Community Health Needs – A Responsibility of the Primary Health Care Department?
Organizing Committee

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Paula Vassallo
Isabelle Zahra Pulis

The organizing committee has accepted in ‘buona fede’ that papers to be read are the original work of the presenters.

The official language of the Conference is English.
Community Health Needs
– A Responsibility of the Primary Health Care Department?
Programme

“Community Health Needs – A Responsibility of the Primary Health Care Department?”

8:00 Registration
   Welcome Coffee

8:45 Welcome note
   Dr Andrew Amato Gauci, Director Primary Health Care Department, Malta

8:50: Opening of Conference
   The Hon Dr Louis Deguara - Minister of Health, the Elderly and Community Care

9:00 PHCD (Malta) 2005 – A Critical Appraisal
   Dr Josianne Cutajar, MD, MSc (Health Services Mngt), Senior Medical Officer, PHCD, Malta

9:15 Community Health Needs Mapping
   Mr Roderick Bugeja, BSc (Hons)RN; ENBA(Sexual Health)UK; P.Qual.Dip.(Nutr.&Dietetics); M.Phil(Research Methodology) So’ton, Health Promotion Department, Malta

9:30 Keynote Speech – The Role of Primary Care in High Quality Health Maintenance
   Professor Frank Dobbs, Director, Institute of Postgraduate Medicine and Primary Care, University of Ulster, Coleraine, Northern Ireland.

10:10 Time for questions

10:30 Coffee break
11:00  **Concurrent sessions**
A. Meeting promotional and preventive community health needs
B. Meeting curative and rehabilitation community health needs
C. PHCD and multisectorial collaboration
D. Addressing shortcomings in meeting community health needs

13:00  **Lunch**

14:30  General Assembly – Reporting and Time for Questions

15:30  Quo Vadis PHC Malta? – Feedback – Recommendations – Professor Frank Dobbs

16:00  **Closing of Conference**
Concurrent Sessions

Concurrent Session A

Meeting promotional and preventive community health needs
(15mins per paper)
1. Proactive screening and health protection service for the community
   – Mary Borg and Roderick Bugeja
2. Family Doctors and Health Promotion: Do we practice what we preach?
   – Dr Mario R Sammut MD
   – Dr Ethel Farrugia MD
4. Meeting the Male community’s preventive and promotional health needs/prostate cancer screening.
   – Dr Miriam Vella MD

Concurrent session B

Meeting curative and rehabilitation community health needs
(15mins per paper)
1. Aiding and abetting how the other half lives: Occupational therapy in the community
   – Joe Busuttil
2. Speech Language Pathologists in Primary Health Care - Risk Society
   – Rita Micallef
3. Standing at the Frontline of Emerging Disease
   – Paul Pace
4. Rehabilitating Children and their Families in the Community: an intervention programme for children with coordination difficulties
   – Nathalie Buhagiar
Concurrent Session C

PHCD and multisectorial collaboration
(10 - 12 mins per paper)

1. Community Mental Health needs: our collective responsibility  
   – May Caruana
2. Services offered by the Physiotherapy Department within the Department of the Elderly and Community Care.  
   – Ingrid Magro
3. Recent Advances in Pain Management in Cancer related Pain  
   – Dr Marilyn Casha MD
4. Job rotation to improve Community Midwifery Service within the Maltese Public Health Sector  
   – Charmaine Psaila
5. The Geriatric Day Hospital at Zammit Clapp Hospital  
   – Dr Peter Ferry MD, Dr Anthony Fiorini MD

Concurrent Session D

Addressing shortcomings in meeting community health needs  
(15mins per paper)

1. Primary Medical Model or Primary Health Care Model?  
   – Marcon Grima
2. An Evaluation of Job Stressors amongst General Practitioners.  
   – Dr Josianne Cutajar MD
3. Health Needs and Infection Control in Primary Health Care  
   – Adrian Pace
4. Quality Improvement Report: Improving service delivery from the Medical Consultation Clinic/Schedule V Clinics in two catchment areas (Floriana and Gzira).  
   – Dr Myra K Tilney MD
Abstracts
The Primary Health Care Department (PHCD) is the public funded entity that delivers primary health care (PHC) services in Malta. To critically analyze the performance of this department we must have a clear and common understanding of what the basic concepts of Primary Health Care are. Malta like many other developed countries formulated its national policy on the World Health Organisation strategic document ‘Health for All 2000’ and the recommended primary health care guidelines in Target 28. This paper critically appraise PHCD in view of the development of primary care in the international context of WHO to analyze how effective PHCD has been when compared with the ideal standards set in target 28.

