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Investigation of Exocrine Pancreatic Function amongst Paediatric Cystic Fibrosis Patients taking Ivacaftor at University Hospital Limerick (UHL)

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INTRODUCTION

Approximately 90% of all patients with cystic fibrosis (CF) are pancreatic insufficient. Those patients require Pancreatic Enzyme Replacement Therapy (PERT) with all fat containing food or drink consumed. Ivacaftor is a relatively new medication which acts as a potentiator of cystic fibrosis transmembrane regulator (CFTR) protein. It increases the open probability of defected CFTR chloride channel. Ivacaftor treatment is prescribed to CF patients who have at least one copy of a gating or residual function CFTR mutation. It has been postulated that the use of this drug may potentially improve exocrine pancreatic function (EPF), which could lead to improved absorption and have a positive outcome on BMI and overall nutritional status. These improvements in turn could have significant clinical implications such as contributing to improved respiratory function, blood glucose control, bone density and quality of life. Furthermore, improvements in EPF may necessitate changes in dietary advice and a reduction or even discontinuation of PERT.

OBJECTIVE

The aim of this retrospective study was to investigate whether UHL paediatric CF patients taking Ivacaftor demonstrated improvements in their EPF.

METHODOLOGY

EPF is measured by levels of faecal elastase (FE-1 µg/g) in a stool sample, thus FE-1 was the primary outcome of this retrospective study. Participants were asked to provide stool samples after at least 4 weeks post-commencing Ivacaftor treatment and at various intervals thereafter. Once ethical approval and consent/assent from parents of participants was obtained, a retrospective review of medical charts and hospital laboratory system (I-Lab) was carried out. The following data was collected: date of birth, genotype, gender, sweat chloride and conductivity, FE-1 (including baseline values), average PERT dosing pre- and post-commencing Ivacaftor. SPSS (IBM, Version 25) statistical software was used to analyse the data.

RESULTS

Here, we show real-life data collected for 12 paediatric CF patients, aged 3 to 16 years old (7 female and 5 male) carrying at least one G551D or other gating mutation, who are prescribed Ivacaftor. Our data show a significant reduction in average intake of PERT dose by over 50% when comparing PERT intake, pre- and post-Ivacaftor (Table 1). There was no overall significant change in FE-1 value (p-value=0.17) (Table 1); however two patients have discontinued the PERT after two consecutive FE-1 values were recorded to be greater than 200 µg/g, indicating "normal" EPF. One of these patient's most recent FE-1 levels showed a 10-fold increase from baseline. It is noteworthy that this patient had the lowest value of all subjects for sweat chloride prior to commencing Ivacaftor treatment (81 mmol/L) and moreover, this subject is heterozygous for ΔF508 mutation and a second disease causing, rare gating mutation G178R. No correlation was noted between FE-1 values and either age that Ivacaftor was initiated or lengths of time patients were on Ivacaftor treatment. In contrast to this, we noticed a weak correlation between FE-1 and baseline sweat chloride values ($R^2 = 0.45$).

Table 1 – Changes in Reported PERT doses, pBMI, Sweat Chloride, Sweat Conductivity, FE-1 Results Pre- and Post-Commencing Ivacaftor (the most recent recorded values)

		Pre-Ivacaftor	Post-Ivacaftor	p-value
Lipase IU/kg/day	Average ±SD	6,286±2,344	2,935±1,567	<0.005
	[Range]	[2,427-10,162]	[841-5,630]	
Body Mass Index percentile pBMI (%)	Average ±SD	70±16	77±23	0.36
	[Range]	[41-92]	[16-98]	
Sweat chloride mmol/L	Average ±SD	114±15	41±13	<0.005
	[Range]	[81-134]	[20-66]	
Conductivity mmol/L	Average ±SD	111±7	37±15	<0.005
	[Range]	[98-121]	[20-72]	
Faecal elastase ug/g	Average ±SD	46±31	124±147	0.17

CONCLUSION

The findings of this study provide a greater appreciation of the variation in response in EPF that may be anticipated for patients taking Ivacaftor. It demonstrates that complete reversion to pancreatic sufficient status is possible for some patients, however based on our findings, this cannot be predicted from other parameters such as genotype, or changes in biochemical indices. This study highlights the importance of regular monitoring of FE-1 levels as standard care, for patients taking Ivacaftor and the potential results of a reduction in pill burden and cost benefits for the HSE associated with a decrease or cessation in PERT use.

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Antipsychotic Medication and QTc Interval

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INTRODUCTION

An audit was undertaken in Ennistymon Medical Centre, Ennistymon, Co. Clare.

OBJECTIVE

The aim of the audit was to take account of all patients within the practice who are prescribed atypical (second generation) antipsychotic medications, and to determine if their QTc interval is being monitored in accordance with National Institute for Health and Care Excellence (NICE) Guidelines.

METHODOLOGY

This audit measured the number of patients who were prescribed atypical antipsychotic medications, namely aripiprazole, olanzapine, quetiapine fumarate and risperidone. ECG monitoring is essential for all patients prescribed atypical antipsychotic medications. NICE Guidelines recommend that an estimate of QTc interval should be made on admission to inpatient units, and at least yearly thereafter.[5] Normal QT interval should be between 9-11mm.

A search was carried out to identify all patients on atypical antipsychotics, namely aripiprazole, olanzapine, quetiapine fumarate and risperidone. This search revealed 118 patients. Fifty six patients were excluded, leaving 62 patients to be audited.

RESULTS

Of the 62 patients audited, only 3 patients had undergone an ECG in the last year in accordance with the NICE Guidelines. The remaining patients were sent an SMS (or other communication) invite to come into the practice for an ECG due to the medication they were prescribed.

At the time of re-audit nine weeks later, an additional 16 patients had undergone an ECG. None of the 19 patients who had undergone an ECG in the last year showed signs of QT prolongation as a result of their atypical antipsychotic medication.

CONCLUSIONS

The audit process was a success for a number of reasons;-

- The audit identified the low numbers of patients on atypical antipsychotic medication who were having an ECG taken on a yearly basis in accordance with NICE Guidelines
- The audit allowed for communication with, and education of, these patients to inform them of the best practice guidelines of the yearly ECG while on atypical antipsychotic medication
- The audit resulted in an increase to 30.6% or 19 patients who have had an ECG in the last year
- An electronic alert system on patients' files has been implemented to ensure that patients receive a reminder or invite for an ECG on a yearly basis

Some recommendations to arise as a result of this audit include;-

- Consultant and/or GP should advise the patient that they should undergo an ECG on a yearly basis when prescribing atypical antipsychotic medications
- Acknowledge that SMS is not the best form of communication for some patients and that a phone call, letter, or discussion during a consultation are more appropriate forms of communication for some patients
- Patients who are in nursing homes or hospital settings could have their ECGs undertaken at these facilities if considered beneficial

A re-audit was undertaken after 9 weeks. Another re-audit should be undertaken after one year, and on a yearly basis thereafter.

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Effectiveness of an Admission Proforma in Improving the Prescription of Thromboprophylaxis in Acutely ill Medical Patients - Re-evaluating Current Performance in University Hospital Limerick a Decade Later

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INTRODUCTION

In 2008, University Hospital Limerick (UHL) conducted an audit showing inadequate rates of thromboprophylaxis amongst the high and very high risk medical patients. New strategies were introduced to improve the rate of thromboprophylaxis. This included the introduction of a medical admissions proforma, with a dedicated section to prompt venous thromboembolism (VTE) prophylaxis. This introduction of a prompt, helped to increase rates of thromboprophylaxis prescribed by 39% in the most at-risk patients. These changes were implemented, and audits were carried out in 2012 and in 2015, to assess that these practices were being sustained.

OBJECTIVE

This audit is being completed as part of an ongoing audit to ensure best practice with regard to VTE prevention in our acute hospital. Approximately 11,000 people in Ireland can be affected by VTE every year. The mortality in Ireland from VTE is approximately 4,000 lives annually, of which it is estimated that up to 50% could be preventable.[1,2] Following the VTE collaborative (2018) there is a plan to implement Hospital-Acquired VTE as a Key Performance Indicator (KPI) for all acute hospitals.[1]

METHODOLOGY

A cross-sectional study was conducted that analysed thromboprophylaxis among medical inpatients in UHL. Data collection was split over two days. In keeping with the previous audits, all patients admitted under medical or the geriatric service were included. Patients were excluded if they were already on Warfarin, therapeutic anticoagulation or had any contraindication to anticoagulation (recent fall etc.)

Each patient's medical proforma was assessed to see if the VTE prompt section had been completed. There overall risk was calculated given individual risk factors for VTE. This was calculated using, the Padua Score[3] following the same format as the previous audits. Finally, the patient's drug Kardex was examined to assess what anticoagulation, if any, they were prescribed.

