

## Department of Clinical Effectiveness

## **Audit Topic Proposal Form**

"Audits Undertaken Determines Improvement in Treatments"

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Name of Applicant: M BITANSAR Grade: SR	
Contact Tel No:  Place of Worls  Place of Worls	
Contact Address: WD 3   Contact Address:	
Title of Audit: POX OFRANCE Para Para	
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Audit Objective: TO EVALUATE JA PROTOCUS PA PLUCO	
CBVODY (	
Standards / Guidelines Measuring:	
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1020 Miles From Person	-
Method: Retrospective Prospective	
	2
Type of Audit: LOCAL TO TONING TO	
Type of Audit: LOCAL TO TRUST REGIONAL NATIONAL	
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Where do you hope to present resulta?	
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Has External / additional funding been received for this Audit? Yes No	
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Audi	t Department Assistance:		
(Only 2 of no's 1-3 will be granted, please select carefully)			
CASENOTES/X-RAYS In the 1st in (You MUST have a SECURE AREA)	instance 50 SETS of Casenotes will be provided  for notes to be stored)  How many?  60		
(1) QUESTIONNAIRE / PROFO (If no help required please give a co	opy of your proforma for fung		
(2) ANALYSIS (Will not be offered if audit is part			
(3) PRESENTATION	Yes No 🗹		
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Line Manager Signature: Please PRINT Line Manager Name:	PAIRIR STEWAR		
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Meeting Date	Closing Date for Entry		
3 <sup>rd</sup> January 2006			
7 <sup>th</sup> March 2006	22 <sup>nd</sup> February 2006 26 <sup>th</sup> April 2006		
2 <sup>nd</sup> May 2006	ooth r cooc		
. 18 <sup>th</sup> July 2006	20th A		
5 <sup>th</sup> September 20	25th Oatobox 2006		
7 <sup>th</sup> November 20	20nd December 2006		
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Please leave your request	with the Dept 2 weeks bytone the date of the income.		
	FOR COMMITTEE USE ONLY		
Type of work: AUDIT SER	RVICE EVALUATION PART OF RESEARCH PROJECT COMMENTS		
OTHERAPPROVE	NOT APPROVED COMMENTS		