



# Clinical governance through audit in promoting quality in clinical practice: scoping review

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## Abstract

### Introduction

Clinical auditing is one of the main pillars of clinical governance, crucial for safe healthcare. It is a key tool for continuous improvement in terms of clinical practices and results, making it possible to verify the application of strategies and procedures aimed at increasing patient safety.

### Objective

To map the knowledge and identify the effects, through a literature review, of clinical governance through the auditing process in promoting quality in clinical practice.

### Methods

Literature review, namely scoping review, according to the methodology of the Joanna Briggs Institute, and PRISMA 2020 Checklist guidelines, registered on the OSF (Open Science Framework) platform. The studies were identified by a search carried out on 31 January 2024 in the PUBMED, EBSCO (MEDLINE Complete, Cochrane Library Plus and CINAHL Plus With Full Text), SCOPUS, Web of Science and RCAAP (Repositório Científico de Acesso Aberto de Portugal) grey literature databases using descriptors and free terms in Portuguese, English, Spanish and French, from 1998 onwards. Two independent reviewers carried out the study's relevance analysis with data extraction and synthesis between March and May 2024.

### Results

Initially, seventy articles were obtained, but fourteen were subsequently eliminated because they were duplicates. A total of fifty-six articles were analysed. Thirty-seven articles were excluded for not meeting the inclusion criteria and seven for not having access to the full article. Nineteen articles were analysed in full. In the end, nine articles were included in the review article, with three articles excluded due to eligibility. The effects of clinical governance in promoting quality in clinical practice through the audit process identified were access to quality care, guaranteeing user safety, collective responsibility, as well as accountability. In turn, the main shortcomings identified were the absence of an ingrained culture, lack of training for auditors, along with breaks in the audit cycle.

### Conclusion

Clinical auditing is an asset in the clinical governance process, so its systematic practice promotes increased clinical effectiveness, risk management, professional development, as well as transparency in terms of publicising the results obtained, ensuring standards of professional practice and promoting continuous improvement in the quality of services. It plays a crucial role in ensuring adherence to legal regulations and standards, minimising legal and financial risks and promoting clinical management based on responsibility and transparency. This is vital for maintaining the trust of users, as well as the credibility of institutions in the eyes of regulatory bodies and society as a whole, ensuring that healthcare practices are always in line with legal and ethical requirements.

### Keywords

Clinical audit; clinical governance; promotion, quality; clinical practice.

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## Introduction

Health systems are organisations built by society to respond to the health needs of people and populations. It is imperative that health systems, regardless of their source of funding, are sustainable, provide quality care and develop in line with their users' expectations. When said health systems are public and free of charge, this need becomes even more pertinent, otherwise they risk extinction.<sup>8</sup> The occurrence of safety incidents during the provision of health care is a reality of modern health systems. The implementation of policies and strategies to reduce these incidents, a proportion of which are preventable, is recognised internationally and nationally as leading to health gains and is now an unequivocal commitment to health.<sup>20</sup> Promoting user safety requires a coordinated and persistent effort by all stakeholders and a systemic, continuous approach that promotes safety and a culture of safety, based on a non-punitive approach and continuous improvement.<sup>20</sup>

According to the Manual of Policies and Strategies for Quality in Health Care<sup>21</sup> drawn up by the World Health Organisation, when establishing a national quality policy, it is paramount to spell out the definition of quality that will underpin the national approach, to ensure a common understanding and a language that is acceptable to the country's local context. In Portugal, as early as 2012, quality in health was defined in the National Health Plan (PNS) 2012-2016<sup>2</sup>, by Saturno et al. as the provision of accessible and equitable health care, with an optimal professional level, which takes into account the available resources and achieves citizen adherence and satisfaction. It implies the adequacy of healthcare to the needs and expectations of the citizen and the best possible performance. The degree of quality in health can be conditioned by multiple factors: i) extraordinary social, political, environmental, scientific and technological developments; ii) uncertainty and unpredictability of occurrences such as epidemics and disasters, climate change and terrorism; iii) characteristics of the health system; iv) determinants of the demand for care (ageing, chronic illness, more information, expectations and demands, among others) and the capacity to respond (human resources, growing specialisation, multidisciplinary and intersectoral work, among others); v) new concepts of health outcomes and quality of life.<sup>2</sup> More recently, the development of the 2030 National Health Plan (PNS)<sup>1</sup> was based on three key assumptions: i) the social value of health as a major objective in people's lives; ii) the central role of health as a "starting point" and "end point" for achieving the 2030 Sustainable Development Goals; iii) population-based strategic health planning as a methodological tool with its various components and stages.<sup>1</sup>