RESULTS

In total, 113 patients were assessed. Thirteen patients were excluded due to contraindications to anticoagulation, such as; already on Warfarin, already on a direct oral anticoagulant, liver disease, post-fall awaiting radiology etc. This left 100 patients to be analysed, in keeping with previous audit standards. In all patients the medical proforma was used, however only **25 out of 100** enrolled patients had the VTE prophylaxis prompt section completed. Results were as follows:

Table 1 - Risk Stratification

	2008	2012 (Post-Proforma intro.)	2015	2018
Low Risk	15	27	35	**13**
Moderate Risk	8	10	41	**35**
High Risk	31	40	14	**25**
Very High Risk	46	23	10	**27**

Table 2 - Rate of Thromboprophylaxis in All Acute Medical Admissions

	2008	2012 (Post-Proforma intro.)	2015	2018
Moderate Risk	10%	20%	61%	**63%**
High/Very High	24%	65%	67%	**63%**

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Figure 1 - 100% Stacked Bar Chart showing VTE Prophylaxis for all Groups in 2018

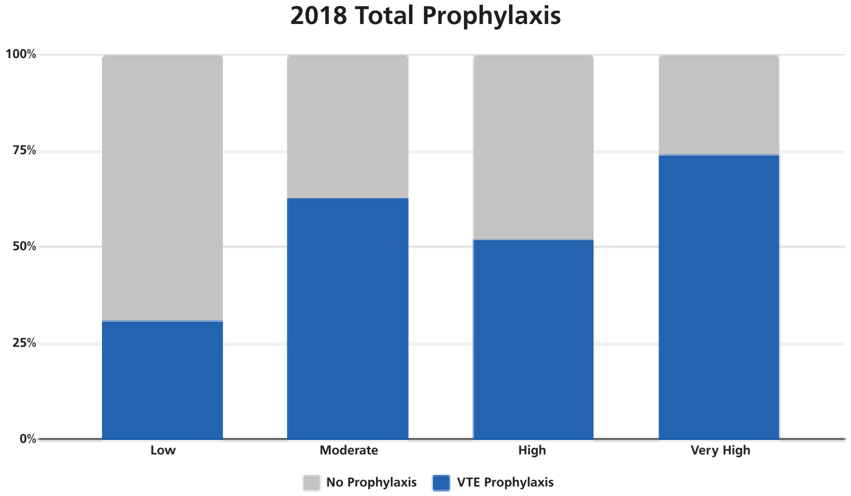

Table 3 - Rate of Thromboprophylaxis in Patients when Prompt Section was Completed

	2008	**2012** **(Post-Proforma intro.)**	**2015**	**2018**
Moderate Risk	10%	20%	65%	**91%**
High/Very High	24%	63%	71%	**100%**

CONCLUSIONS

The rates of thromboprophylaxis have stayed consistent since the introduction of the admission proforma reminder in 2012. However, in the above selection of patients it would appear that this section of the proforma, is not always filled out. What is more important, is that it appears attitudes and knowledge towards thromboprophylaxis have changed and that patients are being given correct thromboprophylaxis. Patients in the higher risk categories are consistently getting covered for VTE, in particular, the high and very high-risk group. The prompt in the proforma might be contributing indirectly to this. Going forward, VTE prophylaxis is a preventable life-threatening condition. Like our international counterparts, we must ensure that adequate standards are not only implemented, but maintained.

Finally;-

1. It would be beneficial to repeat this audit cycle again in 2021.
2. Additional numbers of patients could be audited to improve accuracy.
3. These results should be measured with similar-sized hospitals in Ireland.
4. Training and support for the multi-disciplinary team should be provided to carry out quality improvement.
5. Hospitals remain a dangerous environment for ill medical patients and hospital-acquired VTE a potentially devastating life-threatening consequence, leaving patients exposed and hospitals open to significant litigation.

REFERENCES

Available on request.

PRESENTED

As a poster presentation at the International Society on Thrombosis and Haemostasis (ISTH) in Melbourne, Australia from July 6th to 10th, 2019.

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Inter and Intra-Reliability of Ultrasonography for the Measurement of Abdominal Subcutaneous and Visceral Adipose Tissue Thickness at 12 Weeks' Gestation

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O'Gorman, C.S.,[1,4]
Ní Laighin, C.,[1,7]
Ismail, K.,[1,7]
Donnelly, A.E.,[4,5]
Hamilton, J.,[8]
Cotter, A.[1,7]

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ABSTRACT

Excess abdominal adiposity causes metabolic disturbances, particularly in pregnancy. Methods of accurate measurement are limited in pregnancy due to risks associated with these procedures. This study outlines a non-invasive methodology for the measurement of adipose tissue in pregnancy and determines the intra- and inter-observer reliability of ultrasound (US) measurements of the two components of adipose tissue (subcutaneous (SAT) and visceral adipose tissue (VAT)) within a pregnant population.

Thirty pregnant women were recruited at the end of their first trimester, from the routine antenatal clinic at the University Maternity Hospital Limerick, Ireland. Measurements of adipose tissue thickness were obtained using a GE Voluson E8 employing a 1-5MHz curvilinear array transducer. Two observers, employing methodological rigour in US technique, measured thickness of adipose tissue three times, and segmented the US image systematically in order to define measurements of SAT and VAT using specifically pre-defined anatomical landmarks.

Intra-observer and inter-observer precision was assessed using Coefficient of Variation (CV). Measurements of SAT and total adipose for both observers were <5% CV and <10% CV for VAT in measures by both observers. Inter-observer reliability was assessed by Limits of Agreement (LoA). LoA were determined to be -0.45 to 0.46cm for SAT and -0.34 to 0.53cm for VAT values. Systematic bias of SAT measurement was 0.01cm and 0.10cm for VAT. Inter-observer precision was also assessed by co-efficient of variation (CV: SAT, 3.1%;VAT, 7.2; Total adipose, 3.0%).

Intra-observer precision was found to be acceptable for measures of SAT, VAT and total adipose according to anthropometric criterion, with higher precision reported in SAT values than in VAT. Inter-observer reliability assessed by Limits-Of-Agreement (LoA) confirm anthropometrically reliable to 0.5cm. Systematic bias was minimal for both measures, falling within 95% confidence intervals. These results suggest that US can produce reliable, repeatable and accurate measures of SAT and VAT during pregnancy.

Figure 1 - Example Ultrasound Screenshot Image at Correct Position for Measurement of SAT (1) and VAT (2)

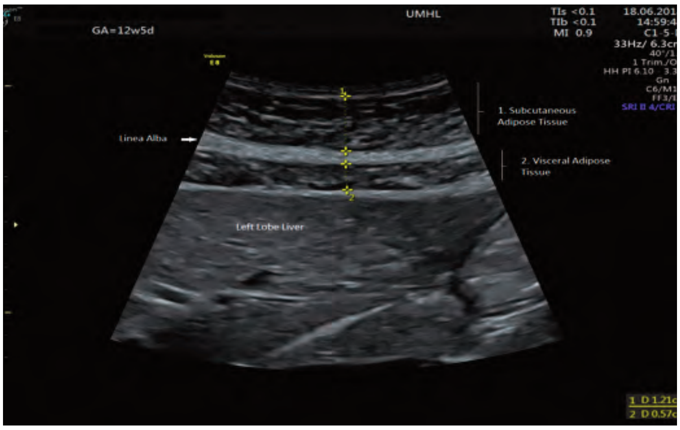

Figure 2 - Anatomical Schematic of Ultrasound Image to Illustrate Anatomical Landmarks and Positioning. SAT (Subcutaneous Adipose Tissue); VAT Visceral Adipose Tissue

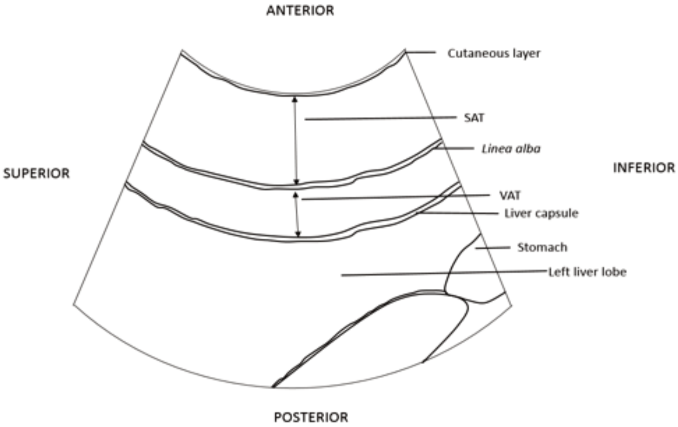

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Figure 3(a) & (b) - Graphical Comparisons of the Measurements obtained for SAT by the two Observers were made using Bland-Altman Plots showing Unlinked Replicates (a). On the Right; Plot of Difference between Measures of Observer 1 and Observer 2 against the Mean of the two Measurements of SAT (b). Solid Line Represents the Mean; Upper Line Shows the Mean +1.96 SD and Lower Line the Mean -1.96 SD.

