Primary Health Care Department

“Taking Primary Health Care in Malta to New Heights”

4th Biannual Conference 2007

“Taking Primary Health Care in Malta to New Heights”

Friday, 12th October 2007

Westin Dragonara Hotel, St Julian’s
Organizing Committee

Dr Denis Vella Baldacchino – Director, Primary Health Care Department
Ms Mary Borg – Chair
Mr. Charles Vella
Dr Mario R Sammut
Ms Sharon Martinelli
Ms Marika Podda Connor
Ms Mariella Galea
Dr Mario Grixti
Ms Rebecca Cachia Fearne
Dr Josianne Cutajar
Mr. Roderick Bugeja
Ms Gertrude A Buttigieg

Sub Committee
Ms M’Louise Grech
Mr. Neville Zammit
Ms Francine Mercieca

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.
“Taking Primary Health Care in Malta to New Heights”
**PHCD Biannual Conference 2007**

**Programme:**

**Title:** “Taking Primary Health Care in Malta to New Heights!”

**Date:** Friday, 12th October 2007

**Venue:** Westin Dragonara Hotel, St Julian’s

8:30   Registration  
       Welcome Coffee

9:00   Welcome – Chairperson – Ms Mary Borg, Coordinator, CPD Unit, PHCD

9:05   Opening of Conference:
       The Hon Dr Louis Deguara – Minister of Health, the Elderly and Community Care

       - Dr Josianne Cutajar, MD, MSc Primary Health and General Practice (UK), MSc (Health Services Mngt), Senior Medical Officer, PHCD.

9:30   Keynote Speech:
       “Taking Primary Health Care in Malta to New Heights”
       - Dr John M Cachia, Director General, Health Care Services

9:40   Paper 2
       “Civil Society’s view of Community Health Care in Malta”
       - Ms Claudia Taylor East, Director, SOS Malta –
10:05  Time for Questions

10:30  *Coffee break*

11:00  **Concurrent sessions**

- **Concurrent Session A**: Working in Partnerships
- **Concurrent Session B**: Enhancing Quality and Equity
- **Concurrent Session C**: Strengthening Integrated Care
- **Concurrent Session D**: Patient Participation in Care

13:00  *Lunch*

14:30  **General Assembly – Recommendations from Concurrent Sessions**

15:30  **Closing Speech**: Dr Denis Vella Baldacchino, Director,
       Primary Health Care Department

*Closing of Conference*
Concurrent Session A: Working in Partnerships

1. A Proposal for the Development and Consolidation of Primary Health Care Services in Malta

Authors: Mr Charles Borg, Ms Gertrude A Buttigieg, Ms May Caruana, Dr Mario R Sammut
Presenting Authors: Ms Gertrude A Buttigieg, Comm.Th. B.Sc. (Hons), P.Q. Dip. Mang.HSc., M.Sc.(Principal Speech Language Pathologist)
Dr Mario R Sammut, MD MScH MScPC/GP(Ulster) MMCFD (Specialist in Family Medicine), B’Kara Health Centre

2. Supporting people with dementia in the community
- Dr Stephen Abela, MD MRCP(UK) M Phil MHS HSM Consultant Geriatrician Department for the Elderly, St. Vincent de Paul Residence, Luqa.

3. Taking Schizophrenia Community Care to New Heights by Strengthening Ties with an Old Partner: the Family
Ms. Sara Cilia Vincenti, BSc Nursing(Hons), M.Sc.(Nurs), RN Orthopaedic Ward 3, St. Luke’s Hospital.

4. The Movement Disorders Clinic-ZCH
- Dr. Peter Ferry, MD MSc MRCP PG Dip Ger Dip ORT Cert Med Ed Consultant Geriatrician, Lecturer Medicine (University of Malta) The Movement Disorders Clinic at Zammit Clapp Hospital

5. The Whole is Greater than the Sum of its Parts
Authors Ms Josianne Mifsud (Team Leader, Qormi Health Centre)
Ms Sarah Curmi (Team Leader, Qormi Day Centre)
Ms Mandy Tabone (Deputy Team Leader, Qormi Health Centre)
Ms Rita Demanuele (Team Leader, Psychiatric Out Patients)
Ms M’Daniela Farrugia (Team Leader, Cospicua Day Centre)
Ms Theresa Runza (Team Leader, Outreach Team)
Ms May Caruana (Manager, Community Mental Health Services)

Presenting Author: Ms. Josianne Mifsud, SN Office of the Community Manager c/o Mount Carmel Hospital
Concurrent Session B:
Enhancing Quality and Equity

1. An Evaluation of Type 2 Diabetes Care in the Primary Health Care Setting
   - Dr. Josianne Cutajar, MD, MSc Primary Health and General Practice (UK), MSc (Health Services Mngt), Senior Medical Officer, PHCD,

2. Patient Safety at an Interface of Care
   - Dr. Myra K. Tilney, MD FRCP, FRCP(Edin), FACP FEFIM MBA(Henley) Consultant Physician, Dept of Primary Healthcare
   Senior Lecturer, Dept of Medicine, University of Malta

3. The Client’s Satisfaction with their Discharge Process from a Geriatric Day Hospital
   - Dr. Antoine Vella, MD, MRCP (U.K.) MBA (Henley) Consultant Geriatrician – Department Care of the Elderly and Community Care. Zammit Clapp Hospital, St. Julians.

