalho em equipe e ações interdisciplinares são importantes instrumentos para a consolidação de práticas assistenciais em saúde, em especial de auditoria e regulação. Ressalta-se também o importante papel do profissional de enfermagem em serviços de auditoria e regulação, protagonizando novas formas de se fazer saúde.

**Palavras-chave:** Enfermagem; Auditoria de Enfermagem; Papel do Profissional de Enfermagem.

## RESUMEN

La auditoría es un control práctico de la utilización de los servicios de salud y es visto como un proceso educativo, capaces de contribuir a las actividades de atención de salud de calidad. Este estudio tiene como objetivo presentar la experiencia de las enfermeras en la implementación del Centro de Salud y el Reglamento de Auditoría en un municipio en el estado de Rio Grande do Sul, centrándose dificultades potenciales y los resultados preliminares de esta estructura. La auditoría de núcleo se estableció como una experiencia exitosa, ya que se obtuvieron los resultados esperados. Acciones de formación continua, co-participación de colectivos el trabajo en equipo y las acciones interdisciplinarias son importantes para la consolidación de las prácticas de cuidado de la salud, en especial de auditoría y regulación. También hacemos hincapié en la importancia del papel del personal de enfermería en la auditoría y la regulación, protagonizada por nuevas formas de promoción de la salud.

**Palabras clave:** Enfermería; Auditoria de Enfermería; Rol de la Enfermera.

## INTRODUCTION

Audit originated in Italy in the fifteenth century, when it was related to the accounting practice, driven by the needs of the mercantile era, whose focus was financial control<sup>1</sup>. Its use in health dates from 1918 with the aim to evaluate medical practice. Audit was then a patrolling and controlling activity.<sup>2</sup> Such activity is currently being used as a tool to control the use of health services and understood as an educational process capable of backing care practices of quality.<sup>3</sup>

It is used to adjust healthcare costs, aiming to determine if actions are consistent with the planned strategies and current laws. Its objective is to receive the necessary information to control services and contribute to health planning and improvement.<sup>4</sup>

Similarly, health regulation aims at promoting equity in access to the Unified Health System (SUS), allowing adjustment of the offer to the users' needs according to the principle of comprehensiveness.<sup>4</sup> Authorizations for procedures and access to medical visits, examinations and treatments<sup>5</sup> are some of the practices carried out by health regulation.

Audit activities and health regulation have been developed by professional auditors of private and public health institutions seeking to assess the technical, scientific, financial, property and structural aspects.<sup>2</sup> Although such activities are constantly performed, there are few studies that investigate their dynamics, organization, benefits and limits.

Nursing is, amongst others, a career that takes responsibility for the population's health. It has a significant number of workers in different contexts and specialties within the health area.<sup>6</sup> Nurses perform an important role in the developing of audit and health regulation<sup>7</sup> and they may contribute to the optimization of resources, performance improvement and qualification of healthcare within the public and private sectors.<sup>3</sup>

In 2001, the Federal Board of Nursing approved nurses' auditing activities.<sup>8</sup> Currently, the private sector concentrates the largest number of nurse auditors, whose knowledge and experience are used to rationalize costs in healthcare practice, especially in hospitals or private healthcare providers.<sup>9</sup>

"Audit, regulation and nursing" are insufficiently investigated in the literature and not much discussed by researchers, health professionals and managers. Existing researches are, in most cases, linked to private health institutions focused mainly on nursing records.<sup>10,11</sup>

Therefore, the authors intend to discuss issues related to the role of nurses within an audit process, since theirs is the leading role in audit and health regulation in the SUS. The purpose of the present research is to contribute to the reflection process on those topics, as well as to the instrumentation and implementation of new services in different settings, considering positive and negative aspects of the experience.

It aims also at reporting the experience of nurses in the implementation of the Audit and Health Regulation Centre (NAR) in a municipality of the state of Rio Grande do Sul, focusing on problems, potentialities and preliminary results.

## METHODOLOGY

The present study is a report on the experience of nurses in the implementation of the Audit and Health Regulation Centre in a municipality of the state of Rio Grande do Sul.

