**Haematology audit template**

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| **Date of completion** | (To be inserted when completed) |
| **Name of lead author/ participants** | (To be inserted) |
| **Specialty** | Haematology |
| **Title** | **An audit of compliance with the British Society for Haematology guideline on laboratory diagnosis of malaria** |
| **Background** | The British Society for Haematology (BSH) has published guidance on the laboratory diagnosis of malaria. This audit will review compliance with some of the recommendations made. |
| **Aim & objectives** | To review whether:   1. suspected malaria cases are being appropriately tested 2. cases of malaria are being accurately diagnosed and appropriately assessed. |
| **Standards & criteria** | If the target (specified as 100% or 0% for each criterion) is not achieved, there should be documentation in the case notes that explains the variance.   1. Both thick and thin films should be routinely prepared for malaria diagnosis; target 100%. 2. Thin films should be stained with a Giemsa stain and thick films with either a Giemsa or Field stain. Giemsa should be used at pH 7.2; target 100%. 3. Thick films should be examined by two trained observers, each viewing a minimum of 200 high power fields; target 100%. 4. If thick films are positive, the species should be determined by examination of a thin film, again by two trained observers; target 100%. 5. In the case of *Plasmodium falciparum* or *Plasmodium knowlesi* infection, the percentage of parasitised cells or the number of parasites per microlitre should be estimated and reported; target 100%. 6. Rapid diagnostic tests (RDTs) for malarial antigen should not be used instead of a film at any time including out of hours; target 0%. 7. All positive specimens or discrepant results between RDT and films should be referred to a reference laboratory; target 100%. |
| **Method** | 1. **Sample selection**  * All requests for investigation of possible malaria parasites, either in a period of one month or to give a total of 30 requests (whichever is more appropriate).  1. **Data to be collected on proforma (see below).** |
| **Results** | (To be completed by the author)  The results of this audit show the following compliance with the standards.   |  |  | | --- | --- | | **Investigation** | **% compliance** | | Both thick and thin films were prepared for diagnosis |  | | Thin films were stained with a Giemsa stain, and thick films with either a Giemsa or Field stain. Giemsa was used at pH 7.2 |  | | Thick films were examined by two trained observers, each viewing a minimum of 200 high power fields |  | | If thick films were positive, the species was determined by examination of a thin film by two trained observers |  | | In the case of *P. falciparum* or *P. knowlesi* infection, the percentage of parasitised cells or the number of parasites per microlitre was estimated and reported |  | | RDTs for malarial antigen were not used instead of the preparation and appropriate examination of blood films even out of hours |  | | All positive specimens or discrepant results between RDT and films were referred to a reference laboratory |  | |
| **Conclusion** | (To be completed by the author) |
| **Recommendations for improvement** | Present the result with recommendations, actions, and responsibilities for action and a timescale for implementation. Assign a person(s) responsible to do the work within a time frame.  **Some suggestions:**   * highlight areas of practice that are different * present findings. |
| **Action plan** | (To be completed by the author – see attached action plan proforma) |
| **Re-audit date** | (To be completed by the author) |
| **Reference** | Rogers CL, Bain BJ, Fernandes S, Garg M, Mooney C, Chiodini PL *et al.* British Society for Haematology guidelines for the laboratory diagnosis of malaria. *Br J Haematol* 2022 (Epub ahead of print).  <https://onlinelibrary.wiley.com/doi/10.1111/bjh.18092> |

**Data collection proforma for cases of suspected or proven malaria**

**Audit reviewing practice**

Specimen number(s)

**Received from:**

Patient name:

Hospital number:

Date of birth:

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| Standard | **1**  **Yes** | **2**  **No** | **3** If shaded box not ticked, was there documentation to explain the variance? **Yes/No** plus free-text comment | **4** Compliant with guideline if shaded box ticked or an appropriate explanation from column 3. **Yes/No** (Record if standard not applicable) |
| **1**  Both thick and thin films were prepared for diagnosis |  |  |  |  |
| **2**  Thin films were stained with a Giemsa stain, and thick films with either a Giemsa or Field stain. Giemsa was used at pH 7.2 |  |  |  |  |
| **3**  Thick films were examined by two trained observers, each viewing a minimum of 200 high power fields |  |  |  |  |
| **4**  For cases where a thick film was positive, the species was determined by examination of a thin film by two trained observers |  |  |  |  |
| **5**For cases identified as being *P. falciparum* or *P. knowlesi*, the percentage of parasitised cells or the number of parasites per microlitre were estimated and reported |  |  |  |  |
| **6**  An RDT for malarial antigen was used instead of the preparation and appropriate examination of blood films |  |  |  |  |
| **7**  For specimens that were positive or where a discrepant result was obtained between RDT and blood films, unstained films and a blood sample were sent to a reference laboratory |  |  |  |  |

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| **Audit action plan**  An audit of compliance with the British Society for Haematology guideline on laboratory diagnosis of malaria | | | | | | |
| **Audit recommendation** | **Objective** | **Action** | **Time scale** | **Barriers and constraints** | **Outcome** | **Monitoring** |
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