

## APPENDIX C List of Titles of Clinical Audit Projects

Aim/ Purpose	Objectives	Standards Used
Assessing the extent of parental training in the use of Rescue Meditation	To Determine if SIGN Guidelines were being met in regards to access and delivery of training in the use of Rescue Meditation for Paediatric Seizures	SIGN Guidelines
Assess Recording Vital Signs in A&E Majors	Compare monitoring vital signs in majors with standards set by RCEM	CEM Standards
To Ensure patient on Amiodarone have had their LFTs and TFTs checked within the last 6 months	To Ensure patient on Amiodarone have had their LFTs and TFTs checked within the last 6 months	NICE 100%
To Identify whether current approach to blood transfusion is in line with current guidelines	To bring current/ future practice in line with the current GAIN Guidelines	GAIN - Better use of Blood in NI, March 2009
Reaudit: to assess if staff are adhering to new migraine protocol	Reaudit: to assess if staff are adhering to new migraine protocol	Migraine Protocol
To ensure testing positive for H.Pylon ierology receive recommended eradication therapy	To ensure testing positive for H.Pylon ierology receive recommended eradication therapy	100% patients testing positive for h.pylon should receive therapy 2. 90% should receive either PAC500 or PMC250
	Examine and if appropriate, make recommendations regarding use of anti-psychotics in patients with dementia in a nursing home.	Banjerjee Report, NICE Guidelines, RCPSYCH Guidelines
Investigate the management of severe sepsis in A&E at Craigavon	Highlight areas for improvement in severe sepsis management in keeping with below guidelines	Surviving Sepsis 2008 Sepsis resuscitation Bundle Guidelines
To Identify if standards in medical record keeping as set by RCOP and GMC were being achieved	To Improve medical record keeping standards	RCP GMC Guidelines and Guidelines set by the Royal College of Physicians
To Assess the appropriate documentation of Warfarin medication on attendance at A&E	To determine if patients taking Warfarin have this information recorded on attending A&E	Local guidelines / Standards requiring recording of Warfarin status
Compare current practice with standards		ASPEN Guidelines, Local Guidelines
To Assess effectiveness of ENT Pathways	To Assess effectiveness of ENT Pathways	ENT Pathways
To Ensure safe prescribing of HRT	To Ensure safe prescribing	100%

To Review admission times and senior clinician reviews of SHO Admissions	To improve admission times and encourage senior vetting	CEM College of Emergency Medicine Guidelines
To Analyse and compare the assessment of acute asthma in Antrim area hospital and nationally		BTS Guidelines British Thoracic Society
To ascertain if discharge letters were being filled in correctly and if not, then to discover causes and make changes to avoid mistakes/ patients being lost to follow-up		
Compare current antibiotic prophylaxis with standards laid out by Belfast Trust	Antibiotic Prophylaxis in major orthopedic Surgeries	Trust Belfast Trust Guidelines for Antibiotic Prophylaxis in orthopedic Surgeries
Ensure Appropriate prescribing and monitoring of Angiotensin - II Blockers in Primary Care	Assess the prescribing of 30 patients ARB in the Practice	Regional Guidelines issues by Northern Ireland Prescribing Policy
assess the standard of medical record keeping based on the Royal College of Physicians Guidelines		RCP Royal College of Physicians Guidelines
To Assess whether new proposed guidelines for referral, investigation and treatment of HCC were being met	Retrospective audit of patients presented at MDM with a diagnosis of HCC	Pathway New proposed Hepatocellular carcinoma evidence based pathway
Use proforma previous audit to improve documentation/ investigation and management of prolonged neonatal jaundice	Use proforma previous audit to improve documentation/ investigation and management of prolonged neonatal jaundice	100% for all criteria
To ensure vital signs are recorded and abnormal vital signs recorded and acted on	Patients triaged to majors should have respiratory rate, oxygen saturations, BP, HR, GCS/ AVPV, temperature measured within 20 minutes. Abnormal signs should be repeated and recorded in 60 minutes. Abnormal signs should be communicated to senior nurse and documented. appropriate action should be taken.	100%
To review inpatient COPD Care/ management V RCP National Guidelines 2008	To compare year Jan 2009 and Jan 2010	NICE Guidelines/ National COPD Audit
To improve patient care and optimise positive outcomes by identifying possible areas of improvement in the initial management of sepsis	to examine the management of patients with sepsis in the A&E department, as compared to those standards laid out by the recent CEM Guidelines	CEM College of emergency medicine (CEM) Guidelines

to determine the quality of DCC service provided, as measured by 4 parameters	to determine how closely service matched recommended guidelines on 1. waiting times, 2. success rate, 3. incidence of complications, 4. concomitant use of sotalol/ Amiodarone in patients at high risk of AF recurrence	NICE Guidelines
Assess compliance with antibiotic guidelines and suggest areas of improvement	Compare prescribing practices within the ward for 1 month against UHD Guidelines and RBHSC Guidelines	Trust UHD Trust Guidelines - Antibiotic use in Paediatric Med. 2006, RBHSC Guidelines for initial antibiotic therapy 2009/2011
To establish whether the News system is being used correctly and to assess whether it is a useful addition to clinical practice.	To ensure that the guidelines are being followed and appropriate action is being taken . To assess whether normal News provide ales reassurance	Regional local guidelines on the use of News charts, CAH, and local guidelines on freq. and duration of observation in GBS Program
To improve the standard of Vte Prophylax	assess compliance with VTE Prophylax and risk assessment on admission and at 24 hours	95% compliance
to determine if a Coronary lab in UHD would reduce waiting times for diagnostic angiography	1. how does UHD perform against guidelines? 2. if there is a delay in angiography is it due to UHD Team or hospital referred to? 3. potential savings	NICE and European society of cardiology guidelines
To examine the assessment, management and outcomes of all patients admitted to the RVH with community acquired pneumonia during Dec 2010 and Jan 2011. to measure these outcomes against the national average data for the same time period. To measure these outcomes against local data for the preceding year		BTS Guidelines for the management of Community Acquired Pneumonia in Audits 2009
To review the Clerk in of Patients to the Gillis Memory Unit	1. review clinical practice in clerk-in of patients to the unit. 2 .identify the problem areas to optimise quality of patient care 3 . Avoid Unnecessary Tests	MMSE 100% 2. Physical Exam 100% 3.Dementia Blood Screen 100% 4. TFT/B12/FOI/ VDRL not to be repeated 0%
To determine whether guidelines produced by the Northern Ireland Trust were being met to a suitable standard in the psychiatry department in the Causeway Hospital, Coleraine	To highlight the potential absence of clinical reviews, on a daily basis, of those patients on special observations and thus implement chances to improve this. Consequently, this should shorten the period of time under 1:1 nursing and shorten admission time and save resources.	Standards set by the NHSCT on their policy guidelines concerning the review of patients on special observations on patients on Psychiatry wards.
To ascertain whether we were adhering to local trust policy on antibiotic prescribing within the care of the elderly unit, UHD	1. To identify 20 patients in COE unit on antibiotic therapy. 2. to assess various areas of guidelines compliance amongst these identified patients	The SEUSCT imperial antibiotic policy

