

# Completed clinical audit forms example

**(front of form)**

**CLINICAL AUDIT PROPOSAL**

**DIRECTORATE, SERVICE OR TEAM** *Breast care team*

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

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**CLINICAL AUDIT OBJECTIVE(S)**

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

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

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

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**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 analysis                       | Review/audit                        | Plan/Action                         |
| <i>Breast care team</i>       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>Manager of the service</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>General practitioners</i>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <i>Patients</i>               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

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**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, consulting or requesting sensitive information?*  Yes  No
- allocate any interventions differently among groups of patients or staff?*  Yes  No

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**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]* **Clinical Audit lead** *[Signature]*

signature *29 Aug* date *29 Aug*

**(back of form)**

**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 months ..... 160 ..... or 1 month ..... 40

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**POPULATION OR SAMPLE AND TIME PERIOD FOR THE CLINICAL AUDIT**

Population *All* cases from *1 July* to *31 July*

Sample *Type* ..... Size *number* ..... *number* ..... *date* .....

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**DATA COLLECTION STRATEGY**

Retrospective  Concurrent  Other *(specify)* .....

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**DATA SOURCES TO BE USED**

Patient or service user records  Other *(specify)* .....

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**CLINICAL AUDIT MEASURES** *(see form)*

**Source of clinical audit measures**

National standard or guideline  Research studies  Other *(specify)* .....

Systematic review or meta-analysis  Group consensus

Local protocol or guideline

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

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**WORK PLAN**

| Planned date(s)                                  | Planned date(s)                                      |
|--------------------------------------------------|------------------------------------------------------|
| <i>Start by</i> <i>31 Aug</i>                    | <i>Problems and causes analysed by</i> <i>15 Oct</i> |
| <i>'Flagged' cases reviewed by</i> <i>10 Sep</i> | <i>Action plan implemented by</i> <i>1 Dec</i>       |
| <i>Findings reviewed by</i> <i>30 Sep</i>        | <i>Repeat measurement completed by</i> <i>31 Mar</i> |
| <i>Report submitted by*</i> <i>10 Oct</i>        | <i>Report submitted by*</i> <i>1 Jan</i>             |

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

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**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**

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

*Clinical Governance Department*

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Example

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



**Clinical Audit Data Matrix form for a clinical audit on timeliness and effectiveness of assessments by the breast care team for the first 10 cases**

**Example**

**CLINICAL AUDIT DATA MATRIX**

**SUBJECT** *Timeliness and effectiveness of assessments by the breast care team*      **DATE** *1 September*

| TOTALS                                               |                                 |                  |              | FINDINGS BY CASE                  |                       |         |         |         |         |         |         |         |         |    |
|------------------------------------------------------|---------------------------------|------------------|--------------|-----------------------------------|-----------------------|---------|---------|---------|---------|---------|---------|---------|---------|----|
| <b>Number of cases</b><br><br><i>first 10 of 160</i> | <b>Case code</b>                |                  |              | 712                               | 892                   | 441     | 502     | 670     | 488     | 216     | 306     | 576     | 363     |    |
|                                                      | <b>Age/gender</b>               |                  |              | 45<br>F                           | 54<br>F               | 32<br>F | 41<br>F | 48<br>F | 57<br>F | 62<br>F | 57<br>F | 39<br>F | 70<br>F |    |
|                                                      | <b>Professional code</b>        |                  |              |                                   |                       |         |         |         |         |         |         |         |         |    |
|                                                      | <b>Location code</b>            |                  |              |                                   |                       |         |         |         |         |         |         |         |         |    |
|                                                      | <b>Activity</b>                 |                  |              |                                   |                       |         |         |         |         |         |         |         |         |    |
|                                                      | <b>Day referred</b>             |                  |              | Thu                               | Mon                   | Mon     | Wed     | Tue     | Wed     | Fri     | Mon     | Mon     | Mon     |    |
|                                                      | <b>Day seen</b>                 |                  |              | Mon                               | Fri                   | Wed     | Fri     | Thur    | Tue     | Tue     | Thur    | Thur    | Fri     |    |
|                                                      | <b>Data collection findings</b> |                  |              |                                   |                       |         |         |         |         |         |         |         |         |    |
|                                                      | <b>Met EV</b>                   | <b>Met EX/CM</b> | <b>Req R</b> | <b>Total COMP</b>                 | <b>Measure number</b> |         |         |         |         |         |         |         |         |    |
|                                                      | 7                               | 3                | 0            | —                                 | 1                     | EV      | EX      | EV      | EV      | EV      | EX      | EV      | EV      | EV |
| 8                                                    | 1                               | 1                | —            | 2                                 | EV                    | EV      | EX      | EV      | EV      | EV      | R       | EV      | EV      | EV |
| 5                                                    | 3                               | 2                | —            | 3                                 | EV                    | EV      | EX      | EV      | EV      | R       | R       | EX      | EX      | EV |
| 5                                                    | 3                               | 2                | —            | 4                                 | EV                    | EV      | EX      | EV      | EV      | R       | EV      | EX      | EX      | R  |
|                                                      |                                 |                  |              |                                   |                       |         |         |         |         |         |         |         |         |    |
|                                                      |                                 |                  |              |                                   |                       |         |         |         |         |         |         |         |         |    |
|                                                      |                                 |                  |              |                                   |                       |         |         |         |         |         |         |         |         |    |
|                                                      |                                 |                  |              |                                   |                       |         |         |         |         |         |         |         |         |    |
|                                                      |                                 |                  |              |                                   |                       |         |         |         |         |         |         |         |         |    |
|                                                      |                                 |                  |              |                                   |                       |         |         |         |         |         |         |         |         |    |
|                                                      |                                 |                  |              |                                   |                       |         |         |         |         |         |         |         |         |    |
|                                                      |                                 |                  |              |                                   |                       |         |         |         |         |         |         |         |         |    |
|                                                      |                                 |                  |              |                                   |                       |         |         |         |         |         |         |         |         |    |
|                                                      |                                 |                  |              |                                   |                       |         |         |         |         |         |         |         |         |    |
|                                                      |                                 |                  |              |                                   |                       |         |         |         |         |         |         |         |         |    |
| <b>Total Yes</b>                                     | <b>6</b>                        | <b>Total No</b>  | <b>4</b>     | <b>Met all measures? (Y or N)</b> | Y                     | Y       | Y       | Y       | Y       | N       | N       | Y       | N       | 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 CASE ABSTRACT**