4. Quality is more than Clinical Competence

5. Specialist Training in Family Medicine: A New Learning Experience for Malta
   - Dr. Mario R. Sammut, MD MSch MScPC/GP(Ulster) MMCFD (Specialist in Family Medicine), B’Kara Health Centre
Concurrent Session C:
Strengthening Integrated Care

1. Breastfeeding in Malta: Why are Rates so Low
Authors: Helen Borg, Breastfeeding Midwife
         Mary Buttigieg-Said, Practice Development Midwife
         Prof Simon Attard Montalto, Chairman of Paediatrics

Presenting Author: Ms Helen Borg, Breastfeeding Midwife
The Breastfeeding Walk-in Clinic, Postnatal Ward, St Luke’s Hospital

2. Nutrition Knowledge and Attitudes of a Multidisciplinary Team in an
   Elderly Assessment and Rehabilitation Hospital

   Being Applied in Peripheral Arterial Disease?
Authors: Mr. Andrew John Mercieca MD MRCS (Ed), Registrar Department of
         Surgery WS2, St. Luke's Hospital Malta
         Mr. Kevin Cassar MD (Malta), MMEd (Dundee), FRCS (Ed), MD
         (Aberdeen), FRCS (Intercoll)
         Consultant Vascular Surgeon, St. Luke's Hospital Malta
Presenting author: Mr Andrew John Mercieca

4. Mothering the Mother- The Importance of Integrated Care in Post
   Partum Depression
- Ms. M’ Louise Bugeja, Parent Craft Co-Ordinator, Midwifery Officer
  Parent Craft Services, Mater Dei Hospital.

5. General Practitioners and Nurses Self-Perceived Knowledge, Role
   and Training Needs in the Health Centre Diabetes Clinics
- Ms. Rebecca Cachia Fearne, BSc Nursing (Hons), Facilitator, CPD Unit, PHCD
Concurrent Session D:

Patient Participation in Care

1. The Role of Nurses in Glaucoma Screening Programmes
   - Mr. Martin Francalanza, M.Med.Sci. (Orthoptics), D.B.O. (UK), S.R.O.
     Principal Orthoptist, Orthoptic clinic, Department of Ophthalmology
     St. Luke’s Hospital, G’Mangia

2. Adherence to treatment - a patient’s perspective.
   Authors
   - Dr. Anthony J. Mifsud MD, MSc PC/GP (Ulster), MMCFD
   - Dr. Derek F. McLaughlin (Lecturer University of Ulster)
   Presenting Author:
   - Dr. Anthony Mifsud, MD, MSc Primary Care & General Practice (Ulster), MMCFD

3. Evaluation of the clinic management and service provision of a pilot pro-active health protection nurse-led clinic in Birkirkara Health Centre: the ‘CheckUP Clinic’
   - Ms. Mary Borg, SN, CM, FLM, Cert Couns, Cert Ed FE (Lond), Dip Rel Std, BA Rel Stud, M.Ed.(Manch), Coordinator Continuing Professional Unit, PHCD
   - Mr. Roderick Bugeja, BSc (Hons)RN; ENBA(Sexual Health)UK; P.Qual.Dip.(Nutr.&Dietetics); M.Phil(Research Methodology) So’ton, Coordinator, Research & Development Unit, PHCD

4. Self Administration of Insulin amongst Adults with Diabetes
   - Ms. Norma Buttigieg, BSc (Nursing), MSc (Public Health), Assistant Lecturer, Institute of Health Care, University of Malta, Coordinator, BSc Community Health Nursing Course

5. An Awareness Day on the Prevention of Falls
   Authors:
   Fiorini Anthony, Azzopardi Marthese, Camilleri Aaron, Grech Robert, Massalha Victoria, Murphy Mary, Said Pullicino Lara, Scerri Cynthia, Xuereb Joanna.
   Presenting Author: Dr. Anthony Fiorini, Consultant Geriatrician, Zammit Clapp Hospital.
ABSTRACTS
A Proposal for the Development and Consolidation of Primary Health Care Services in Malta

Authors:
Mr Charles Borg, Ms Gertrude A Buttigieg, Ms May Caruana,
Dr Mario R Sammut

Presenting Authors:
(Principal Speech Language Pathologist)
Dr Mario R Sammut, MD MScH MScPC/GP(Ulster) MMCFD (Specialist in Family Medicine), B’Kara Health Centre.

