



# Clinical Audit Proposal Form

*(\*This is a Clinical Audit Proposal Form template which can be adapted for local use in each Healthcare Provider Setting.)*

To assist you in completing this proposal form, please see:

[HSE NCCA Nomenclature/Glossary of Terms for Clinical Audit](https://www.hse.ie/eng/about/who/nqpsd/ncca/nomenclature-a-glossary-of-terms-for-clinical-audit.pdf)

http[s://www.hse.ie/eng/about/who/nqpsd/ncca/nomenclature-a-glossary-of-terms-for-clinical-audit](https://www.hse.ie/eng/about/who/nqpsd/ncca/nomenclature-a-glossary-of-terms-for-clinical-audit.pdf).pdf

And

[HSE NCCA Clinical Audit – A Practical Guide 2023](https://assets.hse.ie/media/documents/HSE_National_Centre_for_Clinical_Audit_-_A_Practical_Guide.pdf)

Clinical Audit Topic -

Title of Clinical Audit -

**CLINICAL AUDIT & PROJECT LEAD:**

**Clinical Audit Sponsor** (Name/Job Title):

Committee/Specialty/Work Location:

Contact Number:

Email address:

**Clinical Audit Lead** (Name/Job Title):

Work Location:

Contact Number:

Email address:

**WHY WAS THE TOPIC CHOSEN?**

***Under whose initiative was the audit instigated?*** (Tick all boxes that apply)

Local

National

Other Quality/Patient Safety Initiative, please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Project source must be one or more of the following:*** (Tick all boxes that apply)

High Cost Activity











High Risk Activity

High Volume Activity

|  |
| --- |
| Based on evidence-based healthcare and clinical effectiveness issues (best practice)     |
| Patient Safety Issues/Serious Incidents |
| Re-audit of previously accepted project |
| Patient Safety Strategy 2019 - 2024 (Common Causes of Harm) |
| HSE National Clinical Programmes / Modernised Care Pathway |

***Each clinical audit project must satisfy all of the following:***

Adapted from King’s College Hospital [http://www.kch.nhs.uk](http://www.kch.nhs.uk/)

Aims must be realistic and achievable within available resources  Clear objectives

Multidisciplinary

Clinical and managerial support with a willingness to implement any changes  Agreed and approved standards for audit agreed by the team

Willingness to agree recommendations from the audit and agreed action plan(s)  Aims must be realistic and achievable within available resources

## PARTICIPANTS:

Medical Nursing











Allied Health Professionals Other Specialty / Dept

Pharmacy Add as required:

Have all potential members of the project group been identified? Yes No









Has the clinical audit been discussed with them? Yes No

Please note the relevant groups involved:

## AIM OF CLINICAL AUDIT:

**AIM Statement\*:**

*(\*An aim statement is the answer to the first question in the Model for Improvement: What Are We Trying to Accomplish?)* [*www.IHI.org*](http://www.IHI.org/)

## OBJECTIVE(s) OF CLINICAL AUDIT:

*Sample/prompt text in blue below:*

1. To establish if ………………..
2. To identify if.......
3. To identify areas for improvement

## CRITERIA AND STANDARDS:

*(\*A Standard is a definable measure against which existing structures, processes or outcomes can be compared. (NCEC/HIQA 2015, p. 9)*

Adapted from King’s College Hospital [http://www.kch.nhs.uk](http://www.kch.nhs.uk/)

[ttp://www.kch.nhs.uk](http://www.kch.nhs.uk/)

1.

2.

3.

4.

5.

6.

***OR* Web link** (Please insert web link to Standards source):

## METHOD:

Has a literature search been undertaken? Yes No



Keywords used in search and databases used:

# Clinical Audit INCLUSION/ EXCLUSION CRITERIA:

Inclusion Criteria:

Exclusion Criteria:

## Data Collection:

Concurrent Prospective Retrospective







How will cases be identified?

**METHOD OF DATA COLLECTION:** Chart Review

Staff Questionnaire

Observation

Interview

Patient/client Questionnaire

Telephone

Other:



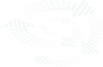


**ESTIMATED SAMPLE SIZE:**

**ANTICIPATED TIME-SCALE**

Proposed Start Date:

Target completion date:



## RESOURCES:

What involvement or resources are you requesting from the local clinical audit/quality and safety team (where available)?

|  |  |  |  |
| --- | --- | --- | --- |
| Approval / Oversight |  | Consultancy / Advice |  |
| Operational Support |  | Audit Tool Design |  |
| Data Analysis |  | Report Production |  |
| Other: |  |

Apart from above, will additional resources required to commence this clinical audit?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

What additional resources are required and what are they required for?

What is the proposed source for these resources?

**Clinical Audit Sponsor / Clinical Audit Lead:**

I, the undersigned, confirm that this clinical audit proposal and its possible (clinical and managerial) implications have been discussed with the relevant participants previously noted who undertake to support the clinical audit and the implementation of any necessary quality improvements identified as a result of the audit.

*Clinical Audit Sponsor*

*Signed* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date* \_\_\_\_\_\_\_\_\_\_\_\_

Clinical Audit Lead

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

*Please forward all completed proposal forms to your local Clinical Audit Office. If you do not have a local Clinical Audit Office, please discuss with your Quality and Patient Safety team or your direct line manager..*

**REQUEST FOR INCLUSION OF PATIENTS IN CLINICAL AUDIT**

(Only to be completed when all patients are not under the direct care of clinical audit sponsor.)

## (Insert Title of Clinical Audit):

Dear Colleague,

I would be grateful if your patient’s anonymous details could be included in the clinical audit proposed above.

This will be undertaken in conjunction with the Local Clinical Audit Support Team and with the support/supervision of .

Yours sincerely,

## Agreed (Signature & Date)