

# Clinical Audit Proposal Form

## MTI – Khyber Teaching Hospital Peshawar

Audit No

*Office use only*

<b>Audit Title</b>				
<b>Audit Lead:</b>	Name		Specialty	
	Job Title		Tel	
	Email			
	Audit Supervisor (For junior Doctors)		Signature of supervisor	

**Is this a Re-audit?**     Yes     No

If Yes, have previous audit's actions have been implemented?     Yes     No

Scope: (How broad is the focus of this audit)			
National <input type="checkbox"/>	Regional <input type="checkbox"/>	Local <input type="checkbox"/>	Interface Audit <input type="checkbox"/>
Multi-professional? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes –Kindly, list the professions involved:			
1.	2.	3.	4.

Rationale for audit: (Why is this project being undertaken?)		
<input type="checkbox"/> Service evaluation	<input type="checkbox"/> Area of high risk	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Audit of new/updated guidelines	<input type="checkbox"/> Area of high cost	
<input type="checkbox"/> Adverse event	<input type="checkbox"/> Area of high volume	
<input type="checkbox"/> In response to complaints issue		

Background

Aims & Objectives

Project Teams Details			
Name	Job Title	Specialty	Role within Project (data collection, Supervisor etc)
1.			
2.			
3.			
4.			
5.			

Expected impact of the results on other areas: (Participation details)			
What other areas other than parent area, will this audit impact on? (e.g. another profession/specialty/Institute)	Who in this area have you discussed and agreed this audit with?		
	Name	Job Title	Date Agreed
1.			
2.			
3.			
4.			

Audit Standards: (e.g. local guidelines, NICE or Royal College guidelines, recommendations from research studies).
<p><u>Specify:</u></p>  <p><u>Reference:</u></p>

Methodology:	
<b>Data Collection</b>	<input type="checkbox"/> Retrospective <input type="checkbox"/> Concurrent <input type="checkbox"/> Prospective
	<input type="checkbox"/> Case notes review <input type="checkbox"/> Existing databases <input type="checkbox"/> Patient/staff questionnaire* <input type="checkbox"/> Other ( <u>please specify</u> ): <i>Add further information below:</i> _____ (*Use Validated Questionnaire)
<b>Audit Sample:</b>	Sample selection criteria: _____ _____ _____ _____
	Acceptable Exceptions criteria: _____ _____ _____ Sample size: <input style="width: 50px; height: 20px;" type="text"/>
<b>Time Scale</b>	Expected date to start data collection: <input style="width: 150px; height: 25px;" type="text"/>
	Expected date of presentation of results: <input style="width: 150px; height: 25px;" type="text"/>
<b>Patient Involvement</b>	Have you involved patients/clients/users and/or their carers in the planning and design of this project? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Planned Method of Dissemination</b>	<input type="checkbox"/> Presentation <input type="checkbox"/> Written report <input type="checkbox"/> Publication
<ul style="list-style-type: none"> <li>▪ <b>Personal details, including hospital number, name, address, date of birth etc, should not be recorded on the data collection tool. Give each patient a unique identifier/number. A separate 'code sheet' can then be kept as a key, linking each unique identifier to the patient's hospital number.</b></li> <li>▪ <b>Remember to destroy completed audit proformas and code sheets once an audit has been presented/written-up and an action plan produced. Only anonymised data should be kept.</b></li> </ul>	

<b>Project Lead Declaration:</b>		
<p>I understand that the <b>data</b> from this audit must be kept anonymous.</p> <p>I confirm that the information provided on this form is accurate to the best of my knowledge. By signing this form I agree that once the audit is completed, the results will be disseminated in the first instance, and a copy of the audit report will be submitted to the Clinical Audit Convenor of this institution.</p>		
<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Clinical Audit Convenor</b>		
<ul style="list-style-type: none"> <li>▪ I approve the project described above and confirm that it has been appropriately reviewed for methodological quality, resource implication and importance to the Institution.</li> </ul>		
<b>Signature:</b>		<b>Date:</b>

**List of Audit Measures Required to Audit Against the Chosen Standards.**

<b>S.No</b>	<b>Audit Measures</b>	<b>Target %</b>	<b>Clinical Exceptions</b>	<b>Instruction on Data Collection</b>

# Clinical Audit check-list

## MTI, Khyber Teaching Hospital

S.No	Clinical Audit proposal checklist	Tick box
1.	Selected a topic and clearly stated a "Title" of the clinical audit.	
2.	Clearly stated the aims and objectives.	
3.	Identified evidenced based standards (Referenced), audit criteria, acceptable exceptions and set targets.	
4.	Identify the scope of the clinical audit.	
5.	Nominated a supervisor to oversee the project of junior doctor.	
6.	Identified a realistic timescale for the project to complete.	
7.	Planned the project field work.	
8.	Decided the mode of sharing the project results.	
9.	Confidentiality and anonymity has been ensured	
10.	Technically and ethically correct	
11.	Filled and signed the "Clinical Audit Proposal Form" from project supervisor.	
12.	Identified the population to be included in the project.	
13.	Documented clinical audit methodology.	
14.	Identified the sample size and sampling techniques.	
15.	Constructed data collection proforma/tool-kit if any.	

**Clinical Audit Lead/Departmental Clinical Audit Lead**

**Stamp & Signature:** \_\_\_\_\_

# Clinical Audit check-list

## MTI, Khyber Teaching Hospital

Clinical Audit Committee Approval Checklist		
1	Analyzed data in reference with the clinical audit standards.	
2	Reported the results in a "Clinical Audit Report" template	
3	Ethically & technically correct	
4	Prepared a presentation on dissemination of audit results.	
5	Report progress on implementation of changes and give a date to re-audit.	
6	Approved by Clinical audit supervisor & Clinical Audit Lead/Departmental Lead	

**Clinical Audit Lead/Departmental focal Person Signature:** \_\_\_\_\_

**Signature of Clinical Audit Program Director:** \_\_\_\_\_

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