The perspectives for promoting quality in healthcare involve cycles of continuous quality improvement through the systematic identification of problems and opportunities with the aim of solving or improving them, establishing desirable

and realistic standards, identifying and acting on critical points, planning and implementing changes, monitoring and evaluating.<sup>2</sup> The processes should be multidisciplinary, non-punitive and at the initiative of the professionals and associated with professional development plans. They should involve strategies such as monitoring, benchmarking, as well as external evaluation, including accreditation processes and the identification of good practices, among others.<sup>3</sup> These can take place at the level of the professional, the team, the service, the institution and the supervisory body. All hierarchical levels within the organisation must be duly evaluated, valued and held accountable for decisions, whether they are health professionals, managers or politicians. They should spell out objectives, indicators and targets; organisational and delivery models (which allow for comparability and the identification of good practices) and structure, process and outcome standards.<sup>4</sup>

In the context of the new models of healthcare organisation, clinical governance is the process by which healthcare organisations are responsible for continuously improving the quality of their services and ensuring high standards of care, creating an environment that encourages excellence in clinical care. The term governance was imported from the commercial world, which defined Corporate Governance as a system by which companies protected shareholders' investments and minimised the risks of fraud and malpractice. In 1998, Clinical Governance was introduced for the first time in the National Health Service's health white paper in the UK, reflecting a strategy to modernise and improve the quality of the health system.<sup>5</sup>

In the present article, for conceptual clarification, the word governance and governorship have the same meaning. However, the word governorship has a broader meaning (power, policies, charisma, legislation) and the concept of governance has a narrower but more transparent meaning, as it describes the processes of implementing defined policies.<sup>6</sup>

Since 2001, Portugal has been trying to improve health by making accountability mechanisms explicit, and from 2003 onwards, particular importance has been given to processes aimed at increasing transparency in the work of the different health units and professionals in the National Health Service (SNS). In this way, clinical governance was one of the strategies adopted by the new organisational structures of the Health Centres (formerly Health Centre Groupings) to improve and maintain the quality of their care.<sup>7</sup>

The key principles of excellence in clinical governance include: i) orientation towards results; ii) orientation towards the user; iii) leadership and coherence of objectives; iv) management of processes and activities; v) development and involvement of employees; vi)

learning, innovation and continuous improvement; vii) development of partnerships and viii) social responsibility.<sup>8</sup> Based on said fundamental principles of excellence, according to Vitor Ramos<sup>6</sup>, clinical governance should be based on three essential pillars:

- the focus on the person and the person's well-being, the primary gaze of clinical governance is on users, the community, population subgroups with special care needs, and only then on the organisation and its processes.

- the involvement of everyone, at all levels;

- outcome orientation, which is understood as health gains, aims to develop a culture of evaluating processes and, above all, clinical and health outcomes at all levels.<sup>8</sup> Nigel Starey, director of the Centre for Primary Care at the University of Derby, has defined 6 constituent elements of clinical governance: education and training, clinical audit, risk management, openness (transparency), clinical effectiveness, research and development.<sup>6</sup>

In view of the above, clinical audit is one of the key pillars of clinical governance, crucial for safe healthcare. It is a fundamental tool for continuous improvement in terms of clinical practices and results, making it possible to verify the application of strategies and procedures aimed at increasing patient safety. Through a structured process of reviewing procedures, clinical guidelines, as well as clinical practices in comparison with previously established standards, it makes it possible to identify and correct faults through the implementation of improvement actions. According to the Conceptual Framework of the International Classification on Patient Safety, as can be seen in figure 1, clinical audit can be defined as a cycle of activities that involves measuring care by comparing it with a standard (process or outcome), ideally leading to the development of interventions aimed at continuous quality improvement.<sup>9</sup>

The main aim of the present study, a review article, was to identify the effects of clinical governance on promoting quality in clinical practice through the audit process and to map knowledge through a literature review. To this end, the following research question was formulated, based on the PCC mnemonic (population, concept and context), with different geographical realities as the population; the concept being the effects of the pillars of clinical governance on promoting quality in clinical practice; in a hospital context: What are the effects of clinical governance on promoting quality in clinical practice through the audit process?