Since 1980 the health centres have evolved from acute minor trauma centres into more holistic primary healthcare clinics. Today PHCD is a major primary health care provider in Malta employing a whole range of fully qualified health care professionals involved in the delivery of comprehensive multidisciplinary care. However in 2005 this department has lost its pace with the developments in primary care internationally. The organisation is facing numerous external and internal challenges rendering it incapable to respond effectively to the changing health needs of our communities. We must find a better match between supply, demand and need.
As an input to the conference, this paper seeks to shed light on the four key words appearing in the title: Community – Health – Needs – Mapping. Today health stands higher than ever on the international development agenda. There is growing recognition, backed by research findings, that good community health is a reliable indicator of future economic development.

The people within our community are Malta’s greatest resource. Thus a strategy for the promotion of better community health could assist the social and economic development of our country. This requires public discourse of ‘better health’ to extend beyond ‘health care access and delivery’ and address the ‘social determinants of health’.

The real success for politicians and the public would be a reduction in the public demand for services as a result of improved public health. Malta’s impressive health information system demonstrates that while the health indicators for Malta compare well with those of existing EU member states, there are serious problems of risk conditions, risk factors and the resulting disease burden within the community.

An extensive modernisation of primary health care, accompanied by a robust health promotion strategy based on the Ottawa Charter and Health21 principles, could make a huge impact in that direction. It also requires a search for new incentives such as a range of health promotion measures of proven effectiveness in primary health care.

This paper will thus look at the benefits of a health system where funding is favoured relatively more towards unmet community health needs through primary health care provision and health promotion than on specialist care and acute services, in terms of better community health outcomes.
The Role of Primary Care
in High Quality Health Maintenance

Professor Frank Dobbs
Director, Institute of Postgraduate Medicine and Primary Care, University of Ulster, Coleraine, Northern Ireland

Abstract
This Keynote lecture will describe some of the developments in risk factor assessment and reduction applied through the new Quality and Outcomes Framework in the UK; the value of doctor-patient relationship, continuity of health records, and Cradle-to-Grave 24 hour/7 day care, particularly in caring for patients with chronic and terminal illness; and the effects of a primary care based health service on de-medicalising stress-related conditions, early detection of serious illness, and achieving high immunisation coverage.

Biography
Frank Dobbs is Professor of Primary Care at the University of Ulster, in Northern Ireland. He is a member of the Core Committee reviewing the Quality and Outcomes Framework for the UK National Health Service and is Chair of the Education Committee of the European GP Research Network. His main research interest is in diagnosis using probability scoring, and he has published on diagnosis of urinary tract infection, streptococcal sore throat, sinusitis, appendicitis, and bacterial vaginosis.
Pro-Active Health Promotion/Primary Prevent Service For the Community
(A Joint Primary Health Care and Health Promotion Initiative)

Ms. Mary Borg
SN, CM, Cert Couns, Cert Ed FE (Lond), BA, M.Ed.(Manch), Coordinator Continuing Professional Unit, PHCD

Mr. Roderick Bugeja
BSc(Hons)RN, ENB A(Sexual Health)UK, P.Qual.Dip (Nutr.& Dietetics), M.Phil(Research Methodology) So'ton. Health Promotion Department

The aim of the Initiative is to provide a professional, planned, proactive health promotion and primary prevention service, able to identify individuals at risk to effectively prevent “new disease cases” and reduce complications through screening, health advising and supporting positive health behaviour change, addressing the specific health needs of individuals and the local community at large.
Family Doctors and Health Promotion: 
do we practise what we preach?
Dr. Mario R Sammut
MD MScH DipHSc, GP & National Coordinator Family Doctor Training Scheme, Department of Primary Health Care

Introduction: A survey on the ‘Attitudes and Knowledge of GPs in Prevention and Health Promotion’ was carried out by EUROPREV (European Network for Prevention and Health Promotion in General Practice / Family Medicine).