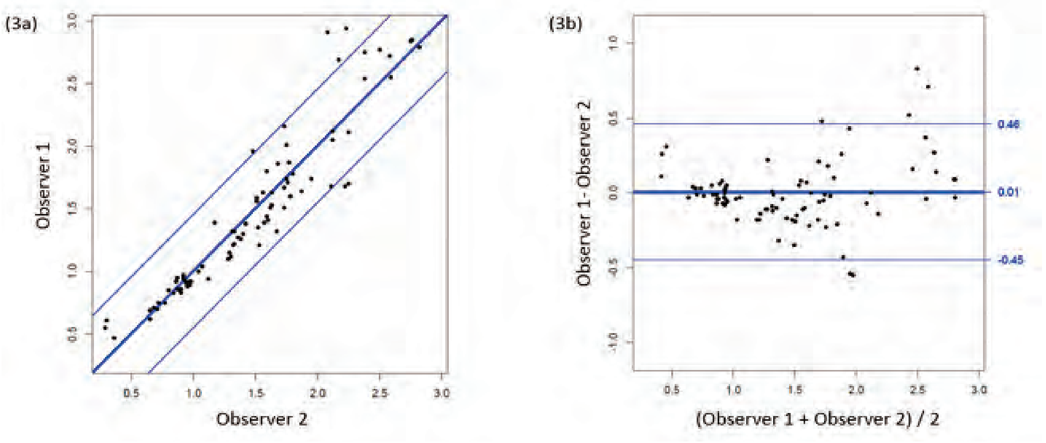
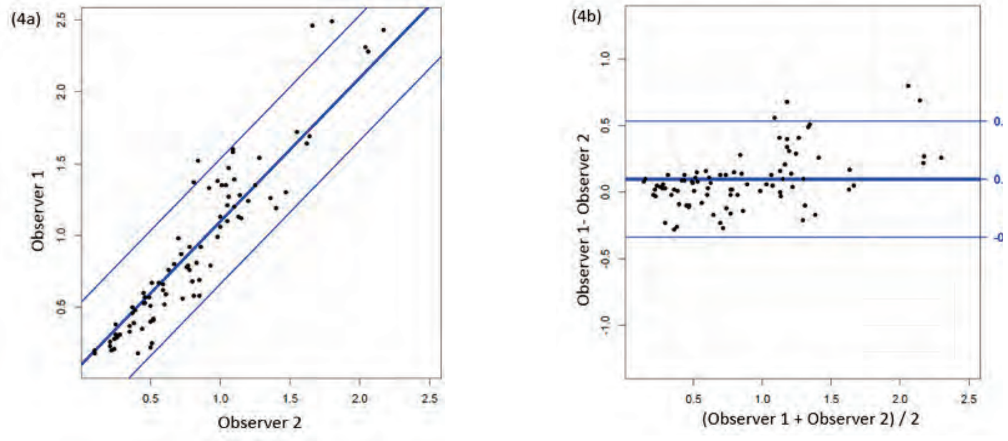


Figure 4(a) & (b) - Graphical Comparisons of the Measurements obtained for VAT by the two Observers were made using Bland-Altman Plots showing Unlinked Replicates (a). On the Right; Plot of Difference between Measures of Observer 1 and Observer 2 against the Mean of the two Measurements of VAT (b). Solid Line Represents the Mean; Upper Line Shows the Mean +1.96 SD and Lower Line the Mean -1.96 SD.



PRESENTED

As a poster presentation at DIP 2019, the 10th International Symposium on Diabetes, Hypertension, Metabolic Syndrome and Pregnancy held in Florence, Italy from May 29th to June 1st, 2019.

FUNDING

This research project was supported by the University of Limerick through an Education and Health Sciences Faculty Postgraduate Dean's Scholarship Graduate Entry Medical School Strategic Research Fund and Health Research Institute Seed Funding from the University of Limerick.

SOURCE

BMC Medical Imaging 2019.19:95. doi.org/10.1186/s12880-019-0393-6

Available at https://bmcmedimaging.biomedcentral.com/articles/10.1186/s12880-019-0393-6 (Open Access)

Our Experience of Propranolol in the Treatment of Complicated Infantile Haemangiomas

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INTRODUCTION

National Guidelines about the optimum use and monitoring on propranolol treatment for infantile haemangiomas (IH) were published in March 2019. A dedicated IH clinic was established in the University of Limerick Hospitals Group Dermatology Department in January 2018.

OBJECTIVE

We evaluated patients with IH treated with propranolol prior to and after the establishment of the dedicated IH clinic. We reviewed our processes and outcomes against national guidelines.

METHODLOGY

All patients with IH treated with propranolol were identified from our dermatology database and data was collected from patient charts. The 2019 National Guidelines on Propranolol Therapy for IH was our audit standard.

RESULTS

Twenty-eight patients with IH were commenced on propranolol from August 2015 until August 2019, of whom 71.4% (n=20) were female. The indications for propranolol treatment were the potential for facial disfigurement 57% (n=16), vital structure involvement 21% (n=6) and ulceration 21% (n=6). All IH were focal with no segmental involvement. Mixed IH accounted for 43% (n=12), 36% (n=10) were superficial, and 21% (n=6) were deep. Twenty three (82%) IH were in the proliferative phase at the time of review and five (18%) IH were mature. The mean age of onset of IH was 3.96 (sd±4.1) weeks. The mean age of referral to dermatology for proliferative IH reduced from 15.4 (sd±9.9) weeks to 12.5 (sd±5.8) weeks after the clinic was established. Prior to the establishment of a dedicated IH clinic, all referrals received were from Consultant Paediatricians. After the specialist clinic was established 47% (n=8) of referrals received were from General Practitioners (GPs).

The mean duration from referral to dermatology review was 1.8 (sd±2.9) weeks. Investigations were required by 64% (n=19) of patients and included ultrasound (n=16), magnetic resonance imaging (5), echocardiogram (1) and nasendoscopy (1).

The mean age of commencement of propranolol for proliferative IH reduced from 19.4 (sd±11) weeks to 15.9 (sd±6) weeks after the clinic was established. Most patients (75%, n=21) were inpatients when propranolol was initiated which reflects that many had been admitted by paediatrics prior to initial dermatology review; 21% (n=6) started treatment on the day ward; and 3.6% (n=1) started treatment in an outpatient clinic. The mean starting dose was 1.88mg/kg/day representing 82% (n=23) compliance with national guidelines. The mean peak dose was 2.5mg/kg/day representing 82% (n=23) compliance. All patients responded to propranolol. The mean duration of treatment was 32 (sd±14) weeks. Complete involution of IH was observed in 35% (n=7), greater than 50% involution in 55% (n=11) and less than 50% involution in 10% (n=2). Of the 26 patients who have completed treatment to date, one patient experienced rebound growth of the lower lip 4 weeks after discontinuing treatment and has recommenced propranolol. Mild adverse events (AE) were reported in 29% (n=8) of patients with one (3.6%) patient discontinuing propranolol treatment due to somnolence. Other AE were hypotension (n=5 (17.9%)) resulting in dose reduction in 4 (14%) patients, hypertension (n=1 (3.6%)), diarrhoea (n=1 (3.6%)) and asymptomatic hypoglycaemia (n=1 (3.6%)).

CONCLUSION

Our study confirms previous research that propranolol is a safe and effective treatment for complicated IH. The development of a dedicated IH clinic in the Mid-West has led to improved access and earlier initiation of propranolol treatment for patients. It also provides an effective outpatient pathway for GPs to refer patients with complicated IH for specialist care. The treatment of IH in the Mid-West demonstrated excellent compliance with National Guidelines. The dedicated IH clinic will facilitate the initiation of propranolol treatment in the OPD setting as recommended by the new National Guidelines.

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TP53 Status in Mantle Cell Lymphoma - A 10 Year Single Centre Experience

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ABSTRACT

Mantle Cell Lymphoma (MCL) is a rare sub-type of B-cell non-Hodgkin lymphoma (NHL), with variable course. Most patients with this disease have an aggressive clinical course and poor prognosis. However, a minority of patients may survive untreated for many years. MCL is responsive to a variety of initial therapies, but relatively short-term remissions are achieved with conventional chemotherapy regimens. The median duration of remission in most trials using standard chemo-immunotherapy is 1.5-3 years and the median overall survival (OS) is 3-6 years. *TP53* mutation confers a dismal prognosis in MCL with a median survival of 1.3 years.

The aim of this study was to further investigate the mutation profile and prognostic impact of *TP53* mutations in our cohort of 29 MCL patients over the study period (2006-2016). In addition, to correlate the *TP53* mutation status with p53 expression by immuno-histochemistry (IHC).

We analysed 32 tumour DNA samples (including 2 samples at relapsed disease) for evidence of *TP53* disruption using p53 expression on IHC, Sanger sequencing and next generation sequencing (NGS) if indicated. The median age at diagnosis was 65 years (range, 36-88 years), with predominately male patients (72%). p53 expression using IHC (with >30% cut off) correlate strongly (100%) with *TP53* mutation status confirmed with sequencing. The *TP53* mutation frequency in this study reported as 21% (6 patients) comparable to reported literatures.

The median overall survival (OS) and progression survival (PFS) for the entire cohort were 6.5 and 3 years respectively. As expected, OS was significantly shorter among MCL cases with high MIPI score than among MCL cases with low MIPI score (median 4.3 years vs unreached, p=0.03, log-rank test). The total number of deaths in this study were 11(38%) deaths. Of these, 5(45%) deaths were lymphoma progression related.

Most MCL patients harbouring *TP53* mutations have aggressive disease course with multiple relapses and lymphoma related deaths (80%). In sub-set analysis, the impact of *TP53* mutation was clearly apparent on patient survival, the OS was only 4 years in *TP53* mutated disease and was not reached in the wild-type *TP53* cohort (p value=0.007, log-rank test).

Our data confirmed the dismal outcome of MCL in presences of *TP53* disruption and the strong correlation between p53 expression and the mutation status, which will be incorporated in our routine initial histological assessment. We intend to expand this project nationally to overcome the sample size limitations and advocating upfront use of novel therapies in *TP53*-disrupted disease in larger clinical trials.

PRESENTED

As a poster presentation at the 24th European Haematology Association (EHA) Congress in Amsterdam from June 13th to 16th, 2019.

SOURCE

Haematology and Medical Oncology. 2019;4:1-2.

