# Meeting notes 01.03.2022

Second meeting for Delirium & Sedation QIP: data delivery

**Present Apologies**

Ronnie Marsh Dan Stein

Grant McQueen Matt Jenkins

Conor Foley

Tim Bonnici

David Egan

Peter Shakeshaft

**Minutes**

Introductions

Tim talked through the project’s background and aims, as we understand them.

Brief discussion of the aims and function of the data clinic approach to audit/QI.

We recapped some of the main themes of our last meeting, with particular focus on which aspects of this question are answerable with Caboodle data, and which are better suited to manual/qualitative methods

David walked us through the data he and Peter had pulled from Caboodle:

The first question – regarding measurement of agitation/sedation is easy enough to answer

D&P have pulled data on RASS measurement and targets, and have included several calculated fields to assess adherence with our current guideline

D&P have first provided raw data pulled regarding RASS assessments, then provided a sheet of RASS analysis with several calculated fields (as a pivot table from the first data sheet) which show performance by month against multiple metrics

Above summarised into some plots for ease of viewing

Next D&P have provided a sheet indexed by MRN which details total doses of drugs of interest (*see first meeting notes for list*), total time on and average daily dose. This aims to aid case-finding: it should identify those who have had the highest amount of each medicine/been on for the longest etc

Finally is a sheet of recorded RASS scores for individual patients, and associated administration events of the drugs of interest. This sheet is complex (>250k lines). We hope it can be used for case finding, as well as producing some interesting results with some analysis in R/Python.

Discussion followed about the most useful way to define these metrics and to present them for Ronnie & team. David and Peter have edited the spreadsheet accordingly.

We then discussed delirium. Tim suggested that given the amount of data provided, and associated analysis required, it would be sensible to conclude here. We agreed the current data would be analysed as a chunk of work, and then we could re-convene once Ronnie et al wanted to analyse delirium and CAM-ICU data.

It is likely much of the delirium data collection and analysis will be very similar to the agitation/sedation work.

**Outcomes**

David and Peter have edited the query and spreadsheet, and have sent it round to Ronnie et al

We will reconvene once Ronnie et al would like to start looking at delirium measurement and provide a second data extract