**Clinical Audit - Report Template**

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| **Clinical Audit Lead/Author(s):** |  |
| **Service Provider:** |  |
| **Key Stakeholders:** |  |
| **Service/ Specialty:** |  |
| **Title of Clinical Audit** | This should be the same as the title on the Proposal Form |
| **Date of Report Distribution** |  |
| **Standard(s) / Criteria used:** | Clinical audit must measure against standards / guidelines; these should be identified and the source included |
| **Background & Introduction** | This is essentially narration, clarifying why the clinical audit was done. For example, was the clinical audit prompted by being a high volume, high risk, problem prone topic? The background should explain the rationale for doing the clinical audit. Summarise the evidence base for the clinical audit topic, giving any references at the end. If a team was convened to undertake this clinical audit, include how this was organised and who was involved. |
| **Aim(s) of the Clinical Audit** | Explain what the clinical audit is trying to achieve; the aim and objectives should have been identified in the planning stage of the clinical audit. |
| **Methodology** | To include:* Chosen population
* How sample selected
* Retrospective, concurrent or prospective
* Sample size
* Describe tool used

State the chosen population for this study (for example, ‘patients referred to the one-stop breast clinic for suspected cancer’) and then how the sample was selected for the clinical audit. Specify whether a retrospective, concurrent or prospective approach was used (for example, for a prospective clinical audit, ‘the first 100 patients referred to the clinic starting from 01/10/20’, or for a retrospective clinical audit, ‘all patients seen at the outpatient clinic during July’). Describe how these patients were identified, the sample size, the time period, and clarify how this was calculated or agreed upon.The data collection method should also be included, for example, ‘Data was collected from patients’ case notes using a data collection sheet, or ‘a query was run in ICT’. List who was responsible for data collection, when this was done, and mention briefly the method of data input (if appropriate) and analysis. |

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| **Results** | State the results.Start with total number (n=00). Data may be presented visually (graphs, tables)The number of subjects (for example, patients) included in the clinical audit is the initial ‘n’ number. If data is incomplete, explain why, for example, it might not be possible to find every set of patient notes.How data is analysed depends upon the question/s to be answered. Ensure to include the number and percentage of cases meeting each criteria of the standard, making it clear what number is being taken a percentage of as the ‘n’ number may change at different points of the report, for example, 45/50 (90%) for criterion A and 81/90 (90%) for criterion B. |
| **Conclusion(s)** | List key points that relate to the clinical audit findings.List the key points that flow from the clinical audit results - use bullet points and avoid long paragraphs. Ensure conclusions are supported by the data, or if the data points to no firm conclusions, say so - don’t make claims that are not supported by the evidence. Make objective, factual statements, not subjective ones. |
| **Recommendations & Quality Improvement Plan** | Recommendations for change should be made. Make sure these are realistic and achievable.A quality improvement plan (action plan) should be agreed, stating what changes will be implemented, who will be responsible for carrying them out and when this will be done. If appropriate (i.e. changes are to be made), set a date for a re-clinical audit to complete the clinical audit cycle. |
| **References** |  |
| **Appendices** |  |