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Factors Influencing Psychological Adjustment in Patients with a Diagnosis of Ductal Carcinoma in Situ

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INTRODUCTION

With the introduction of breast cancer screening mammography, there has been a marked increase in the number of individuals diagnosed with Ductal Carcinoma in Situ (DCIS).[1] DCIS is a pre-cancerous, non-invasive breast cancer[2] with an excellent prognosis.[3] However, despite this positive projection, extant literature indicates that DCIS patients may experience similar, or even higher, levels of psychological distress when compared to women with a diagnosis of Invasive Breast Cancer (IBC).[4,5] Furthermore, women with DCIS tend to overestimate their risk of recurrence[6,7,8] which can influence psychological wellbeing (higher levels of depression and anxiety).[9]

A Dublin-based Radiation Oncology team noticed that despite their more positive prognosis, women diagnosed with DCIS appeared to present as more distressed at consultation than women with IBC. It was hypothesised that the uncertainty of a DCIS diagnosis may be influencing these womens' level of distress.

More specifically it was hypothesised that;-

1. The DCIS group would present with higher levels of psychological distress
2. The DCIS group would present with higher intolerance of uncertainty (trait anxiety) scores (with more negative beliefs about uncertainty and its consequences)
3. The DCIS group would perceive the risk of their cancer progressing as higher (higher scores on Cancer Worry Scale)

METHODOLOGY

This was a cross-sectional study design, utilising consecutive convenience sampling. Eligible participants were assigned to one of two groups according to their diagnosis (DCIS or IBC). Participants with a diagnosis of IBC (n=55) or DCIS (n=21) completed a battery of measures: a researcher-compiled demographics questionnaire, the Patient Health Questionnaire (PHQ-distress), Distress Thermometer (DT-distress), Intolerance of Uncertainty Scale (IUS-trait anxiety), and Cancer Worry Scale (CWS-risk perception and cancer worry).

RESULTS

Overall, both the DCIS and IBC groups were relatively well adjusted (with low distress scores). Mann-Whitney U tests revealed no statistically significant group differences in distress as measured by the PHQ or the DT, and descriptive statistics demonstrated similar patterns of risk perception and cancer worry. However, there was a significant difference between DCIS and IBC groups on Intolerance of Uncertainty, U=386.5, p=0.41 with the IBC group presenting with higher trait anxiety. Other analyses employing an independent samples Kruskal-Wallis test (whole sample) revealed a statistically significant difference in PHQ anxiety scores according to patients' education level, $X^2(2)=8.90$, p=0.01.

CONCLUSIONS

This is the first Irish study to provide an insight into the psychological adjustment of women diagnosed with DCIS. Given that this study was cross-sectional in nature, it would be useful to employ a longitudinal design in order to gain an understanding of the psychological adjustment of women with breast cancer over time, and across the treatment trajectory. The study was further limited by a small sample and uneven study groups which were recruited from the same oncology unit, limiting generalisability. A qualitative research design investigating the lived-experience of the DCIS groups would allow for a more comprehensive understanding of the challenges these women may face. It is hoped that future research will assist with design of supports, information, and interventions for these groups of women in the future.

REFERENCES

Available on request.

PRESENTED

Initial findings were presented as a poster presentation at the 19th World Congress of Psycho-Oncology and Psychosocial Academy in Berlin from August 14th to 18th, 2017 and at the 15th Annual Psychology, Health and Medicine Conference at Ulster University, Coleraine Campus on June 1st, 2018.

Acknowledgement

The authors wish to thank Marese Heffernan, Katie Lonergan and Stephanie Hughes for assistance with data collection for this study.

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Lymphoma Survivors' Experiences at the End of Treatment

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Dowling, M.[2]

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ABSTRACT

The objective of this research was to explore lymphoma survivors' experiences on their end of treatment and follow-up care at a large urban haematology centre in Ireland. This was a qualitative study using semi-structured interviews with lymphoma patients post-treatment (n=14). Thematic analysis guided the analysis of interview data. The study adhered to the consolidated criteria for reporting qualitative research (COREQ) guidelines. Five main themes were identified following analysis of the interview data: dealing with uncertainty, changed relationships, returning to work, extended recovery time and concerns for the future. Findings of note were that some participants were unaware that their treatment had ended, many experienced recurrent infections which prolonged recovery time, and many had no recall of discussions on healthy lifestyle behaviours or recommended screening programmes at their follow-up visits. The findings suggest that the period of transition from active treatment to survivorship can be challenging for lymphoma survivors, and they experience ongoing needs. While the challenges of survivorship in lymphoma mirror those of other cancers, this cohort of patients require focused preparation for the end of active treatment and the transition to follow-up care. Moreover, this patient group requires repeated specific education on late effects and second cancers, education with regard to identifying the signs of cancer recurrence and promotion of healthy lifestyle practices. This study highlights the importance of a dedicated end of treatment visit with the clinical nurse specialist to confirm the completion of active treatment with lymphoma patients and to focus on health promotion.

PRESENTED

- As a poster and oral presentation at the Annual General Meeting of the Haematology Association of Ireland (HAI) Nurses' Group in the Europa Hotel, Belfast on October 13th, 2017 by Fidelma Hackett.

- As an oral presentation at the HSE West/Mid-West Nursing and Midwifery Research and Innovation Conference at the Strand Hotel, Limerick on February 28th, 2018 by Fidelma Hackett.

SOURCE

Journal of Clinical Nursing. 2019 Feb;28(3-4):400-409. doi:10.1111/jocn.14658. Epub Sept 2018.

Exploring Patients' Interest in Complementary Therapies in a Specialist Palliative Care Unit

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ABSTRACT

The use of complementary therapy has become increasingly integrated into Specialist Palliative Care Units (SPCUs).

The objective of this research was to evaluate patients' interest in and experience of complementary therapies during their inpatient stay in an SPCU.

All 179 patients admitted to the SPCU over a 3 month period were assessed on admission. Those deemed suitable to participate by the researcher/Clinical Nurse Specialist were invited to participate in this research. A standardised paper questionnaire was completed by the participating patients.

Seventy one patients (40%) completed the study. Those excluded had cognitive impairment, fatigue, communication difficulties or were imminently dying. Some declined to participate. A variety of age groups and diagnoses were represented. Only 27% of participants had a previous experience of using complementary therapies in the past 12 months. The majority (52%) were 'very interested' in receiving complementary therapy, while 13% reported having 'no interest.' Massage and reflexology were identified as the most popular forms of complementary therapy. The primary anticipated benefits associated with complementary therapy were relaxation and improvement in general wellbeing.

This research has indicated a high level of interest in complementary therapies in the study population, across a wide age range regardless of diagnosis or level of disease.

SOURCE

International Journal of Palliative Nursing. 2019;25(3):108-110.

Establishing the Need for Nutritional Screening of Patients with Parkinson's Disease Attending the Big and Loud Programme in Dublin South West Primary Care

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INTRODUCTION

Parkinson's disease (PD) and frailty are two conditions that are becoming increasingly common with advancing age and emerging evidence demonstrates a higher concurrence of these two conditions. Furthermore, the physical phenotype of frailty appears to show significant overlap with sarcopenia, which is associated with malnutrition. Malnutrition, frailty and functional impairment adversely impact individuals and should be considered simultaneously in rehabilitation.

OBJECTIVE

The aim of this study was to establish the prevalence of malnutrition and frailty and predict the presence of sarcopenia in patients attending the Big and Loud (BAL) Programme in Dublin South West (DSW) and to identify a need for nutritional assessment of PD patients as part of the BAL Programme.

METHODOLOGY

Patients diagnosed with PD are eligible to be referred to the BAL programme in DSW. The programme consists of joint screening with a BAL trained physiotherapist and speech and language therapist, followed by 8 sessions of joint therapy over 4 weeks targeting movement, balance and vocal loudness. Demographic information was collected and patients were screened using the Mini Nutritional Assessment Short-Form (MNA-SF).[1] Frailty scores were assigned using the Fried Frailty Phenotype Criteria,[2] and as part of this, hand grip strength was assessed using the Jamer Dynamometer. The presence of sarcopenia was predicted using SARC-F.[3]

RESULTS

Eight PD patients were screened, of whom 75% were male with a mean age of 69 years (±SD 14). Overall, 50% of patients were malnourished or at risk of malnutrition of whom 12% were diagnosed as malnourished (MNA-SF score 0-7). All 4 patients (50%) that were malnourished or at risk of malnutrition were classified as frail (score 4) or very frail (score 5), while the other 50% of patients of normal nutritional status (MNS-SF score 12-14) were classified as robust (score 0) or pre-frail (score 2). Overall, 64% (n=5) had a SARC-F score ≥4 suggestive of sarcopenia, including the 4 patients deemed malnourished or at risk of malnutrition.

CONCLUSION

The prevalence of malnutrition and those at risk of malnutrition in PD is in line with current literature and highlights the need for nutrition screening in this cohort as recommended by the British Dietetic Association Best Practice Guidelines.[1] Furthermore, this study supports current literature which indicates a high concurrence of PD and frailty ranging between 29-67%,[2] as well highlighting a potential overlap between frailty phenotype and sarcopenia. This study highlights the need for nutritional screening in PD patients referred to the BAL Programme in DSW and the potential for a multidisciplinary targeted intervention to delay and reverse malnutrition, frailty and sarcopenia.

REFERENCES

Available on request.