Method: All local GPs known to the Malta College of Family Doctors were mailed a questionnaire to elicit beliefs and attitudes in practice, possible barriers in implementing preventive activities, and their personal health behaviour.

Results: The response rate was 50% (156 replies out of 313). A difference was found between GPs’ beliefs that certain preventive and health promotion activities should be done and their actually doing them in clinical practice. Forty-nine per-cent of GPs found some or a lot of difficulty in carrying out such activities, mainly due to heavy workload and lack of time, problems in patients’ accessibility to these activities, and patients’ doubts about their effectiveness. Discrepancies were revealed between GPs’ health promotion beliefs and their own personal behaviour.

Discussion: As this study is based on GPs’ self-reporting of activities, more objective evidence is needed through audit of properly kept medical records. Health promotion activities may be facilitated by reduction of doctors’ workload through patient registration and an appointment system. GPs should set an example to their patients by adopting a healthy lifestyle to reinforce their advice re health promotion. As doctors seem to prefer ordering investigations to giving verbal advice, other healthcare professionals could provide the latter. A practical protocol of health promotion activities needs to be devised for and distributed to family doctors.
Dr. Ethel Farrugia
MD, Dip.W.Hlt (ICGP), Medical Officer, PHCD.

In all disease, the goal is prevention, which is ultimately one of the main roles of the primary care setting. The subject of my presentation is the General Practitioner (GP) role in breast cancer prevention.

As in other European countries, breast cancer is the commonest occurring cancer on our island, it is the second fatal cancer after lung cancer and it is the second commonest cause of death in older females after circulatory causes.

Studies have shown the importance of organised breast screening programmes as a form of secondary prevention, whereby this disease is detected in an early stage with the scope of reducing morbidity and mortality from this disease. The G.P plays a very important role in this regard so as to encourage attendance and inform and educate women to make informed choices and provide continual psychological support to women.

Since in our country we lack an organised breast cancer screening programme then the role of the G.P in breast cancer prevention becomes even more important.

In order to assess the current role of the G.Ps in our primary care setting I formulated a questionnaire survey, to explore the current knowledge, attitudes and opinions of G.Ps on breast cancer prevention.

The main findings of this survey are that although most G.Ps agree with breast screening they still need to enhance their knowledge in this area.

It is important that all are aware of the current established guidelines in the literature. Also the introduction of a breast cancer screening programme needs to be reconsidered.

In addition, most G.Ps agree that the running of dedicated clinics will fulfil a better quality of preventive services.
Meeting The Male Community’s Preventive And Promotional Health Needs – Prostate Cancer Screening

Dr. Miriam Vella
M.D. M. Sc. (Public Health), General Practitioner, PHCD

Although prostate cancer screening remains controversial, the evidence of the significant burden of the disease and the lack of modifiable risk factors, could lead to the early detection as a strategy to reduce mortality.

Focus groups and a cross-sectional survey were carried out on a group of Maltese male teachers aged 50-60 years to gather information about local knowledge, attitudes, previous screening behaviours and beliefs towards prostate cancer screening, identifying local preventive and promotional needs.

The focus groups were used to devise a questionnaire to be used subsequently in the cross-sectional survey and to provide in-depth information. The quantitative study showed that prostate cancer has a low profile amongst the respondents and that the majority are still unaware of screening recommendations and treatment options. The factors affecting knowledge levels, awareness and screening exposures were analyzed. The beliefs and perceptions in particular, risk perceptions, influencing the respondents’ attitudes and intentions to undergo screening were also investigated.

Several barriers to screening and cues to action were identified. These results were used to plan a local health promotion strategy to cater for local community.

Both studies emphasize the prime importance of healthcare providers in promoting screening. Also, health education campaigns on prostate cancer screening should aim at increasing knowledge and awareness but must also address the relationship with beliefs. The receptivity towards prostate cancer screening can be achieved once it becomes perceived as a salient and coherent preventive health behaviour. Changes in perceptions will require directed efforts in health education through primary healthcare providers.
Traditionally Maltese health care has been dominated by an attitude of a hospital based service provision. Community care and its delivery used to be left to family, friends and neighbours, as well as Non-Governmental Organizations. With an ever increasing ageing population in need of health services, as well as the fact that community care enhances the quality of life of the individual and is more cost effective, health care providers are evaluating their priorities to meet this challenging and demanding innovation.