## Methods

The research protocol was drawn up according to the methodological procedures of the Joanna Briggs Institute (JBI), in which the objectives, inclusion criteria (described in table 1) and methods to be used were clarified, and

registered on the OSF (Open Science Framework) platform

(<https://doi.org/10.17605/OSF.IO/XFCUZ>).

Reporting Items for Systematic Reviews and Meta-Analyses).

**Table 1.** Methodological procedures

Inclusion criteria	Primary or secondary, qualitative or quantitative studies on clinical governance in the promotion of quality in clinical practice, published from 1998 to the present year.
Exclusion criteria	Studies that included pillars of clinical governance other than audit.

A systematic review of the scientific literature was carried out, through a scoping review, on the effects of clinical governance on promoting quality in clinical practice through the audit process, following the Joanna Briggs Institute methodology<sup>10</sup> and the guidelines established by the PRISMA model (The studies were identified by a search carried out on 31 January 2024 in the PUBMED databases, EBSCO (MEDLINE Complete, Cochrane Library Plus and CINAHL Plus With Full Text), SCOPUS, Web of Science and grey literature RCAAP (Repositório Científico de Acesso Aberto de Portugal) using descriptors and free terms in Portuguese, English, Spanish and French, from 1998 to the present year, an extended period of time, taking into account the date of origin of the concept of clinical governance, as described in Table 2. The second stage consisted of grouping all the studies found in Mendeley Desktop® and removing any duplicates. Taking into account the inclusion/exclusion criteria defined, the studies were screened by carefully reading their titles and abstracts by two independent reviewers. Potentially relevant studies were imported and passed on to the full text reading phase, also carried out by two independent reviewers, and the inclusion/exclusion criteria were complied with. As this is a scoping review, the aim of which is to map knowledge on the subject, the critical evaluation of sources was waived.

The third stage consisted of consulting the list of bibliographical references of the selected studies after reading the full text in order to find inaccessible articles relevant to answering the research questions. Two independent reviewers analysed the relevance of the study with data extraction and synthesis between March and May 2024, using a table previously developed by the reviewers. Eleven disagreements arose and were resolved by consensus between the parties. Seven studies were identified with no free full version available, and the journals of publication were

contacted to request the studies, but as of the date of publication there had been no response.

**Table 2.** Research strategy

Database	PubMed	EBSCO			SCOPUS	Web of Science	RCAAP
		MEDLINE complete	COCHRANE Library Plus	CINAHL Plus with full Text			
Search results	#1 - 758 #2 - 299 #3 - 45	#1 - 41 #2 - 12 #3 - 11	#1 - 24 #2 - 20 #3 - 18	#1 - 465 #2 - 124 #3 - 55	#1 - 12 #2 - 9 #3 - 6	#1 - 13 #2 - 10 #3 - 3	#1 - 3 #2 - 2 #3 - 2
Search terms	#1 - Clinical Governance #2 - Audit Clinical #3 - #1 AND #2						
Filters	Text in English, French, Portuguese and Spanish						
Date	Research carried out on 31 January 2024						

## Results

After searching the aforementioned databases, seventy articles were initially obtained, fourteen of which were subsequently eliminated because they were duplicates. A total of fifty-six articles were analysed, thirty-seven of which were excluded for not meeting the inclusion criteria and seven for not having access to the full article. As a result, nineteen articles were analysed in full.

In the end, nine articles were included in the review article, and three articles were excluded due to eligibility. Figure 2 shows the identification and selection process.

