



Admission medical records made at night time have the same quality as day and evening time records

Ilda Amirian, Jacob F. Mortensen, Jacob Rosenberg & Ismail Gögenur

INTRODUCTION

A thorough and accurate admission medical record is an important tool in ensuring patient safety during the hospital stay. Surgeons' performance might be affected during night shifts due to sleep deprivation. The aim of the study was to assess the quality of admission medical records during day, evening and night time.

MATERIAL AND METHODS

A total of 1,000 admission medical records were collected from 2009 to 2013 based equally on four diagnoses: mechanical bowel obstruction, appendicitis, gallstone disease and gastrointestinal bleeding. The records were reviewed for errors by a pre-defined checklist based on Danish standards for admission medical records. The time of dictation for the medical record was registered.

RESULTS

A total of 1,183 errors were found in 778 admission medical records made during day- and evening time, and 322 errors in 222 admission medical records from night time shifts. No significant overall difference in error was found in the admission medical records when day and evening values were compared to night values. Subgroup analyses made for all four diagnoses showed no difference in day and evening values compared with night time values.

CONCLUSION

Night time deterioration was not seen in the quality of the medical records.

TRIAL REGISTRATION: not relevant.

FUNDING: The study was supported financially by the Tryg Foundation Denmark and The Danish Medical Association.

CORRESPONDENCE: Ilda Amirian. E-mail: iamirian@gmail.com

CONFLICTS OF INTEREST: Disclosure forms provided by the authors are available with the full text of this article at www.danmedj.dk

REFERENCE: Dan Med J 2014;61(7):A4868

FROM: Department of Surgery, Herlev Hospital



Predictors of long-term effect from education and exercise in patients with knee and hip pain

Søren Thorgaard Skou^{1,2,3}, Mikkel Elstrup Simonsen¹, Anders Odgaard⁴ & Ewa M. Roos³

INTRODUCTION

Education and exercise are poorly implemented in osteoarthritis care. The purpose of the present study was to identify predictors of effectiveness at one year from education and exercise in patients with knee or hip pain in clinical practice.

MATERIAL AND METHODS

Good Life with Arthritis in Denmark is an implementation initiative consisting of education and 12 sessions of neuromuscular exercise delivered by trained physiotherapists. Pain (visual analogue scale 0-100) and quality of life (EQ-5D) were assessed at baseline and after three and 12 months. Changes in outcome from baseline to one year were dependent variables in regression analyses, while changes from baseline to three months and absolute results at three months in physical performance (30-sec. chair stand test) and self-efficacy were predictor variables.

RESULTS

A total of 79/82 patients completed the one-year follow-up. Improvements in pain and EQ-5D at three months were maintained at one year ($p < 0.006$). Change in self-efficacy from baseline to three months (Beta = -0.369) and 30-second chair stand test (Beta = -0.251) and self-efficacy at three months (Beta = -0.492) were predictors of one-year improvement in pain ($p < 0.05$). Furthermore, self-efficacy at three months (Beta = 0.304) was a predictor of one-year improvement in EQ-5D ($p = 0.01$).

CONCLUSION

The identified predictors highlight the importance of combining education and exercise. This study indicates that good long-term treatment results are achievable in clinical practice.

FUNDING: The Association of Danish Physiotherapists Research Fund.

TRIAL REGISTRATION: not relevant.

CORRESPONDENCE: Søren Thorgaard Skou. E-mail: sots@rn.dk

CONFLICTS OF INTEREST: Disclosure forms provided by the authors are available with the full text of this article at www.danmedj.dk

REFERENCE: Dan Med J 2014;61(7):A4867

FROM: 1) Orthopaedic Surgery Research Unit, Aalborg University Hospital, 2) Centre for Sensory-Motor Interaction, Department of Health Science and Technology, Aalborg University, 3) Research Unit for Musculoskeletal Function and Physiotherapy, Institute of Sports Science and Clinical Biomechanics, University of Southern Denmark, 4) Department of Orthopaedic Surgery, Gentofte Hospital