“Less is more” – Systemic Review on Use of Abbreviations in Clinical Records in United Christian Hospital
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Introduction
What do you understand by “RT” on patient records? Do you read “Radiotherapy”, “Right”, “Ryle’s Tube”, “Room Temperature”, or just simply make a guess together with other collated information? The situation is even worse if the words are not written in a legible way. In the clinical field, abbreviations and symbols are often used to make the transcriptions and translations of medical terms, measurements and conditions more efficient. Different health care professions among specialties have a large number of abbreviations for everything from medicines to commonly used patient information and phrases. Although these abbreviations may save time and bring us certain degree of convenience, misinterpretations can be dangerous. Many abbreviations are obscure and can mean more than one thing.

Objectives
1. To conduct a hospital-wide review on the use of abbreviations in Medical Records.
2. To standardize a UCH abbreviation list in Medical Records. 3. To minimize the number of abbreviations in Medical Records.

Methodology
1. A stock-take on the abbreviation list from all clinical specialties and Allied Health departments was conducted in UCH. 2. The abbreviations were reviewed and combined to a standardized UCH abbreviation list, based on 3 overarching principles: (a) The number of abbreviations shall be minimized as feasible. (b) If there is more than one meaning for a particular abbreviation, that abbreviation will be deleted from the approved list to avoid dangerous misinterpretation. (c) Those abbreviations
enlisted in HA “Do Not Use List” shall not be used. 3. Support was sought from Medical Committee and the UCH Abbreviation List was endorsed with staff promulgation conducted. Consensus was sought that no abbreviations shall be used in consent forms. 4. UCH IT has helped to construct a user-friendly electronic platform for searching the abbreviations.

Result
Starting from over 5,000 abbreviations from various clinical departments, we managed to dramatically reduce the standardized UCH abbreviation list to around 2,500 abbreviations after intensive consultative process with clinical stakeholders. The evolving process was painful yet rewarding. The preliminary feedback from frontline staff was encouraging. Opinions were received that the evolution provoked reconsideration on quality and safety ambits of their daily practice. We look forward to conducting audit on medical record & discharge summary in the future that can thoroughly evaluate the impact and effective use of the UCH Abbreviation List.