Putting the heart back into audit

The revamping of the British Heart Journal provided an opportunity to review all aspects of the journal including the audit section. Acknowledged and funded elements of modern cardiology practice include the translation of research findings into improved patient care,1 the practice of evidence based medicine,2 3 and the development of guidelines4—all monitored and improved through the conduct of effective audit.5 Does the audit section of Heart help our practice?

The standard
The essential precepts of good audit involve a clear standard and an initial survey that is compared with the standard and followed prospectively by identifiable changes, with effects confirmed through a repeat survey.6

The initial survey
When I reviewed the 16 articles that appeared in the audit section of the British Heart Journal in 1995 I found no articles that fulfilled all aspects of the standard (table 1). All contained a survey of practice and often a standard was implied, but other elements of a successful audit were incomplete. In particular change, central to all audit, was only occasionally discussed and even less frequently prospectively assessed with a repeat survey. The commonest articles were published series from centres reporting impressive recent results. These articles represent a valuable description of clinical cardiology, but do not necessarily belong in an audit section.

The changes
Can Heart promote audit by changing itself? Insisting on key elements for articles within the audit section would help. If current practice is described, the standard must be presented and defended with reference to published work or widely agreed guidelines. If improved results are reported the changes leading to these improvements need to be stated in some detail so other groups can learn from the article and not just marvel at the figures. If changes are mentioned, a repeat survey must be included to demonstrate the effects. Restructuring the headings of the structured abstracts in the audit section would emphasise these points (table 2).

In addition to the content of articles published, their range could also change. Large series, because of their size, and multicentre audits, because of their complexity, often deserve recognition but small scale audits led by junior staff are just as important in improving cardiology practice.7 A short audits section for brief well structured audits with a message for other cardiologists could be introduced (table 3). Every cardiac centre wrestles with the problems of door to needle times and reducing pacemaker infection rates but the less glamorous work of checking cholesterol concentrations in all patients with ischaemic disease or avoiding patient cancellations can also be enhanced through a process of audited change. If one unit has successfully improved practice then Heart should provide a forum to disseminate knowledge about effective changes for others to implement.

Many journals publish reports of hospital grand rounds. Similarly, cardiac units now conduct regular audit meetings. The best of these could also be submitted and considered for publication if a wider message exists.

Clearly not all articles currently included in the audit section lend themselves to these changes. Descriptions of recent practice warranting publication could appear in the “practice reviewed” section.

The repeat survey
Incorporating changes and monitoring the effects through a repeat survey would exemplify good audit. Audit involves an on-going process of change. An annual review would demonstrate a commitment to continuing improvement.

Heart is the journal of the British Cardiac Society and through its pages partially reflects the philosophy of UK cardiology practice. Audited changes to its own articles can be used to promote better audit in cardiology and improved patient care.

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I thank Dr Christine O’Malley for help in preparing this article.
Sir William Osler (1849–1919)

Sir William Osler is depicted on the 6 cent Canadian stamp issued in 1969 to commemorate the 50th anniversary of his death. The stamp printed by the British American Bank Note Company is inscribed with the words “The System of Medicine” and “Traité de Médecine”.

William Osler was born in Ontario, Canada of Cornish parents and became a professor of medicine at his alma mater McGill University at the age of 25. At the Montreal General Hospital he was also the pathologist and his large personal experience of autopsies laid the foundation of his subsequent brilliant career as a clinician. His reputation soon spread and it led to his election as a Fellow of the Royal College of Physicians of London at age 34, only the third Canadian to be elected to the fellowship, and to the distinction of being the Goulstonian Lecturer—his title was “Malignant Endocarditis”. He wrote an important monograph on Angina Pectoris and Related Diseases, and in his Lumleian Lectures at the college in 1910 on that subject he mentioned coronary artery spasm as a possible cause. In 1889 he became physician in chief at the newly founded Johns Hopkins Hospital in Baltimore, where he wrote his famous textbook The Principles and Practice of Medicine, probably the last of its kind to be written by a single author. His emphasis on the paucity of effective treatment for many diseases came to the notice of Mr John D Rockefeller and led to the founding of the Rockefeller Institute. In 1904 he was appointed Regius Professor of Medicine at Oxford and he was foremost in the foundation of the Association of Physicians of Great Britain and Ireland and of the Quarterly Journal of Medicine. His seven volume System of Medicine, referred to on the stamp, was completed in 1908. He wrote many papers on cardiological subjects, including a classic one on bicuspid aortic valve and he encouraged Maude Abbott to produce her renowned Atlas of Congenital Heart Disease. He is known eponymously for Osler’s nodes, Osler-Rendu-Weber syndrome and Vaquez-Osler disease. His scholarship in medical history, and deep affection for his memory, are perpetuated by the American Osler Society and the Osler Club of London, and his fine collection of old books forms the Bibliotheca Osleriana at McGill. William Osler is still widely remembered as a great physician and humanist, and notably for his encouragement of young doctors. His house in Oxford was known as “The Open Arms”.

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6 de Lacey G. What is audit? Why should we be doing it? Hospital Update 1992;18:458–66.

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