Once your method has been chosen, you need to design your data collection tool. Commonly used data collection tools include:

Data Collection Forms / Proformas

These are forms designed specifically for your audit and ensure that only relevant information is collected. These need to be unambiguous, especially important to prevent variation in interpretation if several people are collecting data. Forms from previous audits on similar topics can be reused, adjusted or used to provide ideas to develop your own proforma.

Questionnaires

Questions will be based on your standards and criteria i.e. what data you want to collect. Question wording is important; it should be clear, unambiguous and not 'lead' the respondent to give the answer you would like. It is good practice for questionnaires to contain contact details. Clinical audit staff will be able to provide advice and support on effective design.

At this point, it is essential to consider how you will analyse the data that you collect – are you confident in your ability to use computer programs for this? Are you collecting quantitative data (that can be counted or expressed numerically) or qualitative data (that is descriptive and open-ended)? This will impact on the design of your data collection tool.

5. Ensure Reliable and Valid Data

Reliability – relates to the extent to which your audit findings are replicable 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 ensuring 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. 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 successful, you can proceed with your audit, but in most cases, the pilot can be a useful learning tool that allows you to improve your data collection strategy. It is recommended that you always pilot your data collection method prior to your audit *and* allow time to make necessary changes before full data collection.

NHS Blood and Transplant

Leaflet 8

How to Collect Clinical Audit Data Effectively

Clinical Audit

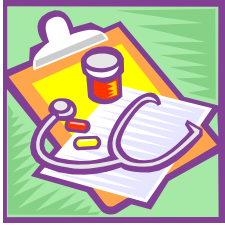**Clinical Audit Manager: Marc Lyon – 07764 280833**

Senior Clinical Audit Facilitators:
Emma-Kate Chawishly – 07711 447198
Dawn Tilsley – 07720 275387

clinical.audit@nhsbt.nhs.uk

Collecting Audit Data

Effective clinical audit requires reliable and accurate information about the area of care being measured. 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 only to find that it is not what you needed, or time has been wasted collecting unnecessary information.

You need to ensure that you collect the correct information to meet your audit objectives (see leaflet 5 'How to Set Aims and Objectives' INF455) and that the information you collect is accurate and timely. An effective data collection strategy will involve six important 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 add their own personal interpretation. 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, service or 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 donors / patients to be included (see leaflet 7 - 'How to Select an Audit Sample' INF456).

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 because it is currently, or 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/donor records) are complete and accurate.

In some cases, it may be necessary to obtain information from several different sources. You should also consider management information systems (e.g. QPULSE / Finance), occurrence or complaints logs, departmental records and systems such as PULSE / Hematos.

Be aware of the work that is performed in your directorate; it may be that someone else already collects the information you require. Talking to people is often a good way of finding out what is already available. If the information is not available, you will need to develop a method to access the information you need. This may include you and / or health 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 the data, you need to determine if you are:

Looking Back or Looking Forward?

There are two options; either to review what has been done before (retrospective), or to collect data as each event happens (concurrent or prospective). There are advantages and disadvantages to each method of data collection and the topic of your audit. Your data sources will influence which is the most suitable method to choose.

Retrospective data collection is appropriate for collecting data from established sources where 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. This often requires additional resources as you or a health professional involved in patient / donor care will likely be required to collect the data.