To establish standards for writing MH Discharge letters on Ward 25 UHD.	To establish if standards or guidelines exist for writing discharge letters . To identify any inconsistencies in information written on patient notes, Maxims Letters and GP discharge summaries. To identify any inconsistencies in information written on Maxims Letters and GP discharge summaries. . Establish the average number of days for Maxims to be completed. Develop standards for best practice and make recommendations based on findings.	trust his was a baseline audit
To assess the implementation of evidenced guidelines by doctors working in the Paediatric department between September and November 2010	Obtain all cases with diagnosis coded as Bronchiolitis for the time period. Record if Guidelines have been met. Present at Teaching. Introduce intervention. Reaudit for the same time period 2011.	Severity score recorded on admission >95% of cases. Severity score pre and post nebulised adrenaline 100% of cases. Virology obtained in >90% of cases
NICE Guidelines recommend that patients commenced on antidepressants should normally be reviewed at 2 weeks. This audit assessed the degree of adherence to that guideline at Springfield Road and Riverdale GP Surgeries, Belfast		100% of patients started on SSRIs should be reviewed within 14 days from the date of commencement. This include patients started on SSRIs for any indication. The review should specifically address their SSRI indication.
To evaluate the effectiveness of Ezetimibe for the treatment of primary (heterozygous familial and non-familial) Hypercholesterolaemia	To determine if the use of Ezetimibe was an effective way of managing primary Hypercholesterolaemia in the practice	100% - all patients receiving Ezetimibe as treatment for primary Hypercholesterolaemia should benefit from this treatment, and all should see a reduction in serum cholesterol and/ or LDL levels after commencement on Ezetimibe
To establish Statin prescribing post NI in UHD	to establish if base line lepids checked, statins commenced, lepids rechecked at 4-6 weeks and if the lepids in range or stating changed as per guidelines	Local Trust Guidelines
RCOG Retrospective audit to assess adherence to hospital protocol and compare hospital protocol to RCOG green top guidelines	Highlight problem areas. Check protocol is up to date acc. To RCOG guidelines	RCOG Green top guidelines
GAIN to assess the adherence to GMC and GAIN guidelines on medical record keeping in gynaecology admissions, CAH	To assess whether appropriate patient details were recorded on clinical information page, including name, date of birth, hospital number, date, time, signature, name printed with designation, consent forms completed, discharge letter completed in notes.	General medical council guidelines on record keeping, standard set at 100% as per guideline

CEM This audit was recommended by the Royal College of Emergency Medicine to identify the current performance in emergency departments against the clinical standards of the College Emergency Medicine	To examine hoe NICE guidelines are applied when children with fever present to A&E in terms of assessment and initial management. The traffic light system should be use to gauge this and an appropriate safety net out in place if necessary.	Basic obs recorded in >98% cases. Safety net provision >90% cases when a child with amber features is discharged. No Abx prescribed in >90% cases when amber features present. Appropriate Ix for children with red features in .98% of cases. Access to written advice and traffic light system available within department at ALL TIMES.
To find if the practice was following guidelines for monitoring and prescribing of patients on Methotrexateas per Oral Methotrexate Share Care Guidelines, Interface Pharmacist Network.	To ensure appropriate blood monitoring, ensure indication listed and appropriate use if foliate. To improve safety and compliance in use of Methotrexate.	Practice aims for 100% blood monitoring frequency as guidelines. 100% of patients should have indication listed and be on folic acid. If patients miss appointments, they should be contacted by telephone and if no further response a letter should be sent out
BSR To Improve the quality of care of septic arthritis and prevent severe joint destruction	1. to assess adherence to BSR/ Trust guidelines. 2. to identify the number of joint aspirations prior to antibiotic therapy. 3. to identify if correct blood samples and blood cultures were taken. 4. to identify antibiotic choice and duration of therapy	1. Synovial fluid should be aspirated prior to antibiotic therapy. 2. ESR and CRP should be measured at diagnosis and serially. 3. appropriate cultures taken. 4. initial antibiotic choice should be in keeping with BSR/ Trust guidance. 5. prosthetic joint sepsis should be managed by an orthopedic surgeon. 6. if in doubt that the joint is septic, advice should be sought from rheumatology/ orthopedics
Prescribing to identify when Omeprazole suspension has been prescribed in this practice and to determine indication and cost of same	to inform prescribers which patients in the practice are prescribed Omeprazole suspension and assess suitability for same, where possible, to save unnecessary expense	there should be an indication for prescribing omeprazole 100%, there should be an indication for use of suspension 100%, where appropriate, a SALT assessment should be carried out 100%.. Suitability for preparation should be regularly reviewed 100%, an alternative preparation should be considered 100%, Cost will be calculated
100% Prescribing to ensure prescribing and follow-up of patients on Dianette within the practice is up to date with current evidence-based guidelines	Appropriate indication for commencement (100%), Counseling provided at initial consultation (100%), Appropriate Follow-up (100%), Discontinuing appropriately (100%)	
B Soc Sexual Med Prescribing practices of Viagra in relation to National guidelines	Audit initial investigation of patient presenting with erectile dysfunction	British Society for Sexual Medicine, guidelines on Erectile Dysfunction
Trust Prescribing to compare current antibiotic prescribing with regional guidelines		RBHSC Antibiotic Protocol

Review of Patients in practice prescribed Pregabalin	To ensure all patients on Pregabalin appropriately and with indication documented in notes	BNF All patients prescribed Pregabalin should have an appropriate (i.e. listed in BNF) indication documented in their electronic EMIS notes
To improve the prescribing of blood glucose testing strips and reduce inappropriate use in GP	Monitoring blood glucose monitoring in type 2 diabetics	100% of type 2 diabetics managed with diet alone. Should use <3 boxes of test strips a year. 100% of type 2 diabetics managed with metformin. Alone should use <3 boxes of test strips a year.
Audit of Antenatal Glucose Tolerance Testing in Causeway over 6 month Period	Audit adherence to guidelines, standards of record keeping and provide information on the relationship between indication for testing and resulting abnormal GTTs	NICE Clinical guidelines on diabetes in pregnancy (March 2008)
Compare current practice with guidelines	collect data on types and doses of Intra and post operative analgesia prescribed and given and pain scores documented post operatively for each patient	APAGBI Compare with APAGBI recommendations on preoperative pain management in tonsillectomy
To assess the quality of operative note keeping in the trauma and Orthopaedic Department	Operative Notes need to be audited to make surgeons aware of potentially poor standards and to implement change to practice	RCS Royal College of Surgeons of England guidelines from 'Good Surgical Practice'
To see if Ballywalter met NICE guidelines for diagnosis to hypertension		100% of all patients presenting with a one off high reaching should have 2 further BP, recordings within 2 months
Females who are of childbearing age who are on Antiepileptics should be offered contraceptive/contraception/ pregnancy advice and this must be recorded in patients notes	100%	NICE Guidelines
Assess Management of Patients presenting to the ED with TCA Overdose	Improve care of patient with TCA overdose	CEM College of Emergency Medicine Guidelines
To assess VTE Prophylaxis and risk assessment	VTE Prophylaxis and risk assessment	NICE Guidelines
To enhance prescribing Nitrofurantoin in line with 2010n guidelines	Highlight prescribing errors and implement change to reduce errors	100%
To improve the roll out of new kardexes and safe prescribing	Monitoring accuracy and presentation of information, recording and safe prescribing	Trust Criteria derived from trust guidelines; standards for each criteria was 100%
To see if appropriate blood monitoring tests were being carried out for all patients on amidrone at Mournside GP Practice	To see if appropriate blood monitoring tests were being carried out for all patients on amidrone at Mournside GP Practice	BNF Guidelines from BNF

