AVOIDING CLINICAL AUDIT CATASTROPHE...

This is an audit to conduct a comparison between intervention A and intervention B.

My audit will focus on data collected from 2015 to 2025.

This audit will survey patients asking for feedback via a number of different likert (rating) scales.

I expect to be able to complete this audit before the end of my placement in 4 weeks from now.

The detailed objectives I have provided for this audit highlight how data will be captured.

We know the actions we want to implement and the initial data collection will confirm these.

The audit will be rapid and focus on 10 patients initially and then another 10 via the re-audit.

SOLID FOUNDATIONS

Ideally local clinical audit projects are built on solid foundations with stakeholders registering their audit plans with local clinical audit teams who provide valuable insights and advice.

As a minimum, healthcare teams should construct a simple system enabling those who want to build audits to have projects checked and assessed in a timely way. Expert clinical audit professionals will spot possible cracks and weaknesses at the planning stage and help to fix these.

DAMAGE LIMITATION

Comments on the left provide real-world examples seen on audit project proposal forms that have been shared by audit staff. Such language suggests poor audit architecture or proposed construction of non-audit projects. For clinical audit to flourish we need to ensure poorly planned projects are identified early and either spend more time on the drawing board or are refused permission to commence.