Evaluation of an Anxiety Management and Social Skills Programme for Adolescents with a Diagnosis of Autism Spectrum Disorder

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INTRODUCTION

Adolescents with a diagnosis of autism spectrum disorder (ASD) face many challenges in everyday life. Anxiety and poor stress management are common concerns reported by clinical samples of children with ASD. Anxiety may exacerbate during adolescence as young people face an increasingly complex social milieu and often become more aware of their interpersonal difficulties.[1] One of the cardinal diagnostic features of ASD is impaired social interaction.[2] Therefore, adolescents on the spectrum are often ill-equipped with skills that are necessary to thrive in social situations.

Group interventions have proven useful for ameliorating the challenges faced by those with ASD. One study found that children with ASD who received group-cognitive behavioural therapy (CBT) exhibited marked improvements in anxiety relative to their counterparts who were treated alternatively (e.g. with anxiety medication).[3]

Another study found that a social skills group intervention conferred significant improvements in social competence and anxiety among children with ASD.[4] Research suggesting that group interventions are beneficial for those with ASD has focused solely on children rather than adolescents.

OBJECTIVE

This study evaluates the effectiveness of an anxiety management and social skills programme for adolescents with ASD. The aims of the programme are to better manage anxiety, improve social skills and build resilience.

METHODOLOGY

Data from five ASD participants (four male) ranging in age from 13 to 16 years (M=15.20, SD=1.30) were analysed. Respondents to an invitation letter formed the intervention group. An 8 week anxiety management and social skills programme was administered in a group format. Activities, games and discussions were based on CBT principles. The Resiliency Scales for Children and Adolescents (RSCA) were administered to participants pre- and post-intervention.[5] The RSCA comprises three scales; sense of mastery, sense of relatedness and emotional reactivity. The RSCA has well-established psychometric properties.[6, 7]

RESULTS

Three paired-samples t-tests were conducted to evaluate the impact of the anxiety management and social skills programme on participants' sense of mastery, sense of relatedness and emotional reactivity scores. There was no statistically significant difference in sense of mastery scores between Time 1 (M=46.80, SD=4.92) and Time 2 (M=49.20, SD=10.47), (t(4)= -0.49, p=0.65; see Figure 1), sense of relatedness scores between Time 1 (M=57.20, SD=18.77) and Time 2 (M=48.80, SD=7.82), (t(4)=0.96, p=0.39; see Figure 2) or emotional reactivity scores between Time 1 (M=65.40, SD=12.42) and Time 2 (M=62.40, SD= 13.01), (t(4)=0.95, p=0.39; see Figure 3).

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Figure 1- Mean Sense of Mastery Score Pre- and Post-Intervention

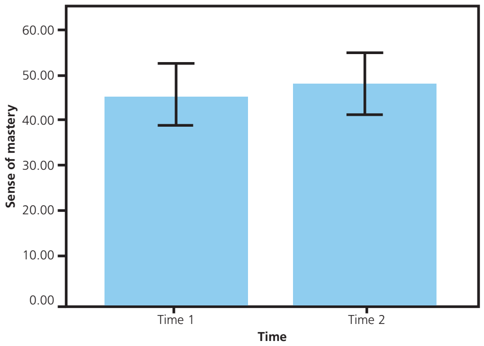


Figure 2 - Mean Sense of Relatedness Score Pre- and Post-Intervention

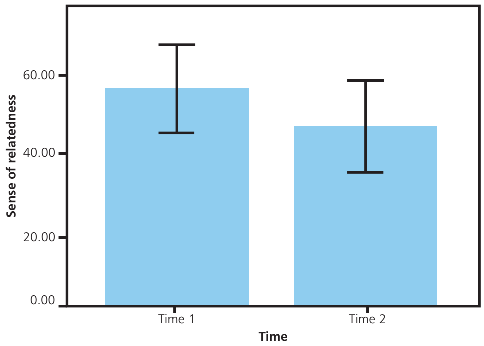
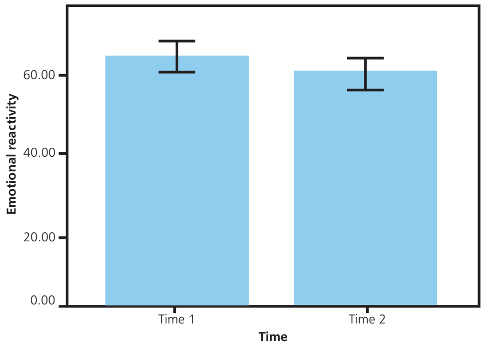


Figure 3 - Mean Emotional Reactivity Score Pre- and Post-Intervention



CONCLUSIONS

No statistically significant difference in resilience was found pre- and post-intervention. More specifically, participants scored similarly with respect to sense of mastery, sense of relatedness and emotional reactivity at both time points. These findings are in contrast to previous studies, which demonstrate marked benefits resulting from therapeutic groups.[3, 4] This disparity may be accounted for by the chosen target variables. Perhaps, as in previous research, the intervention may have conferred statistically significant differences in anxiety and social skills as opposed to resilience. Although no statistically significant difference in resilience was attained, sense of mastery and emotional reactivity scores shifted in the desired direction. These changes, although modest, may have important clinical implications. This study has its limitations. The sample size was small, which increases the possibility of a Type II error. Future research should recruit a higher number of participants and examine variables that relate more closely to the therapeutic group under investigation.

Furthermore, a combination of group therapy and parent training is recommended as a superior treatment strategy. The benefits of multi-modal treatment for those with ASD are well-documented.[8]

REFERENCES

Available on request.

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An Audit of Antipsychotic Prescribing Practice at Acute Psychiatry Units in Limerick and Ennis

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Lally, K.,[3]
Pradeep, V.,[2]
Meagher, D.[1]

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Department of Child and Adolescent Psychiatry, Limerick[3]

INTRODUCTION

Medication errors (prescribing, dispensing and administration) are an important cause of patient morbidity and mortality.[1] Adverse drug events and medication errors are recognised as an important quality and patient safety problem in the psychiatric setting, causing harm as well as avoidable morbidity and mortality. Less research on medication errors has been conducted in mental health settings, and little is known about the incidence of medication errors in psychiatry.[2] The Royal College of Psychiatrists[3] define 'high dose regime' as: 1) The use of a single antipsychotic above the recommended maximum dose. 2) The use of two or more antipsychotics where the sum total percentage exceeds 100% of the BNF (British National Formulary) recommended dose.

OBJECTIVE

The objective of this research was to;-

1) Identify common prescribing errors

2) Investigate the adherence of antipsychotic medication prescribing with international guidelines

3) Investigate 'off-license' and 'high-dose' use of antipsychotics

METHODOLOGY

An audit tool was designed to collect relevant information on drug prescribing (patient details, drug dose, route, frequency and prescriber details).

Specific attention was given to antipsychotic dosing within the maximum BNF range and, if this was exceeded, to assess if rationale was discussed with patient. A retrospective review of 29 and 28 kardexes and their associated clinical notes were done for inpatients admitted to the Acute Psychiatry Unit in Limerick on 15th October 2018, and on 21st January 2019 in Ennis, respectively. The results of the finding on the initial audit were discussed at the local teaching conference and key recommendations to improve prescription practices were made. A follow-up re-audit was done at the Acute Psychiatry Unit (APU) in Ennis on 25th April 2019, and 26th April 2019 in Limerick, which included 36 kardexes at each unit.

RESULTS

The audit identified important shortcomings in patients' details, prescription legibility, use of generic drug names, omission of allergy status, and stop dates. Seven cases (n=7/36) in Limerick and a single case (n=1/36) in Ennis were observed where antipsychotic medication was prescribed above their maximum licensed dose. One case was identified in Limerick where the team didn't highlight the rationale for high-dose use of an antipsychotic in the clinical note.

Figures 1 and 2 compare the results before and after the intervention from these two units.

Figure 1

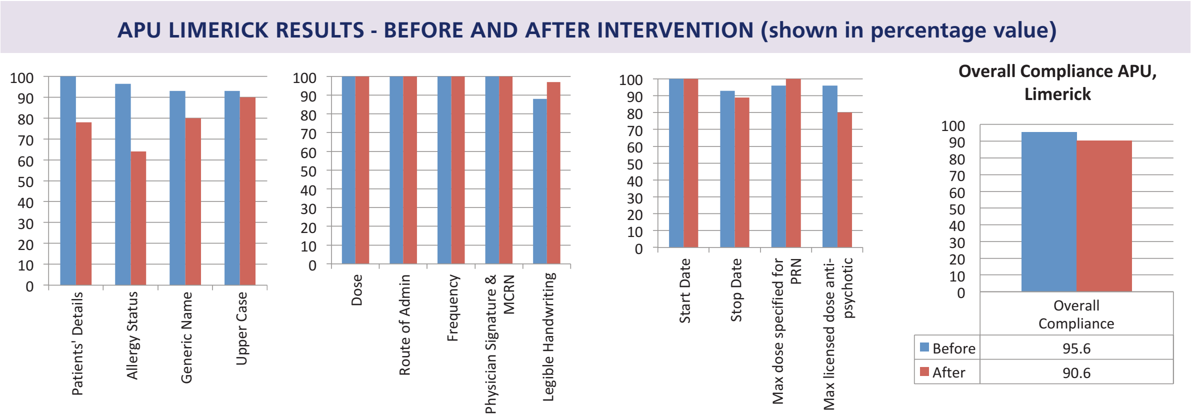
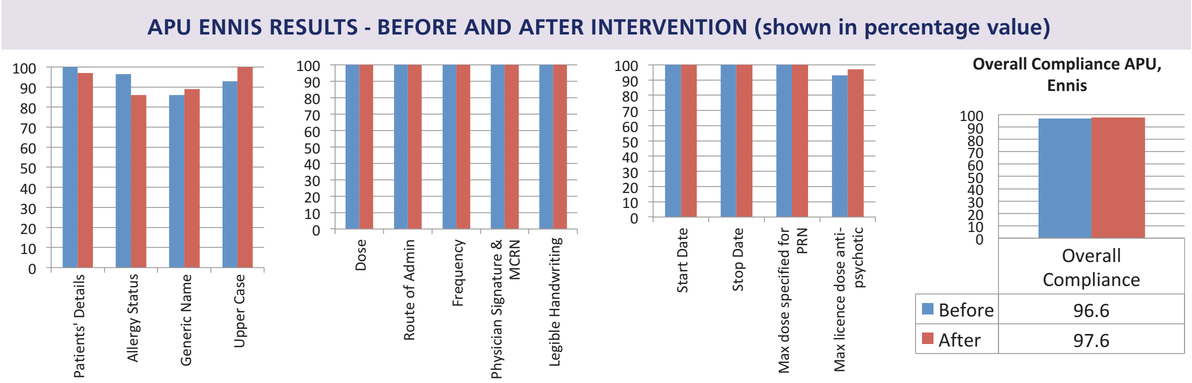