To ensure the safe prescribing of the COCP in women with BMI >25	Compared practice with evidence and best practice guides	100% of women should have risks discussed, BP recorded and LARC discussed
To Assess compliance with CREST Guidelines		CREST guidelines
Identify need for prescription chart for oxygen	Assess current oxygen usage practice compared with BTS Guidelines	BTS Guideline for emergency Oxygen use in adult patient
To audit the documentation legibility and content in A&E over a 2 week period	To assess legibility and compare record content with expected standards of documentation	Preset standards dictated by audit proforma (See Attached)
To assess standard of record keeping	Identify weaknesses in records and educate about them	RCP Royal College of Physicians Guidelines
To audit if patients do get their repeat OGD for follow-up of gastric ulcers within the recommended 8 week duration	To find out if patients were being followed up appropriately	NICE Guidelines for recommended duration of Gastric Ulcer follow-up (Dyspepsia Aug 2004)
To assess adherence to licensing in Biologics Prescriptions in NI	To assess adherence to licensing in Biologics Prescriptions in NI	NICE
To assess if record keeping in LVH A&E is in keeping with GMC Recommendations		GMC Accurate documentation of name and grade of assessing doctor, diagnosis, allergies, discharge plan and names of any other doctors involved in the cases documented
To establish if the quality of the documentation recorded during the admission of medical patients is in accordance with the guidelines laid down by the RCP (2008)	Compare above guidelines with practice at Altnagelvin	RCP Royal College of Physicians Generic Record keeping Standards 2008
To determine which emergency drugs were currently available	To compile an evidence based list of emergency drugs and to audit their presence	100% All Drugs should be present - 100%, All Drugs should be in date - 100%
To change women in this category to a safer method of contraception		
Determine how frequently stop ages are documented when prescribing antibiotics in elderly rehab unit	To ensure that we are adhering to trust policy and raise awareness of the importance of correct duration of antibiotics to prevent antibiotic resistance	Trust policy is that a stop date should always be written and signed when prescribing antibiotics
To ensure patients on emergency surgical take were receiving USS in appropriate timescale to ensure further investigation/ management or discharge	Improve USS facility in surgical department for good of patients and clinicians	Trust Local Hospital

to determine percentage of patients requiring pregnancy and compare with actual number tested		Trust all patients with lower abdominal pain should have ICON performed if female and child bearing age
To check if patients in Carryduff surgery who carry an Epipen to ensure if they were being received every 18 months	To provide patient education to ensure medications are renewed appropriately	Guidelines from manufacturer that Epipens should be renewed following 18 months
To assess documentation and legibility of notes in the A&E setting, to ensure complete documentation and good medical practice	Complete documentation of notes including; name and grade of doctor/ nurse assessing the patient; diagnosis ; allergies and concurrent medications; discharge plan; name of any other doctor case discussed with/ referred to; if children involved name and relationship of accompanying adult	100%
To identify the number of patients within the practice prescribed Bendroflumethiazide and the dosage prescribed	To change these patients on high doses for hypertension to a 2.5mg daily dose unless otherwise indicated	BNF recommends all patients should be prescribed 2.5 mg for the treatment of hypertension
Aim to comply with national guidelines of appropriate documentation in medical notes	To Improve post-take ward round documentation by identifying appropriate interventions which could be implemented	RCP Royal College of Physicians
To assess current practice regarding written documentation of radiology requests	To Highlight poor written communication of radiology requests	Trust 80% of radiology investigations for all current inpatients in 6D should have an entry in the notes clearly recording that a scan request form has been completed and delivered to the relevant department with clearly recorded date and the name of the person requesting
1. To audit the completion of incident forms for post natal readmission; 2. To reveal information on the nature of Post - natal readmissions and to highlight possible areas in which improvements could be made.		100% All post natal readmissions should have had an incident form completed
To assess the appropriateness of management of acute alcoholic hepatitis in DHH based on the NICE guidelines ( CG 100 June 2010) and the American College of Gastroenterology guidelines (Jan 2010). In particular to assess the use of and appropriateness of steroid therapy.	To highlight awareness of Discriminate Function and its Prognostic Value. To make changes for appropriate use of steroids in Alcoholic Hepatitis	100% A standard of care of 100% was agreed
	In line with new trust guidelines re 1st line antibiotics for diabetic foot ulceration, the audit identifies if the guidelines have	Trust



	been put into practice.	
to ensure appropriate assessment, management and documentation of head injuries in the A&E department. To avoid discharging potentially serious head injuries and improve record keeping	to ensure appropriate assessment, management and documentation of head injuries in the A&E department. To avoid discharging potentially serious head injuries and improve record keeping	NICE Guidelines for management of head injuries (Sept 2007) will be used as the main criteria against which care should be assessed within the A&E Department. Canadian CT Head rules for patients with minor head injuries
To assess whether referrals to MPH for further investigation were appropriate and whether follow-up times met the correct standards	To Analyse if there were any deficiencies in initial referral which could be addresses to allow faster follow-up for those at greater risk of DDH	Trust Based on New Born and Infant physical screening guidelines and guidelines from Musgrave Park Hospital. All babies referred should have either one risk factor or abdominal examinations. USS Scan of the hips should take place before or at the age of 6 weeks to all further referral to orthopedic team and early treatment
to audit the documentation of allergy status on patient kardexes and also to audit the prescription and administration of analgesia in Paediatric patients	To ensure allergy documentation and analgesia prescription is in line with current RBSHC Paediatric pharmacy guidelines	Trust Current RBHSC pharmacy guidelines on Kardex documentation and drug prescription/ administration. The audit proforma was issues by the Paediatric pharmacist attached to the surgery department.
Evaluate the standard of communication between lung cancer MDM and GP Practices	Audit lung cancer MDMs; Ascertain effectiveness of current practice; compare the results with guidelines from National Cancer Action Team; Improve practice through recommendations.	NICE Guidelines - all correspondence from the lung cancer MDM should be received by GP within 2 working days
To identify strengths/weaknesses in current Statin use in the practice and suggest change for improvement	To identify strengths/weaknesses in current Statin use in the practice and suggest change for improvement	NICE Guidelines 'Lipid modification, cardiovascular risk assessment and modification for the primary and secondary prevention of cardiovascular disease' and BNF Guidance
To determine of case notes contain appropriate documentation on admission and during admission, determine if appropriate discharge planning, follow-up, discharge advise is documented, discharge letter sent within 14 days to GP	To determine of case notes contain appropriate documentation on admission and during admission, determine if appropriate discharge planning, follow-up, discharge advise is documented, discharge letter sent within 14 days to GP	GMC Standards set by Consultant taken from departure guidelines and GMC Guidelines on Note Taking
To assess safe and appropriate Thromboprophylaxis prescription	To audit appropriate assessment/ documentation/ Thromboprophylaxis prescription. To relay conclusions back to other department staff for continued improvement	Audit tool for Medical Thromboprophylaxis from Sanofi Aventis