The municipality has a population of 62,821 inhabitants;<sup>12</sup> it is located in the northwest region of the state 350 km from Porto Alegre, its capital. There are twelve Family Health Strategy teams, four Basic Health Units, a Psychosocial Care Centre, a Women's and Children's Health Centre, an Emergency Unit, specialized STD/HIV/AIDS care services, a Haematology Centre, Emergency Mobile Services, a Physical Therapy Clinic and a referral hospital.

This scenario prompted public health system professionals and local government to recognise the need of exploiting work processes aimed at optimizing financial resources of the SUS, qualifying health care and ensuring the population's access to healthcare, based on comprehensive practices and equity.

Data was collected through informal conversations and field diaries. Eight fortnightly meetings were held with NAR professionals and representatives of the local health department. They discussed subjects related to the implementation of the centre and critical problems in audit and regulation.

The following four stages were established to ensure objectivity and to elucidate the professionals' role in the centre's planning and implementation:

- a. situational diagnosis;
- b. creation of a working group;
- c. discussions;
- d. continuing education.

The study's results were presented through three categories that suggested knowledge overlapping and the articulation of experiences: *organization of the audit and regulation centre*; *progresses and achievements in the centre's implementation*; and *nursing, audit and regulation*.

All ethical aspects were observed. The research was conducted according to the National Health Council Resolution N° 196/96.

## ORGANIZATION OF THE AUDIT AND HEALTH REGULATION CENTRE

This category discusses and problematizes the centre's implementation stages – an important tool to teams work-

ing in public health. The NAR was implemented from May to September 2010 in partnership with the local health department (SMS), the 9th Regional Health District of the state of Rio Grande do Sul and other health care system sectors.

The first stage consisted of a situational diagnosis in which it was possible to build a comprehensive and interpretative perspective on the successes and difficulties of the work process. It subsidized the planning of actions to be undertaken by the centre in the municipality and other activities of the local health system.

The situational diagnosis highlighted the local health department's lack of complete knowledge over costs, overspending, inadequate financial expenditures and shortage of financial resources control. Furthermore, it demonstrated the high frequency of specialized medical consultations and medium and high-complexity tests, excessive spending on patient transportation for procedures in other municipalities, high rate of hospitalizations and long waiting lists for elective and emergency surgeries. It surfaced also that primary care referred 4% of the total monthly visits to specialized medical consultations, well above the SUS coverage limits.<sup>13</sup>

From the situational diagnosis results, it was possible to delineate objectives and work processes centred in optimization of the economic resources provided by the federal, state and local governments, aiming to promote resolvability and quality in health-care. Therefore, the NAR privileged actions based on educational activities addressed to the Family Health Program (ESF), Basic Health Centres (UBS), Psychosocial Care Centres (CAPS) and referral hospitals. It aimed at re-structuring the flow of referral and counter-referrals to provide a humanized care to SUS users.

The second stage aimed at creating a working group. It was, initially, formed by a multidisciplinary team of two nurses, a physician, an administrative assistant and a trainee nurse. Its main objective was establishing online and interdisciplinary actions focussed on prevention in basic health care.

The third stage comprised of discussions between the working groups, health policy coordinators as well as local and regional managers. This made it possible for them to understand the needs, difficulties, expectations as well as the critical problems of the centre's organization. At the same time, functions, objectives, operability, functionality and planning of actions to be performed were set up by the discussion groups.

Implementation happened gradually, as the centre's organizational structure was being established and appropriated by the professionals involved in the task. The fourth stage consisted of continuing education for NAR and health care professionals, via auditing courses in the workplace, training, seminars, outside consulting and discussion groups. Further education focused on the professionals' needs, encouraging co-participation and collective construction of new work processes, aiming

at increasing resolvability of practices at local level and reducing referrals to specialists.

## ADVANCES AND ACHIEVEMENTS

The NAR working plan was shaped from the expectations and perspectives of different professionals in an interdisciplinary process guided by participative management and knowledge integration.

Medical appointments, examinations and surgery referrals were now mediated by the centre, based on the triad primary care/NAR/specialized care, through direct contact among the respective professionals and a weekly care request.

