

# **Terms of reference for clinical audit**

## **Clinical audit aims**

- To identify current rate of routine questioning for partner abuse
- To identify if appropriate referrals were made in response to disclosures
- To identify trends in programme implementation.

## **Audit title**

Clinical Audit of Family Violence Intervention Programme

## **Audit sponsor**

Senior clinician

## **Auditor**

Co-ordinator of the family violence intervention programme

## **Audit background**

The family violence intervention programme requires health professionals to introduce routine questioning for partner abuse into their practice. This is a difficult practice change. Staff need a large amount of support to attain a level of comfort with questioning. The DHB uses a multifaceted approach to achieve this change, including policy, training and monitoring and evaluation. In [date], the ethics committee approved the audit process.

## **Audit objectives**

The audit's objectives are to:

- identify rates of routine questioning for partner abuse (in accordance with the partner abuse policy) in services during the implementation of the family violence intervention programme
- identify trends in programme implementation
- identify whether appropriate referrals were made in response to disclosures of abuse
- provide feedback and support for staff in relation to the family violence intervention programme to achieve attitudinal and organisational change.

## **Audit scope**

All female patients within the care of the designated service are included in the audit during the timeframe under review (usually one month).

All services launching routine questioning for partner abuse will be audited quarterly.

These services include, the Emergency Department, Inpatient Children and Youth (Ward and SCBU), Maternity, Child Development Unit, Public Health Nurses and Mental Health Services.

## **Audit procedure**

The procedure depends on the service being audited.

Patient chart reviews are the information source. Charts are selected by random sample or consecutive notes taken during the allotted timeframe, depending on the service audited.

Units are separated. All shifts and days of the week should be included in the study, reducing any risk for bias.

The data is entered into a Microsoft Excel programme. The data is analysed, and a report of the findings is completed. Percentages are calculated, with analysis comparing questioning rates within population groups, for example, ethnic group.

No patient is identifiable as names are not recorded – NHI numbers are recorded until a study number is allocated.

All information is stored in locked filing cabinets or in password-protected computer programmes.

## **Report procedure**

Audit reports are forwarded to the unit manager or team leader within two weeks of the audit being completed.

The findings are reported to the stakeholders both formally (ie, in monthly, quarterly and annual reports) and informally (ie, at staff meetings and in the form of feedback during refresher training).

## **Barriers and risks**

### Recommendations

Actions:

Outcomes:

Measurement:

Responsibility:

Re-audit