

Accuracy of initial differential diagnosis of acute surgical admissions

Background: Tameside hospital is part of the Tameside and Glossop Integrated Care NHS Foundation Trust, which provides care to 250,000 patients. All acute surgical admission require a surgical clerking proforma to be completed on admission. Within this proforma there is an area to write your differential diagnosis, which is compulsory to complete. We were interested to understand how accurate our initial differential diagnosis was, as the belief of the investigating team was that the more accurate the initial differential diagnosis the more appropriate the initial management.

Aim: 1 - Establish on how many occasions acute surgical admission had a; Q1 – Surgical preform, Q2 – Differential diagnosis box completed. **Q3** – Establish the accuracy of the initial differential diagnosis against the discharge diagnosis.

Methods: Retrospective review of notes of acute surgical admissions for the period 01/10/18 to 10/10/18. Patients were identified from the on call general surgical handover list. Admission data collected (Q1 and Q2) and compared to discharge diagnosis (Q3).

Results: 54 cases audited (5 Removed as not applicable – Eg discharged from A & E, not admitted to hospital), 49 surgical admissions (2 patients died). 47 acute surgical admissions analysed; Surgical clerking proforma present in 94% of acute surgical admissions. Differential diagnosis section was completed in 83% of acute surgical admissions. The differential diagnosis was correct in 45% of patients, differential diagnosis not correct in 15% of patients, differential diagnosis box not completed in 17% of patients and diagnosis unknown at discharge in 23% of patients.

Discussion: Of the 3 patients without a surgical clerking proforma on admission, 2 of them were paediatric patients. Of those where the differential diagnosis box was not completed, the initial differential may have been present in a different area of proforma. Of the 11 of patients with no diagnosis at discharge, 3 of the patients were discharged with “Abdominal Pain of unknown origin.” As this is a symptom code the trust gets paid less than if they were given a diagnosis code on discharge, such as IBS or constipation.