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Abstracts

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TRANSITION FROM HANDWRITTEN TO ELECTRONIC MEDICAL DISCHARGE LETTERS: QUANTIFYING DIFFERENCES TO INFORMATION QUALITY

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Background: The acute medical teams in University Hospital Limerick transitioned last year from a handwritten proforma system of composing discharge letters to an electronic system (EPMS).

Aim: This project aimed to assess the quality of information on EPMS letters, compared to handwritten letters.

Standards: To quantify the quality of information, two key areas were assessed – presence of a discharge letter, and presence of a list of discharge medication (HSE Code of Practice for Integrated Discharge Planning, 2014).

Methods: Using the hospital inpatient manager software, all the patients discharged from acute medical unit consultants in February of 2018 were identified. The EPMS system was used to locate the electronic discharge letters of these patients and compared to the standards. The patients discharged from February of 2017 were identified (before the introduction of electronic discharge letters) and the handwritten letters compared to the standards. Both the electronic and handwritten discharge letter groups were compared.

Results: Discharge letters were present in 86.7% of the electronic group vs 75% of the handwritten group. List of medications were present in 40% of electronic group's letters vs 100% of handwritten group's letters.

Conclusions/Action Plan: A system of electronic records increased the percentage of letters being written/sent/stored compared with handwritten letters. However, quality of information regarding medications suffered. This is likely in part as handwritten letters were written on the ward with patient's prescription there, whereas electronic letters were being written in the office at the end of the day with no drug chart available. Discharge letters from wards where EPMS was available on computers had higher likelihood of having correct medication information. EPMS will be made available on every ward and data reassessed in six months time.

Biography

Jordan E Hilton graduated from Trinity College Dublin School of Medicine in 2014. He is currently pursuing basic specialist training in General Medicine with the Royal College of Physicians, Republic of Ireland. He was conferred as a Member of this college in April 2018. He is also working as a Medical Senior House Officer at University Hospital Limerick.

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PREVALENCE AND ITS RISK FACTORS FOR LOW BACK PAIN AMONG OPERATION AND MAINTENANCE PERSONNEL IN CHINESE WIND FARMS

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Background: With the increasingly severe energy shortage and climate change problems, developing wind power has become a key energy development strategy and an inevitable choice to protect the ecological environment worldwide.

Aim: The purpose of this study is to investigate the prevalence of low back pain (LBP) and analyze its risk factors among operation and maintenance personnel in wind farms (OMPWF).

Methods: A cross-sectional survey of 151 OMPWF was performed, and a comprehensive questionnaire, which was modified and combined from Nordic Musculoskeletal Questionnaires (NMQ), Washington State Ergonomics Tool (WSET) and Syndrome Checklist-90 (SCL-90) was used to assess the prevalence and risk factors of LBP among OMPWF.

Results: The prevalence of LBP was 88.74 % (134/151) among OMPWF. The multivariable model highlighted four related factors: backrest, somatization, squatting and lifting objects weighing more than 10 lb more than twice per minute.

Conclusions: The prevalence of LBP among OMPWF appears to be high and highlights a major occupational health concern.

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