From audit to action

The 'Hot Topic' article in this issue originates from the latest 'Saving Children' Report, published in May 2011. It summarises some of the important findings of the Child Healthcare Problem Identification Programme (PIP), which was developed for the Medical Research Council's Unit for Maternal and Infant Health Care Strategies. In this programme, careful auditing of each child death allows conclusions to be drawn about quality of care and possible modifiable factors in that death. From a small beginning at a few hospitals, Child PIP has been gathering momentum and is now being implemented at nearly a third of all public hospitals in South Africa. The full report and more detail is available on-line at www.childpip.org.za, and is an important resource.

The publication's title ambitiously sets out the real aim of audit. Death auditing alone can never be the final goal. PIP started out as a child health care team initiative for self-evaluation and service improvement at the local hospital level. That is where commitment to learning from mistakes and searching for better ways of doing things does actually save lives. That is the task of every team leader in health care, and the real strength of PIP lies in encouraging teams to reflect on their own service and to find ways of improving care. Audit must lead to action locally. An important measure of success and a source of justifiable pride is a documented improvement in any one team's selected outcome indicators at the local level. For example, it was reported that the in-hospital mortality rate of children in participating hospitals in Mpumalanga province had declined by 17% since implementation of PIP, and that both Ceres and Gelukspan hospitals had been able to show a significant improvement in their outcome measures between 2008 and 2009. Such encouraging information may be hidden in a combined report.

At the same time, this programme is a very important snapshot tool to determine the present child health care situation of hospitals, regions, and potentially the country as a whole, and to compare its progress over time. It cannot, however, be expected to provide representative vital statistics owing to its restricted view. Nevertheless, Child PIP, through its standardised audit format, has the ability to generate important data that can be used in research and in determining priorities, policy and strategy. Even though death auditing inevitably measures only that health care that has had an unfortunate ending and its interpretation could therefore be subject to negative bias, the report does contribute important data about the care of the most critically sick children. In this respect, the present report paints a sobering overall picture of no progress in reducing the number of modifiable factors per death, a worrying rise in the proportion of neonatal deaths as a proportion of total audited deaths, and major deficiencies in health care, but it also makes important recommendations that should be heeded by planners, administrators, educators and clinical staff.

Child PIP's initial strength lay in enthusiastic buy-in at the local level. While it is now becoming institutionalised in many hospitals, one of the challenges to Child PIP leaders is to continue to provide encouragement and motivation to all participants to avoid the potential weakness of statistical data being generated purely for the sake of a report. The Saving Children Call to Action must first be heeded by each health professional as a personal call!

It is opportune to consider health care audit as the first step towards action. It identifies strengths and weaknesses as well as research and training needs. We regularly publish scientific papers involving audit, and like any scientific endeavour, it demands rigour and honesty.

In this issue of *SAJCH* we place another focus on environmental issues affecting child health. The risk of sunburn on pale skins is established. Wright and colleagues attempted to quantify this risk for schoolchildren in different localities in South Africa, and suggest that this knowledge may help to plan avoidance strategies.

The worst environmental danger in Africa is resistant *Plasmodium falciparum.* Withdrawal of chloroquine may serve to restore sensitivity, but Efunshile and co-workers showed persisting high-level resistance to chloroquine 5 years after the drug had been withdrawn from public hospitals in Nigeria and found that more than a quarter of their patients had received chloroquine at home.

Traffic accidents are becoming a major health care burden in the developing world. Hallbauer and colleagues investigated child seating and restraint in motor vehicles and show widespread disregard or ignorance. Elsewhere this kind of knowledge has led to enactment and enforcement of legislation, with resultant improvement in safety behaviour.[1] Nasir and co-authors point out the increasing risk from motorcycle injuries in Nigeria.

Once again, this issue also features a number of rare, interesting or illustrative case reports for interest and education.

D F Wittenberg, *MD, FCP (Paed) (SA)*
Editor

Reference

1. Segui-Gomez M, Wittenberg E, Glass R, Levenson S, Hingson R, Graham JD. Where children sit in cars: the impact of Rhode Island's new legislation. Am J Publ Health 2001;91(2):311-313.

Warmest South African congratulations to the Child PIP team on the publication of the sixth 'Saving Children' report.