## 4a. Agitation & Sedation

|  |  |
| --- | --- |
| **Lead** | Ronnie Marsh |
| **Aim of wider project** | Improve our management of sedation and delirium, particularly reducing over-sedation and championing non-pharmacological approaches to delirium. |
| **Description of request** | Audit to assess our recording of agitation, and how we respond to over as well as undersedation. Assessed against guideline. |
| **Duration** | 25 days |
| **Number of meetings** | 3, including one to re-explain the dataset several months later |
| **Outputs** | Excel workbook, featuring raw data, PivotTables and summary charts for questions discussed in second meeting. |
| **Data extraction** | Moderate difficulty. Reusable scripts: ICU stays, flowsheets. Pulling time specific medication data is a challenge. |
| **Project outcome July 2022** | Presented locally June 2022. QIP ongoing. |

Changes to clinic process:

* Following the first three projects, we met to discuss our learning points so far. We redefined our process, as shown in *Figure 5*.

Diagram

Description automatically generated

Figure 5. The revised clinic process, based on learning from our first three clinics.

Learning points:

* Once again, we learnt the importance of supporting projects to carefully define their aims and questions
  + The need for an Audit & QI Methodology clinic was identified
* No data dictionary was provided. It later became clear that this is essential to help understanding of the dataset.
  + While every effort should be made to present the data to those interrogating it, it is likely the dataset will be used by others in the project. Therefore, a plain English summary is essential to mitigate against lost learning.
* The more data we provide, the harder it is to interpret. The simplest possible dataset should be favoured. Visualisation helps.
* Some questions may be difficult to answer with a data pull. This may be because the definitions are time-consuming, or the quality is poor for whatever reason. It may be quicker and more accurate to ask investigators to manually collect these items. We may be able to help them get half way by providing for example patients/events of interest.