## 1. Pain management

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| **Lead** | Ronnie Marsh |
| **Aim of wider project** | QI project to improve how we document and manage pain |
| **Description of request** | Initial audit to assess how well we adhere to the pain management guideline. Two pronged: do we measure appropriately? Do we respond appropriately? |
| **Duration** | 23 days from initial meeting to data delivery |
| **Number of meetings** | Two meetings in initial phase  Two meetings later to re-explain dataset |
| **Outputs** | Large Excel workbook with data dictionary. Raw data and summary charts. |
| **Data extraction** | Easy data pull, from Caboodle using reusable scripts (ICU stay, and flowsheets).  Further qualitative work required by investigators. |
| **Project outcome July 2022** | Being analysed. Was for some time lost due to rotating staff. |

Key learning points:

* Work done before initial contact speeds up the process, and delivers a more satisfactory result for everyone:
  + We had to do a lot of work to define the exact questions the team were asking. People will turn up to data clinic with a nebulous idea of a project. We find ourselves doing the project design for them. This is bad use of resources and inappropriate (we are offering data, not methodological support)
  + This suggested the need for screening: is your project ready for data?
* The initial meeting should be the investigators and Data Science Fellows. BIP time (and patience) is precious, and a resource this project aims to preserve.
* Data should be provided to the right people. This means the lead investigator, *as well as* those doing the analysis.
* Extraction was more time-consuming than anticipated
  + Favour fewer datapoints where possible – quicker to define, quicker to pull, quicker to analyse
  + The process of defining questions delays delivery
* Time specific events are challenging to define. In this project, we wanted medication administration event (analgesia) closest to a recorded observation (pain score). This relationship is challenging to define.