To analyze the quality of content of discharge letters	To improve the communication between the HTT and GP's, to improve patient care	1. discharge letters should be sent to GPs within 3 days of discharge; 2. Diagnosis given should be within ICD-10 Criteria; 3. Specific risk for each patient should be identified and highlighted on discharge; 4. All headings on current HTT discharge template must be completed; 5. Mental State examination should be detailed on discharge letter; 6. Investigations carried out must be detailed on discharge letter
To assess whether medical record keeping in ward 20 AAH is o the minimum standard as set out by the GMC and MPS	Legible black ink, signed, date, time, name printed, GMC Number - Minimum standard	GMC Guidelines and MPS Recommendations
To examine whether the GP practice met the standards set of 100%, for cardiovascular screening in the subgroup given. Based on NICE Guidelines	To analyze if BP, BMI, Smoking status, and lipids were measured and recorded in the previous year in patients diagnosed with schizophrenia	100%
To identify whether patients in the Dungiven and Feeny Health care practices with a history of TIA were prescribed the medication recommended for them by the CREST TIS guidelines for secondary prevention	For all patients on the practice register who had been diagnosed as having TIA on or before 18/8/2010. Patients with blood pressure >140/90 should have been initiated on anti-hypertensive medication. All patients should be on an antiplatelet/ anticoagulant. All patients with serum cholesterol > 4mmol/ L or LDL > 2 mmol/L should have been initiated on a statin	100% for all criteria
Assess the quality of intraoperative notes T&O, Altnagelvin. Identify the frequency with which notes are incomplete	Highlight the current guidelines & areas for improvement	RCS Royal College of Surgeons Guidelines on record keeping (1994; accessed online May 2011). British orthopedic society - Knee replacement ; a guide to good practice (1999)
To ensure that users of dianette are monitored appropriately and that published guidance is taken into consideration when patients request further medication or to attend for review		Prior to prescription of dianette for acne, patients should have been considered for a course of oral antibiotics - 90%. The condition for which dianette was prescribed should be reviewed following commencing treatment to assess the effectiveness of the treatment- 90%. where the condition is documented to be resolved, dianette should be stopped, or an alternative treatment trailed within 3-4 menstrual cycles - 100%

To assess retrospectively the current initial management of patients presenting with ST-Elevation Myocardial Infarction in a busy District General Hospital emergency department over a 4 month Period	To evaluate door to ECG times in patients with ST - revelation Myocardial Infarction. To evaluate door - to - needle time of Thrombolysis used in these patients. To evaluate use of Aspirin in these patients.	CEM College of emergency medicine clinical standards (Revised Aug 2010)
To assess that all family practice patients on Methotrexate have their bloods monitored as per practice protocol	all patients should have their bloods monitored according to protocol prior to issue of prescription of Methotrexate	100% of patients should have their blood monitored each month or as specified by their hospital consultant
Assess the use of Metformin in patients at risk of developing lactic acidosis and discontinue/ adjust treatment if required	Identify patients taking Metformin with renal impairment, review the guidelines and apply to our patient population, adjusting the dose or stopping completely in line with the NICE guidance	NICE Guidelines on Type 2 Diabetes (May 2008, CG66)
Ensure antibiotic prescribing is in line with national guidelines	Ensure patients have a record of otoscopy findings in their medical record; ensure patients receive an appropriate antibiotic when clinically indicated and that patients do not receive an antibiotic when it is not required; ensure patients and their parents are advised about clinical course of otitis media and as such are prescribed analgesia or advised about analgesia use	NICE Guidelines on respiratory Tract Infection (July 2008): <i>Prescribing of Antibiotics for self-limiting respiratory tract infections in adults and children in primary care.</i>
to assess the standards to which patients with fractured neck of femur are receiving compared to the standards set out by EM College	To assess if the department is meeting standards and assess what improvements could be made to current practice, comparing with previous audits	CEM retrospective study with patients presenting to ED with fractured neck of femur diagnosed in department and verified with supporting documentation
Elucidate the number of elderly patients on aspirin co-prescribed a PPI or other agent as a means of prophylaxis against gastroduodenal toxicity	Elucidate the number of elderly patients on aspirin co-prescribed a PPI or other agent as a means of prophylaxis against gastroduodenal toxicity	2009 ACG American College of gastroenterology guidelines on associated with primary prevention of gastroduodenal toxicity NSAIDS (including aspirin) with audit standard; 1. 50% of patients on a NSAIDS (including aspirin), at a moderate risk if gastrroduodenal toxicity should be prescribed a PPI unless contraindicated.
To ensure safer prescribing of immunosuppressant's therapy in primary care.	To improve follow-up and monitoring of these patients in primary care. Set standard that visible major alert boxes are compulsory for all new and existing prescriptions. Major alert box will act as cue for medical staff to ensure a patient undergoes appropriate monitoring and prevent repeat prescriptions without recommended monitoring. Aim for achievable standard of 100%	100% All registered patients; any age/ sex on immunosuppressant therapy.

<p>To identify the current performance of the ED in the assessment and initial management of children presenting with feverish illness against the NICE guidelines</p>	<p>To identify how the department is performing, highlight this to staff and come up with a way in which the department can improve to meet the standards.</p>	<p>NICE guidelines 100% 1. All children presenting with a medical condition should have 6 vital signs recorded; RR, O2 Sats, HR, BP/CRT, GCS/AVPU, Temp.; 2. if discharged with no diagnosis and intermediate risk of serious bacteria infection (1 or more amber features on NICE guideline traffic light system) should have appropriate safety net; 3. 90% with amber features and no apparent source of infection should not be prescribed antibiotics; 4. children with a fever and no apparent source of infection but with (1 or more red features) should have FBP, CRP, Blood Cultures and urinalysis performed; 5. ED should have written advice to give to carers of children who are discharged; 6. ED should have access to the NICE guideline traffic Light system for assessing risk of serious illness.</p>
<p>This audit was designed to assess whether, when neonates are admitted to NICU, documentation of maternal history meets required standards</p>	<p>To achieve full compliance with all aspects of maternal history taking</p>	<p>BADGER Neonatal record system Standards were taken from the Badger neonatal record system, which specifies a required maternal history</p>
<p>To improve the quality of the discharge letters</p>	<p>to measure baseline quality if ICU/HCU discharge letters has improved after central I-soft discharge letter implementation</p>	
<p>To assess if VTE risk assessed being completed and if patient getting appropriate prophylaxis</p>		<p>NICE Guidelines</p>
<p>to determine if inpatients who smoke are being offered advice on smoking cessation and nicotine replacement therapy</p>	<p>identify whether advice and NRT is being given and compare this to the advice of the BTS guidelines</p>	<p>BTS British Thoracic Society guidelines published in Thorax Journal</p>
<p>To identify appropriate and timely goal direct management of sepsis in A&amp;E</p>	<p>Use of lacrane, recgnon, timely antibiotics, field challenge_____</p>	<p>Surviving Sepsis Campaign and hospital Septic Shock protocol</p>
<p>To assess how well/ unwell ward 6 is at adhering to current guidelines on VTE Prophylaxis</p>	<p>To assess how well/ unwell ward 6 is at adhering to current guidelines on VTE Prophylaxis</p>	<p>ENT Guidelines on VTE Prophylaxis 2010</p>
<p>To reduce practice workload, to reduce lab work load and to reduce inappropriate prescribing of antibiotics</p>	<p>To determine if our practice is following HPA guidelines to diagnose UTI</p>	<p>HPA 100%</p>

To identify current practice in documentation in consent forms and compare to current GMC guidelines	Ensure that consent forms are filled out appropriately and in keeping with GMC guidelines	GMC Guidelines
Identify current practice in documentation, GMC Guidelines and recommendations for future	Analyse data and compare with GMC Guidelines	GMC Guidelines
To determine of children under the age of 5 with a medical condition have appropriate observation, risk assessment of fever, appropriate use of antibiotics and referral to the Paediatric team	To determine of children under the age of 5 with a medical condition have appropriate observation, risk assessment of fever, appropriate use of antibiotics and referral to the Paediatric team	NICE Guidelines
To audit the surgical notes using RCP generic record keeping guidelines	to identify deficiencies in the surgical notes	RCP Generic Record keeping guidelines
to assess whether patients presenting with NSTEMI in the Belfast Trust had an angiogram within NICE Guidelines		NICE guidelines Minap Data between August 2009 and 2010. Those with raised Troponin and positive ECG changes for ischemia included
To see if the EDD was documented in the admission pack to compare this to the actual date of discharge and reason for the delayed discharge		
To evaluate the accuracy, quality and quantity of information in immediate discharge documents within the Belfast Trust's Older People service group		100% of IDs should include GP details, Patient details, admission details, discharge details, clinical information, medication details, future management, details of Doctor
To investigate the Management of Renal Colic in Antrim A&E	To ascertain how compliant Antrim A&E are to the CME standards	CEM Standards
To assess whether changes implemented from previous audit had been effective and to assess current use of the day hospital	To assess patient groups using day hospital, length of admission, documentation, medications recorded on admission to assess for areas of difficulty on discharge planning in order to ensure effective use of the resources	previous audit; day hospital and community treatment for acute psychiatric illness; a critical appraisal; national survey of psychiatric day hospitals
To audit local practice in picking up and early management of sepsis	SEPSIS Assessing	Surviving Sepsis Campaign, CEM
To Review admission times and senior clinician reviews of SHO Admissions	To improve admission times and encourage senior vetting	CEM College of Emergency Medicine Guidelines
To measure performance against prescribed standards (Royal College of Psychiatrists, 2006)	To specifically measure practice against 10 core standards of Royal College of Psychiatrists, 2006	RCPsych 10 standards as laid down by Royal College of Psychiatrists, 2006

