PD110 Ward Round Woes: Accuracy Of Ward Round Documentation

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Introduction: Ward round quality is a pivotal component of surgical care and is intimately associated with patient outcomes. Despite this, ward rounds remain largely understudied and underrepresented in medical literature. Accurate and thorough ward round documentation is known to improve communication and patient outcomes and to reduce hospital expenditure. This study aimed to determine the accuracy of ward round documentation.
Methods: A prospective observational cohort study was performed as a sub-analysis of a larger study by reviewing 135 audiovisual recordings of surgical ward rounds over two years at two hospitals. The recordings were transcribed verbatim, and content was designated a level of importance by an external reviewer. This was then compared to the written case notes to determine the accuracy and importance of omitted documentation. Patient age, sex, and length of stay, as well as the senior doctor leading and the intern documenting the ward round, were assessed using multivariable linear mixed-effect models to determine their impact on documentation accuracy.
Results: Nearly one-third (32.4%) of spoken information on the surgical ward round that was deemed "important", including discharge plans and bookings for surgery, was absent from the patients' electronic medical records. Additionally, in 11 percent of case notes there was a major conflict between the ward round discussion and what was documented. Younger patients (p=0.04) and patients who had been on the ward longer (p=0.005) were less likely to have accurate documentation. Some interns were significantly worse at documenting discussions than were others (p<0.0001). Day of the week, location, and the senior doctor present did not affect documentation accuracy.
Conclusions: This study demonstrates that a significant amount of important discussion during surgical ward rounds regarding patient care is not recorded accurately, or at all, in the patient medical record. This can lead to preventable patient complications and longer hospital stays, resulting in increased strain on hospital resources. This study emphasizes the need for further research to address this problem.

PD111 A Health Technology Management Approach To Dupilumab Reimbursement In Ireland – Data From Year One

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Introduction: Following a health technology assessment, the Health Service Executive (HSE) supported reimbursement of dupilumab subject to a managed access protocol (MAP) being implemented. Reimbursement is restricted to a subgroup of the fully licensed indication, that is, moderate-to-severe refractory atopic dermatitis (AD) in adults and adolescents 12 years and older. This study provides an overview of the first year of the MAP.
Methods: All reimbursement applications submitted to the HSE Medicines Management Programme between 1 April 2021 and 31 March 2022 were reviewed. Key demographic and clinical characteristics of the approved population were analyzed. Reimbursement claims data within the specified period were extracted from the HSE Primary Care Reimbursement Services national pharmacy claims database. All data were compiled and analyzed using SPSS Statistics 27. Expenditure estimates were based on wholesale prices and were exclusive of value-added tax, fees, and confidential rebates.
Results: During the study period, 382 applications were submitted, 96 percent (n=365) of which were approved. Among approved patients, the mean age was 35 years (range 12 to 79 years), the mean number of years between AD diagnosis and approval was 22.65 years (range 1 to 78 years), and 65 percent (n=238) were men. The mean Eczema Area and Severity Index score was 28.72 and the mean (Children's) Dermatology Life Quality Index score was 19.72. Approved patients who had unsuccessfully tried other systemic immunosuppressants had trialed up to five different medicines (mean=1.6). Year one expenditure was EUR2.4million, with 70 percent of approved patients accessing treatment.
Conclusions: Most applications submitted through the MAP were approved. These patients met the predefined evidence-based eligibility criteria for treatment. Patient numbers were higher than estimated, suggesting that the MAP did not hinder access. Utilizing health technology management by way of a MAP has facilitated access to expensive medicines for patients with the greatest need, while controlling expenditure for the payer.

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