The use of such problem-solving procedures emphasized two important aspects:

- a. no need for displacement of users to forward requests
- b. weekly deadlines enabled regular referrals to be within available limits of the centre, reducing queues. The NAR established a link between primary health care and specialized care. The ESF and the UBS are the front door to local health services, consolidating the link between user and professional.

Examinations and specialized medical consultations available were shared between health services, and all professionals were co-responsible for auditing the demand in their workplace. The NAR also provided continuous information to primary care as to monthly limits and demands, consequently decentralizing audit and regulation processes. Another relevant decision was the implementation of access protocols to medium and high-complexity tests and procedures to subsidize referrals and admission regulation.

Among the results obtained we can mention the significant reduction in expenditures on specialized services and the establishment of links and shared responsibility between users, basic and specialized care professionals (due to constant knowledge exchange and training), which still need to be assessed.

As a result of the implementation of the NAR, financial resources of the SUS were more efficiently allocated and optimized. In addition, it promoted the planning of health programs and continuing education of community health professionals. Given the importance of clinical audit the centre currently is an important tool for the planning and improvement of future actions.

## NURSING, CLINICAL AUDIT AND HEALTH REGULATION

This category addressed aspects of the nursing work process in relation to audit, discussing issues related to the role of this professional in community health.

The centre was organized and structured according to the nurses' perception about the auditing need and health regulation procedures and opened a new field in the nursing career. The incorporation of the nursing professional in this scenario triggered processes of collective knowledge construction. Due to the complexity of the audit process, their activities are not circumscribed to hospitals and health units. Therefore, gearing nursing education towards management actions, teamwork, health education, coordination and leadership is vital to consolidate this professional as protagonist of working processes involving audit and regulation, supporting the organization of practices and operational knowledge.

The main activity carried out by the NAR nurse auditors was account analysis and processing of referral requests to specialized care and counter-referral to health facilities. In the discussion groups accounting and a large volume of accounts needing checking emerged as well.

The professionals reported that the activities performed are often tiresome and stressful and that in order to control costs their technical knowledge, professional skills and critical thinking are underused in operational and repetitive actions.<sup>14</sup> The low acceptance of regulatory and controlling procedures among some professionals, mostly doctors, was another difficulty.

The positive results obtained by the centre and the on-line and continuing education projects were the strengths of the auditing and health regulation actions performed by the professionals. The implementation of the NAR enabled the promotion of nursing through the professionals' insertion in interdisciplinary teams and in practices of co-management of work processes. The practice of the nurse auditor is a relevant social intervention that goes beyond care, since it is incorporated in a health policy translated into quality health care for the population.

The significant number of nurses working in clinical audit indicates the close relationship between responsibilities assumed by these professionals in healthcare and the knowledge needed for working in audit. That happens because nurses are involved in the user's direct care as well as in administrative and managerial activities. They are therefore the required professionals with technical and administrative competence to deal with audit and regulation processes.<sup>15</sup>

Knowledge about the practice of nurse auditors contributes to the optimization of available health resources, supports work planning and execution and improves cost-benefit to the user and health service. Regarded as an educational process, audit provides subsidies for the implementation and management of quality care.<sup>15</sup>

The presence of nurses among clinical audit professionals demonstrates the relationship between responsibilities as-

sumed by nurses in healthcare practice and the knowledge needed to work in audit.

## FINAL CONSIDERATIONS

This present study raised important considerations regarding the structuring and implementation of public health services and, especially, of audit actions. The NAR can be considered a successful experience for the expected results were obtained. Its structuring could subsidize other healthcare services.

Continuing education programs, community participation, teamwork and interdisciplinary actions are important tools for the consolidation of healthcare practices. The study emphasizes the nurses' role in audit and regulation and their prominent position in developing new ways to promote health.

This study's limitations resulted from the methodology used, mainly regarding the lack of systematic and objective evaluation. Nevertheless, it helped to determine potentialities and difficulties and to present possible outcomes from the organization of an audit centre, which can be used in future programs. The authors suggest further researching on the topic and the integration of different professional specialties in audit services to qualify care practices and optimize health services resources.

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