Wide Variation in Practice – are things done differently in different areas? For example donor adverse event rates may differ regionally.

Other Issues to Consider

Just because a procedure or service has one or more of the above characteristics, it may not make an ideal audit topic. Other areas that need to be considered are: -

- Is it practical to undertake the audit?
- Can you get the information you need?
- Is the problem amenable to change?
- Is the topic a priority for the organisation?
- Are good standards / guidelines available? If not, is there consensus agreement on good practice?
- Who needs to be involved to ensure changes can be implemented?
- Is the topic pertinent to national policy initiatives?

Tool for Prioritising Audit Topics

Use the table overleaf to determine if your topic is suitable for audit, or if you have several topics and are not sure which one would result in the greatest improvement.

	Yes	Maybe	Don't know	No
Is the topic High Risk?				
Is the topic High Volume?				
Is the topic High Cost?				
Is there wide variation in practice?				
Is there local concern about practice?				
Are Standards / Guidelines available?				
Is the topic important locally?				
Is the topic important nationally?				
Can practice be changed?				

If you have more ticks in the grey area of the table then you probably have a good topic for clinical audit. But is your idea a clinical audit or a research project? For more information see the leaflet 'The Difference Between Audit and Research' or contact the audit department.

Leaflet developed from an original idea by UBHT NHS Trust Clinical Audit Department.

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How to Identify Clinical Audit Topics

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Clinical Audit and Effectiveness

Clinical Audit Topics

Clinical Audit aims to show that the level of care provided is appropriate and up-to-date by comparing practice against available standards and guidelines.



However, with the huge range of activities and decisions made during the care of patients and donors, it can often be difficult to decide which

areas to audit. The Clinical

Audit department can help you in deciding what to audit and can give you ideas from previous completed audits.

Identifying Audit Topics

Some clinical audit projects are initiated at a national level, by organisations such as the National Institute of Health and Clinical Excellence, the Healthcare Commission or Royal Colleges. Within NHSBT, national audits may be initiated by the various clinical groups or individual clinicians.

In addition to participating in national audits, healthcare professionals are expected to audit their own practice to ensure it is effective and appropriate. However, selecting an area of your own practice to audit can be difficult.



Remember - When choosing audit topics, focus on the areas that will lead to improvements

Which Area to Audit?

Within NHSBT there are three main **areas** that can be audited: -

Personal practice – for example how

does your own practice compare to best practice? Are **you** doing what you should be doing? This will help



ensure that your own decision-making / practice is effective, but any changes to practice will be personal and would not necessarily change practice in the wider NHSBT.



Practice within the area that you work - for

example, does the practice of a team / laboratory comply with standards / guidelines? This area has

more scope for changing practice throughout NHSBT as the results are more likely to be relevant to similar teams or laboratories.

Practice in areas outside
NHSBT, for example, assessing
the appropriate use of blood in

hospitals. These audits are initiated by the Regional Transfusion Committees. The



Senior Clinical Audit Facilitator for RTC projects in NHSBT can provide support at each stage of the audit cycle.
Contact Marc Lyon on 0113 214 8705

How to choose an audit topic

To ensure the greatest potential for improvement, look for areas that have the following characteristics: -



High Risk – the procedure / service may lead to harm to patients/donors, staff or the organisation. For example,

incorrect clinical advice, late antenatal results or inappropriate donor selection.

High Volume – frequent procedures or many patients/donors/users are involved. For example venepunctures, mandatory donor testing and donor selection.



High Cost – activities that are costly in monetary terms or highly resource dependent. e.g HLA matched platelets

Problems Suspected / Identified

causes of concern that have been identified, e.g. complaints and quality incidents.