Figure 2



CONCLUSIONS

1) Write all drugs in CAPITALS, ensuring correct spelling, and using generic names to limit errors arising from interpreting prescriptions.
2) Complete all fields on the front of the prescription card legibly; also, include allergy status.
3) In case of 'off-license prescribing,' consider and document the potential risks and benefits of the proposed antipsychotic treatment. Share this risk assessment with the patient, and carers if applicable.
4) Ongoing audits with presentations are likely to improve our prescribing practices.

PRESENTED

- As an oral presentation at weekly academic programme in the Acute Psychiatry Unit, Ennis on May 1st, 2019 by Dr. Mohd Faisal.
- As a poster presentation at the 6th Annual Conference in Psychiatry, Main Auditorium, Graduate Entry Medical School, University of Limerick on May 23rd, 2019 by Dr. Mohd Faisal.

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A Mental Health Recovery Theory for Young People

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ABSTRACT

Mental health disorders have a negative impact on the individual, society and global economy. The prevalence of mental disorders is increasing in young people and, if unaddressed, they may develop into severe and chronic illnesses. Despite this, research into youth mental health recovery is limited.

The current study aims to develop a theoretical framework of recovery in youth mental health and identify what facilitates this process.

Fourteen parents of children engaged with the Child and Adolescent Mental Health Service were interviewed in relation to their understanding of youth mental health recovery. The transcripts of these interviews were analysed using the constructivist grounded theory approach.

A theoretical model of youth mental health was developed. The model provides an understanding of (1) the characteristics of youth mental health recovery, (2) the facilitators of recovery and (3) the barriers to recovery. The theory suggests that due to developmental factors youth mental health recovery occurs within the ecological context of complex social systems.

The theory reflects elements of existing developmental and recovery research and provides a novel understanding of youth mental health recovery. This model may inform social, government and service attitudes and policy, and highlights areas for future research.

SOURCE

Child and Adolescent Mental Health. 2019;24(2):161-169.

Dialectical Behaviour Therapy for Adolescents - Multisite Implementation and Evaluation of a 16 Week Programme in a Public Community Mental Health Setting

Flynn, D.,[1]
Kells, M.,[2]
Joyce, M.,[3]
Corcoran, P.,[3]
Gillespie, C.,[3]
Suarez, C.,[3]
Swales, M.,[5]
Arensman, E.[3,4]

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Cork Mental Health Services, Health Service Executive, Inniscarraig House, Cork[2]
National Suicide Research Foundation, University College Cork[3]
School of Public Health, University College Cork[4]
Betsi Cadwaladr University Health Board and North Wales Clinical Psychology Programme, School of Psychology, Bangor, UK[5]

ABSTRACT

Dialectical behaviour therapy for adolescents (DBT-A) is an intervention with a growing evidence base for treating adolescents with emotional and behavioural dysregulation. The National DBT Project Ireland was established in 2013 to co-ordinate the implementation of DBT across public community mental health settings at a national level. This study describes the implementation and effectiveness of 16 week DBT-A programmes across multiple sites in publicly funded Child and Adolescent Mental Health Services (CAMHS) in Ireland.

The Consolidated Framework for Implementation Research was used to guide this national implementation. Fifty-four clinicians from seven CAMHS teams completed DBT training and delivered the 16 week DBT-A programme. Eighty-four adolescents with emotional and behavioural dysregulation participated in the programmes, and outcome measures were administered at pre-intervention, post-intervention and 16 week follow-up.

DBT-A programmes were successfully implemented in CAMHS in seven areas across Ireland as part of this national co-ordinated implementation effort. Significant reductions on all outcome measures were observed for DBT-A participants including presence and frequency of self-harm, suicidal ideation and depression. Reductions in the number of acute inpatient admissions, bed days and emergency department visits were also noted.

The positive outcomes reported across multiple sites in this study present evidence in support of specialised interventions for adolescents who self-harm and/or have suicidal ideation or behaviour. The current findings demonstrate that DBT-A can be implemented in real world settings and has good external validity as a treatment approach for delivery in publicly funded community mental health settings.

PRESENTED

As an oral presentation at the Society for Dialectical Behaviour Therapy (DBT) Conference in Cork on November 20th, 2018 by Mr. Conall Gillespie.

FUNDING

This research has received funding from the National Office for Suicide Prevention, Health Service Executive.

SOURCE

Child and Adolescent Mental Health. 2019;24(1):76-83.

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Dialectical Behaviour Therapy for Adolescents - A Comparison of 16 Week and 24 Week Programmes Delivered in a Public Community Setting

Gillespie, C.,[1]
Joyce, M.,[1]
Flynn, D.,[2]
Corcoran. P.[1]

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Cork Mental Health Services, Cork Kerry Community Healthcare, Health Service Executive, St. Finbarr's Hospital, Cork[2]

ABSTRACT

Dialectical behaviour therapy for adolescents (DBT-A) is an intervention with a growing evidence base for treating adolescents with emotional and behavioural dysregulation. Previous studies have reported on varying lengths of treatment however, and optimal treatment duration has not yet been identified. While the treatment developers initially proposed a 16 week programme, they have more recently recommended an extension to 24 weeks. This study compares outcomes for adolescents and parent/guardians who participated in 16 and 24 week DBT-A programmes in a community setting.

Eighty-four adolescents and 100 parent/guardians participated in 16 week DBT-A, while 68 adolescents and 67 parent/guardians participated in the 24 week programme. Outcome measures for adolescents included the presence and frequency of self-harm, suicidal ideation and depression; and for parents were burden, grief and parental stress. Outcomes were assessed at pre- and post-intervention. Linear mixed-effects models were used to estimate the treatment duration effect (24 weeks vs. 16 weeks) utilising all available data at pre- and post-intervention.

Data analyses showed a reduction in the presence and frequency of self-harm at post-intervention for adolescents in both programmes. Both adolescent and parent participants in the 16 and 24 week programmes also showed changes indicating significant improvement on all self-report outcome measures ($p<0.05$). A treatment duration effect was identified with adolescents in the 24 week programme reporting greater gains on measures of suicidal ideation and depression ($p<0.05$). However, drop-out rates were higher for the 24 week programme.

The findings of the current study indicate that 24 weeks of DBT-A may have additional benefits in comparison to 16 weeks of DBT-A, in terms of further reductions in suicidal ideation and depression. Given the nature of this study, it was not possible to explore a potential time effect however, so these results should be interpreted with caution. Further research will assist in determining an optimal programme duration of DBT-A.

FUNDING

This research has received funding from the National Office for Suicide Prevention, Health Service Executive.

SOURCE

Child and Adolescent Mental Health. 2019;24(3):266-273.

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Does an Adapted Dialectical Behaviour Therapy Skills Training Programme Result in Positive Outcomes for Participants with a Dual Diagnosis? A Mixed Methods Study

Flynn, D.,[1]
Joyce, M.,[2]
Spillane, A.,[2]
Wrigley, C.,[2]
Corcoran, P.,[2]
Hayes, A.,[2]
Flynn, M.,[3]
Wyse, D.,[3]
Corkery, B.,[3]
Mooney, B.[3]

Cork Mental Health Services, Health Service Executive, Block 2, St. Finbarr's Hospital, Cork[1]
National Suicide Research Foundation, University College Cork[2]
Cork Kerry Community Healthcare Addiction Service, Arbour House, St Finbarr's Hospital, Cork[3]

ABSTRACT

Treating severe emotional dysregulation and co-occurring substance misuse is challenging. Dialectical behaviour therapy (DBT) is a comprehensive and evidence-based treatment for borderline personality disorder (BPD). It has been hypothesised that the skills training, which is a facet of the full DBT programme, might be effective for people with severe emotional dysregulation and other co-occurring conditions, but who do not meet the criteria for BPD. However, there is limited research on standalone DBT skills training for people with substance misuse and emotional dysregulation.

A mixed methods study employing an explanatory sequential design was conducted where participants with a dual diagnosis (n=64) were recruited from a community-based public addiction treatment service in Ireland between March 2015 and January 2018. DBT therapists screened potential participants against the study eligibility criteria. Quantitative self-report measures examining emotion regulation, mindfulness, adaptive and maladaptive coping responses including substance misuse, and qualitative feedback from participants were collected. Quantitative data were summarised by their mean and standard deviation and multilevel linear mixed effects models were used to estimate the mean change from baseline to post-intervention and the 6 month follow-up period. Thematic analysis was used to analyse the qualitative data.

