
Audit 23

- 1) **Audit Title**
Adequacy of irradiation beam size (collimation) in projection radiography
- 2) **Standard against which the audit topic is to be compared**
To be discussed and agreed locally with managerial and radiographic teams, noting variations in patient presentation and size of both anatomy and receptors. Ideally four collimation marks per extremity projection and two for all trunk radiographs.
- 3) **Source of standard (or reference document)**
Existing published literature and local/national guidance
- 4) **Type of audit – clinical audit, BSSD related, reporting / staff focussed**
- 5) **Target / compliance percentage to be achieved**
For local agreement in line with published literature
- 6) **Item or variable to be audited**
Number of collimation marks evident on each pre-processed radiograph
- 7) **Method: Retrospective / Prospective / Other**
Retrospective
- 8) **Data or information to be collected**
Number of collimation marks evident on each pre-processed radiographs. Types of radiographic examinations. Potential barriers to appropriate collimation (patient size/pathology etc). Optional additional measurement of excess field size.
- 9) **Sample details (categories, number of patients, collection time period)**
To be agreed locally, including radiograph types for inclusion, number of patients or period of collection to ensure representativeness of sample. Recommend consecutive radiographs (minimum 30 per body part: e.g., 30 extremity, 30 chest, 30 pelvis)
- 10) **Target achieved (yes / no / not applicable)**
Compliance with local/national/published standards
- 11) **Actions to be taken if the target is not met.**
Sharing of results with staff to allow for staff education and training. Follow up re-audit to evaluate impact of education and training with staff
- 12) **Timing for re-audit (yes / no / not applicable)**
Repeated periodically, with more frequent audits appropriate when compliance levels are low