

Research & Education Foundation Sligo General Hospital

Theme:

Cross-disciplinary Research

Conference Handbook



**7th Annual Multidisciplinary Research Conference
November 24th 2006**



Research & Education Centre
Sligo General Hospital
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Welcome to the

**7th Annual Multidisciplinary
Research Conference**

November 24th 2006

**Research & Education Centre
Sligo General Hospital**

Hosted by the

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Acknowledgements

The Research Advisory Committee of the Research & Education Foundation would like to thank the very generous support of the sponsors of the Conference:

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- 2 CPD Points by ICPsyc
- Post-registration Category 1 by An Bord Altranais
- 10 CPEP Point by Academy of Medical Laboratory Sciences

Chairman's Welcome

Welcome everyone to the 7th Annual Research Conference of the Research and Education Foundation at Sligo General Hospital. Our annual meeting is now well recognised for its excellence and as in former years the Research Advisory Committee has presented us with another stimulating programme. The number, diversity and quality of the poster presentations are also indications of success and I extend my congratulations to all involved. I believe that the distinction between our local meeting and many national meetings is more apparent than real.

The kind and generous sponsorship of GlaxoSmithKline and the support of Sligo General Hospital make our event possible and for this we are grateful. I would like, also, to thank the small group of individuals who have given so unselfishly of their time and experience to create this conference.

Dr. John Williams

Chairman

Research Advisory Committee

Sligo General Hospital

Key Note Speakers

Dr Margaret Cupples is a Senior Lecturer in general practice at Queen's University, Belfast and a clinically active general practitioner. She is involved in the education of both undergraduate and postgraduate students in areas of clinical practice and research. She is a former member of the board of the Health Promotion Agency for Northern Ireland and currently involved in a variety of advisory groups charged with the translation of research findings into practice. Her research focus is in primary care and she enjoys collaborative working with colleagues from a variety of clinical and non-clinical disciplines in both primary and secondary care. Current projects include the cross-border SPHERE Study, with colleagues in NUI Galway and Trinity College Dublin exploring the optimal provision of secondary prevention for people with coronary heart disease; the CRU-SHAL Study, examining uptake and provision of cardiac rehabilitation; the MOMENTS Study, involving peer mentoring of young mothers living in socio-economically deprived areas of Belfast.

Professor Michael Kerin

Prof. Kerin is Professor of Surgery at NUI Galway and University College Hospital Galway and Director of the National Breast Cancer Research Institute since September 2004. Prior to this, Professor Kerin worked as Lead Surgeon with the National Breast Screening Programme, BreastCheck at the Mater Hospital in Dublin.

From 1996 – 1999, he held the position of Senior Lecturer/Consultant Surgeon at the University of Hull in Yorkshire. Professor Kerin's long term interest is in breast cancer research with his postgraduate thesis focusing on RFLPs in ER gene. Professor Kerin has over 90 peer reviewed publications on breast cancer as well as research grants and he is also on the Editorial Board of Clinical Cancer Research.

Prof. Tim O'Brien

Prof. O'Brien obtained his medical degree in 1984 from University College, Cork. He received an MD and PhD in 1993 and 1997 respectively. He was elected to Fellowship of the Royal College of Physicians in Ireland and London in 1996 and 2000 respectively. He was elected to Fellowship of the American College of Physicians in 1995 and the American College of Endocrinology in 1996. He is board certified in Internal Medicine and Endocrinology & Metabolism in the USA and is a registered specialist in both specialties in Ireland and the European Union.

After graduating in 1984 he undertook Internship, SHO training in General Internal Medicine and a Registrar year in Internal Medicine and Endocrinology in Cork University Hospital. He did a residence in Internal Medicine at the Medical College of Wisconsin between 1988 and 2000. He then did an Endocrinology Diabetes & Metabolism Fellowship at the Mayo Clinic College of Medicine from 1990-1992. Between 1992 and 1994 he was a Mayo Foundation Scholar in the Laboratory of Dr. John Taylor at the Gladstone Institute of Cardiovascular Disease in the University of California, San Francisco. He then returned to a Faculty position at the Mayo Clinic in 1995 where he worked as a Consultant Endocrinologist and Associate Professor in the Mayo Clinic College of Medicine Medical School until 2001. He took up his current position as Professor and Chairman of Medicine at the National University of Ireland, Galway, and Consultant Endocrinologist, University College Hospital, Galway in July 2001.

He is a member of the Health Research Board of Ireland and the Advisory Science Council to the Government of Ireland. He is also a member of the Irish Committee on Higher Medical Training. He is a member of the American and European Societies of Gene Therapy and is a founder member of the Irish Society for Gene and Cell Therapy. He received a Mayo Clinic Internal Medicine Research Award in 1993 and a Young Investigator Award from the American Heart Association in 1998. He received the Sprague award for excellence in Clinical Medicine in the division of Endocrinology & Metabolism at the Mayo Clinic in 1993 and a Mayo Foundation Scholarship from the Mayo Graduate School of Medicine in 1993-1994. He was also awarded the WL Stephenson Fellowship in Clinical Nutrition from the Mayo Graduate School of Medicine from 1991-1992 and an Ainsworth Scholarship and a College Scholarship from University College, Cork, in 1978 and 1988 respectively.

He coordinates a National programme on Gene and Stem Cell Therapy entitled the Regenerative Medicine Institute (REMEDI). He also directs a National Gene Vector Laboratory at the National University of Ireland in Galway. The Regenerative Medicine Institute received €19 million from Science Foundation Ireland and Industry partners to develop a programme in gene stem cell therapy.

Dr. Diarmuid O'Donovan

Diarmuid O'Donovan MD MSc FFPHMI DTM&H studied medicine at NUI Galway and public health at the London School of Hygiene & Tropical Medicine. His current post is Director of Public Health (HSE West) / Senior Lecturer in Social and Preventive Medicine (National University of Ireland Galway).

His research interests include equity in health, communicable disease control, sexually transmitted infections and HIV, and environmental health. Current research projects include monitoring inequities in health in Ireland, using geographic information systems to study water borne infections, investigation of sociocultural aspects of safe motherhood in Zambia and human resources for health in Malawi and Lesotho.

He is a member of the Irish Aid Technical Advisory Group on HIV/AIDS and global communicable diseases, and is a founder member and current chair of the Irish Forum for Global Health. He chairs the working group on developing a research strategy for the HSE.

Programme

Conference Chair

Dr. John Williams, Chairman of the Research Advisory Committee, Sligo General Hospital

- 9:30** ***Opening Address & Seed Grant Awards***
Dr. Richard Thorn, Chairman, Research & Education Foundation
- 9:45** ***The Access Trial: RTC of public versus private physiotherapy for low back pain***
Sarah Casserly, Physiotherapy Dept, SGH
- Parents' Attitudes to Immunisation in HSE W***
Louise Cullen, Public Health Dept, HSE NW
- 2000 Years of Inheritance: The Iron Story***
Lydia Kirk, Biochemistry Dept, SGH & IT Sligo
- Hard Landings: Injuries from Bouncy Castles***
Orla O'Flynn, Emergency Dept, SGH
- 10:45** ***Coffee Break and Poster viewing***
- 11:00** ***The Evolving HSE Research Strategy***
Dr. Diarmuid O'Donovan
- 11:45** ***Regenerative Medicine: A Model for Cross Disciplinary Research***
Prof. Tim O'Brien
- 12:45** ***Lunch and Poster Viewing***
- 13:45** ***Promoting Physical Activity in Primary Care: Mixing Methods and Disciplines***
Dr. Margaret Cupples
- 14:45** ***Cancer Research: How, Why and Wherefore in a West of Ireland Setting***
Prof. Michael Kerin
- 15:45** ***Closing Address & Poster Prizes***
Barry Egan, Enterprise Ireland, NW Region
- 16.00** ***Wine Reception***

*Posters will be on display from
November 24th – December 1st 2006*

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Cardiovascular risk factors and psychotropic prescribing in Older Persons with Mental health Problems

Adefolake Fanifosi, Rubina Irfan, Sally Walsh, Geraldine McCarthy

Department of Psychiatry of Old Age, Sligo Mental Health Services

Introduction

Older people with Mental Health problems often have multiple medical problems which can cause prescribing dilemmas. On 9th march 2004 the Committee for the Safety of Medicines in Britain announced that risperidone and olanzapine should not be used for behavioural symptoms of dementia due to increased risk of cerebrovascular adverse effects. The update was based on data from 6 placebo-controlled trials conducted in elderly patients with dementia. This has led to concerns that all antipsychotic medications are associated with cerebrovascular and cardiovascular risk. Treatment of depression with traditional tricyclic antidepressants is also associated with cardiovascular risk.

Aims

To look at consecutive referrals to ascertain the prescribing practice and benefits or otherwise of psychotropic medications in the management of patients attending the Psychiatry of Old Age service.

Methodology

Retrospective case note review, of all consecutive patients over a three week period attending a predominantly rural Psychiatry of Old Age service, to ascertain presence of cardiovascular risk factors and psychotropic prescribing. Data was collected on demography, psychiatric diagnosis, including dementia type, concurrent medical illnesses / past medical history in particular disease suggesting increased cardiovascular risk. Where possible a full list of medications as per last contact was obtained. Detailed information was sought regarding psychotropic medication used, indications, effectiveness, discontinuation or swapping and efficacy of any treatment used, past or present.

Results

25 /30 (82%) case notes were reviewed. The remainder were missing or not suitable for inclusion. 36% (9) male and 64%(16) female. Mean age was 76.2 . 10/25 (40%) had a diagnosis of Depression .7 (28%) had a diagnosis of Dementia (6 Alzheimers 1 vascular) and a further 1(4%) had Mild Cognitive impairment. There were 4 (16%) diagnosed with an Acute Confusional state, 1 (4%) Bipolar Affective Disorder and three (12%) with no psychiatric diagnosis. 6 (24%) had a diagnosis of psychosis and 10 (40%) had more than one diagnosis. We will present the data in relation to concurrent Medical conditions in particular cardiovascular risk factors but of note 17/25 (68%) of all cases did have cardiovascular risk factors with 7/17 (41% of these) were on psychotropic medication associated with cardiovascular risk.

Conclusion

Psychotropic medication only represents one treatment strategy in the management of older people with Mental health problems. In line with guidelines from the Royal College of Psychiatrists, a BioPsychoSocial treatment model should be considered. In view of the high prevalence of cardiovascular risk factors, these should be routinely looked for in this population and the medication with the best safety profile chosen where medication is warranted. We have instituted a Wellness Programme in our Acute Day Hospital and plan to audit this further.