Quantitative results indicated reductions in binge drinking and use of Class A, B and C drugs from pre-intervention (T1) to the 6 month follow-up (T3). Additionally, significant improvements were noted for mindfulness practice and DBT skills use from T1 to T3 ($p<0.001$). There were also significant reductions in dysfunctional coping and emotional dysregulation from T1 to T3 ($p<0.001$). Significant differences were identified from pre to post-intervention in reported substance use, $p=0.002$. However, there were no significant differences between pre-intervention and 6 month follow-up reports of substance use or at post-intervention to 6 month follow-up. Qualitative findings indicated three superordinate themes in relation to participants' experiences of a DBT skills training programme, adapted from standard DBT: (1) new lease of life; (2) need for continued formal aftercare and (3) programme improvements. Participants described reductions in substance misuse, while having increased confidence to use the DBT skills they had learned in the programme to deal with difficult emotions and life stressors.

This DBT skills training programme, adapted from standard DBT, showed positive results for participants and appears effective in treating people with co-occurring disorders. Qualitative results of this mixed methods study corroborate the quantitative results indicating that the experiences of participants have been positive. The study indicates that a DBT skills programme may provide a useful therapeutic approach to managing co-occurring symptoms.

PRESENTED

As an oral presentation at the Society for Dialectical Behaviour Therapy (DBT) Conference in Cork on November 20th, 2018 by Mr. Barry Corkery and Ms. Bríd Mooney.

FUNDING

This research has received funding from the National Office for Suicide Prevention, Health Service Executive.

SOURCE

Addiction Science and Clinical Practice. 2019;14:28.

Multi-Site Implementation and Evaluation of 12 Month Standard Dialectical Behaviour Therapy in a Public Community Setting

Flynn, D.,[1]
Kells, M.,[2]
Joyce, M.,[3]
Corcoran, P.,[4]
Hurley, J.,[3]
Gillespie, C.,[3]
Suarez, C.,[3]
Swales, M.,[5]
Arensman, E.[3,4]

Cork Mental Health Services, Health Service Executive, St. Finbarr's Hospital, Cork[1]
Cork Mental Health Services, Health Service Executive, Inniscarraig House, Cork[2]
National Suicide Research Foundation, University College Cork[3]
School of Public Health, University College Cork[4]
Betsi Cadwaladr University Health Board and North Wales Clinical Psychology Programme, School of Psychology, Bangor, UK[5]

ABSTRACT

Dialectical behaviour therapy (DBT) is an effective intervention for treating adults with emotional and behavioural dysregulation. The National DBT Project Ireland was established in 2013 to co-ordinate the implementation of DBT across public community mental health settings at a national level. This study describes the implementation and evaluation of DBT across multiple independent sites in adult mental health services (AMHS) in Ireland.

The Consolidated Framework for Implementation Research was used to guide this national level implementation where barriers and facilitators to DBT implementation were considered. Nine AMHS teams completed DBT training and delivered the 12 month standard programme. One hundred and ninety six adults with borderline personality disorder participated in the programme and outcome measures were recorded at four time points: baseline, mid-way through intervention, end of intervention, and six months post-intervention.

DBT programmes were successfully implemented in AMHS in nine areas across Ireland as part of this national co-ordinated implementation effort. At two years following completion of Intensive Training Part 1, all nine teams continued to offer DBT in their service. DBT participants reported significant reductions on outcome measures including frequency of self-harm and suicidal ideation at post-intervention. These gains were maintained or further improved at follow-up. Substantial reductions in health service utilisation including inpatient admissions and emergency department visits were also reported.

The results of the current study demonstrate that an intervention which has proven efficacy in randomised controlled trials can also be applied to real-world environments and achieve positive outcomes for participants. The results also lend support to the assertion that DBT can be implemented in a publicly funded national mental health system through considered planning and evaluation in a culture that is open to, and supports, continuous learning.

PRESENTED

As an oral presentation at the Society for Dialectical Behaviour Therapy (DBT) Conference in Cork on November 20th, 2018 by Mr. Daniel Flynn.

FUNDING

This research has received funding from the National Office for Suicide Prevention, Health Service Executive.

SOURCE

Journal of Personality Disorders. 2018;32:402.

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Evaluating Music Therapy in Adult Mental Health Services - Tuning into Service User Perspectives

McCaffrey, T.

Irish World Academy of Music and Dance, University of Limerick

ABSTRACT

Many statutory mental health services worldwide have adopted a recovery-oriented rhetoric. These acknowledge that those who use mental health services have acquired valuable expertise through their contact with services and that such expertise should be used to inform health provision.

The focus of this study was to tune into the perspectives of adult service users who have attended music therapy in statutory mental health services in Ireland. This aimed to furnish holistic descriptions of practice so as to augment existing understanding of what may be afforded to those who attend music therapy sessions.

Six service users participated in semi-structured interviews in which they described their lived experience of attending music therapy sessions. Interview transcripts were analysed using interpretative phenomenological analysis.

Six common themes were found across each of the six participant cases. These included "Music therapy offers an opportunity to be meaningfully occupied," "Involvement in music therapy can pose challenges," "Music therapy offers an agreeable process," "Group music therapy fosters reciprocity," "Music therapy is flexible and adaptable" and "Lack of musical instruction can cause frustration."

Findings relating to meaningful occupation, challenge, reciprocity and frustration broaden understanding of what music therapy can offer to service users in mental health provision.

PRESENTED

- As an oral presentation at the Arts Therapies Away Day of East London NHS Foundation Trust, London, UK on October 26th, 2016 by Dr. Tríona McCaffrey.
- At the Irish World Academy of Music and Dance, University of Limerick on June 14th, 2019 by Dr. Tríona McCaffrey.

FUNDING

This research has received funding from The Irish World Academy of Music and Dance, University of Limerick.

SOURCE

Nordic Journal of Music Therapy. 2018;27(1):28-43. doi.abs/10.1080/08098131.2017.1372510

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‘Music Therapy Helped Me Get Back Doing’ - Using Interpretative Phenomenological Analysis to illuminate the Perspectives of Music Therapy Participants in Mental Health Services

McCaffrey, T.,
Edwards, J.

Irish World Academy of Music and Dance, University of Limerick

ABSTRACT

Mental health service development internationally is increasingly informed by the collaborative ethos of recovery. Service user evaluation of experiences within music therapy programmes allow new phenomena about participation in services to be revealed that might otherwise remain unnoticed.

The aim of this study was to demonstrate how asking service users about their experience of music therapy can generate useful information, and to reflect upon the feedback elicited from such processes in order to gain a deeper understanding of how music therapy is received among service users in mental health.

Six mental health service users described their experiences of music therapy in one or two individual interviews. Transcripts of interviews were analysed using the procedures and techniques of interpretative phenomenological analysis.

Interviews with mental health service users provided rich, in-depth accounts reflecting the complex nature of music therapy participation. Superordinate themes refer to the context in which music therapy was offered, the rich sound world of music in music therapy, the humanity of music therapy, and the strengths enhancing opportunities experienced by service users.

Participants indicated that they each experienced music therapy in unique ways. Opinions about the value of music therapy were revealed through an interview process in which the researcher holds an open attitude, welcoming all narrative contributions respectfully. These findings can remind practitioners of the importance of closely tuning into the perspectives and understandings of those who have valuable expertise to share about their experience of music therapy services in mental health.

PRESENTED

As an oral presentation at;-

- The 11th European Music Therapy Conference in Aalborg, Denmark on June 27th, 2019 by Dr. Tríona McCaffrey.
- The First Fortnight Festival, Dublin on January 9th, 2015 by Dr. Tríona McCaffrey.

FUNDING

This research has received funding from The Irish World Academy of Music and Dance, University of Limerick.

SOURCE

Journal of Music Therapy. 2016;53(2):121-148. doi.org/10.1093/jmt/thw002

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The Use of Music in the Chronic Pain Experience - An Investigation into the Use of Music and Music Therapy by Patients and Staff at a Hospital Outpatient Pain Clinic

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ABSTRACT

There is increasing evidence to show the impact of music-based interventions on pain. Music is known to affect the body physiologically; it can decrease blood pressure, deepen the breath, relax the muscles and lead to the release of "feel good" chemicals in the brain (such as serotonin and endorphins). This study uses mixed methodology research to examine the personal use of music in the chronic pain experience. One hundred and seven adult patients attending an outpatient pain clinic at a general hospital completed a patient survey. The survey investigated how patients use music in their everyday lives and how important music is to them. A total of 91% rated music as somewhat important to them, 69% benefit from music listening and 43% changed their use of music due to chronic pain. A total of 56% of respondents had an interest in availing of music therapy as part of their treatment. Three themes found in the qualitative results (music for relaxation, positive response to music and music for coping) corresponded with the highly rated reasons for listening to music in the quantitative survey (enjoyment, relaxation and tension relief). Music listening was more common than active participation in music.

Seven staff members completed surveys on their use of music and thoughts on music therapy in this setting. Staff rated music as very beneficial for people with chronic pain and 100% saw a role for music therapy in the treatment of patients with chronic pain. This study is one of few to map how people with chronic pain use music to self-care and to explore the role of music therapy in a hospital outpatient pain department. It offers potential for music therapy to be offered as a non-pharmacological intervention to assist people in developing music-based resources and strategies for managing chronic pain. Further investigation is recommended.

