## 2. Auditing *Global Longitudinal Strain* in sepsis and hyper-inflammation

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| **Lead** | Patricia Refinetti |
| **Aim of wider project** | Assess extent of reporting of GLS in septic/HLH patients |
| **Description of request** | As above. Suspicion that this data may have been part of a research project. |
| **Duration** | 14 days from initial meeting to data delivery |
| **Number of meetings** | Three meetings |
| **Outputs** | .csv files of identified patients. Small cohort due to definitions. |
| **Data extraction** | Unexpectedly challenging data pull, as much echo data lives in Clarity. No modularised scripts for this. |
| **Project outcome July 2022** | Audit concluded. Being written into a research project on echo findings in HLH. |

Changes to clinic process:

* DSFs and BIPs had a preliminary meeting to discuss request, and do exploratory work to find data items in Clarity and Caboodle.
* Analytical support provided in the form of R Notebook.

Learning points:

* Definitions can be troublesome: what is sepsis to a computer?
  + Narrative definitions can be constructed, and then broken down into datapoints to query
  + However, this may be overly specific and you risk losing relevant data
  + A balance needs to be struck between sensitivity vs specificity of your definitions, as well as relative importance of tight definitions vs time taken to define them
  + A ‘good enough’ answer is what should be sought, more often than not.
* The clinic may be hijacked for research purposes
  + While it is hard to get data for audit, it is even harder to get it for research.
  + Strictly, this is out of our remit. However, what investigators do with their data is not necessarily our responsibility.