Introduction:
The Ministry of Health, the Elderly and Community Care is currently in the process of developing a strategy and an action plan for strengthening Primary Health Care and developing Community Care. This is consonant with the mission of primary health care services based on a culture and philosophy of holistic, family-focused care. Such care would range from disease prevention and health promotion to illness-oriented care.

Method:
An analysis of the present situation was carried out using the PESTEL method which includes evaluation of political, economic, socio-cultural, technical, environmental and legal aspects. This analysis highlighted the current state of primary health care in comparison to desired goals and objectives:

- Cooperation / integration of private and state primary care services;
- Patient registration, record keeping, good continuity of care / health-professional to patient relationship;
- Well-organised practices, teamwork, cost-effective referrals;
- Decentralisation with collaboration of care between secondary and primary care.

Proposed Solution:
The Primary Health Care Department changes its role from provider to regulator of primary care services. Clusters of local councils are commissioned through the Department of Local Councils to provide such services. This may be implemented through the set up of a number of autonomous health centres around Malta, each run on a commercial basis by a group of neighboring local councils.
Supporting people with dementia in the community

Dr. Stephen Abela, MD MRCPI(UK), M Phil MHSc, HSM, Consultant Geriatrician,
Department for the Elderly, St. Vincent de Paul Residence, Luqa.

Dementia is a term used to describe various different brain disorders that have in common loss of brain function which is usually progressive and severe (Jacques et al, 1999). The prevalence of dementia is increasing worldwide as a result of people living longer lives and due to earlier diagnosis. In 2005, there were an estimated number of 4,072 persons with the condition (Abela et al, 2007).

An early assessment of dementia is important to exclude secondary causes. Initial management includes re-assurance, providing information and advice and starting anti-dementia drugs. However, there is more to dementia care than what the medical model has to offer. Caregivers need counseling, advice and referral to various support services. Medical professionals have an important role in encouraging relatives care for their loved-ones at home for as long as possible.

The newly introduced Activity Centre at St. Vincent de Paul Residence provides specialised day care, three days a week, for people with dementia living in the community. The centre provides respite care and an opportunity to engage in meaningful activity.

This service is an attempt at increasing community support for people with dementia and at creating bridges between primary and secondary care.
Taking Schizophrenia Community Care to New Heights by Strengthening ties with an old Partner: the Family

Ms. Sara Cilia Vincenti, BSc Nursing(Hons), M.Sc.(Nurs), RN
Orthopaedic Ward 3, St. Luke’s Hospital.

With the event of deinstitutionalization at the end of the twentieth century, individuals suffering from schizophrenia have been returning to the communities from which they had been segregated for so long. As Louissa (1995) asserts, this movement has resulted in families having to take a more active role in caring for their ill relatives, with often little knowledge or preparation.

The relationship between an individual’s health and his/her family is particularly intricate with schizophrenia for a plethora of reasons. To begin with, the very nature of the illness often dictates the need for a primary caregiver to act as a guardian when the patient lacks insight and is deemed ‘incompetent’. Moreover, the emotional climate of a patient’s home, a concept developed and dubbed as ‘expressed emotion’ in 1976 by Vaughn and Leff, has been found to influence relapse rates of patients with schizophrenia, as supported by Brady and McCain (2004). Likewise, the stress and burden incurred to families of patients with schizophrenia has been repeatedly reported.

A study conducted locally in 2006 described the primary caregivers’ experiences of caring for schizophrenia in the community, and concluded that Maltese families experience caregiver burden just like their counterparts in the U.K. and the U.S. Moreover, the study proposes a model explaining how caregivers respond to burden by engaging themselves in an educational process, which may be facilitated by mental health care professionals. Recommendations of the study call for a genuine consideration of families as partners in patient care, and suggest channels through which this partnership can be exploited for the benefit of interested parties. Finally, the caregivers in the study identified other professional bodies (health care professionals working in general settings, teachers, employment agencies and police officers), which ought to be considered as future partners when planning care for schizophrenia in the community (Cilia Vincenti, 2006).
The Movement Disorders Clinic-ZCH

Dr. Peter Ferry, MD MSc MRCP PG Dip Ger Dip ORT Cert Med Ed
Consultant Geriatrician, Lecturer Medicine (University of Malta)
The Movement Disorders Clinic at Zammit Clapp Hospital

