

Data Collection Plan form (for each measure)

Who will collect data?	
What data will they collect? Are these data <u>attributes</u> (yes/no, categories) or <u>variables</u> ? (measured numerical data)	
Where will they collect the data?	
When will they collect the data? (frequency (daily, weekly, monthly) and if part of existing process at what step)	
How will the data be recorded? Is there an existing source? (be specific)	
Will we count every event or take a sample? <i>If sampling how will we choose the sample?</i>	
What are the stratifiers? (if any)	
What analytical tools do we plan to use?	
How will data be presented? – types of tables and charts	
Who will do the analyses and create the charts? (Same person?)	
Who will receive the results? How often will they receive them?	

(Based on p103-p107 of Lloyd, R. Quality Health Care: a guide to developing and using indicators. Jones & Bartlett 2004)

Guidance notes for data collection plan form

Questions	What to consider
<i>Who will collect data?</i>	Someone needs to do it, and they need to know it's them (or when it's them) Good if it's the people who are actually delivering the care but recognise the opportunity costs
<i>What data will they collect?</i> <i>Are these data attributes (yes/no, categories) or variables? (measured numerical data)</i>	Need clarity on what is needed (operational definitions need to be available and understood)
<i>Where will they collect the data?</i>	Need to know where in process data will be gathered and in which locations
<i>When will they collect the data?</i>	Need to agree frequency of data collection. This depends on process throughput and cycle time. In general there needs to be enough data to reduce random variation but frequent enough time points to be able to assess quickly whether changes are in fact improvements
<i>How will the data be recorded?</i> <i>Is there an existing source?</i>	Sometimes existing information systems can be adapted. Don't wait for this to pilot measurement - paper and pencil are very powerful tools at early stages.
<i>Will we count every event or take a sample? If sampling how will we choose the sample?</i>	For improvement we only need limited (just-enough) data so frequent sampling is often useful Need to agree a sampling methodology (if appropriate) Judgement sampling sometimes sufficient but random sampling sometimes required
<i>Are there obvious stratifiers?</i>	Stratifiers are subdivisions of data that reflect known differences in the process (for example by diagnostic group, day v night shift, week-day care and weekend care?) Use subject matter expertise to identify known differences in processes of care.
<i>What analytical tools do we plan to use?</i>	Need to understand how the data will be analysed and presented so we can see if changes are improvements. What statistics (e.g. median, mean, range, standard deviation) will we use?
<i>How will data be presented? – type of chart or table</i>	What tables and graphical tools: histogram, Pareto chart, line graph (run chart, control chart) will be used • Descriptive (enumerative) statistics –line and column charts • Analytical (predictive) statistics – run and control charts
<i>Who will do analyses and create charts?</i>	Someone needs to do it, and they need to know it's them. Is it same person for both analysis and chart creation?
<i>Who (or which group) will receive and review the results?</i> <i>How often?</i>	Important that someone is reviewing outputs and able to take action on them