The mainstay of the profession of Occupational Therapy (OT) - purposeful activity aimed at function and independence - makes it an ideal partner in the Primary Health Care multidisciplinary team. The present OT contribution in primary care can be described as low profile; however plans are in the pipeline to upgrade the OT service delivery to a more significant level, in line with the increasing demands and the social situation.
This paper addresses a set of conceptualizations that relate to Speech Language Service delivery within Primary Health Care. The delivery of such services, like other services, is being underlined by the emergence of a new paradigm referred to as the ‘Risk Society’. This new paradigm is informed by concepts of ‘individualization’ and ‘reflexive modernization’ in which social capital, including trust, is up for grabs. This new paradigm is defining and constraining the whole variety of relationships within and between the state, civil society and the economy. It is emerging in an era of new technology, new competitiveness and new demands. This paradigm is articulated within the more general debate around globalization and therefore the continuous change that is accruing.

These processes of change are having a profound effect on organizational policy and the way labour is managed. Specific policy-making in the medical, educational, social and economic fields are collapsing into a single overriding emphasis on an economic policy. Prevalent upon this we evidence contemporary development as including functional analysis and competence based approaches which appear to offer a new way forward by establishing standards and thus aiming to provide a service of quality.

Contemporary Speech Language Services provided will be explained in the light of these changes. Training is claimed to be a key determinant of success and hence new challenges in HRD are seen as the backdrop to these changes. These challenges need to be revised in a climate of empowerment and retention of staff.
In March 2003, the healthcare systems around the world were subjected into an unprecedented challenge under the outbreak of corona virus pneumonia (CVP), which has been called severe acute respiratory syndrome (SARS). With the accumulation of the number of SARS patients or suspected SARS patients, together with the normal routine medical care, the whole health care systems have been under high tension.

Amongst other healthcare workers, nurses have always been at the frontline in the care of patients suffering from unknown infectious pathogens. As an Infection Control Nurse I would be examining the different scenarios on the local clinical setting as these infectious disease emerged during these last years: from HIV to MRSA; from Anthrax to the latest deadly disease SARS. Every infectious disease promoted new, unprecedented challenges from its predecessor. Identifying areas that aggravated our whole approach to the care of such cases.

Nurse’s reaction differed from one department to another. But sustaining a sense of pride and professional honor can enhance feeling of accomplishment and wash away mental exhaustion. How Sacrifice, Appreciation, Reflection and support are the key words that can be the rightful ingredients to prevent burnout and emotional exhaustion. The whole outcome is that nurses have to be prepared for the future emerging disease. Having the rightful approach, having the rightful state of mind and having all the support the employer and the public have to offer.
Rehabilitating children and their families in the community: An intervention program for children with coordination difficulties.

Ms. Nathalie Buhagiar
MSc, SROT (UK, Malta), SI certified Principal Occupational Therapist, Occupational Therapy Services., CDAU, SLH.

The number of children referred for Occupational Therapy services and identified as having coordination difficulties is constantly on the increase (records OT dept. CDAU SLH, ). This has led to the creation of group therapy programs to help children develop sensory motor skills as well as improve their functional performance at home and in the community whilst also supporting and educating families on the difficulties and needs of children with “dyspraxia” (dyspraxia foundation) or DCD (DSM 1V).

The program currently being run takes place over 10 weeks for 1 hour per week. Each group consists of 5-6 children matched for age and some extent ability. The community setting used for such a program is a large gym fully matted and with a suspension system as well as a large open corridor space.

The content of such a group is based on sensory integration theory and principles. Developed by Jean Ayres in the 1960’s this theory gives importance to the integration of information from the various sensory modalities (proprioceptive, vestibular and tactile) for everyday use and difficulty in doing this may be the basis of difficulties in praxis.

Up to 10% of the UK population may show symptoms of dyspraxia (Dyspraxia foundation, UK). 10 - 15% of children have sensory processing difficulties or difficulties in Praxis (Chu 2000). Also the prevalence of comorbid ADHD and DCD was as high as 50% (Kadejso and Gillberg cited in Chu 2003). If figures are similar in Malta than one would expect at least two children in every classroom to have difficulties in praxis and half the children diagnosed with ADHD would have coordination difficulties.