To audit the prescription of Enoxaparin amongst medical inpatients over a 2 week period	compliance with guidelines, documentation, appropriate dosage, adverse outcomes	NICE Guidelines
To compare local current waiting times with department of health guidelines	For local waiting times to meet DOH targets	DOH Waiting time of 31 days from diagnosis to treatment. Waiting time of 62 days from GP Referral to treatment
To see if the number of nights a patient stays on hospital has been reduced, see introduction as PCI		RESEARCH ?
	To assess current practice in management of paracetamol overdoses in BCH A&E	CEM/ GEMNET Guidelines
to assess bone health surveillance in patients with liver disease with or without osteoporotic risk factors	to assess dual energy x-ray absorptiometry scanning of appropriate patients, appropriate follow-up DXA scanning, rates of calcium/ vitamin D prescribing, diagnostic workup up of osteoporotic patients, HRT prescribing in female osteoporotic hypogonadal patients and bisphosphonate, calcitriol or calcitonin prescribing for osteoporosis	BSG British Society of Gastroenterology Guidelines 2002 - The strategy for prevention and treatment of Osteoporosis in chronic liver disease
Compare outcomes in NSCLC compared to standard therapy		
To establish the understanding of doctors regarding driving standards with mental illness	To assess the need for a leaflet	DVLA Driving Standards
To assess the outcomes of VBAC in Lagan Valley Hospital	To determine compliance with RCOG Greentop guidelines, assess outcomes of VBAC and increase staff/ patient awareness	RCOG Green top guidelines
To determine whether the emergency department in UHD complied with college guidelines	To determine whether the emergency department in UHD complied with college guidelines	CEM College of Emergency Medicine Standards
See attached slides	See attached slides	See attached slides
Auditing local management of Paediatric Pneumonia against BTS Guidelines	Compare local diagnosis, management and treatment of Paediatric pneumonia against national standards	BTS Paediatric Pneumonia Guidelines
To compare RVH A&E procedural sedation to College Guidelines	To identify areas of weakness	CEM Royal College of Emergency Medicine Sedation Standards
See how our management complied with Green Top Guidelines	See how our management complied with Green Top Guidelines	RCOG Greentop Guidelines

To assess the acute management of upper variceal bleeding in the RVH	Assess management according to current guidelines	SIGN Guidelines for the management of Variceal hemorrhage, September 2008, later adopted as standard of care by BSG in 2009
To review the appropriate use of IABP's in peri-operative patient as a bridge to cardiac surgery	1. to review use of intra-aortic balloon pumps (IABP) in cardiology patient prior to cardiac surgery. 2. to assess time from IABP insertion to surgery in patients requiring urgent cardiac surgery	European Society of Cardiology guidelines on the use of IABP's
To ascertain if patients admitted with gallstone pancreatitis are being treated as per the current UK guidelines. i.e. are they receiving definitive treatment in the form of a cholecystectomy or ERCP and sphincterotomy during their admission or within 2 weeks of discharge	to gather the appropriate data of patients admitted with gallstone pancreatitis in the given time frame, assess their documents on Patient Centre system and assess how they were treated and whether it was in accordance with the UK Guidelines	BSG Guidelines The Standard set was 100% i.e. all patients admitted with gallstone pancreatitis were expected to meet guidelines
To ensure exposure of junior medical staff to practical procedures in Mid Ulster Hospital	to audit the procedures that junior medical staff have the opportunity to perform, to examine if they are meeting the curriculum standards and compare with previous results particularly in the light of recent changes to the hospital service	Evaluation ?Curriculum standards for foundation and core medical trainees along with previous standards
determine local demographics of acute admissions and compare these with national statistics. Achieve an overall perspective of admissions. Consider new practice to help improve quality of clinical care offered	to compare the assessment and acute treatment of asthma with national standards based upon BTS/ SIGN British Guideline for the management of asthma (June 2009). To use findings to improve asthma management	BTS/SIGN British Guideline for the management of Asthma (June 2009)
Look at the pathway taken by lung cancer referrals made to UHD Resp' team with regards to 62 day deadline advised by DOH	1. Ensure recommendations from previous reaudit are in place and assess their effectiveness. 2. ensure DOH/ NICE guidelines being met.	DOH Department of Health/ NICE/ NICN
to establish rates of 3rd and 4th degree tears and any trends in rates and fixtures in keeping with national rates	to look at numbers of 3rd and 4th degree tears over 5 yr period and identify any trends. - analysis of risk factors present in 3rd and 4th degree tears	Research ? Retrospective study, data collected over 3 month period in 5 consecutive years
Audit management of Renal Colic in Ulster Hospital ED - looking at criteria including analgesia (type, route and time given), investigations performed and followed up	identify areas for improvement in the management of renal colic in the ED, and suggest strategies for implementing change prior to re-audit	CEM 2010 Royal College of Emergency Medicine Standards
To review our frequency and extent of follow-up in patients who have been initiated on the combined oral contraceptive pill	To determine if our current practice is in keeping with what is expected from the guidelines produced by the NHS - criterion based audit	100% for those criteria in which the patient does not strictly have to have an appointment with the doctor to meet and 80% for those who would require consultation with doctor

