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

Include these .....

.....

Exclude these .....

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

Number in a year ..... **or 6 months** ..... **or 1 month** ..... **or 1 week** .....

POPULATION OR SAMPLE AND TIME PERIOD FOR THE CLINICAL AUDIT

❑ **Population** ..... (*number*) **cases from** ..... (*date*) **to** ..... (*date*)

❑ **Sample Type** ..... (*sample*) **Size** ..... (*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
❑ Systematic review or meta-analysis
❑ Local protocol or guideline
❑ Research study(ies)
❑ Group consensus
❑ Other *(specify)* .....

Additional data to be collected for information only .....

.....

WORK PLAN

	Planned date(s)		*Planned date(s)*
Start by	.....	**Problems and causes analysed by**	.....
Data collected by	.....	**Action plan implemented by**	.....
'Flagged' cases reviewed by	.....	**Repeat measurement completed by**	.....
Findings reviewed by	.....	**Report submitted by***	.....

**The 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:

.....

.....

.....

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CLINICAL AUDIT PROPOSAL

DIRECTORATE, SERVICE OR TEAM .....

CLINICAL AUDIT TITLE .....

.....

CLINICAL AUDIT OBJECTIVE(S)

.....

.....

.....

.....

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

.....

.....

.....

.....

.....

.....

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*
.....	❑	❑	❑	❑	❑
.....	❑	❑	❑	❑	❑
.....	❑	❑	❑	❑	❑
.....	❑	❑	❑	❑	❑
.....	❑	❑	❑	❑	❑
.....	❑	❑	❑	❑	❑

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

- *infringe on any patient's rights or risk breaching any patient's confidentiality or privacy?* ❑ *Yes* ❑ *No*
- *pose any risk for or burden on a patient beyond those of his or her routine care?* ❑ *Yes* ❑ *No*
- *involve any clinically significant departure from usual clinical care?* ❑ *Yes* ❑ *No*
- *gather any information about a patient beyond that collected in routine patient care?* ❑ *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*
- *collect any data that could be used to identify any patient or any practitioner? (Clinical audit data must be anonymized.)* ❑ *Yes* ❑ *No*
- *have someone carrying out the audit who does not normally have access to patients' records or information?* ❑ *Yes* ❑ *No*
- *involves a potential conflict of obligation to patients such as a trade-off between cost and quality or patient safety* ❑ *Yes* ❑ *No*
- *involve the use of any untested clinical or systems intervention?* ❑ *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	**Clinical Audit Lead**
.....	.....
signature ***date***	***signature*** ***date***

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SUBJECT .....

DATE .....

CLINICAL AUDIT MEASURES

Measure no.	Evidence of quality of care or service (criterion)	Standard (% compliance)	Exception(s)	Definitions and instructions for data collection

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CLINICAL AUDIT CASE ABSTRACT

SUBJECT .... **CASE CODE** ....

OTHER INFORMATION ITEMS .... **DATE** ....

Decision (EV, EX/CM or R)	Measure number	Evidence of quality (and exceptions or critical management)	Data collector notes

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

CLINICAL AUDIT DATA MATRIX

SUBJECT ..... **DATE** .....

TOTALS				FINDINGS BY CASE										
Number of cases				Case code										
				Age/gender										
				Professional code										
				Location code										
				Activity										
Data collection findings														
Met EV	Met EX/CM	Req R	Total COMP	Measure number										
Total Yes		Total No		Met all measures? (Y or N)										

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EV = met EVIDENCE, EX = met an EXCEPTION, R = requires REVIEW, CM = met CRITICAL MANAGEMENT (for a complication only)
Total COMP = TOTAL NUMBER OF COMPLICATIONS (for a complication only)

CLINICAL AUDIT DATA MATRIX

SUBJECT .....

DATE .....

TOTALS				FINDINGS BY CASE
Number of cases				Case code
				Age/gender
				Professional code
				Location code
				Activity
Data collection findings				
Met EV	Met EX/CM	Req R	Total COMP	Measure number
Total Yes		Total No		Met all measures? (Y or N)

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EV = met EVIDENCE, EX = met an EXCEPTION, R = requires REVIEW, CM = met CRITICAL MANAGEMENT (for a complication only)
Total COMP = TOTAL NUMBER OF COMPLICATIONS (for a complication only)

ANALYSIS OF RATES

SUBJECT ..... NUMBER OF CASES ..... DATE .....

RATES IN TOTAL AND DISTRIBUTION

Measure number	Evidence of quality % expected	Actual number of cases	Actual % of cases

RATE PASSES REVIEW?

Yes ✔	No ✔	Reason

DISTRIBUTION OF RATE

Measure number	Rate by variable(s), range(s), eg, day of week, time of day, patient age, location code, professional code, treatment	Number of cases	% of cases

DISTRIBUTION OF RATE

Measure number	Rate by variable(s), range(s), eg, day of week, time of day, patient age, location code, professional code, treatment	Number of cases	% of cases

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CLINICAL AUDIT DATA PRESENTATION

SUBJECT ..... NUMBER OF CASES ..... DATE .....

AGE/GENDER DISTRIBUTION OF CASES

Age range	Male	Female	Total
Total			

LOCATION DISTRIBUTION

Location code	Number of cases	Number of discharges	Number of deaths
Total			

ACTIVITY DISTRIBUTION

Length of stay/treatment/ visit/appointment range	Number of cases
Total	

Length of stay/treatment/ visit/appointment range	Number of cases
Total	

INFORMATION ITEMS

Item (and range)	Total number of cases	%

Item (and range)	Total number of cases	%

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ANALYSIS OF FINDINGS

SUBJECT .....

NUMBER OF CASES .....

DATE .....

FINDINGS FROM DATA COLLECTION

Measure number	Evidence of quality (and exceptions or critical management)	% Expected	% Actual	Data collector notes *(include case code numbers)*

VARIATION PASSES REVIEW?

Yes ✔	No ✔	Reason *(to be completed by healthcare professionals)*

ADJUSTMENTS

Acceptable variations	Final %

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CLINICAL AUDIT SUMMARY REPORT

DIRECTORATE, SERVICE OR TEAM ……………………………………………

CLINICAL AUDIT TITLE ……………………………………………

CLINICAL AUDIT OBJECTIVE(S) ……………………………………………

……………………………………………

……………………………………………

……………………………………………

PATIENTS, SITUATIONS OR EVENTS IN THE AUDIT ***(description, number and sample, if relevant)*** ……………………………………………

……………………………………………

FINDINGS

Measure number	Evidence of quality (and exceptions or critical management)	% Expected	% Actual (original)	% Actual (repeat 1)	% Actual (repeat 2)

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PROBLEMS REVEALED BY THE CLINICAL AUDIT AND THE CAUSES

PROBLEM(S) *(...% of patients or service users did not...)*	CAUSES OF THE PROBLEMS *(based on analysis)*

ACTIONS PLANNED AND IMPLEMENTED

ACTION PLANNED TO ADDRESS CAUSES			ACTION IMPLEMENTATION	
Actions	Responsibility	Deadline	Actions implemented	Date completed

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