This paper will discuss the importance of community based rehab. for children and their families, and how their needs can be met within today’s healthcare system.
References


Community Mental Health Needs: Our Collective Responsibility
Ms. May Caruana
Manager – Community Mental Health Services, Mount Carmel Hospital

A seamless service among the primary, secondary and tertiary care services is essential in order to provide patients with quality care and prevent relapse and readmission.

It is therefore the responsibility of all these professionals involved to address the Community Needs of our patients. It is also imperative that these professionals communicate regularly and effectively in order to provide a better service.

Effective communication and co-operation at all levels raises the standard of our services, prevents duplication of work and significantly reduces the high social costs our patients have to pay.
The Services offered by the Physiotherapy Department within the Department for the Elderly and Community Care

Ms. Ingrid Magro
BSc Hons, SRP, Dip GerSenior Physiotherapist, St Vincent de Paule Residence for the Elderly

For many years this department, which is based at St Vincent De Paul Residence, concentrated its efforts on the Inpatient services for the residence. In the past years the services have expanded to the Elderly in the community outside SVPR.

The aim of these services is to provide information to the elderly person living in the community. This could help improve or maintain their physical status, render their living environment safer and more accessible and help them remain independent with a high a quality of life as possible.

The presentation will include a description of the Health Promotion, Domiciliary and Community Residential Homes services the PTD/SVPR currently provides.
Recent advances in pain management in cancer-related pain.
Dr. Marilyn Casha
MD MSc (Wales), Medical Officer, The Malta Hospice Movement

A comprehensive overview of the pathophysiology of cancer-related pain is first discussed.

The roles of different pharmacologic agents including non-steroidal anti-inflammatory drugs, opioids, membrane-stabilizing drugs, and local anaesthetics is then discussed giving a critical appraisal of recent literature. Differences in the outlook on the use opioids in different European states, together with established guidelines for prescribing opioids and adjuvant drugs will also be evaluated.

Although pharmacological agents remain a mainstay in treating cancer-related pain, novel interventional treatments such as peripheral nerve blocks, neuraxial blocks as well as neuroablative procedures are invaluable in providing adjuvant both from a drug-sparing effect as well as providing relief when drug tolerance, inefficacy and escalating adverse effects become increasing problems in caring for these patients. The indications and contraindications for these procedures as well as the role of the general practitioner in management of patients who have undergone these procedures will also be discussed.
Job Rotation to Improve Community Midwifery Services within the Maltese Public Health Sector
Ms. Charmaine Psaila
Midwife, Special Care Baby Unit, Karen Grech Hospital

Originally the midwifery practice was rooted within the community services of the Maltese public health sector. Throughout the years, the independence of the midwifery profession was robbed off from midwives by the opening of hospitals, resulting in midwives loosing the skills used out in the community. To move again away from the hospital base, midwives need first to up-skill the profession within the hospital grounds. Hence the research study tackles job rotation between the maternity wards so that, midwives will further enhance the skills required in community midwifery.

The study was carried out at the maternity wing of Karen Grech Hospital between autumn and winter of 2003-2004. From the 25 one-to-one interviews carried out to staff midwives and managers it was acknowledged that, midwives wish to practice job rotation to become well equipped with data to move out to the community. In the course of job rotation midwives will gain professional development and lifelong learning.

Thus the maternity services will gain efficiency through improved staff qualifications. However, the hierarchical structure of the Maltese public health sector reinforces the authority of the midwifery services without taking into consideration the wishes of midwives. Hence all through the study it was identified that midwifery managers need to exert approaches, methods and strategies to achieve midwifery fulfillment via job rotation.
The Geriatric Day Hospital at Zammit Clapp (ZCH).
Dr. Peter Ferry & Dr. Anthony Fiorini
Consultant Geriatricians – Zammit Clapp Hospital, St Julians. Malta.

The Geriatric Day Hospital provides diagnostic, treatment and care facilities that are typically found in a hospital with the exception of full board and lodging. It is a consultant-led service with important inputs by members of the multidisciplinary team. The latter includes nurses, physiotherapists, occupational therapists, speech and language pathologists, dentists, podiatrists, pharmacists and social workers.