Identify burden of form in BHSCT, Establish long term outcomes of FIRR in PTS Rx with Col laser, participation in UK RRP Audit	Identify burden of form in BHSCT, Establish long term outcomes of FIRR in PTS Rx with Col laser, participation in UK RRP Audit	UK National audit of RRP Age of diagnosed <13, diagnosis of FIRR, Rx with microlarngyostomy between 2005 and Dec 2010, in BHSCT
	Limited evidence base/guidelines on MX of RVD. Associations with Systematic Atherosclerosis. Associations with CDV risk management.	Standards developed from renal assoc. guideline. Cardiovascular disease in CKD
Monitor compliance on the care of the elderly wards with the Belfast Trust antibiotic prescribing guidelines	to monitor antibiotic prescribing , to ensure the trust antibiotic guidelines are implemented and to ensure stop/review dates are recorded	Belfast Trust Guidelines for Antibiotic prescribing Guidelines
To re-audit DTA times following introduction of regular consultant led board rounds during 8am-6pm shifts. Overall aim to reduce DTA times and aid management of the department	1.) Calculate the proportion of all admissions to the RVH via A&E over a 5 day period with DTA > 3 hours. 2.) of those admissions with DTA > 3 hours, calculate how many registered within each time frame (8am - 6pm, 6pm - 2am, 2am - 8am) 3.) compare the number of admissions with DTA > 3 hours between 8am-6pm with the number calculated from the initial audit in Dec 2010 to find out if board rounds have improved DTA times. 4.) Calculate the time from registration to time seen by clinician in the ED to see if this has an impact on the DTA Time	CEM All admissions to the RVH ED from 17/1/11 to 21/1/11 were included. All admissions with a DTA > 3hrs were totaled and analyzed further to find out the time of registration and the time from admission to time seen by a clinician
To identify if MEWS charts are an adequate tool to identify critically ill patients, and to assess if appropriate action is taken in response to high MEWS.	To assess response to abnormal physiology recorded on MEWS charts of ward Patients in 24 hours preceding cardiac arrest or emergency ICU admission	Trust Guidance provided on MEWS chart
Assess the appropriateness of diagnosis and management of placenta praevia in royal Jubilee Maternity Hospital in 2010	Carry out retrospective case not audit/ compare data with standard and devise recommendations	RCOG Green top guidelines, Placenta Praevia, Placenta Praevia accreta and vasa praevia - diagnosis and management, Jan 2011
To assess the time between diagnosis of NSTEMI and subsequent angiogram in patients within the Belfast trust, during the time period Aug 09 - Aug 10	by comparing collaborated results with current ESC guidelines, we hope to outline local guidance for improving outcomes within the trust	European soc cardiology ESC Guidelines
To assess the adherence to trust guidelines on antibiotic prescription on two medical wards in RVH	To assess whether the appropriate antibiotics were being prescribed for common infections. To assess whether cultures were taken before commencing patients on antibiotics. To assess whether allergy status was documented on the drug Kardex	100% - antibiotics to be prescribed as per guidelines or microbiology advice. At least 80% should have cultures taken before starting antibiotics. 100% allergy status recorded on the drug Kardex



To optimise the standard of record keeping of acute psychiatric admissions to Windsor House	To assess if admission documentation was optimal and compare with previous audit	RCP Royal College of Physicians guidelines and agreed current best practice within the trust
To assess whether the pressures of trolley waits impacts on patient safety by encouraging higher rates of direct discharge from the ED	To audit the admission rates during a period with many trolley waits. To repeat this process during a period with few trolley waits and compare admission rates between the two.	Research? Admission decisions in all cases should be based on sound clinical judgment along with defined admission criteria
This audit was aimed to identify all patients currently open to the Urban Ballymena Team that are receiving Clozapine. These patients were then assessed to ascertain if they fitted the NICE criteria for initiation of Clozapine treatment and, if so, monitored appropriately	To determine if the NICE guidelines for clinical monitoring of patients on Clozapine have been followed and the results clearly documented in the patients notes	NICE 1. all patients must be currently open to the Urban Ballymena Mental Health Team. Standard 100%. 2. Patients must be currently receiving Clozapine treatment. Standard 100%. 3. all patients should be registered with a CPN to enable ongoing monitoring. Standard 100%
This audit was aimed to identify all patients currently open to the Urban Ballymena Team that are receiving Clozapine. These patients were then assessed to ascertain if they fitted the NICE criteria for initiation of Clozapine treatment and, if so, monitored appropriately	To determine if the NICE guidelines for clinical monitoring of patients on Clozapine have been followed and the results clearly documented in the patients notes	NICE 1. all patients must be currently open to the Urban Ballymena Mental Health Team. Standard 100%. 2. Patients must be currently receiving Clozapine treatment. Standard 100%. 3. all patients should be registered with a CPN to enable ongoing monitoring. Standard 100%
to identify if women with RF for HCV infection are identified during antenatal screening by either questioning during booking or if women request HCV screening because of concern	to identify if women with RF for HCV infection are identified during antenatal screening by either questioning during booking or if women request HCV screening because of concern	Research See attached slides
Prescribing To assess our compliance with trust policy in the prescription of antibiotics in common	To audit all inpatients on 3 gen. med wards, to assess for the compliance /failings of present antibiotic prescribing behavior, subsequently making adjustments as & when needed to improve this compliance	Trust Antibiotic Policy
Management Retrospectively audit rectal cancer treatment. Assessing whether patients are appropriately referred for long course chemotherapy and assessing their outcome in comparison to clinical trail data	Document referral suitability, chemo and RT dosing, document macroscopic resection rates, timing of surgery and pathological response	Research Aim for 96% full dose of RT. 93% complete and RT dosing, document macroscopic resection rates, timing of surgery and pathology results
Research To determine if 3 weekly Gemcitabine and Cisplatin/ carboplatin Chemotherapy is as effective as 4 weekly Gemcitabine and Cisplatin/ carboplatin in metastatic bladder cancer	To demonstrate that 3 weekly regime is more dose dense that 4 weekly regime with equivalent outcome and shorter duration of treatment	Research Compare to Phase III randomized trial ( Van der Masse et al, 2000 (17): 3068-3077)

Monitoring Collect data on every child over 1 year of age admitted to RHSC during month of November with wheezing or asthma	Group data into 5 areas: basic demographic information, initial hospital assessment, initial hospital treatment, discharge treatment, asthma attack management planning and follow-up plans. Comparison of local data with aggregated national data	BTS Paediatric Guidelines
Records An audit to determine whether we have been providing sufficient smoking cessation advice and assistance to our inpatients. We also wanted to audit whether smoking status is being clearly documented in the medical notes	To determine whether RVH inpatients are being offered smoking cessation advice and assistance prior to discharge? On admission, do patients have their smoking status clearly documented and is this accurate	Standards based upon those set by the BTS guidelines published in Thorax 2000. 100% of active smokers should be offered cessation while an inpatient, and 100% of patients admitted to hospital should have a detailed and accurate smoking history taken on admission
Prescribing NICE guidelines state that all inpatients should be assessed on admission for risk of bleeding/ thromboembolism. Issues were identified regarding appropriate prescribing and risk assessment in MPH Orthopaedic wards. The audit was aimed to assess risk assessment, appropriate prescription and documentation of Thromboprophylaxis	To assess 1. whether risk assessments are fully completed. 2. whether patients are prescribed appropriate thromboprophylaxis. 3. whether thromboprophylaxis type and duration are being documented in post-operative notes.	The standard set was 100% i.e. all patients should have risk assessment fully completed. All patients should have Prophylaxis prescribed if appropriate. All post-operative notes should include documentation of thromboprophylaxis requirements
Management Examine current management of patients attending BCH A&E with a first fit.	Examine current management of patients attending BCH A&E with a first fit.	CEM NICE SIGN 1.) Guidelines in EM (For the college of EM) Dec 2009, 2.) NICE Guidance 20 the epilepsies Oct 2004 3.0 SIGN Guidelines 70 diagnosis and management of epilepsy in Audits April 2003
Records To identify admission errors/ incomplete admission details	To optimise the standard of record keeping provided by staff during acute admissions to Windsor house in accordance with the royal college of physicians and agreed current best practice within the trust	RCP Best current practice within the Trust and royal college of physicians
To determine length of stay and complications of laparoscopic cholecystectomy from 2009 - 2010 in the Erne Hospital	Retrospective analysis of all the clinical notes for all laparoscopic cholecystectomy performed in the Erne hospital from Feb 09 - Feb 10	NHS Gold Standard surgeon procedure numbers 40 per annum, NHS Gold Standard day cases should average 70%, NHS Gold Standard conversions to open elective <5% and emergency <10%, SAGE standards remission rates: 0-8%

