

CASC tip sheet #5

Analysing your clinical audit data

BACKGROUND

Once we have collected our clinical audit data, the obvious next step is to analyse it. The data analysis stage will hopefully shine a spotlight onto current care and give us a better appreciation of what is happening. There are a number of reasons why we carry out data analysis but we would agree with HQIP in their [Best Practice in Clinical Audit guide](#) that 'audit data should be analysed to measure compliance with standards. The statistics used should be appropriate for the purpose and should aim to provide the clearest possible picture of performance.'

4 key tips for clinical audit data analysis

How do I calculate if care is compliant with the standard?

Remember, audit criteria and standards set out measurable statements of care and thus the data we collect should allow us to easily determine if the standard is being met. For example, patients with suspected cancer should be seen within 14 days of referral by a GP (often referred to as the "two week wait") To determine if the operational standard of 93% is being met, we would simply divide the number of patients that met the standard (i.e. those who waited 14 days or less) by those to whom the standard applies (i.e. all patients referred) and times (x) the answer by 100. This will give us the result/compliance level expressed as a percentage. Most analysis can be done using a calculator or via Excel.



What are exceptions?

Exceptions are vital and are defined as 'data that is not normal or within expected parameters'. We need to carefully consider if some patients originally included in our audit population warrant removal. Using the above example, if a patient was abroad on holiday for a month immediately after referral or refused further treatment, then they should be excluded from the analysis. This is called exception reporting and effectively ensures that we are giving a fair and accurate overview of the data. Using our example, the healthcare system was in a position to meet the standard but this was not achievable because of the patient situation/decision.



Digging deeper and identifying trends

Where analysis identifies sub-standard care we need to use our data and wider knowledge to dig deeper. The better we understand what is happening, the more likely we will be able to put appropriate changes and counter-measures into place. Further analysis specifically of those patients that 'missed' the two week wait target could help us identify common themes, trends and blockages.

Don't forget to celebrate!

Analysis of audit data provides us with two outcomes: 1) standards that are not met (i.e. non compliance) and 2) standards that are (compliant). Of course where we identify sub-standard care we need to explore further, act and make changes. However, when standards are being met we should be reporting this back to staff and celebrating the fact that they are delivering exemplary practice.