With regard to the type of studies included in this review article, the majority are literature review articles (four articles). There were two articles with mixed methodology, quantitative and qualitative, as well as two master's dissertations. Only one randomised controlled study was found. The studies fall within a timeline between 2013 and 2024. Given that six of the nine articles were published in the last 5 years, this demonstrates the recent relevance of the subject under study. The main results of the nine studies analysed are summarised in Table 3.

**Table 3.** Main results of the articles included in the studies

	Authors/Year/Country	Title	Main results
E1	Hanskamp-Sebregts, Zegers, Boeijen, Westert, Gulp and Wollersheim <sup>11</sup> 2013 The Netherlands	Effects of auditing patient safety in hospital care: design of a mixed-method evaluation	The audit protocol allows hospitals to detect unsafe care early and continuously improve patient safety.
E2	Martins, C. <sup>12</sup> 2014 Portugal	Quality management and healthcare reform: a case study	The analysis of professionals from three different hierarchical levels (administration, members of the Quality and Patient Safety Commission and care providers) in the organisation led to the conclusion that there is no deep-rooted quality culture throughout the hospital. Quality strategies are implemented in a fragmented way, essentially to comply with legal regulations defined by supra-organisational bodies.
E3	Gomes et al. <sup>13</sup> 2015 Brazil	The Polysemy of Clinical Governance: a literature review	In terms of results, there are seven subjects that summarise the analysis of the sources: management, quality promotion, clinical monitoring or auditing, education, responsibility, safety in care, as well as the systemic dimension. There is a lack of focus on discussions of planning and policies related to clinical governance.
E4	Viana C. <sup>14</sup> 2019 Brazil	The role of auditing in hospital institutions	Auditing in the hospital context, as in any other organisation, is an extremely important tool because it is by identifying weaknesses, errors and incorrect procedures that improvement actions can be implemented. It is therefore an extremely important management tool.

<b>E5</b>	Salomão and Guimarães <sup>15</sup> 2020 Brazil	Prevention and treatment of pressure injuries in hospital settings through the application of clinical governance strategies	The main strategies identified are related to equipment and materials for prevention, good care practices, education and training, risk assessment, multi-professional involvement, participation in process management, auditing, behaviour and culture change, administrative support, nutrition, implementation of an incontinent programme, selection of staff with an interest in the area, communication, commitment, monthly control of indicators, as well as their dissemination, registers, a wound committee, specialised professionals, a survey of equipment present in the institution and a cost survey. The data showed that the reduction in the incidence of pressure injuries in hospitals is due to the association of quality nursing care with a strategic pressure injury management process.
<b>E6</b>	Willis et al. <sup>16</sup> 2022 United Kingdom	Interventions to optimise the results of national clinical audits to improve the quality of healthcare	The impacts of national audits can be improved by strengthening all aspects of feedback loops, especially effective feedback, and by considering how different ways of strengthening feedback work together. Identified ways to strengthen audit cycles included making performance data easier to understand and guiding action planning. Four requirements for effective collaboration were identified: <u>commitment</u> - recognising capacity and constraints; <u>logistics</u> - enabling data sharing, audit quality and funding; <u>leadership</u> - involving local stakeholders; and <u>relationships</u> - reaching an agreement on shared priorities and needs.
<b>E7</b>	Serra, Costa, Henriques, Godinho and Gouveia. <sup>17</sup> 2022 Portugal	Nursing audits in healthcare organisations	Currently, there is still a punitive view of audits carried out in healthcare organisations. From the financial and organisational areas to the provision of nursing care, the influences that these evaluative acts entail are transversal and it is pertinent to identify their contributions to organisations.
<b>E8</b>	Paixão, Pinheiro, Perdigão, Zangão and Bilro <sup>18</sup> 2022 Portugal	Clinical audit: literature review	Clinical Auditing is an asset in the Clinical Governance process, and its systematic practice promotes an increase in clinical effectiveness, risk management, professional development, as well as transparency in terms of publicising the results obtained, ensuring standards of professional practice and promoting continuous improvement in the quality of services.
<b>E9</b>	Alghamdi et al. <sup>19</sup> 2023 Saudi Arabia	Effects of a team Quality Improvement method in a national clinical audit programme of four clinical specialties in Ministry of Health hospitals in Saudi Arabia	The project showcased that well-designed resources and audits carried out using evidence-based clinical care standards can result in substantial improvements in clinical practices in Ministry of Health hospitals in Saudi Arabia. The keys to success were the improvement methodology incorporated into the audit process, as well as the requirement for hospitals to appoint multi-professional teams to carry out the audits. All designated hospitals participated in the audits, collecting and submitting data at two points in time and implementing improvements after the first data collection. All hospitals made substantial, statistically significant improvements in clinical practice.