To observe if BTS/ SIGN guidelines are being implemented in the Asthma management of children. Also , to allow the BTS to produce an annual national audit report. Inclusion criteria; all children over 1 year admitted with wheezing/ acute asthma into a Paediatric unit and under Paediatric care during the audit period.	To enable improvement of Paediatric asthma management as an inpatient and long-term by appropriate discharge management	BTS/ SIGN Guideline for management of asthma (June 2009)
Compare BCH Standards with Pain guideline standards set by College of Emergency Medicine	Assessing timing and appropriateness of initial and revised analgesia in BCH A&E	CEM College of emergency medicine guidelines
To examine management of patients with sepsis in A&E with particular reference to CEM Guidelines	To examine management of patients with sepsis in A&E with particular reference to CEM Guidelines	CEM Retrospective view of A&E fumsics
used in patients with mild-moderate sleep apnoea syndrome/ snoring	to determine efficiency of MAD device in this patient group	Efficacy reasons for device not being effective primary outcome - snoring stopped
to determine if patients presenting to A&E with sepsis are being managed according to the CEM guidelines	To determine if deficiencies in care provision and provide recommendations for improving care	CEM Guidelines (extrapolated from Surviving Sepsis campaign)
To compare current standards of NOF fracture management to the current college of emergency medicine guidelines	determine how closely guidelines are being adhered to and ways this can be improved	CEM Guidelines for management of NOF fractures
to improve the patient care pathway for pain management within A&E setting	To examine current management of pain for patients attending A&E	CEM College of Emergency medicine Guidelines
To review the ultrascan reports where diagnosis of PCOS is the reason for request as there appears to be a lack of consistency in Ultrasound Scan USS reporting.	To compare reporting of USS reports indicated for diagnosis of PCOS against guidelines for diagnosis of PCOS to see if sufficient information is provided in the report	RESHE and ASRM 2003 Consensus workshop sponsored by the Rotterdam European Society for Human reproduction and Embryology (ESHRE) and the American Society of Reproductive medicine (ASRM)
Educate GPs and GP trainees, alter communication between staff	assess appropriate of GPs and OOH referrals	Research? Patient disposal/ GP ref appropriate
The audit is to assess if Orlistat is being prescribed and monitored in accordance with NICE recommendations and BNF guidelines	To assess was out of practice using the guidelines appropriately to prescribe Orlistat	100% Gold Standard of 100%
to see if patients are being transfused according to guidelines set by the BCSH	To improve current practice	BCSH Guidelines

To assess whether referrals for OGD in the over 55 population from the practice in the last year were in keeping with NICE guidance	Objectives included reason for referral, whether patients referred for dyspepsia had had H Pylori testing and acid suppression therapy and the source and urgency of referrals over a six month period.	NICE Guidelines for upper GI endoscopy referral, specifically for over 55 patients
To improve the quality of the discharge letters	To measure if the baseline quality of ICU/HDU discharge letters has improved after central I-Soft discharge letters implemented	XX Not Sure what standard applied
An evaluation of asthma management in A&E	This audit sought to examine the current management of asthma patients attending BCH A&E and assess that management against College of Emergency Medicine (CEM) guidelines	CEM Guidelines as above
To compare our practice with CURB-65 and assess its value as a diagnostic tool	Compare practices in the ED with BTS Guidelines. To ensure local protocols for CAP are followed	BTS British Thoracic Society Guidelines
To highlight short-comings of pain management within the department	to examine the current management of pain for patients attending the A&E	CEM College of Emergency Medicine Guidelines
to audit analgesia given to patients presenting to the department with severe pain scores (7-10) as measured at triage	To assess compliance with college guidelines	CEM Emergency Medicine College Guidelines
To assess the management of shoulder dislocation in Mater A&E against CEM guidelines	To assess the management of shoulder dislocation against CEM guidelines	CEM College of Emergency Medicine
To assess the use of sedation proforma in Resus room and level of completion	To assess the use of sedation proforma in Resus room and level of completion	CEM Guidelines
To assess the appropriateness of antibiotic prescribing in the department and areas to improve	To assess the appropriateness of antibiotic prescribing in the department and areas to improve	Trust BHSC Antibiotic Protocol
To reduce Warfarin prescribing errors due to poor documentation	to review the use of Warfarin prescription charts and monitor if they are correctly completed as per current protocol.	Trust
See whether Royal college guidelines were being met	Compare actual practice to gold standard	Royal College of Emergency Medicine

determine appropriate psych referrals	to determine different outcomes, assess use of protocols currently in place	Protocol based
Due to the large proportion of Nursing Home referrals to the mater A&E department, this audit aimed to assess the appropriateness of nursing home referrals and establish the common reasons for referral.	To establish the common reason for referral to A&E from nursing homes. Assess if adequate patient information is available at time of assessment and whether input from GP/Carer is available. Establish percentage of inappropriate referrals and whether alternative measures could be introduced.	Retrospective case note review using agreed clinical standards between team and audit department
To assess the quality of clinical note keeping in a medical ward	to assess compliance with accepted RCP guidelines regarding good note keeping. To determine pitfalls in record keeping in an attempt to rectify them.	RCP 100% of charts must record the following - time, date, legible name, contact information, designation, signature, legible entry, black ink, patient ID Sticker, Alterations/ deletions countersigned
To assess appropriate prescription of Enoxaparin in patients admitted on acute medical take-in	To assess whether doses (Prophylactic or therapeutic) were adjusted accordingly for renal function; whether weight was recorded for patients receiving therapeutic doses; whether contraindications; Completion of VTE risk assessment documentation	Northern Trust guidelines for renal dose of prophylactic and therapeutic enoxaparin, therapeutic dose for VTE/ ACS and dose for VTE Prophylax
To establish the appropriateness of a CT referral for head injury in the Emergency Department	were CT Brain and C-spine being appropriately ordered and within the correct time according to NICE Guidelines	NICE Guidelines for head injury
assess the compliance with guidelines relating to initial assessment; investigation and treatment of patients for upper GI Endoscopy	assess the compliance with guidelines relating to initial assessment; investigation and treatment of patients for upper GI Endoscopy	SIGN 68 & SIGN 105
To measure our practice against the standard set and introduce changes appropriately	to compare the management of neonates at high risk of hypoglycemia in the Ulster Hospital with the Ulster Hospital protocol on this topic	Trust 100%
To look at the demographics and examine the type I and type II diabetic population in Magherafelt area	to chart adherence to guidelines with regards appropriate use of anti thrombotic, and hypertension medication. Also to look at HBA1C, BP and lipid profiles in line with targets as per NICE	NICE
to determine the door to needle time for Thrombolysis in patients presenting a STEMI to Daisy Hill Hospital from Jan - Aug 2010	to determine the door to needle time for Thrombolysis in patients presenting a STEMI to Daisy Hill Hospital from Jan - Aug 2010	ESC The European Society of Cardiology standard of 30 minutes for Thrombolysis from time of presentation to hospital