Patients over the age of 60 years may be referred to consultant geriatricians at ZCH by their respective family doctor for assessment. The patient is first assessed by a nurse (primary nursing) who will remain with that particular patient’s named nurse until discharge from the day hospital. The nurses collect demographic data, take a history, screens for common geriatric syndromes such as incontinence, sleep and communication problems and also take a dietary history. More specific assessments are then undertaken such as the Mini Nutritional Assessment (assesses malnutrition), Barthel scale (disability scale), Waterlow scale (pressure sore risk). The named nurse will also measure baseline parameters including a capillary blood sugar and body mass index. At the end of the nursing assessment and after discussion with other members of the multidisciplinary team a care plan is devised for every identified problem.

The geriatrician will then perform a comprehensive geriatric assessment on patients referred with non-specific symptoms. Appropriate referral to other members of the team is done on the same day according to need. More specific syndromes such as recurrent falls, movement disorders, incontinence, memory problems and stroke are managed in specialist clinics. A battery of specific evidence-based assessments is performed in the specialist clinics by all members of the multidisciplinary team. At the end of each clinic, all members of the multidisciplinary team meet to discuss their assessments of each patient seen on the day hospital and a joint treatment plan is devised. Multidisciplinary notes are kept to record patients’ progress.

Communication to the referring family doctor and the patient takes place when the patient is discharged from the day hospital.

Statistical data for the year 2004 will be provided.
Primary Medical Model
or Primary Health Care Model?
Ms. Marcon Grima
SN, PQ Dip HSc (Mang), Dip Adult T&D, Nursing Officer, PHCD

Primary Health Care (PHC) is both a philosophy and a model for improving health care. PHC has been internationally accepted as the most effective way of meeting the health needs of people in communities around the world. The focus of PHC is preventing illness and promoting health. It means being attentive to and addressing issues in people’s lives that make them sick.

One of the main principles of Primary Health Care was community participation. However, the interpretation and practices of community participation are so diverse that it became different things to different people. Malta is no exception. Although according to literature review, the debate on the meaning and practice of community participation still continues, it appears that it has become an umbrella term for a people-centred approach.

The mission of Primary Health Care in Malta strives ‘to ensure the availability to all citizens of a comprehensive health care system, offering continuity of care on a personalised basis, with an emphasis on health promotion and illness prevention rather than cure.’ (Business and Financial Plan 2000-2002)

Though, the word ‘participation’ is not included in the above mission statement, the words ‘continuity of care on a personalized basis…’ mean involving consumers in decision making about their own health care and autonomy while giving them all the necessary information. Thus, Health Policy makers in Malta have committed themselves at a certain extent to a ‘bottom-up’ approach as indicated in the actual mission statement, but it is only superficial, as the system actually adopts a Primary Medical model, a ‘top-down’ approach, where the medical professionals have the predominance in decision-making.

The system is not only failing in offering continuity of care on a personalised basis, but mostly it is directed towards a Primary Medical Model, which is different from a Primary Health Care Model which meets the health needs of the community.

Nurses play a major role in ensuring that our health system reflects
the values and realities of the Maltese. What can we do to ensure that the changes that will take place will reflect a PHC model?

*Is this a Utopia too far to reach?*
An Evaluation of Job Stressors among General Practitioners
Dr Josianne Cutajar
MD, MSc (Health Services Mngt), Senior Medical Officer, PHCD

Introduction: General practitioners in the public sector provide 60% of Primary Healthcare in Malta (Dr N. Muscat Azzopardi, 1999). The quality of primary care in our country depends on the performance of these major contributors. However the Department of Primary Health Care has a chronic history of poor retention and high rate of absenteeism. The manpower shortages are constraining the services provided at the health centres. Meanwhile demand is increasing due to demographic trends, ever increasing patients’ expectations, as well as the shift of secondary care towards more day cases and shorter hospital stays.

Literature has shown that strong correlations exist between the presence of occupational stress and the performance of clinicians, the GPs’ psychological well-being, as well as retention of doctors within organisation settings (Kahn & Byosiere, 1992). Job stress has been identified as a causal antecedent of job satisfaction in GPs (Williams et al., 2002; Kahn & Byosiere, 1992). Stress at work is therefore a direct threat to the efficient and effective delivery of primary healthcare (Cooper & Cartwright, 1994).