The Movement Disorders Clinic at Zammit Clapp Day Hospital was established in 2005 for the optimal treatment of patients 60 years and over suffering with a movement disorder. The whole spectrum of movement disorders are seen in this clinic, including conditions such as Parkinson's Disease, Essential Tremor, Drug -Induced Parkinsonism, Parkinson's Plus syndromes, Huntington's Disease, dystonia, ataxia, myoclonus, and tics. Referrals are accepted from Primary Care and Secondary Care physicians. The clinic is run on an interdisciplinary approach and includes expertise from a geriatrician with an interest in movement disorders, primary nursing, physiotherapy, occupational therapy, speech and language pathology, podiatry, social work, pharmacy and nutritional services. Patients referred to this clinic are assessed by the geriatrician and a diagnosis is made. Treatment options in the short and long-term are then made and discussed with the patient and their informal carer. The interdisciplinary team discusses each patient’s care plan after each visit. The team is available to answer the patient's or carer’s questions through the patient’s primary nurse, who liaises with the rest of the team in between clinic visits. Regular communication takes place between the movement disorders clinic and the referring clinician especially when drug treatment is adjusted and on discharge.
The Whole is Greater than the Sum of its Parts

Authors:  Ms Josianne Mifsud (Team Leader, Qormi Health Centre)  
Ms Sarah Curmi (Team Leader, Qormi Day Centre)  
Ms Mandy Tabone (Deputy Team Leader, Qormi Health Centre)  
Ms Rita Demanuele (Team Leader, Psychiatric Out Patients)  
Ms M’Daniela Farrugia (Team Leader, Cospicua Day Centre)  
Ms Theresa Runza (Team Leader, Outreach Team)  
Ms May Caruana (Manager, Community Mental Health Services)

Presenting Author:  - Ms. Josianne Mifsud, SN  
Office of the Community Manager  
c/o Mount Carmel Hospital

With the help of vignettes from cases we meet every day, this presentation will discuss the issue of multiple roles in the community setting. It will also portray the evolution of Community Workers’ perception of their role and the overlap of their roles with those of their colleagues coming from different professional backgrounds. What might once have been perceived as a drawback is today recognized as the strength and opportunity it really is.

Through a collective effort by ALL stakeholders involved, we KNOW that a seamlessly integrated model of care is really possible, because we can see it happening everyday.
**Concurrent Session B:**

**Enhancing Quality and Equity**

**An Evaluation of Type 2 Diabetes Care in the Primary Health Care Setting**

- Dr. Josianne Cutajar, MD, MSc Primary Health and General Practice (UK), MSc (Health Services Mngt), Senior Medical Officer, PHCD.

Type 2 diabetes is a chronic condition with significant morbidity and mortality which can be reduced by effective treatment and preventive measures (Turner et al., 1998; Niels de Fin et al., 2001). Structured care in primary settings can achieve outcomes as good as or better than follow-up at hospital (Kinmonth et al., 1998; Khunti and Ganguli, 2000). In Malta type 2 diabetes has long been recognised as a major health problem (Xerri, 2000).

**Aim of the Study:** Recommending improvements in type 2 diabetes care delivered by the diabetes clinic at the Primary Healthcare Centres. The objectives of the study include

- An evaluation of the clinical outcome of type 2 diabetes care currently provided at the Primary Healthcare Centres

- Assessment of knowledge, behaviour and attitude of these patients as part of the evaluation of care

A clinical audit was performed among 110 type 2 diabetes patients in two Primary Healthcare Centres. The measurements of fasting blood glucose, HbA\(_1c\), serum lipid profile, blood pressure, serum creatinine, body mass index and waist circumference were performed during a clinical examination. Knowledge, behaviour and attitude among the participants were assessed via a questionnaire consisting of four sections namely diabetes and its complications, physical activity, nutrition and smoking.

The audit revealed that the framework for structured care is well in place and compliance with process measures was confirmed. However the health status of participants is under imminent threat by the concurrence of various risk factors. Improvement in all components of present care is indicated while additional investments must target cardiovascular risk factors, body weight and lifestyle management.
Patient Safety at an Interface of Care

Dr. Myra K. Tilney, MD FRCP, FRCP(Edin), FACP FEFIM MBA(Henley)Consultant Physician, Dept of Primary Health Care, Senior Lecturer, Dept of Medicine, University of Malta

Patient Safety is a basic element of System Quality. Interfaces of care are liable to patient error, and errors of various types are built into systems and work processes. In short, every system is perfectly designed to obtain the results it gets.

Organizational support is required to address these areas, in particular to build quality into process and develop a safety culture. Health systems should promote continual monitoring of errors and the long-term commitment to error elimination. Practice based learning and improvement and systems-based practice have been identified as competencies required for expert clinicians. Decision support is integral to reducing error, especially medication error.

This paper describes measures introduced to care process to improve quality of care and patient safety at an interface of care-the MCC in two Health Centres. These include prioritization of referrals, availability of patient notes, sending reminders to bring medication and investigation results to clinic visits, telephone advice and use of available decision support. Areas that would benefit from development include partnership with patients, with particular reference to reducing medication error, and data analysis with appropriate support. All stakeholders (patients, providers and policy makers) must take an active part in making improvements to care and outcomes.
The Client's Satisfaction with their Discharge Process from a Geriatric Day Hospital

Dr. Antoine Vella, MD, MRCP (U.K.) MBA (Henley), Consultant Geriatrician – Department Care of the Elderly and Community Care. Zammit Clapp Hospital, St. Julian’s.

