

AB083. 13. Closing the loop on closing the loop

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Background: We have had anecdotal reports from primary care physicians that following patient visits to our outpatients department, there was no report/dictated letter detailing a treatment plan or finding. We set about auditing our dictated letters and following initial results, implemented an intervention to increase our dictation rates.

Methods: During one rotation of non-consultant hospital doctors (NCHDs), we audited the number of new and return visits that had letters dictated following clinic visits. Our letters are dictated and saved electronically so we could compare attendances with dictations. After cycle one, we created a checklist for NCHDs and consultants to act as a reminder to dictate letters. Following the intervention,

a repeat audit was conducted. Dictations were counted as 'not dictated' if a patient attended and there was no letter recorded.

Results: Our overall population was 391, which was made up of 157 new visits and 234 return visits. In cycle 1 our dictation rate for new attendances was 57%, following intervention this increased to 76%. Return patient visit dictation rates in cycle 1 was 55% which increased to 59% in cycle 2. Overall our dictation rate increased by 10% after a 2-week intervention.

Conclusions: The code of practice for surgeons published by RCSI in 2018 calls for appropriate sharing of information, with the patient's consent, with primary care physicians. Not all attendances at clinic require dictated letters but they act as an easily accessible record and keeps primary physicians informed. We found after a short and cost-effective period of intervention our dictation rates increased.

Keywords: Audit; code of practice; loop; outpatients; standards

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