

Completed clinical audit forms example

(front of form)

(back of form)

Clinical audit proposal for an audit on timeliness and effectiveness of assessments by the breast care team

Example

CLINICAL AUDIT PROPOSAL

DIRECTORATE, SERVICE OR TEAM: Breast care team

CLINICAL AUDIT TITLE: Timeliness and effectiveness of assessments by the breast care team

CLINICAL AUDIT OBJECTIVE(S)

Ensure that assessments carried out by the breast care team are timely and effective.

BACKGROUND TO THE CLINICAL AUDIT (reason(s) subject and objective(s) were selected)

The team wants to have evidence of its performance in comparison with national guidelines.

STAKEHOLDERS AND THEIR INVOLVEMENT (those involved in or affected by the clinical audit and how they will be involved)

| Involvement (tick as many as apply) | Design | Data source | Review findings | Plan action | Other |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Breast care team | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Manager of the service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| General practitioners | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ETHICS SCREENING LIST — Does the clinical audit... Any yes response requires ethics review

- gather any information about a patient beyond that collected in routine patient care? Yes No
- pose any risk for or burden on a patient beyond those of higher routine care? Yes No
- infringe on any patient's rights? Yes No
- risk breaching any patient's confidentiality or privacy? Yes No
- collect data directly from any patient or carer, and if so, could the audit subject a patient or carer to more than minimal burdens or risks if it is time consuming or requests sensitive information? Yes No
- allocate any interventions differently among groups of patients or staff? Yes No

COMMITMENT AND SUPPORT

I will ensure that the team undertaking this clinical audit is supported to achieve improvement in the quality of care or service or to refer recommendations for improvement to those responsible and accountable for the service.

Clinical Director/Service Manager/Team Leader
[Signature] 29 Aug
signature date

Clinical Audit Lead
[Signature] 29 Aug
signature date

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POPULATION DESCRIPTION (patients, service users, events or situations)

Include these. All people referred to the breast care team in July

Exclude these

Patient or service user ages All ages Only between and years of age

Number in a year or 6 months160..... or 1 month or 1 week40.....

POPULATION OR SAMPLE AND TIME PERIOD FOR THE CLINICAL AUDIT

Population All cases from 1 July to 31 July
number date date

Sample Type Size
sample number

DATA COLLECTION STRATEGY

Retrospective Concurrent Other (specify)

DATA SOURCES TO BE USED

Patient or service user records Other (specify)

CLINICAL AUDIT MEASURES (see form)

Source of clinical audit measures

National standard or guideline Research study(ies) Other (specify)

Systematic review or meta-analysis Group consensus

Local protocol or guideline

Additional data to be collected for information only

WORK PLAN

| Start by | Planned date(s) |
|-----------------------------|-----------------|
| Data collected by | 31 Aug |
| 'Flagged' cases reviewed by | 10 Sep |
| Findings reviewed by | 30 Sep |
| | 10 Oct |
| | 15 Oct |
| | 1 Dec |
| | 31 Mar |
| | 1 July |

* This report may be updated if more than one measure - act - measure cycle is needed to achieve any desired improvements.

HELP NEEDED

Is help or support from any other department or service needed to complete the audit? Yes No

If yes, describe whose help is needed and the nature of the help

COPY — Send a copy of the signed proposal, including the clinical audit measures to the following:

Clinical Governance Department

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Clinical audit measures for an audit on timeliness and effectiveness of assessments by the breast care team

Example

| SUBJECT <i>Timeliness and effectiveness of assessments by breast care team</i> | | DATE <i>22 August</i> | | |
|--|--|-------------------------|---|---|
| CLINICAL AUDIT MEASURES | | | | |
| Measure no. | Evidence of quality of care or service | Standard (% compliance) | Exception(s) | Definitions and instructions for data collection |
| 1. | <i>The outpatient appointment is ≤10 working days after the referral is received</i> | <i>100%</i> | <i>A. Patient choice</i> | <i>See date referral received and date of outpatient appointment. Referral means written referral or verbal (telephone) referral. Day means 24-hour period. Days means consecutive working days.</i> |
| 2. | <i>In a single visit, the patient has (a) Clinical examination and (b) Ultrasound or mammography and (c) Core biopsy or fine needle aspiration</i> | <i>100%</i> | <i>A. Patient declines for (b) or (c)</i> | <i>See outpatient notes for clinical examination. See ultrasound or mammography and core biopsy or fine needle aspiration reports for date done. Single visit means one appointment session. If (a) or (b) or (c) is missing, note which was missing and any explanation that was in the records.</i> |
| 3. | <i>Test results are given to the patient ≤5 working days following investigations</i> | <i>100%</i> | <i>A. Patient choice</i> | <i>See outpatient progress notes for date of triple assessment and date the patient was given results. Given means face-to-face contact.</i> |
| 4. | <i>The breast care nurse is present when test results are given</i> | <i>100%</i> | <i>A. Patient choice</i> | <i>See outpatient progress notes for evidence that the breast care nurse was present</i> |

CLINICAL AUDIT CASE ABSTRACT

SUBJECT *Timeliness and effectiveness of assessments by breast care team*

CASE CODE *488*

OTHER INFORMATION ITEMS

DATE *1 September*

| Decision (EV, EX/CM or R) | Measure number | Evidence of quality (and exceptions or critical management) | | Data collector notes |
|---------------------------|----------------|---|------|--|
| EX | 1. | <i>The outpatient appointment is ≤10 working days after the referral is received</i> A. Patient choice | 100% | <i>Patient requested 12 days</i> |
| EV | 2. | <i>In a single visit, the patient has:</i> <i>(a) Clinical examination and</i> <i>(b) Ultrasound or mammography and</i> <i>(c) Core biopsy or fine needle aspiration</i> A. Patient declines (b) or (c) | 100% | |
| R | 3. | <i>Test results are given to the patient ≤5 working days following investigations</i> A. Patient choice | 100% | <i>The fine needle aspiration was delayed and wasn't available when the test results were given to the patient.</i> <i>The patient was told the consultant would telephone when the result was available.</i> |
| R | 4. | <i>The breast care nurse is present when test results are given</i> A. Patient choice | 100% | <i>There is no note in the record of the consultant telephoning the patient</i> |

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EV = met EVIDENCE, EX = met an EXCEPTION, R = requires REVIEW, CM = met CRITICAL MANAGEMENT (for a complication only)