Aim of the study: Recommending Organisation Strategies to Minimise the Effect of Job Stressors among doctors at The Primary Health Clinics. The objectives of the study:

- Evaluate the level of stress among doctors at the PHC clinics and its effect on the service
- Identify the occupational stressors present
- Recommendations of organisational strategies to address such stressors
- Generate information for future research initiatives in this sector

Methods: The research was conducted as an evaluation based on an observational case study. Methods of data collection included desk
research for a comparative analysis of absenteeism and turn over among doctors in PHC department and another four departments in the healthcare sector. A job stressor questionnaire composed of the statistically established stressor scales from Specter and Jex (1998) and parts of the Job Descriptive Index from Green Bowling University. All eligible doctors were included in the survey and the response rate was 83%. Qualitative research conducted as two sets of interviews, one with 12 doctors (15% of the population) presently working at the PHC centres and another set of 13 doctors (15% of the population) who had resigned in the last five years.

Results: The evaluation established that doctors at the PHC are experiencing an alarming degree of work stress. Occupational stressors are negatively influencing the performance of these GPs, leading to very high levels of absenteeism and triggering most of the resignations in the department. Qualitative and quantitative workloads with the related time pressure are the major stressor. These are closely followed by stress arising from lack of career advancement opportunities. The doctors also reported difficulties to identify the nature of their work within the conventional medical specialities that already exist. They frequently encounter situations where they perceive lack of skills. The clinicians feel constrained by the present organisation structure and management style. The lack of support and the absence of any form of consultation are increasingly stressful for these employees.

Recommendations: An Appointments System has been identified as the most effective organisation remedy for stress arising from workload. Such a system can potentially influence the distribution of demand, controlling work overload and leading to a more interesting case mix. Evidently a Job Analysis is fundamentally important to formulate role descriptions, learning and training specifications, as well as career development plans. This job analysis, together with the introduction of a Personal Development Plan will minimise stress from role ambiguities while creating opportunities for career advancements. The incongruence that exists between these professionals and organisation structure, as well as management style can be aligned through a Decentralisation Process driven by People-Centred
leadership in the department of PHC. These systems are known to generate a feeling of involvement, participation and support among doctors.

**Conclusion:** The data available by virtue of this study would enable management to implement appropriate measures to minimise occupational stress. Reducing work stressors is intended to improve performance and retention of the health centres doctors, avoid service disruption and loss of valuable resources. This approach may not only resolve the present situation but also ensure that the services of this organisation remain sustainable in the future.
Infection Control in the Primary Healthcare Department

Mr. Adrian Pace
Dip Nursing, Community Infection Control Nurse

Community based infection control is the primary reference source to all community health workers. Infection control evidence based practice is applicable to a variety of settings in primary care including health centers, home care, nursing and residential homes, schools and other settings.

Implementation of effective infection control measures will also bring together issues ranging from the needs of individuals living in their own home to the need of the entire population that is continuously being faced with serious threat to their health from infections, as well as issues of epidemiology, audit and research.

The Primary Healthcare Department has met this prerequisite towards meeting both promotional and also preventive community health by introducing the post of a full-time community based infection control nurse.
Quality Improvement Report: Improving Service Delivery from the MCC/Schedule V Clinics in two catchment areas (Floriana and Gzira)

Dr. MK Tilney
MD, FRCP, FACP, FEFIM, MBA(Henley) - Consultant Physician, Dept of Primary Health Care, Lecturer in Medicine, University of Malta

Problem: increasing waiting lists, inappropriate referrals and mismatched scheduling led to suboptimal clinic use. Better use of clinic resources was identified as a priority to improve patient care. At the time of initiation of this project, no systems existed for prioritization or analysis of referral data, or clinic throughput.

Design: prospective review of referrals during 2004 in clinics at the interface of primary and secondary care. The aim was to identify causes of the problem, introduce changes and reassess regularly.

Setting: Two MCC/Schedule V Clinics (Floriana/Gzira) prospectively collated referral data; observation of factors impinging on patient throughput.

