**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.
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| **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%.
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| **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).**
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| **Results** | (To be completed by the author)The results of this audit show the following compliance with the standards.

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| **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 |  |

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| **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.
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| **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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