

Category 3: Clinical Audit

Assessment Form

**Audit Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Audit Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of the participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
| **No.** | **ITEMS FOR ASSESSMENT** | **YES** | **NO** |
|  | **Selecting the audit project** |  |  |
| 1 | Was there a perceived problem to undertake the needs assessment for the audit? |[ ] [ ]
| 2 | Were the tools used for needs assessment identified? |[ ] [ ]
| 3 | Has the purpose of the audit been clearly stated? |[ ] [ ]
| 4 | Have resources been identified and confirmed for the audit? |[ ] [ ]
| 5 | Did the audit have fair representation from all stakeholder groups? |[ ] [ ]
|  | **Setting Criteria & Standards** |  |  |
| 1 | Did the clinical audit have clear aim and objectives? |[ ] [ ]
| 2 | Did the audit comply with HMC governance procedures? |[ ] [ ]
| 3 | Did the audit comply with HMC policy and protocols? |[ ] [ ]
| 4 | Did the audit comply with HMC information governance and data security policy? |[ ] [ ]
| 5 | Did the audit comply with HMC ethical standards and requirements? |[ ] [ ]
|  | **Data Collection**  |  |  |
| 1 | Was the audit sample set and size selected in accordance with best practice guidance? |[ ] [ ]
| 3 | Were the data collection tools based on best evidence? |[ ] [ ]
| 4 | Were validity and reliability of the study checked? |[ ] [ ]
| 5 | Was a pilot study conducted prior to main study? |[ ] [ ]
|  | **Data Analysis & Action Implementation** |  |  |
| 1 | Was the data analyzed using appropriate statistical methods?  |[ ] [ ]
| 2 | Were the conclusions clear? |[ ] [ ]
| 3 | Were there actionable outcomes? |[ ] [ ]
| 4 | Were there any unexpected or unavoidable findings in the final report? |[ ] [ ]
| 5 | Did the findings comply with all standards?If not, were necessary steps taken to address non-compliane? |[ ] [ ]
| 6 | Has an action plan been developed to address the findings? |[ ] [ ]
| 7 | Were the results shared with key stakeholders and the action plan signed off by the stakeholder group and in accordance with HMC governance arrangements? |[ ] [ ]
| 8 | Has the action plan been implemented? |[ ] [ ]
| 9 | Was the impact of the implementation of the action plan monitored? |[ ] [ ]
| 10 | Were any unforeseen negative impacts identified post-implementation?If so, were steps taken to address them? |[ ] [ ]
|  | **Sustaining improvements** |  |  |
| 1 | Have measures been taken to sustain improvement after changes are implemented? |[ ] [ ]
| 2 | Has evidence been obtained to demonstrate the quality improvement after implementation of the action plan? |[ ] [ ]
| 3 | Has the stakeholder group determined whether the audit needs to be repeated?If so, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)Are refinements required for future repeat audit? |[ ] [ ]
| 4 | Are the progress in quality improvements being monitored? |[ ] [ ]
| 5 | Is the overall learning from the audit shared with key stakeholders? |[ ] [ ]
| **ADDITIONAL RECOMMENDATIONS** |
| **Name & Signature of the Assessor** |
| **Name & Signature of the Participant** |
| **Date of Assessment & Feddback** |