Meeting minute 29/7/22

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| Date: | 29/7/22 |
| Time: | 3pm-4pm |
| Attendees: | Group29, Michael, Rinaldo, Tim, Daniel |

# Change of scope for semester 2

While the plan in semester 1 in terms of analysing the variability for MIMIC dataset makes sense in the data mining perspective. Upon further discussion from Rinaldo and Tim we were suggested that the scope may be too large and won’t be beneficial to the EPIC dataset. Therefore, the current goal is to focus on 'smaller traces' associated with specific, common conditions with a more nuanced analysis of variation within/between features within the MIMIC-IV data sets, which can then be mapped to the RMH EPIC dataset. It was also mentioned that the ideal result from the analysis of variability could hopefully find some fundamental differences in the MIMIC-IV dataset and the EPIC dataset and to be more specific, are there more clinically inappropriate variation between EPIC and MIMIC dataset.

# Agenda items

With the new scope in mind, here are some further suggested explorative data analysis path that Rinaldo and Tim have suggested.

1. How many times the hg was measured right from the beginning of the surgery to the first 24 hours of the intensive care (if we cannot determine when the surgery was conducted, than just the first 24 hours of intensive care.) ->Rinaldo thinks that MIMIC-IV has fewer hg measures compare to Australia’s dataset averaging 4-6.
2. Do Men and women receive the same amount of blood transfusion?
3. Revise queries 4-5 given that now we know single unit of blood means one instance of blood transfusion.
4. Is there correlation with hg value before blood transfusion and hg value after blood transfusion? (Scatter plot where x is initial hg value and y is the differences between initial vs after). This is testing whether or not these are inappropriate blood giving at high hemoglobin levels
5. Can you find reasons (associations between variables) on why some people are given 2 or 3 units of blood? This can be the correlation from queries 4, or find association between cardio drain status or cardio drainage?
6. Did the hg value threshold of giving somebody blood change based on how much they have been bleeding?