Allergic reactions following mass Antibiotic Chemoprophylaxis

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Dept of Public Health, HSE W¹; Emergency Dept SGH²

Introduction

In the course of one week the regional Department of Public Health Medicine was notified about three cases of invasive meningococcal disease in students of the local Institute of Technology, a third level college with about 4,000 students. An outbreak was declared and a decision was made to dispense chemoprophylaxis to all students and staff. A single dose of Ciprofloxacin was chosen as the most appropriate chemoprophylaxis in this population.

Methods

A single 500mg dose of Ciprofloxacin was administered to 3,503 contacts at a single venue on campus in the three days following the notification of the third case of meningococcal disease. Most of these potential contacts were seen in the first 4 hour session. A Medical Treatment Area was set up at the dispensing venue to assess all patients with medical symptoms.

Results

The Medical Treatment Area dealt with 68 patients. Nine patients were documented to have had an adverse reaction to Ciprofloxacin, 8 of whom were referred directly to the Emergency Department for further assessment. One patient had a severe anaphylactoid reaction requiring treatment with Epinephrine and hospital admission. Seven patients were treated with Steroids and Anti-histamines and allowed home after a period of observation in the Emergency Department.

Conclusion

Mass antibiotic chemoprophylaxis with Ciprofloxacin is associated with a significant rate of serious adverse events. Mass population chemoprophylaxis may also arise in the context of potential pandemics or bioterrorist attack. For example, Ciprofloxacin is currently recommended as first line post-exposure prophylaxis for Anthrax . Public Health Units and Emergency Planners must consider the rates of adverse reactions associated with mass chemoprophylaxis and this rate may not be known for some chemoprophylactic agents. Emergency Departments need to be aware of these developments and can expect to see significant numbers of patients with allergic adverse reactions following mass chemoprophylaxis.

Surveillance & Epidemiology of Tuberculosis in HSE North West

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Dept of Public Health Medicine, HSE North West

Introduction

Tuberculosis (TB) is primarily an illness of the respiratory system, and is spread by coughing and sneezing. TB usually affects the lungs but it can also affect other parts of the body. Enhanced surveillance forms on TB cases are notified to the Dept of Public Health Medicine (DPHM) by the Area Medical Officers from the Community Care areas Donegal and Sligo/Leitrim. These forms detail all available clinical, microbiological, histological and epidemiological data on TB cases

Aims & objectives

The aim of this project is to collate & analyse data from TB notifications on a continuous basis in order to a. Improve surveillance of TB b. Continuously monitor trends in epidemiology of TB. c. Prevent further spread of TB d. Improve the management and control of TB cases and their contacts e. Identify outbreaks of TB f. Produce quarterly reports for the Health Protection Surveillance Centre (HPSC) Dublin.

Methodology

Since 2000 data on TB notifications has been analysed using a Windows based programme called Epi Info 2000. Reports on notifications sent to the HPSC are subsequently incorporated in to national TB reports. The data also forms part of a European Surveillance Programme called Euro TB.

Results

From 1999 to 2005 there were a total of 95 cases of TB notified to DPHM. The number of TB cases notified was at its highest during 1999 at 19 cases, incidence rate of 9/1000,000, and at its lowest during the years 2000 & 2003 at 9 cases, incidence rate of 4.2/100,000.

Conclusion

Effective surveillance on the epidemiology of TB cases improves treatment and contact tracing programmes for the management of TB both locally and nationally. This requires the combined efforts of a number of health care professionals including Area Medical Officers, Clinic Nurses, Specialists in Public Health Medicine and surveillance Scientists/Officers.

References

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2. Using Epi Info, A step by step guide , 2003 ToucanEd publishing

The Effect of a Biological Drug on Anaemia of Rheumatic Disease

Anna Kaskova

Regional Rheumatology Unit, Our Lady's Hospital, Manorhamilton.

Introduction

Anaemia is a serious co morbidity of rheumatic disease. The anaemia is that of failure of bone marrow, to respond to erythropoietin and produce adequate amounts of red blood cells¹. This anaemia has been difficult to treat. Recently monoclonal antibody anti TNF drugs (biologic drugs), that are effective in reversing musculoskeletal symptoms and signs of inflammation have become available.

Aims & objectives

This study examines the effect of one biologic drug (Infiximab) on the chronic anaemia of rheumatic disease.

Methodology

Methodology is a retrospective review of the case notes of all patients (100) who received Infiximab as their first biologic drug, to assess effect on haemoglobin levels after six months of treatment.

Results

The 100 patients presented with Rheumatoid Arthrities (73%), Psoriatic Arthritis (21%) and Ankylosing Spondylitis (6%). 55% were females and 45% males. Before commencing the treatment 29 patients had anaemia (HB less than 11.5 g/dl) and following next 6 up to 12 months of treatment had haemoglobin levels fully normalised in 17 patients from 29, and it means in 58. 62 % the Biological drugs contributed to the treatment of anaemia. Clinical guidelines do recommend to check Hb on a Biological drugs after 6 months.

Conclusion

Infiximab is effective in reversing the co morbid anaemia of advanced active rheumatic (inflammatory) disease. A subgroup of patients did not respond by six months. It is recommended that the review of patients after six months of treatment on a biologic drug should include measurement of haemoglobin levels and if anaemia is present, lead to specific measures to assess and treat the anaemia

References

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Factors That Influence Patient Satisfaction with Day Case Cataract Surgery: An Exploratory Study

Carmel Kilrehill-Reape

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Introduction

There has been huge growth in the incidence of one-day procedures being carried out in Irish hospitals over the past two decades. In line with other specialities, day case activity in ophthalmology has increased significantly. The majority of patients are now having cataract extraction performed as a day case. However, there is no published research available on this topic within an Irish context.

Aims and Objectives

This study aimed to explore the factors that influence patients' satisfaction with day case cataract surgery. The specific questions addressed are as follows:

Do day patients feel the amount and type of information given to them is appropriate?

Does the choice of having surgery as a day case influence satisfaction?

Does the availability of transport influence satisfaction?

Does social circumstances effect satisfaction?

What are the postoperative problems/difficulties encountered by day patients at home following their surgery?

Methodology

An exploratory level design was used adopting a previously validated questionnaire for the purpose of data collection. A convenience sample of the first 100 patients attending preassessment clinic was used. The response rate was 59% (n=59).

Results

The study findings do not support any correlation between the variables, provision of information, choice of treatment and availability of transport with satisfaction. However, the author is unable to conclude with certainty the absence of any correlation between social circumstances and satisfaction. Although the findings suggest patients are generally satisfied with information received some deficits in the information giving process were found. The two main problems encountered by patients postoperatively were, pain (16.9%, n=10) and fatigue (15.3%, n=9).

Conclusion

The main implications for practice are that patients be given educational pamphlets containing differing levels of information. More instruction is required with regard to management of pain postoperatively.

A Survey of Nurses' and Midwives' Knowledge of Risks and Lifestyle Factors Associated with Osteoporosis

Charlotte Hannon

Nurse Practice Development Unit, Sligo General Hospital.

Introduction

Osteoporosis is no longer confined to the growing older population of Ireland but has implications for all age groups. To be able to assist patients to initiate and maintain preventative behaviours nurses need to have an understanding of osteoporosis and factors related to osteoporosis assessment, screening and prevention

Aims & objectives

The aim of this study was to investigate nurses' and midwives' current knowledge of osteoporosis. It also assessed their education and training needs in relation to osteoporosis. This study may be seen as the first step to addressing the lack of education about osteoporosis among health care professionals by establishing knowledge levels and educational needs.

Methodology

A quantitative, descriptive survey was conducted via questionnaire. Data were collected over a two-week period. Local procedures for access to the study population and ethical approval were followed. A stratified, random sample of 128 nurses and midwives employed in a rural General Hospital in the North West of Ireland participated in this study. The SPSS (12.0) programme was utilised to facilitate analysis of the data gathered.

Results

A generally high level of knowledge about certain risk factors was exhibited. The main deficit of knowledge and lifestyle factors in this study was that of exercise and bone health. A link was, however, established between age and knowledge scores and a more significant link was established between years of qualification and knowledge. Nurses and midwives received their information from media sources, as opposed to a formal education session. Almost all of the respondents identified a need for further education on the subject of osteoporosis.

Conclusion

Findings from this study endorse the view expressed by other researchers that nurses' knowledge of osteoporosis is less than adequate (Berarducci et al., 2002; Hunt and Repa Eschen, 1998). The author is part of a group now developing an education programme, aimed at all staff in the North West. This programme will integrate fall/fracture prevention with osteoporosis education.

The Effectiveness of an Eight Week Falls Prevention Programme in Mental Health Older Persons Service: A Pilot Study

Clara Meehan, Bernadette Mc Padden, Geraldine McCarthy, Gavin Sweeney, Cathriona Sheridan, Anne Gethin, Monica Banks, Marguerite Cryan, Kevin Mc Laughlin, Joanne Tryell and Sue Kelly

Psychiatry of old Age, Sligo Mental Health Services

Introduction

A falls prevention programme was set up as a pilot study as many of the clients attending the Old Age Psychiatry service identified falls as a problem area. The need for such a programme was further highlighted through occupational therapy home safety assessments, case reviews and a review of the literature.

Evidence in the literature indicates that clients with mental health problems are particularly at risk of falls due to factors such as depression¹, cognitive impairment¹, anxiety² and use of psychotropic medication^{3,4} in conjunction with their co morbidity. Despite this evidence falls prevention programmes, which include physiotherapy, input are not an integral part of old age psychiatry teams in Ireland.

Aims

The purpose of this study was to determine the effectiveness of an eight- week falls prevention programme in reducing risk of falls in individuals over sixty-five identified as at risk of falls and experiencing mental health problems.

Methods

This was a quantitative research project, which used a pre-test post-test design. The outcome measures used to determine the effectiveness of the programme included the Berg Balance Scale, Elderly Mobility Scale and Survey of Activities and Fear of Falling (SAFFE). Feedback was also sought from the clients themselves on the benefits/limitations of the programme.

Seven clients participated in the falls prevention programme. Inclusion criteria were clients identified as at risk of falls and attending the Mental Health Older Persons Service. Exclusion criteria were clients identified either as medically unstable or with moderate/severe cognitive impairment.

Results

There was no significant difference in the client's scores on the Elderly Mobility Scale pre and post group. The Berg Balance Scale & The Survey of Fear of Falling Questionnaire (SAFFE) showed a significant reduction in risk of falls due to factors such as improved balance, reduced fear of falling and increased participation in activities of daily living. As a direct result of the programme some clients were referred to community services. The benefits which the clients identified included increased flexibility, reduced pain, increased confidence/self-esteem.

Conclusion

The use of a multifactorial intervention programme which incorporated the use of exercise, home safety and referral to appropriate community services was effective in reducing the risk of falls in this client group. This finding is supported by the literature^{1,2}

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Cardio Pulmonary Resuscitation – How well do we really perform?