Delivering the desired service can be an expensive and difficult undertaking if customers’ views are not properly researched and adequately considered, since quality delivery strategies will tend to go wide in an attempt to target customers’ real needs. The literature has highlighted the importance of discovering what customers truly value and focusing on these aspects of care to secure customer satisfaction.

A qualitative study was pursued by undertaking thirty in-depth interviews carried out by the researcher, Antoine Vella, in the community setting two weeks following discharge from geriatric day hospital follow-up. Since different customers have their own particular characteristics, research methodologies had to be adapted to the elderly interviewees’ needs. An intriguing aspect of the study was the adjustment of the methodology during the course of the research according to the preferences and requirements of the interviewees.

The study has showed how simple and inexpensive procedural changes, such as the development of a consistent and standard approach in the discharge process, can secure patient satisfaction with their GDH experience. Management implications are strongly underpinned by customer and staff education – the basis of clinical service improvement. Their implementation besides increasing patient satisfaction, can improve day hospital and the overall health service efficiency by ensuring that customers are receiving the optimum care in the least expensive setting.
Quality is more than Clinical Competence


The Health Care industry is faced by several challenges, Chow-Chua & Goh (2002) discussed that this arose the need for evaluation frameworks to assess and manage the quality of care. With reference to Speech Language services (SL Services), Malcomess (1999) stated that whilst a lot of effort was being put by Speech Language Pathologists (SLPs) at ensuring quality and standards of care, clinical audits were merely looking at numbers.

Objectives and Participants
The perceptions about aspects of quality from the customers (patients/carers) point of view, SLPs and Management of the Speech Language Department (SLD) were investigated. Semi-structured interviews were carried out with management of the SLD and 16 service users whilst 3 focus groups carried out with 15 SLPs.

Analysis
Facilitated geographic accessibility, open referral, flexibility of appointments, and service offered free-of-charge at point of use were perceived to be important standards. A sound interpersonal relationship based on primary service provider, and confidentiality were common practice. Service-users perceive provision as satisfactory and recommendable. Management was satisfied with the effort put by SLPs in their duties and lack of complaints by users. SLPs perceived that they delivered as best as they could despite the poor working environments, lack of resources and lack of policies.

Conclusions and Recommendations
Implications are that: Policies need to be developed to regulate aspects of service deliver and clinical practice. A Structural Changes Steering and Action Committee is required to take responsibility to handle problems related to structural issues. A customer care unit needs to develop and carry out internal and external customer satisfaction monitoring.

References

Specialist Training in Family Medicine: A New Learning Experience for Malta.

- Dr. Mario R. Sammut, MD MScH MScPC/GP(Ulster) MMCFD
  (Specialist in Family Medicine), B’Kara Health Centre.

Introduction:
As a result of Malta’s EU membership in 2004, Vocational/Specialist Training in Family Medicine was launched in Malta on 9th July 2007. It is being organised by the Primary Health Care Department, with the Malta College of Family Doctors (MCFD) responsible for ensuring the quality of academic content, training and the final assessment and recommendation for certification.

Structure:
The three-year specialist training programme is delivered through designated training posts for trainees above the normal staff complement. Training is based 50% in family practice, with one GP-trainer per trainee, and 50% in hospital attachments with appropriate specialities. This is complemented by a weekly half-day release course of academic group activities.

Assessment:
Formative assessment makes use of an educational portfolio/logbook incorporating self-rating scales, educational plans, workplace-based assessment and educational activities. Summative assessment consists of two components: written (a practical project, the GP trainer’s final report and a multiple choice paper) and clinical (objective structured clinical examinations).

Certification:
An MCFD Assessment Board will consider all the evidence and approve a candidate or otherwise. For satisfactory completion of training, a trainee must successfully conclude the training programme, and the formative/summative assessment process. Participants then will be recommended to the Specialist Accreditation Committee for certification as having completed the Specialist Training Programme in Family Medicine.
**Concurrent Session C:**

**Strengthening Integrated Care**

**Breastfeeding in Malta: Why are Rates so Low**

**Authors:** Helen A Borg, Breastfeeding Midwife  
Mary Buttigieg-Said, Practice Development Midwife  
Prof Simon Attard Montalto, Chairman of Paediatrics

**Presenting Author:** Ms Helen A Borg,  
The Breastfeeding Walk-in Clinic, Postnatal Ward, St Luke’s Hospital

**Background:** Malta has one of the lowest breastfeeding rates in Europe. Mothers report a lack of support from family members and health professionals and early cessation of breastfeeding remains widespread.  
**Aim:** This study reviewed statistics for the first 6 months of life and identified reasons why mothers discontinue breastfeeding.