Through retrospective analysis by the microbiology department of organisms isolated in positive blood cultures in the years 2007-2009 it was noted that Enterococcus faecium was isolated more frequently from blood cultures of haematology patients than oncology patients. Haematology - E. Faecium 25 - E.Faecalis - 6 - Oncology E. Faecium 7 - E.Faecalis - 7	To assess whether differing demographics, management and clinical outcome in haematology and oncology in-patients might account a higher frequency of isolation of enterococcus faecium in blood culture of haematology patients.	Standards of management of Enterococcus positive blood cultures. All suspect intravenous lines, intra-arterial catheters and urinary catheters should be removed. Ampicillin is the drug choice for monotherapy of susceptible urinary tract infections, most intra abdominal infections and uncomplicated wound infections.
Reduce chances of Lithium toxicity and abnormal kidney and thyroid function		100% patients - lithium level checked 3 monthly and U&E/TFTs checked 6 monthly
to audit one of the 5 high risk medications as highlighted by NPSA	to improve patient safety	CREST guidelines 2006; safe effective administration of insulin in secondary care
Patients who are prescribed long term NSAID Therapy while also taking an SSRI have a risk of GI Hemorrhage which is 6 times greater than the general population. Aim to reduce this risk.	The objective of this audit was to reduce the risk of GI bleeding by either stopping one of the classes of medication or prescribing a gastro protective medication	100% of patients who are prescribed an SSRI and NSAID at the same time and have GI risk factors and/ or are on long term NSAID treatment should have an appropriate protective medication prescribed
assess the number of operations patients are having for treatment of breast cancer	assess number of patients undergoing re-excision of margin surgery relation to pathology	Surgical guidelines for management of breast cancer. Association of breast surgery at BASO 2009. 95% of patients should have 3 or fewer operations, target 100%
Monitor prevalence of BBVs and evaluate HBV vaccination	Evaluation Evaluate practices and measure outcomes offering BBV testing and HBV Vaccination	Evaluation
The aim of this study was to evaluate whether the introduction of a standardized proforma for major trauma patients improved the quality of documentation in an urban Emergency Department	To improve documentation in the ED phase of major trauma to allow the development of a major trauma registry.	Trust Utesin template for uniform reporting of data following major trauma
Are we prescribing temozolomide chemotherapy according to NICE Guidelines	retrospective audit documenting performance status/gender/diagnostic modality/ survival based on treatment type.	NICE Guidance: patients with performance status of 0 or 1 with histopathologically proven GBM under age of 70 should be offered radical chemotherapy
Review Ezetimibe prescribing with aim of reducing practice annual expenditure by ensuring prescribing complies with NICE guidelines	NICE Reduce drug budget	NICE All patients prescribed with any for of Ezetimibe between Jan 2010 and Jan 2011 included in study. Only exclusions patients who had left practice within audit timeframe.

To determine if appropriate and complete consent is being carried out for patients undergoing abdominal hysterectomy for benign conditions. Retrospective study	To improve consent discussion and documentation, to safeguard patient and medical staff	RCOG Royal College of Obstetrics and Gynaecology Consent Guidelines May 2009
Promote good practice in anaphylaxis treatment	to have correct drugs and equipment immediately available and accessible to admin 1st line anaphylaxis treatment	HSC Board Health and social care board integrated care of directorate Feb 2011
Examine rate and circumstances leading to re-admission to Holywell	To calculate rate of re-admission, reasons behind this, was there adequate follow-up in community on discharge from hospital	Trust Northern Trust Guidelines
To investigate if patients on immunosuppressive medication in the GP Practice are adequately coded/ identifiable to ensure they are included in seasonal influenza vaccination provisions	To discover if some patients are not being picked up and subsequently missing out on seasonal influenza vaccinations. If so, to correct this for subsequent vaccination seasons	100% All patients on immunosuppressive medication (As set out in my audit criteria) should be invited for/ offered seasonal influenza vaccinations
Ensure patients prescribed Pregabalin are on twice daily dosing regimes as advised by NICE. This will also help reduce prescribing costs within the practice	Ensure patients are on twice daily dosing regime of Pregabalin; reduce prescribing costs; make recommendations to GPs in the practice for future prescription of pregbalin	NICE Guidelines- Neuropathic pain (Twice daily dosing of pregbalin)
To encourage appropriate anti-psychotic prescribing	to encourage periodic review of repeat medication, to ensure responsibility of care for these patients is clear and appropriate	100% Standard set
To ensure suspected cancer referrals were made in accordance with the national guidelines	To identify any avoidable delays in referral. To become aware of local waiting times so patients can be better informed. Identify any areas for improvement and to promote discussion with secondary care	NICE guidelines " referral guidelines for suspected cancer 2005" and "Northern Ireland Referral Guidance for Suspected Cancer" NICaNN May 2007
To ensure patients on long-term atypical antipsychotics have annual blood glucose checks	To ensure up to date blood glucose monitoring in patients who are high risk for diabetes development	100%
To assess whether the current management of patient admitted through the A&E department corresponds with the locally updated guidelines	To assess the current management in accordance with guidelines recommended by trust from 01/01/11-01/06/11	CEM Newly produced updated guidelines on management of sepsis
To assess whether clinicians were complying with the Maudsley prescribing guidelines of NICE in terms of starting a patient on Clozapine and monitoring therapy	To identify whether specific investigations were undertaken in Clozapine monitoring	NICE

Assess how note keeping on surgical ward compared to standards and establish plan for improvement	Assess how note keeping on surgical ward compared to standards and establish plan for improvement	RCP Royal College of Physicians, London Generic Medical Record Keeping Standards 2007
Identify deficiencies in waiting times and subsequently, improve these	improve waiting times	DOH department of health - 18 week and 9 week targets
To audit the prescription of ARB within the practice against the DHSSPS NI Guidelines	To ensure stricter compliance to guidelines.	DHSSPS NI regional Guidelines
To assess the need for clinic review of patients following YAG	Identify conditions that can lead to complications and warrant review. Agree a policy for YAG for Opth, RVH	Research Survey of NI YAG Laser post capsultory practice in the UK
Emphasis of government is on cost cutting measures (i.e.. By generic prescribing_, however HSC in March 2010 published a list of medicines that were deemed unsuitable for generic prescription, these included anti-convulsants such as Lamictal		100% of patients on anticonvulsant medication should have this prescribed non-generically
To assess the delay between initial diagnosis of Coeliac disease and commencement of a gluten-free diet	The disease is under-diagnosed due to disparate nature of signs and symptoms. Suspect delay in treatment of this disease which affects 1 in 100 people. What was the extent of the delay? What are the reasons for this delay? What can be implemented in order to address this problem?	NICE Guidelines 2007, Duodenal biopsy gold standard, Tissue transglutininase antibodies (TGA) Endomysial antibodies (EMA) and also Anti-gliadin Antibiotics. No specific target time period between diagnosis and treatment of Coeliac disease recommended in guidelines, though clearly minimizing delay to treatment is desirable
To assess whether PFA targets were being met in relation to psychiatry liaison referrals	to find out why targets were not being met	Research
Investigate the documentation of BP results on patients who are prescribed the OCP	ensure adequate documentation of BP results on patients who are prescribed the OCP	FFPRM Faculty of Family Planning and Reproductive Medicine
Assess completion rates of VTE risk assessments	Assess completion rates of VTE risk assessments	NICE 100% VTE
To evaluate the use of the new VTE risk assessment tool in the BCH	To assess if VTE risk assessment is being completed by medical staff. To assess whether high risk patients are being identified. To determine if differences exist between different wards and specialties in the use of the risk assessment	NICE Guidelines



to ensure that all medication changes are being recorded in notes	the new medication details should be documented in notes along with the rationale for change and information given to patient	Trust 100%
To assess and improve appropriate antibiotic prescribing practice in the primary healthcare setting	increase awareness of appropriate antibiotic prescribing practice in the primary healthcare setting with regard to when to prescribe and what to prescribe. Gather information on antibiotic prescribing in the Ballyclare group practice and compare with EHSSB guidelines. Encourage good documentation of consultations from which rationale of prescribing can be deduced.	HSC Board (EHSSB) 1.) Acute prescriptions for antibiotics should not be issued without a consultation between the prescriber and the patient. 80% standard. 2.) there should be an entry in the patients' medical record of the diagnosis for each acute antibiotic prescription issued. 100% standard. 3.) The choice of antibiotic should be in line with the current regional guidelines. 90% standard.