Deirdre Staunton

Resuscitation Training Dept, Sligo General Hospital.

Introduction

In hospital Cardiac Arrests is a relatively common event with approximately 1:1000 patients¹ Survival rates, worldwide remain poor at 17%².

The Resuscitation Training Officer decided to undertake this base line audit in order to look closely at the performance of the Sligo General Hospital's Cardiac Arrest Team (CAT) from 01-01/01/2005 – 31-12-2005.

Aims & objectives

The aim of this audit is to (a) examine management of cardiac arrests by using the Utstein guidelines for reporting in-hospital resuscitation and the American Heart Association National Registry of Cardio-pulmonary Resuscitation Gold standards³

(b) Examine survival of Cardio-pulmonary arrests at Sligo General Hospital.

Methodology

A retrospective audit of all documented Cardiac Arrest calls in Sligo General Hospital in 2005. Documentation of the event is entered by a team member and signed by the team leader immediately post event. An Utstein style data record form is used and information was retrieved from these forms by the Resuscitation Training Officer and Clinical Audit Support Team. Data on the outcome was completed by retrieving information directly from the patient's medical notes.

Results

Total number of Cardiac Arrest record forms completed in 2005 was 108.

Resuscitation as per this form included chest compressions/defibrillation/airway and was attempted in 76 / 108.

70 out of this 76 had pulseless arrests the other six had respiratory arrests only.

However further Advanced Cardiac Life Support (ACLS) intervention such as IV access and medications was documented in 84/108.

Cardiac Arrest Team (CAT) arrival to scene within 3 minutes of activation was 64%.

CPR initiation within 1 minute was 53%.

Shockable Rhythms defibrillated within 3 minutes was 71%.

IV Epinephrine administration in less than 5 minutes was 56%.

Return of spontaneous circulation (ROSC) was 29%.

24hour survival was 20% and survival to discharge was 16%.

Conclusion

It is clear from our audit that we at Sligo General Hospital are including the minimum data elements defined by the Utstein Task force in our documentation⁴

However, our findings demonstrate that there is an immediate need for improvement in practice and documentation of Cardio-Pulmonary Arrests at this hospital.

It is worth noting that 16% of our Cardiac Arrest victims survive to discharge which does compare favourably with the 17% documented by the American Heart Association's National Registry of Cardiopulmonary Resuscitation (NRCPR).

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The Information Needs Of Persons With A Diagnosis Of Colorectal Cancer Receiving Chemotherapy

Delia Blake

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Introduction

There is a dearth of empirical evidence on the information needs of persons with a diagnosis of colorectal cancer, despite colorectal cancer being the leading cause of cancer in Ireland. There are approximately 2,700 new cases diagnosed each year although the incidence and mortality rates for men are significantly higher than for women. Colorectal cancer is therefore a major concern for both sexes⁽¹⁾. In light of this principle a responsive system must be developed where we deliver information to patients with a diagnosis of colorectal cancer in receipt of chemotherapy.

Aims & objectives

The purpose of the study was to identify the short, medium and long term information needs of persons with a diagnosis of colorectal cancer receiving chemotherapy.

Objectives

To ascertain the nature of the information needs of persons with a diagnosis of colorectal cancer receiving chemotherapy for a six month period post diagnosis.

To explore the sources of information utilised.

To establish the preferred medium for receiving information.

To establish if the information needs are met.

To establish the preferred context for receiving information.

Methodology

A qualitative longitudinal research design was chosen for this study. Six participants were selected through the use of purposeful sampling.

Inclusion criteria:

Minimum age: 18 years; Had a documented diagnosis of colorectal cancer; Documented evidence that participants were fully informed of diagnosis and treatment modality; Were in receipt of chemotherapy; Participants were physically well. This study was undertaken over an 18 month time-frame. The data collection tool was a semi-structured interview. Thematic content analysis was undertaken throughout the interviews.

Results

People needed information in relation to treatment, disease progression, dietary needs, entitlements, family and social issues. Information needs of the participants varied at different stages of the study. Interpersonal sources appeared the most favourable for this client group. Written information was beneficial and the internet was also a valued source. Information needs were very individual.

Conclusion

It was apparent persons had many individual needs which were not met at two, four and six months. It is necessary to assess the individual needs of this specific client group as such assessments are a necessary precursor towards fulfilling the unmet needs. This process will reflect an individualised, holistic approach to information giving.

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A Phenomenological Study: Young Men's Experiences Of Being Cared For In Hospital Following A Road Crash

Elizabeth Breslin

Nursing and Midwifery Planning and Development Unit, HSE West

Introduction

Road traffic crashes are a daily occurrence in the Republic of Ireland. These statistics can have serious physical, psychological and social implications for patients and their families. The role of the nurse in caring for these patients is vital in promoting a full recovery. By exploring the patient's experience, nursing practice can be enriched.

Aims

The aim of the study was to examine the male adult's (18-30 years old) experience of being cared for in hospital following a road crash.

Methodology

This qualitative research study utilized the Phenomenological approach. Unstructured interviews were conducted with six participants and audiotaped. The interviews were analysed using Colaizzi's (1978) seven-step procedural framework¹.

Results

Participants' descriptions revealed four themes: Telling the story; caring; fear; realisation and resolution.

Conclusion

The participants identified the attitude of the nurses as important in developing the nurse-patient relationship. Open communication between the nurse and the patient had a positive influence on the participant's recovery. The six participants acknowledged that their hospital experience was difficult to come to terms with due to their loss of independence and sudden loss of control in their lives. They revealed that certain aspects of their lifestyle had contributed to the crash. Four participants resolved to make changes in their behaviour in relation to road safety.

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Continuous Venovenous Haemofiltration (CVVH): Choosing the correct antimicrobial dose

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Introduction

Continuous venovenous haemofiltration (CVVH) is a type of continuous renal replacement therapy used in the critically ill patient with renal dysfunction and / or fluid volume overload. Guidelines on recommended antimicrobial doses for use in CVVH are extremely limited.

Aims & Objectives

To research and critically evaluate recommended antimicrobial doses used in CVVH.

Methodology

Research based on:

1. Literature review.
2. Medicines information resources.

Doses for the following antimicrobials were researched: aciclovir, amphotericin B, caspofungin, ciprofloxacin, fluconazole, linezolid, meropenem, piperacillin / tazobactam, vancomycin, and voriconazole.

Results

Research based on literature review found that information on recommended antimicrobial doses for use in CVVH is extremely limited and highly variable. CVVH is a multifactorial process: factors such as the extensive choice of settings (e.g. filter membranes, flow rates) used and the interpatient variability that can occur in renal impairment (e.g. altered pharmacokinetics) all influence the clearance of drug molecules. Information on the newer antimicrobials (e.g. caspofungin) is scarce.

Communication with medicines information resources (e.g. product information, drug companies, hospital pharmacists) revealed / agreed that finding reliable and consistent information is difficult and that determining doses is usually down to clinical judgement and experience.

Conclusion

There is a lack of published literature on recommended antimicrobial doses for use in CVVH. Choosing a suitable antimicrobial dose incorporates a variety of factors. In practice, pharmacists and clinicians rely upon their own clinical judgement and experience, and extrapolation from current references. In order to achieve the full benefits of CVVH for the patient, concise guidelines are necessary in the future. Further research is recommended.

Geographical Information Systems (GIS) in Action in the HSE North West

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Introduction

In November 2004 the HSE-NW was awarded a Health Research Board Equipment and Infrastructure grant which enabled the purchase of a complete Geographic Information System (GIS). This was a major new resource to advance Health Intelligence and Research in the North West Region. It opened up significant possibilities for integrating and sharing existing information both within the HSE NW, and with external agencies such as local authorities and cross-border bodies.

Aims & objectives

Incorporating a spatial dimension into health enables us to make connections between people, space and health. GIS allows coordination of data collation and thus enables the integration of data to achieve a holistic view of the population's health and social needs. In addition to being employed in the management of acute events eg outbreaks of infectious disease GIS enables planning and policy developers to consider a range of factors in the decision-making process, including where disadvantaged subpopulations may be under-served and/or whether there is identifiable inequities in geographical access. This poster will illustrate how GIS has been effectively used in the HSE-NW.

Methodology

Data for analysis by GIS was collected from a number of sources including, census, deprivation data, locally held health databases eg CIDR and the Immunisation database. All maps were created using ESRI ArcGIS 9.1 and OSI Digital Boundaries

Results

In the HSE NW GIS has been used to:

Illustrate the spatial distribution of mortality and morbidity and to compare this with the distribution of deprivation and physical accessibility to health services

Implement the Primary Care Strategy through evidenced based development of Primary Care Teams and Networks.

Identify areas of low childhood immunisation uptake

Map infectious disease notifications to the Public Health Dept. and analysis of trend

Map Out of hospital Cardiac Arrest and defibrillator location

Conclusion

GIS is a powerful tool that can help with management activities ranging from evidenced based determination of operational boundaries to the reorganisation of services and allocation of resources.

Overview of patients presenting to Sligo General Hospital and referred to the Psychiatric Liaison Service with mental health / self-harm issues

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Sligo Mental Health Services

Introduction

In Ireland the Psychiatric Liaison Nurse Service is currently being developed in response to the high numbers of patients presenting to General Hospitals with mental health /self harm. From Jan 1st to December 31st 2004 370 individuals were treated within the HSE North Western area following 451 deliberate self –harm presentations¹. The role of the Psychiatric Liaison Nurse is to provide a comprehensive psychosocial assessment to patients that present to Sligo General Hospital with mental health / self-harm.

Aims & Objectives

The aim of this research is to examine the following:

- 1 Total numbers of patients with mental health / self-harm issues who were referred to the Psychiatric Liaison Service;
2. The number of patients who were referred to the Psychiatric Liaison Service with self-harm only;
3. The number of patients who were referred to the Psychiatric Liaison Service with self-harm and substance abuse;
4. The number of patients referred from each unit in Sligo General Hospital.

Methodology

This study was carried out from 4th July 2005 to 31st March 2006. Patient data was collected on a monthly basis. The patients included in this study are limited to those patients who were referred using the Request for Psychiatric Consultation form.

Results

Total number of patients who were referred to Psychiatric Liaison Service M=95 F=104

Total number who presented with self-harm and substance abuse. M=64 F=48

Total number who presented with self harm. M=34 F=40

Conclusion

Further studies are recommended to address the following.

Study of outcomes of consultation and patients compliance with follow up.

Study of Sligo General staff over view of the service.

References

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Quasi Experimental Study Of Changes In Surface Ph Of Chronic Wounds When Honey Dressing Is Used

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Introduction

Monitoring of surface pH could aid objective chronic wound assessment as chronic non-healing wounds have an elevated alkaline environment while wounds with epithelial tissue move towards more neutral and acidic environments. The acidic pH of honey makes it a potential treatment for lowering wound pH. However, the duration of effect of such an application is unknown. Lowering the pH of the wound can alter the wound environment potentially reducing protease activity, increasing fibroblast activity and increasing oxygen availability.

Aims

1. to record what changes if any, occur in the surface pH of chronic non-healing wounds over a two-week period when Apinate (Comvita) honey dressing was applied. 2. to determine the ease of use of such diagnostic instrumentation. 3. gain consensus among specialist practitioners if this could be a useful tool in wound assessment.

Methods

Ethical approval for the study was obtained. Patients with non-healing chronic superficial wounds as determined by aetiology and no reduction in wound size in three weeks were included in the study. pH was recorded using BlueLine 27 glass surface electrode and R 315 pH meter set (Reagecon/ Alkem, Ireland). Area measurements were determined using Visitrak (Smith & Nephew) digital planimetry. Wounds were dressed with Apinate (Comvita) wound dressing for a period of two weeks.

Results

17 patients 8 male and 9 female with 20 wounds (3 had bilateral ulcers) were enrolled. 50% (n=10) ulcers - venous; 35% (n=7) - mixed aetiology; 10% (n=2) -arterial and 5% (N = 1) pressure ulcer. All statistical analysis was per wound and not per patient. There was a statistically significant decrease in wound pH from the start to the end of the two week period $p = 0.001$. The eta squared statistic (0.45) indicates a large effect size. The difference in wound size from the start to the end of two week treatment period was not statistically significant, $p = 0.274$. The eta squared statistic (0.06) indicates a moderate effect. Wounds with pH of 8.0 or above did not decrease in size. Wounds with pH of 7.6 or below had a 30% decrease in size after two weeks.

Conclusion

Recording of wound pH could be incorporated in routine assessment and as a means to evaluate response to treatment. It can contribute to achieving more objective interpretation of the state of a wound. Further more large scale studies are required to substantiate the exact contribution such monitoring can make. The use of honey dressings were associated with a decrease in wound pH over a two week period and an associated reduction in wound size. The pH electrode was easy to use.

Introduction of antenatal HIV testing in HSE North West.

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Introduction

A HIV infected mother can transmit the virus to her baby during pregnancy, delivery, or breastfeeding. Mother to child transmission of the virus can be dramatically reduced or prevented by treatment of mother and child, management of delivery and avoidance of breastfeeding.^{1,2,3} Such measures can only be offered if HIV infection is diagnosed before or during pregnancy. Antenatal HIV testing commenced in the HSE during 1999.

Aims & objectives

Accurately record the uptake levels of antenatal HIV screening among pregnant women in the HSE North West.

Identify women who are HIV positive so that they can receive optimal care

Decrease the incidence of mother-to-child transmission of HIV.

Provide the opportunity to prevent transmission of HIV to sexual partners of pregnant women.

Methodology

In Donegal data is collected from the Maternity Infant record system and from the antenatal screens performed in the laboratory at Letterkenny General Hospital. In Sligo/Leitrim data is collected at antenatal clinics in Sligo General Hospital and at outlying and private clinics throughout Sligo/Leitrim. Data is collated and sent to the HPSC on a quarterly basis.

Results

In 2004 the uptake rate of the HIV test nationally was 98%. In the HSE-NW for 2002, the uptake rate of the screening test was 73%, this figure continued to increase to 79% in 2003 and 86% in 2004.

Conclusion

Between 2002 and 2004 as a result of the introduction of the antenatal HIV screening programme in the HSE, 247 women who were not previously known to be HIV positive, were diagnosed as HIV positive during antenatal screening. In each case it has been possible to offer an intervention to reduce the risk of mother to child transmission. An increasing trend in the uptake of HIV testing has been reported, however simple robust and uniform methods for monitoring uptake are still required.

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Referrals To Rheumatology Department: Impact On The Workload by Educating Referral Doctors

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Introduction

All the referrals to Rheumatology Department, Our Ladys Hospital Manorhamilton, Co. Leitrim were seen in the context that were they justified or not.

Aims & objectives

This study was done in order to find out whether education of referring doctors would matter or not regarding appropriateness of referrals to Rheumatology Department.

Methodology

All the referrals mostly to Rheumatology Department Our Ladys Hospital Manorhamilton, Co. Leitrim were taken into account over the months of July, August and September 2006. The total number of referrals were eighty four. The groups that were considered justified were inflammatory arthropathy, osteoarthritis, osteoporosis especially that required Forsteo injection and reactive arthritis. The group that was considered unjustified included referrals for patients with mechanical backache, non specified pains and aches, entrapment neuropathies, neck pain, positive laboratory results with out signs and symptoms, localized soft tissue symptoms, simple fibromyalgia, sports injuries, x rays abnormalities with out signs and symptoms of patients.

Results

The total number of referrals were 84 over three months period time. The number of patients in a group that met the criteria for justification was 55(65.48 % of total). This group included Inflammatory rheumatic condition 36 (42.86%), osteoarthritis 13 (15.48%), reactive arthritis 4 (4.76%) and Gout consisted of 1 referral (1.90 %).

The number of referrals in a group that did not meet the criteria for justification of referrals were 29 (34.52 % of total). This group included mechanical back pain 6 (7.14%), non specific pains and aches 9 (10.71%) , entrapment neuropathies 2 (2.38%), localized soft tissue pain 5 (5.95%), neck pain (cervical spondylosis) 3 (3.57%), simple fibromyalgia 4 (4.76%), Osteoporosis not requiring Forsteo 1 (1.90%).

Conclusion

Education of Referring Doctors regarding the justification of referrals would not have significant impact on the number of referrals and waiting time, as the majority of referrals were appropriate.

Parent's Attitudes to Immunisation in the HSE West (Donegal, Sligo, Leitrim, W. Cavan)

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Introduction

In the HSE NW childhood immunisation rates have increased significantly in last five years, however, these uptake rates are still lower than that recommended by the World Health Organisation. This study identified why parents in the North West do not commence or complete their child's immunisation program.

Aims & objectives

The main objectives of this study were:

- To identify which factors influence parents in their decision to have their child immunised .
- To ascertain the level of knowledge amongst parents about childhood immunisation
- To explore communication channels between professionals and parents
- To identify any particular organisational barriers that might reduce immunisation uptake.

Methodology

All children born in the HSE NW between 1/6/2002 and 31/8/2003 who had not completed the recommended immunisation schedule were eligible for inclusion in this study.

A comparative group of fully vaccinated children born during the same time period were used as controls.

1244 questionnaires were sent out in total, 623 (Control) to fully vaccinated children 621 (Target) to unvaccinated children

40% of questionnaires were returned, analysis was performed in SPSS14.0

Results

Literature would suggest that knowledge of vaccines, adverse media reports, insufficient access to transport, high levels of deprivation, low income and low educational attainment negatively impact on parents decision to vaccinate their child ^(1 & 2). In contrast this study showed that the parents of unvaccinated children had more access to transport, had a higher income and educational attainment and were more likely to have private medical insurance. Furthermore these parents ranked the media as having most influence on their decision to vaccinate their children.

Conclusion

This study illustrates the value of Irish based research and also highlights the need and benefit of local research. Currently we are working with local providers to implement the lessons learned from this study.

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Hereditary Haemochromatosis: HFE mutation frequency in the North West of Ireland

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Introduction

Hereditary haemochromatosis is an autosomal recessive iron overload disorder associated with mutations of the HFE gene⁽¹⁾. The mutation C282Y seems to have originated in our Celtic ancestors of North Western Europe only 2000 years ago. It is postulated that the carrier status of this mutation may have conferred some survival advantage to our ancestors; however, today it is associated with body iron overload, parenchymal organ damage and multi-organ failure⁽²⁾.

Aims & objectives

The aim of the study was to investigate the prevalence of C282Y, H63D and S65C (three mutations of clinical significance), in a population from the North West of Ireland.

Methodology

DNA was extracted from whole blood samples of 250 known diabetics and 250 controls and was subsequently assayed for the three genetic variants (C282Y, H63D and S65C) by PCR and restriction endonuclease digestion techniques^{(3),(4),(5)}. Frequencies for genotypes and alleles were calculated and compared to national and international data.

Results

The incidence for C282Y homozygosity is higher in the control population (1 in 83) when compared to the diabetic group (1 in 249). S65C heterozygosity occurs with an incidence of 1 in 32 in control individuals and 1 in 124 in the diabetic population. The prevalence of the H63D mutation was similar in both populations.

Conclusion

With the exception of results for the S65C genotype, this study shows clear agreement with published national and international data⁽⁶⁾. Given the unknown causative factors for genotypic expression as well as the high frequency of mutations for hereditary haemochromatosis, consideration should be given to a national screening programme for iron overload.

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Profile of Referrals for Central Dual Energy X-ray Absorptiometry Scan (DEXA) and Risk Stratification for Osteoporosis in women scanned at DEXA Clinics, Our Lady's Hospital, Manorhamilton

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Introduction

The Rheumatology Department provides DEXA clinics scanning 60 to 80 people each month to assess bone mineral density. The number on the waiting list at any time is around 500 and the waiting time varies from 3 to 6 months.

Aims & objectives

To establish profile of referrals for DEXA scan
To determine risk profile of those referred
To measure diagnostic outcome of the scan

Methodology

100 women scanned from 01/06/06 to 31/07/06 were included in the study. Referral letters, questionnaires for risk factors of osteoporosis and DEXA reports were used. Reasons for referrals were analysed using referral criteria of Department of Health, UK. Risk profile was identified using National Osteoporosis Society UK Guideline and grouped into 3 categories according to fracture risk. The first category was the ones with low impact fractures, being at the highest risk of having further fracture, the second was those with strongest risk factors such as age more than 60 years old and family history of osteoporosis and the third was those having other significant risk factors such as early menopause, low BMI (<19 kg/m²), smoking, long term systemic steroid use, and secondary causes of osteoporosis. WHO diagnostic criteria based on T-score (young adult reference mean) was used, categorised as normal (BMD within 1 SD of T-score), osteopenia (between -1 SD and -2.5 SD) and osteoporosis (> -2.5 SD).

Results

90% of referrals were considered to be eligible for the scan whereas 10% were referred without risk stratification. Regarding risk assessment, 26% had prior fragility fracture being at highest risk of having further fracture, 44% had strongest risk factors for osteoporosis, and other significant risk factors were found in 16% whereas 14% were scanned without significant risk factors. 29% had osteoporosis, 42% osteopenia and 29% were normal.

Conclusion

Majority of referrals for bone density assessment are indicated and a validated risk scoring method should be developed to allow primary care workers to prioritise patients for scanning.

References

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Interns in General Practice: Evaluation of a Training Innovation

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Introduction

Ireland's first intern in general practice rotation was established in Donegal in July 2004. The rotation was feasible because of the Medical Practitioners' Amendment Act, 2002, which for the first time permitted intern placements in general practice. Between July 2004 and June 2005 four interns completed a rotation in which they each spent 3 months in general practice and 9 months in hospital training.

Aims and objectives

To evaluate the intern in general practice programme and consider the impact that this programme has had on intern learning and development of clinical and patient management skills

Methodology

A qualitative approach was used, involving interviews with all key informants, to elucidate the process involved in moving across the interface from hospital based training to general practice training and to explore experiences of the learning environment in both settings.

Results

Interns required varying degrees of induction into general practice depending on the order of the rotation. Differences between the learning environment in hospital and general practice emerged. Considerably more opportunities were presented in general practice to rehearse essential history taking and examination and to develop investigative and therapeutic skills than in hospital. Interns felt they had more direct patient responsibility in general practice than in hospitals, whilst benefiting from the supervision of an experienced GP trainer. There were few opportunities for interns to do out of hours shifts in general practice. This programme increased the workload of the training practices when compared with supervising a GP registrar, but was still considered valuable for the practices involved. It is recommended that the Medical Council Intern logbook should be adapted to accommodate the different clinical experience offered in general practice.

Conclusion

This evaluation and others in the UK have shown that such programmes offer interns a strong clinical and educational complement to their hospital based training.

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Caesarean Section Scar Endometriosis

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Introduction

The first case of a caesarean section endometrioma in the general surgical literature was reported in 1975^[1]. Documented in the gynecologic literature since 1956^[2]. Incisional endometriosis is a described clinical entity in the gynecological literature, but it is not well recognized among general surgeons; only 32 cases have been reported in the general surgery literature. The preoperative diagnosis is often mistaken for suture granuloma, lipoma, abscess, cyst, or incisional hernia.^[3]

Methods

A 42-year-old woman presented with a six month history of a painful lump in right lower abdomen at the outer edge of a caesarean section scar, surgery done eighteen months prior to presentation. Incision and drainage of query hematoma done, in another institute, three months after surgery, at the same site, it recurred. The pain was exacerbated during menstruation. History of two caesarean sections, laparoscopic cholecystectomy and appendectomy.

Results

Examination revealed a tender two nodules, bluish in color, between 2cm and 3cm at the right lateral part of a Pfannenstiel scar. There was no cough impulse and the rest of abdominal examination was normal.

Wide local surgical excision was done and the wound healed well. The histology showed fibroconnective tissue and muscle with endometrial glands, stroma and Haemosiderin deposition consistent with endometriosis.

Discussion

Endometriosis is the aberrant presence of uterine mucosa in locations outside of the uterus, which is under the influence of ovarian hormones^[4]. The incidence is difficult to determine, but ranges from 0.03% to 0.15%^[5].

Conversely, a review of the surgical literature indicates that the preoperative diagnosis is often incorrect.^[6, 7]

Conclusion

All surgeons should be aware of the presentations of endometrioma in any woman of reproductive age with an abdominal scar lump, which is painful around menstruation. Preoperative diagnosis with imaging may be useful.

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Effect of Pink Pharmacist Notes on Drug Charts on the Rectification of Medication Errors

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Introduction

Clinical pharmacists regularly monitor drug charts in Sligo General Hospital (SGH) for prescription errors. Prior to this project, the pharmacist communicated any errors found in various ways: by writing in the medical notes, bleeping doctors, talking to the doctors on the ward or by leaving a post-it note on the drug chart. In many cases the pharmacist communicates in more than one way but where possible a written account of the error is provided. Pharmacists were reporting that in some cases although the error was identified, it was not always rectified.

Aims & objectives

This project asks the following questions: 1. What percentage of medication errors identified by the clinical pharmacist are subsequently corrected by the doctor?
2. Does the new system of communication between the pharmacist and the doctors improve the rectification rate of errors?

Methodology

The rectification rate of medication errors was measured (n=98). A pink pharmacist communication form was designed, approved by the Drugs & Therapeutics committee and printed in duplicate booklets. The clinical pharmacists used the pink forms for each medication error encountered. According to the seriousness of the error, the team were also informed of the error verbally or by writing in the medical notes. The clinical pharmacist stapled the top pink copy of the form onto the front of the patient's drug chart and left it for the team to review. After a 5-week adjustment period to allow staff to become familiar with the new system, the rectification rate was reviewed. (n=100).

Results

The percentage of medication errors amended rose by 9 % points from 65% in the first measure to 74% on review. Applying the chi-squared test, the increase in the percentage of amended errors was found to be statistically significant ($p < 0.005$).

Conclusion

Introduction of pink pharmacist communication sheets stapled to the patient's drug chart improved the rectification rate of prescription errors in SGH.

Epididymoorchitis; patterns of management in a general hospital

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Introduction

Epididymoorchitis is a common urological problem. Outside of the main Urological centres patients present to their local hospital with acute epididymoorchitis and managed locally.

Aims

The aims of this study were to analyse the patterns of presentation and audit management patterns of epididymoorchitis in a general surgical unit.

Methodology

We performed a retrospective analysis using HIPE data and chart review of patients presenting with the suspected epididymoorchitis over 12 months. Data was collected using a proforma. The following parameters were assessed; patient demographics, including (1st presentation, Gp referral, length of stay) urinalysis on admission, antibiotic choice and radiological findings.

Results

Over a 12 month period there were 37 cases of suspected epididymoorchitis admitted. The mean age of presentation was 53yrs (10-74yrs) and the average length of stay was 4.7 days. For 33 patients (91%) it was their first episode. 27 patients (73%) were GP referrals and 9 (27%) had positive urines. Ultrasound was performed in 33 patients (89%) and confirmatory in 25 (75%). The remaining patients did not have ultrasound examinations due to either self discharge against advice or serologically confirmed mumps orchitis. Paracetamol and non steroidal were the commonest analgesics used at 43% and 38% respectively. Referral to GUM services were sporadic as were the taking of urethral swabs.

Conclusion

All patients admitted were admitted, placed on bed rest and supportive treatment. Ultrasound was confirmatory in 75% of patients. Antibiotic choice was usually on an empirical basis and the most frequently used were the quinolones. The taking of urethral swabs and a sexual history was not routinely done. When comparing the data to an audit performed ¹ in Scotland and European guidelines ² it compared favourably. Similar to these studies quinolones are the commonest antibiotic used and all patients should undergo ultrasound. Ideally a flouroquinolone should be used and urethral swabs should be done routinely. C trachomatis should be tested for and referral to GUM services should be instituted if required.

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The Use of Public-Access Data-Bases to Answer Research Questions

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Introduction

There are a number of public-access data-bases containing information on cancer. Examples include the International Agency for Research on Cancer (IARC) CancerBase¹, the Surveillance Epidemiology and End Results (SEER) data-base², and the Irish National Cancer Registry³. Data from these sources are readily available and can be used to investigate various research questions relating to cancer incidence, and mortality.

Aims & objectives

Data from the SEER database was used to investigate the survival associated with the two primary treatment approaches to carcinoma-in-situ of the breast. Namely total mastectomy vs breast conserving surgery with radiotherapy.

Methodology

From 1988 to 2003, a total of 88,285 patients were identified with carcinoma in situ of the breast. Of these, 27,728 were identified who were treated with a total mastectomy. A further 25,240 patients were identified who were treated with breast conserving surgery and radiotherapy. Kaplan-Meier survival analyses were performed for 5 and 10 year survival rates, both for overall survival and disease specific survival.

Results

The 5 year overall survival rates for breast conserving surgery with radiotherapy vs total mastectomy were 97.59% vs 95.46% respectively (Log-rank $P < 0.0001$). The 5 year rates for disease specific survival were 99.72% vs 99.16% respectively (Log-rank $P < 0.0001$). At 10 years the overall survival rates had fallen to 96.09% vs 91.96% respectively (Log-rank $P < 0.0001$). The 10 year disease specific survival rates were 99.50% vs 98.61% respectively (Log-rank $P < 0.0001$).

Conclusion

The initial interpretation of these results is that breast conserving surgery with radiotherapy appears to offer small but statistically significant improved outcomes when compared with total mastectomy. However, it should be remembered that total mastectomy tends to be performed more for larger sizes of carcinoma in situ. Therefore, this group of patients may naturally do worse than those with smaller sized lesions.

Public access databases can be a very useful source of data to answer research questions. However, it should be remembered that the usefulness of a database in answering a particular question depends on the type of data that has been put into it. Additionally the format of the stored data can vary from one database to the next, resulting in difficulty in comparing patient groups in various databases.

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The NHS Top Dozen Criteria for 'Good Local Audit'¹ : Benchmarking Clinical Audit at Sligo General Hospital

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Introduction

Clinical Audit is the assessment of clinical practice against agreed standards with the aim of improving patient care. Effective clinical audit requires a systematic approach that adheres to accepted good audit practice in a structured environment that supports the management of change after an audit¹. In March 2005, the NHS Clinical Governance Support Team published A practical Handbook for Clinical Audit which included The Top Dozen Criteria for 'Good Local Clinical Audit'².

Aims

To compare clinical audit at Sligo General with The Top Dozen Criteria for 'Good Local Audit' published by the Clinical Governance Support Team in the NHS¹.

Methods

We reviewed 140 audits, using a structured proforma. The data collected included rationale for topic selection, stakeholders, patient involvement, audit lead, focus of audit i.e. process or outcome, source of criteria and standards, sample size, action after audit and reaudit rates. We also reviewed the framework /structure within which clinical audit takes place at specialty and hospital level including linkage to the service planning process.

Results

51% of the audits were multidisciplinary. Standards used were international or national in 76%. Clinical Standards or Clinical Risk issues were the primary rationale for audit in 69% of audits with 84% reviewing process issues and 56% outcomes. Patients were involved in 14% (criteria 2 -7). Action after audit occurred in 90% of audits (criteria 9). The reaudit rate has increased to 25% in 2006 (criteria 8, 10, 11).

Conclusions

The current model at SGH performs well against the criteria reviewing audit methodology (criteria 2 -7) but though operating within a clearly defined clinical audit framework at organisational level, a structured approach to include a nominated clinical audit lead, a planned audit programme linked to clinical risk issues and service plans has been lacking (criteria 1,12).

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Hard Landings: Injuries sustained on Bouncy Castles presenting to an Emergency Department in the North West of Ireland

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Introduction

A bouncy castle is a large inflatable toy in the shape of a castle used for entertainment. Participants enter the structure – usually situated outdoors - and can jump about on the springy walls and floor of the interior. In recent years, use of bouncy castles has risen dramatically - in the Sligo area alone, at least 4 companies provide bouncy castles for hire. Despite the increase in their use, there is little Irish research on injuries sustained on bouncy castles.

Methods

Prospective observational study of all patients attending Sligo General Hospital Emergency Department with a Bouncy Castle related injury during June, July and August 2006.

Results

There were 13 bouncy castle related injuries in the 3 months examined, 7 in males and 6 in females. Patients ranged in age from 3 yrs to 15 yrs. 8 children sustained soft tissue injuries and 5 had fractures. 7 children injured an upper limb, 4 a lower limb and 2 had soft tissue injuries of the spine. Fracture of the left distal radius was the most common injury (3 cases). Only 1 patient required hospital admission

Conclusion

Bouncy castles are a growing cause of injuries presenting to the Emergency Department, particularly in the summer months. In our department, all the injuries treated were minor, but a number had the potential for more serious sequelae. Safety guidelines exist elsewhere for the use bouncy castles but there appears to be little regulation in the Republic of Ireland. Without Regulation and Standards of Practice children will continue to sustain injuries associated with bouncy castles.

Consumer Satisfaction Survey of a Smoking Cessation Service

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Introduction

The programme on offer from the smoking cessation service includes intensive one to one or group support with continued follow for a period up to one year post cessation. In order to enhance consumer care and outcomes a survey was instigated of both Acute and Community smoking cessation services to ensure the service been delivered was appropriate and met the needs of the service user.

A commitment to excellent consumer service is fundamental in the delivery of any service and a priority of the service is to identify through meaningful evaluations the effectiveness of the service been delivered^{1,2}.

Aims & objectives

To evaluate consumer satisfaction with the effectiveness of a Smoking Cessation Service with a view to informing future practice;

To determine if the consumers accessing the service experienced their contact with the service to be effective in promoting a quit attempt³.

To determine if there are any deficits or barriers in the delivery of that service⁴.

To identify effective aspects in that delivery.

Methodology

The survey comprised of 132 clients who had availed of the smoking cessation service in the previous 12 months and was conducted over a seven week period from June to July 2006.

Standards were identified and questions were developed reflecting those standards.

A single method approach was employed based on an anonymous consumer satisfaction postal questionnaire and questions selected facilitated the return of both qualitative and quantitative data. The data was analysed by the hospital Clinical Audit support team (CAST).

Results

There was a 70 % return on postal questionnaire. The percentages which met standards was found to have ranged from 76% - 96% and with the exception of one standard all other standards achieved at least 85%.

Conclusion

The overall findings from this survey were found to have demonstrated that the population who availed of the service viewed the experience to have been a positive and a supportive influence in their quit attempt. The recommendations will be adopted following review by the team thus ensuring that the service is appropriate in meeting the needs of the service user.

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Comparative Sinus anatomy in the cadaver

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Introduction

Functional Endoscopic Sinus Surgery is a well established technique for the treatment of chronic rhinosinusitis + / - nasal polyposis. Although the use of angled optics and screens helps in performing this procedure, the nose and sinuses are a compact region with tortuous anatomy. Identification of lateral nasal wall landmarks is a key pre-requisite for safe and efficient surgery. This study was undertaken to establish distance values and ranges for the sphenoid sinus from the nasal aperture.

Aims & objectives

To establish whether there is uniformity in sphenoid sinus distance measurements both from the nasal aperture and between right and left sinuses.

Methodology

This study was conducted in conjunction with the department of Anatomy at the National University of Ireland, Galway.

10 cadavers were examined with guide wires and a Vernier calliper. Distances were obtained for anterior and posterior sphenoid walls in each cadaver on each side.

Results

The total mean distance from nasal aperture to anterior sphenoidal wall was 70.17mm(range 61.04-79.32) and similarly for the posterior sphenoidal wall was 83.82mm (range 75.10-90.87)

Conclusion

The study showed both sphenoid sinus distances from the nasal aperture and correlation between the two sides in each cadaver. Both analysis showed wide variations. The total mean distance of the anterior sphenoidal wall from the nasal aperture was 70.17mm(range 61.04 - 79.32) and similarly for the posterior sphenoidal wall was 83.82mm(range 75.10 – 90.87). We note a similarity in this data on comparison with standard anatomical studies on the subject ¹. In addition we looked for intranasal comparison. Once again no pattern emerge as regards uniformity of distances on both sides.

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Seatbelt Use Amongst Primary School Children In Sligo Area – Is There An Improvement One Year On?

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Introduction

As discussed by Laffoy M. et al, our use of seatbelts in Ireland is grossly disappointing¹. Research into child passenger fatalities demonstrated that over three-quarters were not found to have been using a child restraint or seatbelt². Drivers are legally obliged to ensure passengers under 17, use a seatbelt if aged over 4, or use an appropriate child restraint².

Aims

Data was originally collected between a registrar and SHO during May/June 2005. We, two SHOs, sought to explore whether, one year later, there was any improvement in seatbelt use after the publicity raised by the original study.

Methodology

Data was collected by two Senior House Officers from the paediatric department by observing 299 primary school children during the same period May/June 2006, who attended the same eight primary schools which were studied the year previous. The observations included whether a child occupied a back or a front seat and if a seat belt was used. Interventions following the 2005 study included informing local gardai who then approached schools individually to speak to students, a paediatric consultant discussed the study on local radio, a feature in the local newspaper and additionally there was an article in the Irish Times.

Results

73% of children travelled in the back seat. Of these 128/219 (59% vs 62% in 2005) did not use a seatbelt.

27% of children occupied the front seat. Of these 36/80 (45% vs. 46% in 2005) did not use a seatbelt.

Conclusion

Our repeat observational study has unfortunately shown that very little improvement has occurred regardless of interventions. More effort needs to be made and perhaps school principals may hold a role in educating their pupils and highlighting the importance of seatbelt use as part of the school curriculum.

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The burden of kidney disease in SGH

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Introduction

Chronic kidney disease (CKD) has rising incidence and prevalence, having poor outcomes and high cost¹ having rising prevalence in Ireland in last decade, with expected growth by at least of 15-20% per year². Despite high quality health services, there is significant mortality and morbidity, and a reduced quality of life³ consuming a disproportionate share of health care resources⁴

Aims & Objectives

To evaluate overall outcome of the patients with Acute on chronic Renal failure admitted in SGH in year 2005-2006

Methodology

A total of adult 124 inpatients wef 1st July 05 and 190 of out patients wef Feb 2006 since the commencement of Renal Clinic in SGH to 30th Sep 06 were studied in reference to KDOQI guidelines & SGH Lab references .

Results

A total number of 124 Male & Female patients. The Males 52.14% and females were 47.58% , out of which 7.2% had Acute renal Failure and 92.74% had acute on chronic Renal Failure. The age distribution in male group ranging from 33yrs to 98 years of which less than 50 yrs 3.7%, 51-60 yrs 10.85, 61-70 yrs 20%. 71-80 yrs 27.7% , 81-90 yrs 27.7%, 91-100 yrs 6.15% whereas in Female population the age distribution was age group less than 50 yrs 1.5%, 51-60 yrs 6.8% , 61-70 yrs 13.6%, 71-80 yrs 30.5% , 81-90 yrs 32.2 , 91-100 yrs 15.3% . A total of 12.1% patients were haemodialyzed and 26.66 of these were dialysis free, and 33.3% were on maintenance haemodialysis. A 25.8% died due to comorbidities whereas 64.4% who recovered with residual kidney disease are being followed up in the renal out patients which constitute 39.47% of the current pool of out patients.

Conclusion

There is a significant , predominantly age group 61-80 yrs at risk of developing Acute on Chronic Renal Failure causing a high mortality and morbidity giving clue to be vigilant with the elderly population with underlying chronic kidney disease

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Decision Making Capacity In The Older Adult

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Introduction

The rapid aging of the Irish population and longer lifespan demand a better understanding of the decision making needs of older people. Good decision-making skills in older adulthood are very important for both physical and psychological well being. The current conceptualisation of decisional capacity utilises legal standards of choice, understanding, appreciation and rational reasoning.

Aims

This cross sectional study examined decision making capacity in a group of older adults attending a psychiatric day hospital. We also studied cognitive factors that might influence decision making capacity.

Methods

Subjects were adults (N= 20) aged 65 years and over attending a psychiatric day hospital. Study participants were interviewed once and demographic details collected. Subjects also completed the MacArthur Competence Assessment Tool for Treatment (MacCAT-T), Clox test and Logical Memory I and II. The Folstein MMSE and Geriatric Depression Scale (GDS) were also administered. The MacCAT-T presents a hypothetical diagnosis and treatment alternatives, and asked subjects to demonstrate capacity to understand and appreciate diagnostic and treatment information and to explain the reasoning behind choosing one treatment alternative over another.

Results

Demographic details of participants are included with 12 females and 8 males interviewed. The mean age was 77.6 years. Diagnostic categories included depression, mild cognitive impairment and dementia. Scores for the MMSE, GDS and CLOX are presented in tabular form. On the MacCAT-T performance all subjects received full credit for expressing a choice. On understanding (range 0 to 6) all but 3 subjects had a score of 5 or higher showing a good understanding of diagnosis and treatment. Again on reasoning (range 0 to 8) all but two subject showed good reasoning abilities.

Conclusion

Clinical judgments about decisional capacity can be difficult and at times unreliable, especially as capacity can vary between and within diagnostic groups. Standardised tools such as the MacCAT-T should be used to contribute, not substitute for, an individualised assessment and interpretation. We found the MacCAT-T an easy and useful tool to incorporate into clinical practice. It may help to ensure that the full range of abilities that should be considered in making competence judgments are addressed

The Access Trial: Randomised Controlled Trial Of Public Hospital-Based Versus Private Community-Based Physiotherapy For Patients With Low Back Pain: Three Month Follow Up Results.

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Introduction

Evidence-based clinical guidelines for low back pain (LBP) recommend early access to services such as physiotherapy for patients with unresolving symptoms, to speed recovery, and minimise chronicity and the associated socio-economic burden^{1,2}. The current two-tier health service in the Republic of Ireland results in high waiting times for patients receiving physiotherapy in publicly-funded hospital settings compared to privately-funded community settings³, but the differences in outcomes and costs of these settings have not been previously investigated.

Aims & objectives

This pragmatic randomised controlled trial aimed to investigate any differences in the clinical outcomes of patients with LBP receiving physiotherapy in (i) the current public hospital-based secondary healthcare model (H) versus (ii) a private community-based primary healthcare model (P).

Methodology

Between March 2005 and May 2006, 160 consenting subjects [110F, 50M; mean age (SD) yrs: 41.28 (12.83)], referred by GPs for physiotherapy for non-specific LBP were recruited across three clinical centres. Subjects completed a baseline interview and outcome measures (Roland Morris Disability Questionnaire (RMDQ), SF-36 V2, Fear Avoidance Beliefs Questionnaire, Back Beliefs Questionnaire), were stratified (acute: < 3/12; chronic: > 3/12), and randomised to one of the two groups (i.e. H: n=80; P: n=80), with follow-ups at 3, 6 and 12 months post randomisation. Data were coded and questionnaires scored, then analysed using the Statistical Package for the Social Sciences (SPSS, Version 11). An intention-to-treat analysis was conducted.

Results

Both groups were comparable for all baseline demographic variables and questionnaire scores⁴. Current response rates are 82% (n= 131/160) and 76% (n= 84/110) for 3 and 6-month follow-ups respectively. Current descriptive analysis of mean change scores (SD), from baseline to 3-months (RMDQ: [H = 4.68 (-1.27); P = 4.74 (-0.91)] and SF-36 Bodily pain: [H = -7.51 (-3.81); P = -9.58 (-3.03)]) show clinically meaningful improvements in both groups overtime, with no differences between groups. The 6 and 12-month follow-ups are underway and will be complete by January and June 2007 respectively.

Conclusion

The findings may influence the future delivery of physiotherapy services for LBP in Ireland.

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The Theatre of Possibilities: Mapping Drama in Community and Healthcare Contexts in the Northwest of Ireland

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Introduction

The importance of the arts in complementing conventional approaches to healthcare and community development is increasingly recognised and supported by international research. This is a baseline study of the incidence and scope of drama in these contexts in Sligo, Leitrim and Donegal.

Aims & Objectives

To describe and analyse characteristics of drama in community and healthcare contexts in the Northwest

To interrogate social/personal impacts arising from participation in such activities

To make recommendations for development of this sector.

Methodology

The study combines quantitative and qualitative methods:

- (i) A preliminary postal survey sent to 208 HSE centres and 69 community centres to elucidate the incidence and types of applied drama currently in the Northwest
- (ii) Focus groups and interviews with participants and practitioners from a sample of 9 projects selected purposively as representative of a range of drama approaches and participant groups
- (iii) Interviews with other stakeholders

Analysis includes use of SPSS and Nvivo software

Results

The survey responses show that a wide range of approaches exist to drama praxis in community and healthcare in the Northwest area. Of the 33 survey respondents analysed, ten organizations/individuals have this work as their primary focus. For the majority of groups however, drama-based work is on a more piecemeal basis, generally because of resource or planning difficulties. There is diversity, too, in the participants in projects.

There was an overwhelmingly positive response regarding impacts of drama participation- particularly as part of a long-term, sustainable framework- in terms of

- health and wellbeing,
- community development
- artistic importance
- development of transferable skills

Conclusion

The study recommends measures to capitalise on the benefits to services and participants demonstrated by the research, and to ameliorate existing administrative difficulties- including:

- (i) Development of a coherent Arts and Health policy for the Northwest
- (ii) Sustainable strategies in terms of project planning, implementation and evaluation
- (iii) Interagency approaches to involve healthcare, community and arts sectors
- (iv) Provision of training opportunities for practitioners in Applied Drama, possibly through the new BA in Performing Arts at IT Sligo

Paraesthesia or dysaesthesia accompanying dural puncture when performing combined spinal epidural (CSE) analgesia

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Introduction

Combined spinal epidural (CSE) anaesthesia is the most advanced and effective method of providing rapid pain relief for labour and caesarean sections. It allows the speed of onset of a spinal anaesthetic, along with the titratable continuation of an epidural anaesthetic. (1) During insertion of the spinal needle through the dura, patients experience an abnormal unpleasant sensation. This sensation has been reported in the literature. Its incidence is higher in CSE than in routine spinal anaesthetics, but varies between the technique used. (2) It is described as paresthesia "an abnormal sensation such as burning, pricking, tickling or tingling". (3) The sensation is due to stimulation of dural nociceptive or pain fibers transmitted through the lumbar dorsal root ganglia. (4) It should be more accurately described as dysaesthesia "an unpleasant abnormal sensation". Also, the author noted a different incidence of this sensation between labouring and non labouring patients. This has not yet been reported in any clinical trial.

Aims and objectives:

To study the incidence of paresthesia and dysaesthesia during dural puncture, in labouring and non-labouring parturient patients.

Methodology:

After patient enrolment and consent, CSE was performed in the usual manner. On dural puncture, patients experience was recorded by asking the question "did you feel anything?". The patient was also asked whether the feeling was normal or abnormal and unpleasant or not.

Results

As the data is nonparametric with small groups, Fishers exact test was utilised.

The sensation is abnormal rather than normal ($p < 0.001$) and unpleasant rather than not unpleasant ($p < 0.001$).

The difference between the rate of sensation in labouring versus non-labouring is 21 of 54 (38.88%) vs. 10 of 14 (71.428%). $P < 0.025$.

Conclusion

It has been shown in animal studies that spinal C type nociceptive fibers, can undergo long term depression (LTD) through A delta nociceptive fibre stimulation. (5) This may be the process underlying the gate control theory of pain first described by Wall and Melzac in 1965 (6). The pain due to uterine contractions and pelvic tissue stretching during labour, decreases the pain of dural puncture in CSE in this group, probably through LTD. The widespread use of the word paresthesia is incorrect and the term dysaesthesia should be used instead. Also, the higher incidence of dysaesthesia during CSE for elective caesarean section should be realised and communicated to patients.

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Case Study to highlight the effects of Chronic Venous Leg Ulceration on patients Quality of Life

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Introduction

Chronic leg ulceration can have a profound impact on patient's quality of life. Studies have shown that, to the patient pain, odour and exudate are the three most important elements of a chronic wound

Aims & objectives

The aim of this case study is to highlight the most distressing symptoms of a venous leg ulcer to the patient, and by managing these symptoms improve on quality of life. Mr. B, a retired farmer, lives alone in a rural setting. He has bilateral venous leg ulceration for several years.

Methodology

This is a clinical study conducted in a community setting over a period of 4 weeks. There was an initial assessment and then reassessment at every week thereafter.

Results

The findings of this case study were that Mr. B's quality of life improved through, effective management of wound exudate and effective control of wound malodour. The involvement of the patient in identifying these symptoms, highlighted areas of social isolation. Using a patient centred holistic approach priority was given to these elements thus improving on quality of life. There is no doubt that chronic leg ulceration has a profound effect on patient's lives. It is evident through the findings of this case study, that treatment should offer as much importance to comfort and symptom control as to speed of healing.

Conclusion

Subjective measurements such as quality of life when aligned with objective measures may lead to more effective interventions and improve outcomes for these patients.

Case study of treatment of traumatic pancreatitis and abdominal compartment syndrome with Negative pressure wound therapy (NPWT).

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Introduction

Abdominal Compartment Syndrome- increased intra abdominal pressure can result in: fall in cardiac out put, renal failure, respiratory distress syndrome. Management is through decompression of the abdomen by allowing the abdominal cavity to remain open which in turn poses major issues in patient management. NPWT is one method used to manage the open abdomen.

Aims

To manage an open abdomen, with distended bowel, excessive fluid leakage, seven drain sites, feeding jejunostomy; distal end stoma. Setting: Intensive Care Unit and General Theatre, Sligo General Hospital

Methodology

Case study. Management of 29yr old male following RTA, who sustained: traumatic pancreatitis; left peri renal haematoma; left lung contusion; # left acetabulum; # left tibia and fibula; developed,sepsis ,multiple organ failure and abdominal compartment syndrome

Surgical procedures; laparotomy /peritoneal lavage; multiple further laparotomies and lavage with formation of laparostomy for acute abdominal compartment syndrome. NPWT was commenced.

Purpose: NPWT could adhere to the surface of the compromised abdomen and protect internal organs and reduce likelihood of further infection /contamination, manage exudate; have infrequent dressing changes, minimal disturbance to bowel and patient.^{1,2} Application was carried out in theatre by the surgical and tissue viability team.

Outcome: after 5 weeks following application twice weekly the bowel had decompressed; 5 drains discontinued; ventilation and haemodialysis discontinued and overall significant clinical improvement.

Implications for practice: Obtaining a seal around the NPWT was difficult due to number of drains and stoma but increased expertise, knowledge and on-going education of staff re application improved this outcome. While application was time consuming and required a general anaesthetic, once applied it was an effective management option. The system did require almost daily resealing of minor leaks. The patient tolerated the system well.

Conclusion

NPWT can be applied to complex abdominal wounds with compartment syndrome. This system will form part of future treatment options within this institution. Further studies are needed

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Case Study to highlight the challenges overcome when faced with bilateral, dehisced above knee amputation wounds in a diabetic patient with peripheral vascular disease.

Karina Lyons

ConvaTec Wound Therapeutics

Introduction

While there is no national register of diabetics, it is estimated that there are approximately 250,000 sufferers of diabetes in Ireland. Despite advances in our understanding of this disease and its numerous complications, diabetic foot disease remains a significant problem.

Aims & objectives

The purpose of this case study is to highlight the challenges overcome when faced with bilateral, dehisced above knee amputation wounds in a diabetic patient with peripheral vascular disease. A review of the literature tells us that diabetes is recognised as the commonest cause of non-traumatic lower limb amputation in the western world with diabetics over 20 times more likely to undergo an amputation compared to the rest of the population (Van Houtum et al 1996). This study looks at one patient, Mr S who is a 44 year old male with peripheral vascular disease secondary to childhood insulin-dependent diabetes mellitus. He underwent bilateral above knee amputation surgery in February 2005 following which both wounds dehisced due to many underlying aetiologies including systemic MRSA infection. Mr S's social circumstances played a vital role in the underlying need for such radical surgery as well as his rehabilitation. Several factors had to be considered when anticipating a realistic outcome two of which were managing infection and exudate control at the wound beds.

Methodology

The design of this study is that of a clinical case looking at the assessment and management of two very challenging wounds in a patient with varying complex medical and psychological conditions. The case study is centred around thorough assessment and re-assessment of the patient's physical and mental state while implementing evidence-based practice in an holistic and multi-disciplinary fashion.

Results

The result of this study is that despite many factors affecting wound healing in this case, Mr S achieved full closure of his wounds. Despite some initial issues surrounding patient compliance and the tendency of Mr S to dictate his care plan, these were overcome with good education from the multi-disciplinary team, who saw the need for patient involvement. Vowden (2005) supports this team approach where she states that "complex wounds require a co-ordinated, multi-disciplinary approach that integrates both the medical and surgical care of the patient with an effective wound care strategy".

Conclusion

This case study demonstrated that even in a complex post-surgical wound with numerous factors affecting wound healing, a thorough nursing assessment, wound assessment and holistic care plan can achieve the desired outcomes. Wound care is a mere piece of the entire patient jigsaw and it is imperative that healthcare professionals are aware of the need for expert input from the broader multi-disciplinary team.

Clinical Audit on the Assessment and Management of Heart Failure Patients in Sligo General Hospital

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Introduction

Heart failure is a significant health problem and with a very high morbidity and mortality. Both incidence and prevalence of this disabling syndrome has increased significantly in recent years as a result of an increase in aging population and improved survival in patients after having acute coronary event. This baseline audit was undertaken to look at the management of heart failure patients at SGH.

Aims & objectives:

1) To establish current practice in management of heart failure patients. 2) To evaluate the management in relation to established international standards 4) To identify the causes and precipitating factors of Heart Failure.

Methods

Retrospective audit was undertaken on the management of patients who were admitted to the Hospital due to decompensated heart failure and subsequently followed up in the heart failure clinic. Data was collected from 64 patient's charts between 1st April 06 and 30th June 06. Data was collected on laboratory tests, investigations and drug therapy etc. It was analyzed and compared with European Society of cardiology and American college of cardiology guidelines for the management of heart failure.

Results

99 % patients had their initial recommended blood tests.
100% patients had their chest X-ray.
100% patients had ECG done.
100% patients had Echocardiography.
89% patients had Repeat echocardiography after titration of medications.
76% patients had Coronary angiography who had angina or significant ischemia.
84% patients were receiving ACE-Inhibitors. (Rest intolerant)
98% patients had uptitration of ACE-Inhibitors
83% patients were receiving B-blockers. (Rest intolerant)
96% patients had up titration of B-blockers
36% patients were receiving aldosterone antagonists in NYHA III-IV (Rest intolerant/not prescribed)
59% patients were receiving Digoxin in NYHA III-IV
88% patients were receiving diuretics
98% patients were not having the adversely affecting medications.
Conclusion: over 80% of patients met the international standards with few exceptions.

Recommendations:

- a) Consider more patients for Aldosterone Antagonists
- b) Consider Digoxin for more patients who are in sinus rhythm.
- c) Consider more patients for coronary angiography and revascularisation who has angina or aetiology is unknown.
- d) Manage risk factors aggressively (IHD, HTN, Valvular heart disease, AFib, Alcohol, Diabetes, smoking, high cholesterol, COPD, Thyroid disease etc.)

Clinical Audit on the Diagnosis and Treatment of Primary Lung Cancer in Letterkenny General Hospital

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Aims & objectives

To establish if care given to patients with primary lung cancer is in accordance with the guidelines.

To identify and highlight any deficiencies or delays so that corrective action may be taken.

Methodology

All patients diagnosed with primary lung cancer in 2004 were included (n=55). Data was collected by means of a questionnaire. The questionnaire was based on LUCADA (The National Lung Cancer Data Audit Project) dataset¹ but was modified to determine adherence to NICE guidelines².

Data extraction was carried out by a Clinical Audit Facilitator, a Specialist Registrar in Public Health Medicine and by the Registrars in Respiratory Medicine and Oncology. Inter-rater reliability was carried out on 8 cases. Data analysis was carried out using SPSS software.

Results

The deficiencies identified were as follows:

Just 28 (50.9%) patients had results of Pulmonary Function Tests (PFT's) identifiable in the notes
54 (98.2%) patients had a CT scan. 41 (75.9%) of the 54 patients had a CT scan of thorax and abdomen including the adrenals and liver. For 25 (46.3%) patients contrast was used.

Of the 36 Non-Small Cell Lung Cancer (NSCLC) patients, 12 (33.3%) had individual T,N,M staging performed. An additional 5 (13.9%) patients had an overall TNM category assigned.

Of the 12 NSCLS patients referred for surgery, 5 (41.7%) had a PET scan.

For 4 (7.3%) patients The Clinical Nurse Specialist (CNS) was present when the diagnosis of Lung Cancer was discussed with the patient.

Conclusion

As a result of the audit:

PFT's & contrast enhanced CT scans of thorax & abdomen are to be performed on all patients with queried or confirmed lung cancer.

T,N, & M classification is to be performed and recorded.

All candidates for surgery are to be referred for a PET scan at the same time to the hospital where surgery will be carried out.

The Clinical Nurse Specialist to be present when patients are given their diagnosis.

References

1. Wise, S. Vartanian, M. The National Lung Cancer Data Audit Project (LUCADA) Dataset v1.3 September 2004.
2. <http://www.nice.org.uk/pdf/CG024niceguideline.pdf>

The Impact Of The Audit Cycle On Pressure Ulcer Prevention in Sligo General Hospital

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Introduction

Pressure Ulcers remain a significant cause of morbidity for patients and has a huge impact on health service resources. Despite improvements in modern technology and health care systems patients continue to develop pressure ulcers.² 2000-SGH Wound Care Guidelines launched.¹ 2003 initial audit of these guidelines with reaudits in 2004 and 2005

Aims

To assess current practice in the assessment and management of pressure ulcers in patients admitted to Sligo General Hospital and compare findings to previous audits, complete the audit cycle and subsequently identify areas for improvement.

Methods

Audit was concurrent. Modified proforma with wound care chart from 1st audit was used. The same predetermined bed selection and inclusion criteria were used each year. 47 patients over 65yrs were selected randomly from 10 clinical areas in the hospital. Data was collected by Tissue Viability Department, collated and analyzed by CAST.

Criteria: The criteria involved the use of the Waterlow Score on admission for patients > 65 yrs, the documentation by nursing staff of skin description and location of skin damage (ulcers) of patients admitted to hospital; and finally, the use of the wound care chart adopted by S.G.H. to be completed if patients have Waterlow of >20 or have any skin damage documented.

Results

A reduction in hospital acquired pressure ulcers in the study group over the 3 years from 37% (2003), to 10% (2004) and to 4.25% in 2005.

36% of patients had Waterlow Score recorded on admission

26% had skin damage recorded on admission

Conclusion

Despite the poor results from the audits in relation to recording of Waterlow score and skin damage on going action following the audits created a greater awareness of pressure ulcers.

This increased awareness resulted in a reduction in hospital acquired pressures in the study group from 37% in 2003 to 4.25% in 2005

Recommendations:

Continue ongoing education /dissemination of results to staff to develop and maintain competency in pressure ulcer care.

Changes to the referral pathways – patients must have a Waterlow score recorded prior to consultation from the Tissue Viability Team.

Continued investment in pressure relieving equipment on an annual basis and the mattress replacement programme.

Review of audit tool with CAST and Tissue Viability to enhance the audit process and the quality of the information obtained

References:

1. Sligo General Hospital (2000) Wound Care Guidelines: A Multidisciplinary Approach Sligo: Sligo General Hospital
2. National Institute for Clinical Excellence (2001) Inherited Clinical Guideline: Pressure ulcer risk assessment and prevention. NICE. London

Clinical Audit on the Diagnostic Process and Management of Cutaneous Malignant Melanoma

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Introduction

Cutaneous Melanoma is fatal in approximately 20% of cases and its prognosis is directly correlated to the Breslow (tumour) thickness. It accounts for 2% of all new cancers in Ireland with over 400 new cases annually.

Aims

The aim of this study was to assess the diagnostic process and management of cutaneous melanoma at Sligo General Hospital.

Methodology

Retrospective audit of patients with a diagnosis of cutaneous melanoma (2000-2005) identified from HIPE.

Results

The mean Breslow thickness was 3.07 mm and median was 1.96 mm. The mean delay from date G.P. letter received in hospital to time seen in OPD was 7.5 weeks with the median of 3-4 weeks. Patients who were identified as melanoma by G.P. had a mean waiting time of less than three weeks.

- 1- Each G.P. letter received should be dated: 93% met the standard
- 2- Date of receipt of each G.P. letter in the hospital should be recorded on the letter: 85% met the standard
- 3- Patients referred with suspicious lesions should be seen within 2-4 weeks of receipts of the referral letter: 52% met the standard where complete data was available. Data was incomplete in 36% of the cases.
- 4- Biopsy report should include age, sex, site of tumour, Breslow thickness, ulceration and the depth of penetration of dermis (Clark's level): Age, site of the tumour and Breslow thickness was recorded on almost all biopsy reports; gender, ulceration and Clark's level were noted on 46%, 54% and 93% reports respectively.
- 5- Malignant melanoma should be followed by wider local excision: 86% met the standard

Conclusion

This study shows that waiting time for almost half of the melanoma patients to be seen by a specialist exceeds the recommended time of 2-4 weeks. The patients are presenting with a relatively thick tumour and consequently have a poorer prognosis. This audit demonstrates the need for patient education regarding self skin examination to recognize melanoma at an earlier stage, documentation of index of suspicion in the G.P. letter, good record keeping at S.G.H. and a specialist lesion clinic to fast track patients from G.P. referral to OPD.

An Audit of the Weighing scales in Sligo General Hospital

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Introduction

Knowledge of a patient's weight is a fundamental requirement of assessing nutritional status and is key in delivering appropriate nutritional support. In hospital, patients frequently experience ward moves and may be weighed on a number of different scales during their stay. Accurate weights are also a major factor in relation to dose prescription of drugs, anaesthetics, chemotherapy etc. It is therefore essential that the scales are accurate and readings are reproducible and transferable.

Aims:

To assess the accuracy and reliability of weighing scales at ward level in Sligo General Hospital by a. assessing each scale on every ward by weighing two people of contrasting weights b. assessing the accuracy of each scale by comparing these weights with the gold standard weight.

Methods

33 weighing scales were assessed and inspected in Sligo General Hospital. (2 weighing scales in the audit were not functioning). In absence of objective calibration equipment, accuracy was assessed by comparing the weights of 2 people against the gold standard weights. The renal dialysis unit weighing scale was used as the representative gold standard weight as it was most recently calibrated. Assessment was based using the European Standard guidelines (EC Directive 90/384/EEC). The following were assessed: actual weight (x 2 people), structure, brand/model, when last calibrated?, digital/dial scale?, Standing/sitting/hoist?.

Results

52 % (16/33) of all weighing scales in Sligo General Hospital were inaccurate. 64% (21/33) of all weighing scales are digital scales and 63% (21/33) of weighing scales are structurally sound. 84%(28/33) of all weighing scales are of seca brand with weylux 9%(3/33), Kohn 4%(1/33) and eks 3%(1/33).

Conclusion

Clearly, inaccuracies are apparent in simple weight measurements which have a significant impact in patient care. Therefore following this audit, I would recommend the need for annual calibration of existing scales and standardising manufacturers for all future purchased weighing scales which should include a regular calibration contract.

Evaluation Form

7th Annual Multidisciplinary Research Conference

November 24th 2006

Please tick

	Poor	Average	Good	Very Good	Excellent
What was your overall impression of this conference?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate the relevance of the conference?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate the lectures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate the format of the conference?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other comments on this event

Have you any suggestions for other events?