**Method:** A random sample of 405 new mothers who chose to breastfeed at St Luke’s Hospital, were contacted by phone at 1 week post delivery and then each month up to 6 months, and asked to voice their feeding experience.

**Results:** Breastfeeding attrition rates were high with few babies still breastfed at 6 months. The most common reason for introducing artificial feeding was on the advice of health professionals, usually without any medical indication. Mothers who introduced bottle feeds in hospital lacked confidence to breastfeed and most stopped breastfeeding soon afterwards.

**Conclusion:** This study highlights that the majority of health professionals are not sufficiently committed to supporting breastfeeding mothers. Artificial feeding methods are still widely recommended with no scientific-based rationale and, once advised to do so; many mothers felt that bottle-feeding was necessary for the well being of her child. The introduction of a clear hospital policy and compulsive education for all health professionals involved in maternity care is strongly recommended.
Nutrition Knowledge and Attitudes of a Multidisciplinary Team in an Elderly Assessment and Rehabilitation Hospital


Introduction: Nutrition plays a major role in the morbidity and mortality of older adults. A lack of nutritionists and dieticians is prevalent in clinical settings citing the need for nutrition to be included in the curricula of all professionals.

Aim: To determine a multidisciplinary team’s: level of education; level of nutrition specific education; source of nutrition knowledge; perceived level of nutrition knowledge; perceived adequacy of nutrition knowledge; profession; and the factors refraining participants from advising patients on nutrition matters. The studied factors were then compared to the sample’s level of nutrition knowledge.

Research Design: Research was carried out by means of an incidence sample of 50 members of staff from Zammit Clapp Hospital. The research design was that of a non-experimental descriptive cross-sectional survey, utilising quantitative research methods.

Results: Participants were generally found to have a low level of nutrition knowledge. Higher levels of nutrition knowledge were evident with: increasing levels of nutrition education; lower incidence of postgraduate studies; pharmacists; those who obtained their nutrition information primarily from courses; those who perceived they had poor levels of nutrition knowledge; and those who perceived non-compliance as a primary barrier to nutrition counselling. Levels of nutrition education were found to be low and 82% did not feel that they had enough nutrition knowledge to counsel patients. This was also found to be the primary barrier stopping individuals from counselling patients. The majority of studied individuals obtain their nutrition knowledge primarily from the media.
Are International Guidelines on Secondary Risk Factor Management Being Applied in Peripheral Arterial Disease?

Authors: Mr. Andrew John Mercieca MD MRCS (Ed), Registrar Department of Surgery WS2, St. Luke's Hospital Malta
Mr. Kevin Cassar MD (Malta), MMEd (Dundee), FRCS (Ed), MD(Aberdeen), FRCS (Intercoll), Consultant Vascular Surgeon, St. Luke's Hospital Malta

Presenting author: Mr Andrew John Mercieca

AIM: Peripheral arterial disease (PAD) is associated with significantly increased risks of mortality and morbidity from cardiovascular events such as myocardial infarction and cerebrovascular events. International recommendations on secondary risk factor control in PAD are aimed at reducing these risks. Recommendations include treatment with antiplatelet drugs and statins, smoking cessation, blood pressure and diabetic control. The aim of this study was to assess how secondary risk factors are managed in the primary health care setting in PAD.

METHOD: Patients referred from primary health care for a Vascular Surgical opinion at St Luke's Hospital for peripheral arterial disease were included in the study. Data for each patient was collected by patient interview and by information provided in the referral letter from the referring doctor. Data collected: basic demographics, drug history – in particular use of antiplatelets, statins, antihypertensives, advice given to patients regarding smoking cessation and exercise.

RESULTS: 30 patients were recruited to the study. 47% of patients (14/30) presented with critical ischaemia, 17% (5/30) suffered from intermittent claudication and the rest (36% (11/30)) had tissue loss secondary to diabetic neuroischaemia. Only 43% (13/30) were taking or had been prescribed an antiplatelet drug. Only 5 patients (16%) were on statins. 36.6% (11/30) were still smoking more than 20 cigarettes daily on their first visit.

CONCLUSION: The level of secondary risk factor management in PAD in Malta appears to be well below current international recommendations. Awareness needs to be raised regarding the importance of secondary risk factor control in reducing morbidity and mortality in PAD.
Mothering the Mother- The Importance of Integrated Care in Post Partum Depression

- Ms. M' Louise Bugeja, SN, CM, Parent Craft Co-Ordinator, Midwifery Officer Parent Craft Services, Mater Dei Hospital.

Usually a baby brings great joy but sometimes, the reality of motherhood does not match the 'warm and fuzzy' images often portrayed in the media. Unfortunately, for many women, the early weeks and months of motherhood is a constant, tiring and demanding job.

Adjusting to life as a mother can be difficult and, for many women, having a baby is the most significant life-changing event they will ever experience. Adjusting to this major life change, as well as coping with the day-to-day stress of a new baby, can make some women susceptible to Post Partum Depression.