Key measures for improvement: waiting lists, inappropriate referrals, availability of patient notes, patient throughput and scheduling

Strategies for change: monitoring of referrals for prioritization, vetting for inappropriate referrals, introduction of protocol, amendments to appointment letter with reminders re investigations, medication and documentation; availability of SLH notes for all patients; introduction of records for all patients, use of telephone follow-up, and one-stop appointments.

Effects of change: reduction in waiting lists from over three months (Jan 2004) to six weeks (Nov 2004); early redirection of inappropriate referrals; improved patient scheduling and throughput; improved record keeping.

Lessons learnt: further improvement requires interdepartmental and intercollegial collaboration

References
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• Annual report DH 2003
• http://servicecharters.gov.mt/depts/floriana/index_e.asp
  Floriana Health Centre Quality service Charter
The role of the Well Baby Clinics in the routine screening of child development in Malta.

Dr.Chris Sciberras  

Ms.Maria Bonavia  
S.N. – Well Baby Clinics, Primary Health Care Department.

Ms.Ingrid Anne Sciberras  

The objective of this study is an audit of the number of infants attending the Well Baby Clinics in the various Health Centres in Malta over the past 5 years. These processes take place at 6 – 8 weeks of age, 8 months, and 18 months, after which the child is referred to the School Medical Service system of screening from 3 years onwards. The number of referrals for assessment of certain irregularities resulting from the developmental screening processes are studied. The importance of the screening procedures of child development in a primary care setting is explained and therefore highlighted.
Dementia Services at Zammit Clapp Hospital
Stephen Abela, Marthese Azzopardi, Gertrude Buttigieg, Aaron Camilleri, Victoria Massalha, Cynthia Scerri, Joanna Xuereb.
Multidisciplinary Team, Zammit Clapp Hospital, St. Julians, Malta.

Poster presentation

Zammit Clapp Hospital is a 60-bedded assessment and rehabilitation hospital for older persons, which includes a Day Hospital with a capacity to cater for 30 patients. Since its establishment in 1991, the hospital has provided a service to persons with dementia using a holistic approach. The multi-disciplinary team involved consists of doctors specialized in geriatric medicine, nurses, physiotherapists, occupational therapists, speech and language pathologists, pharmacists and social workers.

In the year 2000, a Memory Clinic was set up to provide a specialized out-patients service for the assessment of patients presenting with symptoms suggestive of dementia such as forgetfulness, disorientation and confusion. The clinic is intended for those persons who require an initial evaluation and further investigation to diagnose or exclude dementia. A referral for assessment can be made by the family doctor or through other hospital departments. All patients are assessed by the nurse, the doctor and the occupational therapist and are referred to other team members as required. The medical assessment incorporates a comprehensive geriatrics assessment to review the patient’s medication, to screen for underlying conditions, and to positively establish or refute a diagnosis of dementia. Several geriatrics rating scales such as the Mini-Mental State Examination and the Barthel Scale are used to assess cognitive function and functional ability respectively. The clinic provides an opportunity to carry out relevant blood and radiological investigations. Team assessment and intervention provides caregivers with valuable advice and information about the disease, coping strategies, home safety and supporting services. Specific treatment is recommended according to the circumstances.

Patients with a diagnosis of dementia and their relatives can be invited to participate in a yearly group therapy programme which is referred to as the “Memory Class”. This consists of a programme of
ten consecutive therapeutic sessions for patients and information sessions for their carers. If required, inpatient respite services are also available to relieve the caregiver from the stresses of a 24 hour commitment. Zammit Clapp Hospital is also committed to the continuing development of its staff members through regular in-service educational opportunities to ensure that all professionals have updated information and knowledge in this specialized field of care.

The results of a case-mix analysis for the year 2004 and a review of the educational activities conducted over the last two years will be provided in the poster presentation.
Glaucoma Screening at Health Centres PHCD
Josette Bajada, Stella Peplow, Rita Grech, Anna Sammut, Margaret Cilia, Simone Cini (GGH), Muriel Scicluna, Francis Ripard
Glaucoma Screening Nurses

Poster presentation

The Primary Health Care Department will hold a Care Awareness Week about Glaucoma Screening in October. This Poster Presentation will be set up in Health Centres and Local Councils around Malta so as to create an awareness to the Public to take control and come forward to screen themselves so as to prevent the silent onset of blindness.