

**Data Collection Forms / Proformas** – these are forms designed specifically for your audit and ensure that only relevant information is collected. You need to ensure that the form is unambiguous - this is especially important if several people are collecting data, to prevent each person interpreting the form differently. Forms from previous audits on similar topics can be useful, either to use again or to give you ideas to develop your own.

**Questionnaire** - well designed questionnaires can provide a wealth of information, however, effective questionnaire design is a topic on it's own. Essentially, you should ensure that questions are clear and unambiguous. They should not 'lead' the respondent to give the answer you would like and they should always contain contact details.

At this point, it is useful to think about how you will analyse the data that you collect – are you confident in your use of IT programs such as Access and Excel? Are you collecting quantitative (data that can be counted or expressed numerically) or qualitative (data that is descriptive and open-ended) data? Along with sample size and the amount of data needed, these will impact on how you design your data collection tool.

## 5. Ensure Reliable and Valid Data

**Reliability** relates to the extent to which your audit findings are repeatable and is concerned with the level of error in the measurement process. Variation in the measurement process will lead to unreliable data, so you need to ensure your data collection tool and method is specific and unambiguous.



**Validity** is concerned with the extent to which the audit measures what it is supposed to measure. This can be improved by ensuring that your audit is well designed with clear, unambiguous objectives and standards and you use robust data collection and checking methods.



## 6. Pilot, Pilot, Pilot!!

The best way to test the reliability and the validity of your data collection method is to pilot your audit. This involves picking a small audit sample and performing a 'mini audit' in which you collect data and analyse the results, comparing against your standards to determine if you obtain the information that you require.

If this pilot is successful, you can proceed with your audit, but in most cases, the pilot audit can be a useful learning tool that allows you to adapt your data collection strategy to be more effective. It is recommended that you always pilot your data collection method prior to your audit.

This leaflet contains only a brief introduction to effective data collection. If you would like further information please contact the Clinical Audit Department.

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Leaflet developed from an original idea by UBHT NHS Trust Clinical Audit Department.

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# How to Collect Clinical Audit Data Effectively

**NHS**

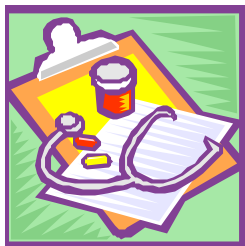
*Blood and Transplant*

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**Clinical Audit and Effectiveness**

## Collecting Audit Data



Effective clinical audit requires reliable and accurate information about the area of care being investigated. You need to have an effective data collection strategy in place before you start your audit.

Nothing is more frustrating than spending precious time obtaining data to find that it is not what you wanted or collecting too much information that is unnecessary.

You need to ensure that you collect the correct information to meet your audit objectives (see leaflet - 'How to Set Aims and Objectives') and that the information you collect is accurate and timely. An effective data collection strategy will involve 6 steps:

### 1. Set clear, unambiguous objectives and methods

Your objectives show what you are going to measure, and from these you need to determine where and how you are going to obtain this information.

You may not be collecting the data yourself so you need to ensure that others can understand your requirements and cannot put their own personal interpretation on things. Once you have decided what you are going to measure you need to:

### 2. Identify Your Audit Sample

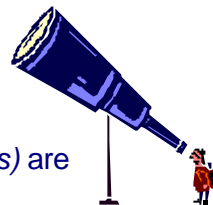
Your audit population will include everyone who has received the treatment / care you are evaluating. However, you can rarely audit

everyone, so you must decide on a suitable sample size and identify how you are going to select the subjects to be included (see leaflet - 'How to Select an Audit Sample').

Once you have done this, and you know what information you are going to collect, you need to decide how you are going to obtain that information.

### 3. Where to Look – Data Sources

The information you require for your audit may be readily available as it has been collected as part of routine care or practice. However, you should ensure that the existing information systems (e.g. *PULSE / Hematos or patient records*) are complete and accurate.



In some cases you may have to obtain information from several different sources and should also consider management information systems (e.g. *QPULSE/ Finance*), occurrence or complaints logs, departmental records and NHS databases.

Be aware of the work that is performed in your organisation, it may be that someone else already collects the information you require. So talking to people is often a good way of



finding out what is already available. If the information is not available, you will have to develop a method to access the information you need.

This may include either yourself and / or Health Care

Professionals collecting the data at the point of care, or you could collect the information

you require from observing practice or questioning staff, patients or donors.

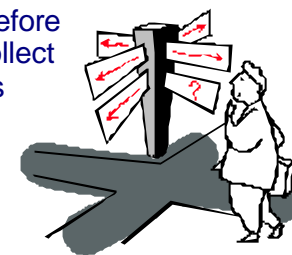
When you have identified your data sources you need to decide:

### 4. How to Collect the Data

There are a variety of tools that can be used to collect data. Before you start to think about how you are going to collect your information, you need to determine if you are:

#### Looking Back or Looking Forward?

You have two choices, either to look back at what has been done before (retrospective) or to collect data as each subject is treated (concurrent or prospective).



There are advantages and disadvantages to each method and the topic of your audit and your data sources will influence which is the most suitable method to choose.

**Retrospective data collection** is good if you are collecting data from established sources and the information is well documented. However, it provides information about past practices that may have changed.

**Prospective / Concurrent data collection** is good if you require additional information to that normally documented. However, this requires additional resources as either yourself or a HCP involved in patient/donor care has to collect data.

Once your method has been established, you need to design your data collection tool. The most commonly used are: