

CLINICAL AUDIT PROPOSAL FORM

Project Lead/Auditor (Must be a permanent member of staff)	Ms Wajiha Zahra									
Care Group	T&O		Speciality		Trauma and Orthopedics					
Auditor's contact details: email & bleep no.	Email: wajiha.zahra@nhs.net	Bleep No. / I			/ Ext.604					
Audit Title	Clinical Outcome of open fractures in elderly population									
Brief Description										
Proposed Timescale	Date of Clinical Governance meeting at which propose Expected Start date 01. /2022 Reason project does not require discussion at Clinical Clinical Governance			Expecte	ed End date	// 01/09/.20 2 a:				
	_	l Patier	nt Survey		NICE NPSA					
Standards to be audited against <u>Please attach a copy of the standards</u>	NCEPODILocal guidelinesIOther (please state)I	NIC	yal College CE		N/A 🗖					
Does this project link to an item on the Trust Risk Register	Yes D No 🗸 If yes, please state item number and	title								
<i>Is there a mandatory requirement for the Trust to carry out this project?</i>	Yes No Yes, please state why the project is mandatory									
What are the reasons for carrying out this project, and why is this a priority for the Trust?	Service eveluation of open fracture managment in elderly population and how we can improve									

 Projects given priority include: Projects related to items on the risk register Mandatory audits/surveys Projects arising from clinical incidents/patient complaints Projects against national guidelines (eg. NICE, NPSA, NHSLA), National audits 											
<i>Do you want the audit team to obtain casenotes?</i>	Yes 🗖	No									
If yes, how many sets do you require											
Audit method	Retrospective c	asenote review	\mathbf{A}	Concurrent							
(tick all that apply)	Observation			Patient questionnaire							
Other professionals involved?	Yes (It is the audit lead prior to commence		nsure th	nat all other professionals involved/affected by the audit a	re informed						
DO YOU REQUIRE ASSISTANCE FROM THE AUDIT DEPARTMENT?	Yes 🗖	No									
	Advice only			Obtaining casenotes							
<i>If yes, please specify</i> (tick all that apply)	Collecting audit	data		Analysing data							
	Preparing Powe	rpoint presentatio	n 🗖	Design and scanning of Teleform form							
Do you require advice/support from the	Yes 🗖	No	\mathbf{A}								
Clinical Audit Patient Panel	Specify what is required										
Signature of audit lead											
Clinical Audit Use only											
Scoring	Score	Signature		Date							