## Discussion

In order to facilitate the interpretation of the results obtained, they were duly analysed according to the effects of clinical governance on the promotion of quality in clinical practice through the auditing process.

So the discussion will be based on two broad categories

### **- Effects does clinical governance have on promoting quality in clinical practice through the auditing process**

One of the effects identified is access to quality care at all sites, at all times, through: protocols, guidelines, good practice manuals with systematised information. Evidenced in E5, clinical governance is a tool systematised into pillars of actions, applicable to different health contexts and practices, providing improvements in the clinical quality of care, through policies and guidelines responsible for maintaining and monitoring standards of good practice and results.<sup>15</sup> E9 also evidences that well-designed resources and audits carried out using evidence-based clinical care

standards can result in substantial improvements in clinical practices in hospitals.<sup>19</sup>

Another effect showcased by the literature is the guarantee of safety for users. This is corroborated by studies E1, stating that the audit protocol allows hospitals to detect unsafe care early and continuously improve patient safety<sup>11</sup>; and E8 reporting that clinical auditing is an asset in the clinical governance process, whereby its systematic practice promotes an increase in clinical effectiveness, risk management and professional development<sup>13</sup>.

Providing the highest quality of care is one of the effects demonstrated in the literature, confirmed by E4 assuming that identifying weaknesses, errors and incorrect procedures allows improvement actions to be implemented.<sup>14</sup> As well as E6 stating that the impacts of national audits can be improved by strengthening all aspects of feedback loops, especially effective feedback, and how different ways of reinforcing feedback work together.<sup>16</sup>

Finally, one of the effects of clinical governance in promoting quality in clinical practice through the audit process is the collective responsibility and accountability demonstrated by E9 when he said that the keys to success were the improvement methodology incorporated into the audit process and the requirement for hospitals to appoint multi-professional teams to carry out the audits.<sup>19</sup>

***- Gaps in clinical governance in promoting quality in clinical practice through the audit process***

As a starting point, it could have been assumed that clinical auditing in the clinical governance process would only have positive effects on promoting quality, but the literature review identified flaws in the implementation of clinical governance, jeopardising the whole process, namely the lack of a culture of quality rooted in the institutions. This was evidenced by E2, who noted that quality strategies had been implemented, albeit in a fragmented way, essentially to comply with legal regulations defined by supra-organisational bodies.<sup>12</sup> Another shortcoming is the lack of training for auditors, reflected in a punitive approach to the process, as reflected by E7, who pointed out that currently there is still a punitive view of audits carried out in healthcare organisations, which can range from the financial and organisational areas to the provision of nursing care, and the influences that these evaluative acts entail are transversal.<sup>17</sup> Also in the study, E3 emphasises that there is a lack of focus in institutions on discussions about planning and policies related to clinical governance as a political and operational strategy and integrated governorship structure, but only as a response to a tutelary requirement.<sup>13</sup>

And finally, another gap identified in the literature review relates to the breakdown in the fulfilment of the steps in the audit cycle. Highlighting E6, this study concluded that the impacts of national audits can be improved by strengthening all aspects of feedback loops, especially effective feedback, and by considering how different ways of reinforcing feedback work together.<sup>16</sup> E7 also identifies the lack of dissemination of results, which can demotivate the organisation's employees in the audit process to promote quality, diverting the focus from the primary purpose.<sup>17</sup>