SUBJECT *Timeliness and effectiveness of assessments by breast care team* 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 |
|---------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
|                           | 1.             | <i>The outpatient appointment is ≤10 working days after the referral is received</i><br>A. Patient choice                                                                                             | 100%                 |
|                           | 2.             | <i>In a single visit, the patient has:<br/>(a) Clinical examination and<br/>(b) Ultrasound or mammography and<br/>(c) Core biopsy or fine needle aspiration</i><br>A. Patient declines for (b) or (c) | 100%                 |
|                           | 3.             | <i>Test results are given to the patient ≤5 working days following investigations</i><br>A. Patient choice                                                                                            | 100%                 |
|                           | 4.             | <i>The breast care nurse is present when test results are given</i><br>A. Patient choice                                                                                                              | 100%                 |

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

**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 &lt;10 working days after the referral is received</i><br>A. Patient choice                                                                                                            | <i>100% Patient requested 12 days</i>                                                                                                                                                                       |
| EV                        | 2.             | <i>In a single visit, the patient has:</i><br><i>(a) Clinical examination and</i><br><i>(b) Ultrasound or mammography and</i><br><i>(c) Core biopsy or fine needle aspiration</i><br>A. Patient declines for (b) or (c) | 100%                                                                                                                                                                                                        |
| R                         | 3.             | <i>Test results are given to the patient &lt;5 working days following investigations</i><br>A. Patient choice                                                                                                           | <i>100% The fine needle aspiration was delayed and wasn't available when the test results were given to the patient. 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><br>A. Patient choice                                                                                                                                | <i>100% 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)



Clinical Audit Data Presentation Form

Example

(inside of form)

ANALYSIS OF FINDINGS

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

| Measure number | FINDINGS FROM DATA COLLECTION |          | Data collector notes (include case code numbers)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------|-------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                | % Expected                    | % Actual |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 1              | 100                           | 91.9     | 13 cases as follows:<br>8 cases had an appointment in 12 days<br>4 cases had an appointment in 14 or 15 days<br>1 case had an appointment in 20 days. There is no explanation for the delay in patients' records or appointment files.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2              | 100                           | 95.0     | 8 cases for 4 there is no record of an imaging exam, for 2, FNA was requested but there is no report in the patient's record, for 2 cases there are no imaging and no pathology reports in the patient's record.<br>(a) Clinical examination and<br>(b) Ultrasound or<br>mammography and<br>(c) Core biopsy or fine needle aspiration<br>A. Patient declines (b) or (c)                                                                                                                                                                                                                                                                                                                                                                                |
| 3              | 100                           | 87.5     | 20 cases for 16 cases, there is no way to know that the test results were given to patients in 5 days. These patients did not have follow up appointments in the 5 days after test results available. 2 patients became inpatients for other problems and were given the results within 24 hours of their availability. There is a note in 1 patient record that the patient's GP was telephoned with the result but it is unknown when the patient was informed. The fine needle aspiration was delayed and the report wasn't available when the test results were given to the patient. The patient was told the consultant would telephone when the result was available. There is no note in the record of the consultant telephoning the patient. |
| 4              | 100                           | 80.0     | 32 cases for 26 cases, there was no reference to who saw the patient except the doctor. For 4 cases, it was noted that the specialist nurse was not available due to illness.<br>A. Patient choice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

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NUMBER OF CASES .....160.....

DATE *10 October*.....

| Yes                                 | No                                  | Reason (to be completed by healthcare professionals) | ADJUSTMENTS           |         |
|-------------------------------------|-------------------------------------|------------------------------------------------------|-----------------------|---------|
|                                     |                                     |                                                      | Acceptable variations | Final % |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Patients are to be seen on time                      | 0                     | 91.9    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Reports must be in patients' records                 | 0                     | 95.0    |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | (18) 2 cases who were inpatients are acceptable      | 2                     | 88.8    |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Patients are to be seen by a multiprofessional team  | 0                     | 80.0    |

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