

## Poster Session: Service Provision & Prostate Imaging

Poster	Abstract Titles
Poster 1	Improving Quality of Operative Notes in Urology
Poster 2	Use of booking pro forma to improve Nurse-Led TWOC clinic
Poster 3	The future of urology in Ireland – are we planning ahead appropriately?
Poster 4	Referral patterns for urethral reconstruction surgery in Ireland – implications for service planning and provision
Poster 5	Does clinical validation and the implementation of new models of outpatient service delivery have the potential to reduce waiting lists? A pilot study in Letterkenny University Hospital
Poster 6	MRI for clinically suspected prostate cancer – the disparity between private and public sectors
Poster 7	The Changing Trend in Prostate Cancer Diagnostics in Ireland
Poster 8	Is mpMRI prostate ready for use in selecting patients who need TRUS-guided prostate biopsy?
Poster 9	Is PSA being over utilized in the acute hospital inpatient setting: A single centre review
Poster 10	The use of multiparametric MRI for prostate cancer diagnosis in contemporary practice
Poster 11	The Effect of Pre-Biopsy MRI on Potential Grade Migration in Prostate Cancer

### Poster 1 Improving Quality of Operative Notes in Urology

E. MacCraith, J. Forde, I. Cheema, L. McLornan, N. Davis  
Beaumont Hospital, Dublin, Ireland

**Background:** Accurate documentation in medicine is essential for quality in healthcare. Operative notes contain vital information regarding patient care and are important should a medico-legal issue arise. The Royal College of Surgeons (RCS) has published clear guidelines on the criteria to be included in operative notes. The aim of this study is to assess the quality of urological operative notes and to evaluate if using electronic records leads to improved quality.

**Methods:** A prospective database was maintained at our institution over a 3-week period. Analysis of 100 consecutive operative notes was performed. Quality was assessed by adherence to the 18 criteria recommended in the RCS guidelines.

**Results:** Operative notes were completed by consultants (26%), year-1 registrar (27%), year-3 registrar (31%), year-4 registrar (7%) and year-6 registrar (9%). Consultants scored significantly higher than non-consultants (72% vs 53%;  $P=0.0001$ ; 95% confidence interval [CI]: 4.4179 to 2.7621). Electronic operative notes were of significantly higher quality (72% vs 57%;  $P=0.026$ ; 95% CI: 5.12245 to 0.33755) but were only used in 4% of cases. Sixteen percent of procedures were emergency surgeries and there was no difference in quality between emergency and elective notes. Inclusion of information such as date (98%), surgeon (100%), assistant (98%) and postoperative instructions (100%) was satisfactory but surgeons performed poorly in the

following areas; time of procedure (7%), anaesthetist (50%), estimated blood loss (2%) and DVT prophylaxis (25%).

**Conclusions:** Electronic operative notes are associated with improved quality, but they are underutilised by surgeons. This study identifies poor adherence to operative note guidelines particularly among junior surgeons.

### Poster 2 Use of booking pro forma to improve Nurse-Led TWOC clinic

B. Steen, D. Curry, W. Elbaroni  
Belfast City Hospital

**Introduction:** Belfast City Hospital is the tertiary urology unit in Northern Ireland. A weekly nurse-led TWOC (Trial without catheter) clinic is run.

The clinic was found to experience high cancellation rate, and heavy reliance on additional staff.

**Methods:** Audit standards were devised based on NICE standards (QS90) and local antimicrobial guidelines.

54 consecutive patient pathways were audited in Autumn 2017.

**Results:** A number of issues were identified:

- Every patient was being prescribed intravenous antibiotics prior to the TWOC.