Post Partum Depression is a common condition, occurring in 10% - 15% of all new mothers, in all cultures and circumstances. It is particularly important because it occurs at such a critical time in the lives of the mother, her baby and her family. Failure to treat the condition may result in a prolonged detrimental effect on the relationship between the mother and baby and on the child's psychological, social and educational development.

Awareness and support from family members, care providers, counsellors, and peer groups, greatly help in minimizing this traumatic experience and enable the mother to bond with her new baby.
General Practitioners and Nurses Self-Perceived Knowledge, Role and Training Needs in the Health Centre Diabetes Clinics

- Ms. Rebecca Cachia Fearne, BSc Nursing (Hons), Facilitator, CPD Unit, PHCD

Various European and international studies have highlighted shortfalls in the diabetes knowledge of trained nurses as well as of general practitioners whilst the World Health Organisation has emphasised the impact that Type 2 diabetes has on the health of individuals and the rising incidence of the disease.

This study has investigated the self-perceived roles, knowledge and training needs of Maltese qualified nurses and general practitioners in health centre diabetic clinics. A mixed survey design was used to collect quantitative and qualitative data. Questionnaires were administered to a total sample of 76. The response rate was 50% with 38 respondents out of which 23 were trained nurses and 16 were general practitioners.

Quantitative data was analysed through EXCEL and converted into sums and percentages whilst qualitative data was analysed through thematic analysis. Findings have revealed that whilst self-perceived levels of confidence, competence and knowledge in diabetes care were acceptable, self-perceived training need levels were high. Moreover, role fulfillment within the diabetic clinics is difficult to achieve for various reasons mainly pertaining to organization of care.

Limitations to the study are discussed and recommendations for practice, management, education and research are made. These include amongst others; forming teams of general practitioners and trained nurses who have a special interest in diabetes care;

- investing into opportunities for tailored diabetes education for healthcare professionals and
- carrying out pre and post-test questionnaires that measure actual knowledge levels of diabetes care of general practitioners and trained nurses before and after a planned educational intervention in diabetes care.
Concurrent Session D:

Patient Participation in Care

The Role of Nurses in Glaucoma Screening Programmes

- Mr. Martin Francalanza, M.Med.Sci. (Orthoptics), D.B.O. (UK), S.R.O.
  Principal Orthoptist, Orthoptic clinic,
  Department of Ophthalmology St. Luke’s Hospital, G’Mangia

Purpose: Glaucoma is one of the leading diseases in blindness worldwide. It is known to affect at least 3% of the Caucasian population. The aim of this presentation is to show the effectiveness of nurses in their role as Glaucoma screening nurses.

Method: A retrospective study of data collected over the last four years was examined to shown how many clients used this service and how many of them were diagnosed with glaucoma. All equipment used was sponsored by Lions club.

Results: An average of 2992 clients was seen each year, out of which a percentage of 13.29% were diagnosed of Glaucoma. The majority of clients were either diabetic (Average 569) or had a family history of Glaucoma (Average 1425), since they are at a higher risk of developing this blinding disease.

Conclusions: The role of nurses in screening programmes such as this was very effective and there is a strong need to be encouraged. Not only do they need educational support but also promoted to more senior levels. There is a serious need to organise and sponsor a university approved module in Ophthalmology. And finally equipment needs to be upgraded to meet the changing patterns in Ophthalmology.
Adherence to treatment - a patient's perspective.

Authors
- Dr. Anthony J. Mifsud MD, MSc PC/GP (Ulster), MMCFD
- Dr. Derek F. Mclaughlin (Lecturer University of Ulster)

Presenting Author:
- Dr. Anthony Mifsud, MD, MSc Primary Care & General Practice (Ulster), MMCFD

Background: Lack of adherence to blood pressure lowering medication is a major factor contributing to poor control of hypertension worldwide and has deleterious consequences on health care outcomes and costs. Identification of the modifiable factors that affect adherence to antihypertensive treatment is the first step that can be taken towards improving adherence.

Objectives: Identification of the modifiable factors that affect adherence to antihypertensive treatment with a focus on the patient’s perspective.

Methods: A qualitative approach was used that involved purposeful semi-structured in-depth interviews of non-adherers to chronic antihypertensive treatment as identified by a telephone survey of hypertensive patients who were administered the 4 item Morisky self report adherence measure. Interviews were performed between November 2006 and April 2007.

Results: The factors influencing adherence to chronic treatment, identified in this study were grouped into four main categories:
1. Beliefs and attitudes about hypertension;
2. Beliefs and attitudes about drug treatment;
3. Relationship between providers of care and patients and
4. Support by family and friends
The results of the Morisky self report adherence measure on their own suggest that patients attending Paola Health Centre have a relatively lower level of non adherence.

