# Meeting notes 5.11.2021

Data clinic post-mortem

**Project:** Pain management QIP

**Present:**

Conor Foley Ronnie Marsh

Dan Stein Fangyue (Nancy) Chen

David Egan Peter Shakeshaft

Tim Bonnici

**Meeting minutes:**

* David walked Conor/Dan/Peter through the script he’d written to answer Ronnie et al’s queries
* We discussed the results informally
* Results shared with Ronnie and Nancy
  + Explained the questions we had agreed to answer
  + David explained the data product he has produced
  + Opportunity for discussing parameters – some minor points changed
* We discussed the medication query – too time intensive, and data could be collected manually
* Agreed on a final data product
  + Excel spreadsheet
  + Three tabs – patient level, summary metrics, as much of the medication query as was practicable to provide
  + Some further modification required as a result of our discussion
  + David will provide next week
  + Questions we could not answer to be extracted manually by team

**Post-mortem**

Ronnie et al were very happy with the clinic:

* They were very happy with the product
* While the product did not match their initial expectations, they fully understood the reasons it did not. It answered their major questions.
* They felt the process helped their understanding of how the data is structured
  + This has informed plans for interventions

David was happy with the process

* He felt the initial screening appt with Conor/Dan/Pete and QI investigators helped reduce his workload, and frame clinical questions in a data-sensible way
* In person meetings reduced his workload (rather than email chain)

Data science fellows gained an understanding of the process

* Initial meeting seemed all about working out the following for the audit/QI:
  + Aims
  + Strategies
  + Specific questions to achieve above
* Expectation management – what data and when (timeframe)
* Some understanding of data structure in Caboodle
  + This will accelerate once access granted
  + Many data points are available in EMAP – some audit queries will be achievable without Caboodle access

**Proposed structure going forward**

Introduce a screening process

* Pre clinic survey to outline aims and questions
* Data items they may want (e.g. labs, obs, meds, free text etc.)
* Could include ‘please demonstrate manual data collection for e.g. 5 patients’ – the idea being investigators need to carefully consider what data items they want

Initial appointment

* Data science fellows + investigators
* Aim: clearly define aims, strategy and questions. Screen in/appropriate requests. Set expectations.
* Discuss extraction and analysis – what we do, what they [investigators] do

Next meeting

* DS Fellows + David
* Aim: formulate plan for data pull
* Investigators could be invited if needed
* If a very simple request, this meeting may not be required

Final appointment

* DS Fellows + David + investigators
* Aim: data product delivered

**Data quality issues highlighted**

**Re-usable scripts**

Patients admitted to ICU

Accepted analgesics

**Next steps**

1. David will share final product with Ronnie et al
2. Ronnie may know further QIP/audits requiring our help – she will contact Tim
3. Survey Samiha has created to be circulated informally (semi-structured, 1:1 interviews)
4. Create screening questionnaire – Conor to do
5. Tim and David are chasing Caboodle access next week