According to the National Plan for Patient Safety 2021-2026 (PNSD 2021-2026), which aims to consolidate and promote safety in the provision of health care, defining Leadership and governance as Pillar 2, it states that leaders and managers must lead the institution to a level where patients, families and health professionals feel confident and open to discuss and anticipate the fragilities of the system, as well as the possibility of undesirable events, families and healthcare professionals feel confident and open to discuss and anticipate the weaknesses of the system, together with the possibility of undesirable events occurring, but also to respond transparently to the challenges of the complexity inherent in the provision of healthcare, guaranteeing a culture centred on safety.<sup>20</sup>

In view of the main results obtained, namely the effects on access to quality care, guaranteeing user safety, as well as collective responsibility and accountability. It is considered that clinical auditing, as one of the pillars of clinical governance, promotes quality in clinical practice and is part of a strategy to be adopted by health institutions in pursuit of achieving objectives, such as meeting the requirements defined by the PNSD 2021-2026.

**Conclusion**

Clinical audits are a careful, structured, systematic and ongoing analysis in which peers investigate whether the care provided meets the best available "evidence", whether the procedures carried out are in line with what is accepted as the best options and practices.

There is an urgent need to distinguish the external audits (accreditations, certifications) that are so much in vogue in our reality from audits in which peers, at the level of services and departments, continually assess their performance and the results of the teams they are part of, according to strict quality criteria.

Quality audits by external auditors only make sense in the context of organisations where internal audits are a culturally ingrained practice. Clinical auditing makes it possible to start a cycle by identifying opportunities for improvement, designing and implementing actions aimed at correcting or improving the provision of care, and then auditing again. As such, it can be described as a succession of stages that develop in a cycle and in which the succession of several cycles evolves in a spiral - this is continuous quality improvement.

Continuous improvement in the quality of clinical and relational performance will translate into user satisfaction and health gains. Clinical governance leads to the recognition that promoting best practice is one of the main drivers of economic efficiency. It creates the necessary conditions for continuous quality improvement, based on a culture of leadership, co-operation, learning and motivation, process management, risk management, transparency and social responsibility. It plays a crucial role in ensuring adherence to regulations and legal standards, minimising legal and financial risks and promoting clinical management based on responsibility and transparency. This is paramount for maintaining the trust of users and the credibility of institutions in the eyes of regulatory bodies and society as a whole, ensuring that healthcare practices are always in line with legal and ethical requirements. The effective implementation of health audit programmes, despite bringing numerous benefits, faces a number of significant challenges. One of the main obstacles is resistance to change on the part of healthcare

professionals, which can be caused by discomfort with new procedures or a perceived increase in workload. In addition, the need to maintain a culture of continuous updating with best practices and constantly evolving regulations requires investment of time and resources. Securing sufficient resources, including funding, personnel, as well as technology, also stands out as a critical challenge to carrying out comprehensive and effective audits.<sup>8</sup>

As implications for research and nursing practice, we obtained a snapshot of the evidence on auditing as a pillar of clinical governance in promoting quality in a hospital environment. The study could operate as a facilitator and adjunct to the process of implementing/continuing quality in organisations, becoming a benchmarking tool and a manual of good practices for implementing quality in a sustained way in hospital organisations. In response to the question "What effects does clinical governance have on promoting quality in clinical practice through the auditing process?" we can state that clinical auditing is an asset in the clinical governance process, so its systematic practice promotes an increase in clinical effectiveness, risk management, professional development, as well as transparency in terms of publicising the results obtained, ensuring standards of professional practice and promoting continuous improvement in the quality of services.

As a suggestion for future research, we propose, to analysing articles in the primary health care, as we found the latter already had a long way to go in the field of clinical governance. We also suggest extending the studies to include private hospitals, as well as using tools such as benchmarking to analyse the health gains achieved through clinical governance.

#### Authorship and Contributions

Bernardino SP: Conception and design of the study; Data collection; Data analysis and interpretation; Writing the manuscript; Critical revision of the manuscript; Approval of the final version of the manuscript and taking responsibility for it;

Bernardino CP: Conception and design of the study; Data collection; Data analysis and interpretation; Writing the manuscript; Critical revision of the manuscript; Approval of the final version of the manuscript and taking responsibility for it;

#### Conflicts of interest and financing

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