Conclusions: Adherence to treatment is a complex difficult and heterogeneous clinical phenomenon depending much on an individual approach. As an initial step in the proposed hypertensive clinics, efforts should be concentrated on identifying true non adherers to treatment by using a Morisky score of ≥2, who would most likely benefit from adherence interventions. Any future interventions should be targeted at correcting the locally identified factors that affect adherence.

Keywords: Hypertension, adherence (=compliance), factors.
Evaluation of the clinic management and service provision of a pilot pro-active health protection nurse-led clinic in Birkirkara Health Centre: the ‘CheckUP Clinic’

Authors:
- Ms. Mary Borg, SN, CM, FLM, Cert Couns (UK), Cert Ed FE (Lond), Dip Rel Std, BA Rel Stud (Malta), M.Ed.(Manch), Coordinator, Continuing Professional Unit, PHCD
- Mr. Roderick Bugeja, BSc (Hons)RN; ENBA(Sexual Health)UK; P.Qual.Dip.(Nutr.&Dietetics); M.Phil (Research Methodology) So’ton, Coordinator, Research & Development Unit, PHCD

Presenting Author:
- Mr. Roderick Bugeja

A proactive view in health protection business stipulates that the ability to identify “high-risk cases” among a seemingly healthy population is critical to effectively prevent “new diseases-cases” through behaviour change programmes. As a result we took the initiative to develop an innovative pro-active health protection nurse-led clinic, and pilot the service from Birkirkara Health Centre. This initiative aimed to measure one’s current health status through a health risk screening and appraisal tool, which also serves an education tool that, makes individuals aware of health habits and lifestyle practices that determine the overall health and well-being.

A formal interactive summative evaluation of the pilot process was conducted after twelve months since the initiative was launched. The evaluation sought to identify the programme processes, strengths, weaknesses and needed improvements of the service. The appraisal was based on information gathered from 28 structured telephone interviews with past clients, open-ended interviews with the clinic staff, and an observation of the appointment log.

The evaluation results consist of an overview of the service and management operations through descriptive data; an outline of the clinic’s strengths and weaknesses; important contributions and divergent opinions of clinic staff, medical officers, and clients; and recommendations for the general improvement and further development of the clinic.
Self Administration of Insulin amongst Adults with Diabetes

- Ms. Norma Buttigieg, BSc (Nursing), MSc/Public Health), Assistant Lecturer, Coordinator, (BSc Community Health Nursing Course). Institute of Health Care, University of Malta,

Educating clients about self care in chronic disease management has become central to enhancing high quality and sustainable community health services. This paper will address an important self care procedure related to diabetes, namely self administration of insulin. Failure to master this skill may render the individual dependent on others for his/her treatment, and this may be costly for both the individual and society. Identifying problems which clients may encounter in learning self injection procedures are important in devising education programmes for these clients. This paper will present findings of a local cross sectional study which sought to identify the extent and nature of these problems.

The main objectives of the study were to estimate the prevalence of individuals who were dependent on others for their insulin administration and identify possible determinants of this dependency. Data was collected during January and May 2002, through telephone interviews conducted on a sample of 215 adults with diabetes, randomly chosen from the National Database of diabetic patients at the local general hospital, obtaining a response rate of 72%.

Thirty three percent (95% CI 27,39) of respondents were found to be dependent on others for their insulin treatment. A number of demographic, clinical, psychosocial and physical barriers were found to act as possible determinants of this dependency. The session aims at discussing these findings and their implications to promoting effective diabetes care and education programmes.
An Awareness Day on the Prevention of Falls

Authors:
Fiorini Anthony,
Azzopardi Marthese,
Camilleri Aaron,
Grech Robert,
Massalha Victoria,
Murphy Mary,
Said Pullicino Lara,
Scerri Cynthia,
Xuereb Joanna.

Presenting Author:
Dr. Anthony Fiorini, Consultant Geriatrician, Zammit Clapp Hospital

The 26th of June 2007 was deemed “National Falls Awareness Day” by Help The Aged, a United Kingdom based Non-Government Organisation. The Zammit Clapp Hospital Falls Prevention Action Group took this opportunity to increase local public awareness about the common problem of falls in the older age group, the causes of such falls and how they can be successfully prevented and managed.

The group, consisting of doctors, nurses, physiotherapists, occupational therapists, pharmacists and social workers organized appropriate activities throughout the week leading to, and on the day of, the official falls awareness day. These activities included the publication of newspaper articles, the participation in mass media programmes, the distribution of leaflets, the display of posters and a demonstration of Tai Chi exercises.

The main target audience included the general public, patients attending the Day Hospital at ZCH and visiting relatives. These pertinent activities proved successful thanks to the integrated organization and approach of an interdisciplinary team and also showed how such hospital based practice can provide input on community-based problems.

A national falls awareness day should become an annual event locally and enroll all other interested parties based in other hospitals and the community.