

CASC tip sheet #4

Collecting clinical audit data

BACKGROUND

The data collection stage is a key phase in the audit process and it is often the one that most healthcare professionals have been involved in (e.g. collecting information for local or national clinical audit projects). HQIP's [best practice checklist](#) sets out ambitious indicators for data collection, stating that the data collection process must be robust and that: (7.2) the sample size is sufficient to generate meaningful results, (8.2) the data collection tools and processes have been validated and (8.3) the data collection process aims to ensure complete capture of data. However, one should remember that clinical audit is a snapshot of care, not a research project.

5 top tips

P is for: Precise and Planned

The data collection stage of any clinical audit project is critical. If mistakes, errors and/or oversights are made at this stage they can derail an audit. For example, if key data is not captured or if the data collection phase is too long-winded and burdensome, the project is unlikely to succeed.



P

I is for: Important, Illuminating and Informing

The purpose of a good clinical audit is to measure current care against best practice, helping to illuminate our understanding of what is happening and inform us if changes need to be made. Audit should focus on important elements of care that can be improved.



I

L is for: Lite

Every year the Clinical Audit Support Centre conduct our annual survey asking the audit community to evaluate national clinical audits. The constant criticism is that these projects are too burdensome and take healthcare workers away from patients. Audits need to be lite. Aim for 2 page data collection forms not 20 pages!



L

O is for: Organised and Owned

The problem with many audits is that the data collection phase is often badly organised. Indeed, audit data collection is often not properly planned, rushed and not piloted to ensure the proposed approach is fit-for-purpose. The data collection stage also needs to be owned, i.e. who is responsible for data capture?



O

T is for: Timely

Remember, an audit measures current care against best practice. Audit does not measure what was happening 6 or 12 months ago. Audit data capture must be timely (ideally current but at a minimum, recent). Also, audits should not identify patients. Audits data capture should meet information governance and GDPR rules.



T