SOURCE

Music & Medicine. 2019;11(1):6-22.

The State in Play - Do Regulatory and Relational Play Skills Enhance Social Worker-Child Relationships?

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INTRODUCTION

Play promotes positive arousal, positive affect and regulated contact with an "other."[1] Promoting play in contact professionals have with traumatised individuals holds great importance.

OBJECTIVE

This study set out to explore if relationships between social workers and their child clients could be enhanced by fusing regulatory and relational play skills with existing practice. The study also wished to explore practitioners' views on the role of regulation and the therapeutic powers of play.[2] Through the course of the study the researcher developed a neurobiological, attachment and trauma informed model (The RRIGHT play therapy techniques) which was synthesised with a trauma informed 6R's heuristic/paradigm.[3,4,5]

METHODOLOGY

The researcher employed a mixed methods design, incorporating quantitative and qualitative methods. The quantitative design method adopted a modified version of a standardised tool in the form of a questionnaire.[6] The qualitative element was in the form of a focus group with participants selected randomly from volunteers of the main research sample. The study was comprised of a group of 8 practicing children in care and child protection social workers.

RESULTS

Three central themes were identified which indicated that social worker/child relationships were enhanced. These themes included: Play Promotes Regulating Contact; Play Promotes More Meaningful Relationships; A Heterogeneous Model Can Be Employed and Will Enhance Practice. A fourth theme was identified which indicated that time and bureaucratic pressures have huge potential to impact and detract from workers' ability to relate, regardless of what models are being implemented. The quantitative findings found marginal improvements however due to sample size and insider research status. These results must be viewed with caution. The study found advantages to the use of the RRIGHT play therapy techniques in that it enhanced existing models of practice e.g. Signs of Safety, and it offered a more sophisticated approach to incorporating play into practice.

CONCLUSIONS

There were benefits identified, including but not limited to enhancing regulation, relationships being more child-centred and overall creating more meaningful practice.

Limitations related to reliability given that the quantitative method was a self-report one. Whilst the potential for researcher bias was guarded for along with implications associated with insider research, future study would allow greater scope to protect against bias and develop a more robust quantitative design. Further research would allow for replication of the study in other sites to explore if findings can be generalised.

REFERENCES

Available on request.

PRESENTED

- At the Children's Therapy Centre Play Therapy Showcase 'Applying Play Therapy Concepts in Diverse Settings' on June 15th, 2019 at the Johnston estate, Enfield, Co. Meath by Carol Duffy.
- At the Compass Child and Family Services Conference 'Developing Cultures of Love, Learning and Relationship: Residential Care Revisited' on July 1st, 2019 at the University of Limerick by Carol Duffy.

FUNDING

This study was part-funded by Tusla in Mayo.

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Taking Account of the Voice of the Child within the Regulatory Inspection Process of Early Years Services

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National University of Ireland, Galway[2]

OBJECTIVE

The objective of this research was to establish if preschool children hold views on their preschool experience and to explore the possibility of eliciting these in a way that could complement the regulatory inspection process.

METHODOLOGY

This research is underpinned by Bronfenbrenner (1979) Ecological Systems Theory,[1] the UNCRC (1989)[2] and the Quality Framework for Early Childhood Education and Care, European Commission (2014).[3]

The epistemological influence came from social constructivism in the belief that knowledge can be constructed through making sense of experience. This ethnographic study focuses on the collation of qualitative data in two Irish preschools using the Mosaic Approach.[4] Data was analysed using thematic analysis.[5]

Ethical considerations of informed child assent and parental consent, freedom to withdraw from the study, anonymity, participant safety and wellbeing were adhered to.

RESULTS

Findings confirm that preschool children hold views on their preschool experience and are prepared to share them. From a theoretical perspective the research identifies that a culture of listening to children could extend to the practice of regulatory inspection. This is in keeping with the policy perspective outlined in; First Five, A Whole of Government Strategy for Babies, Young Children and their Families, Government of Ireland (2018).[6]

CONCLUSION

The First Five (2018) strategy[6] identifies the desire to capture the views of young children. To meet this policy commitment further research will be necessary if a regulatory inspection system that includes the voice of the child is to be developed.

PRESENTED

- As a poster presentation at the Patient Centredness Conference in the Health Science Building, University College Dublin on May 15th, 2018 .
- As an oral and poster presentation at the Early Childhood Ireland Research Conference in Croke Park Conference Centre, Dublin on April 12th, 2019. Presented in the workshop style format by Ms. Deirdre Molloy.

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The Association of Anxiety and/or Depression with Quality of Life among Community-Dwelling Older Adults - A Comparison between Ireland and Latvia

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INTRODUCTION

In Europe, the proportion of adults aged 65 years and over is increasing at an unprecedented rate and is projected to rise from 97.7 million (2016) to 151 million by 2080. As such, the proportion of older adults in Ireland is predicted to grow from 13.2% to 21.9% and 19.6% to 23.8% in Latvia. According to the World Health Organisation (WHO), depression and anxiety are two of the most common psychiatric conditions in the older population. Depressive and anxiety symptoms often co-occur and their presenting features may differ among older adults, in comparison with younger adults. This leads to an under-recognition by healthcare professionals and consequently, increased healthcare utilisation and an overall impaired quality of life for community-dwelling older adults.

OBJECTIVE

The objective of this study was to analyse the association of anxiety and/or depressive symptoms with self-reported quality of life among community-dwelling older adults in rural Ireland and Latvia. The study also analysed the co-occurrence of anxiety and depression among the participants.

METHODOLOGY

Participants (n=41) recruited were community-dwelling male and female older adults aged ≥65 years who were engaged with community health services in Ireland and Latvia. Participants with compromised cognition, a diagnosis of dementia or those residing in a long-term residential unit were excluded from the study. Depression and anxiety were screened using the Patient Health Questionnaire-9 (PHQ-9) and General Anxiety Disorder - 7 scale (GAD-7) respectively, while the Quality of Life, Enjoyment and Satisfaction scale (Q-LESQ-SF) was used to assess their quality of life. Each participant also completed a basic socio-demographic questionnaire. All questionnaires were available in both English and Latvian languages.

Statistical analysis was performed using Microsoft Excel and IBM SPSS Statistics 22. The following tests were performed: Man-Whitney U test, Shapiro-Wilk test, Independent samples t test and Spearman correlation analysis. Significance was determined at $p<0.05$.

RESULTS

The results of the study showed a strong correlation between increased anxiety symptom severity and impaired quality of life among the Irish cohort ($p<0.01$), but not the Latvian cohort. A strong correlation between increased depressive symptom severity and impaired quality of life was found in both Irish and Latvian cohorts ($p<0.01$).

Additionally, there was a significant co-occurrence of anxiety with depressive symptoms in both Irish and Latvian cohorts ($p<0.01$).

Figure 1 - The Association of Anxiety Symptoms with Quality of Life in Ireland and Latvia
(Linear Trendline Illustrates Data Tendency)

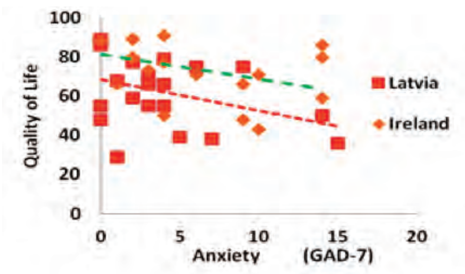
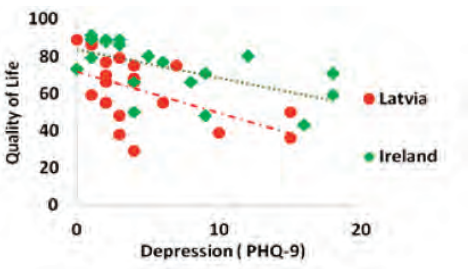


Figure 2 - The Association of Depressive Symptoms with Quality of Life in Ireland and Latvia
(Linear Trendline Illustrates Data Tendency)



CONCLUSIONS

The outcome of the study is in line with existing research relating to depression and its impact on quality of life among older adults. The study of anxiety disorders in older adults remains a relatively new field and could be an avenue for future research.

The routine use of depression and anxiety screening tools and quality of life measures by community healthcare providers may play a role in increasing the detection of subthreshold anxiety or depression, generalised anxiety disorder or major depressive disorder in older adults. Benefits include a reduction of the public health cost burden associated with unnecessary testing, a reduction of the risks associated with delayed diagnosis, and importantly, an opportunity to maximise the quality of life of older adults living in the community.

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Should the Irish Health Behaviour in School-aged Children Data Collection Move Online?

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INTRODUCTION

Health Behaviour in School-aged Children (HBSC) is a cross-national research study that is conducted in collaboration with the World Health Organization (WHO). This study takes place every four years with the aim to increase our awareness and understanding of young peoples' health and wellbeing. HBSC is a school-based survey administered in classrooms.

OBJECTIVE

The current method of data collection is self-completed paper questionnaires. We were interested in the views of schools in relation to the mode of data collection and specifically whether they would prefer traditional paper and pencil or online survey administration.

METHODOLOGY

All schools that had been included in the HBSC Ireland 2018 sample were invited to participate. Data were collected using an online survey tool that asked various questions relating to internet access, availability of desktops, laptops and tablets for student use, and preferences for using online or paper questionnaires for future HBSC studies. We also asked schools what issues they would anticipate if the mode of data collection was changed.

RESULTS

Of the 111 schools who responded, 82% (n=91) had taken part in the 2018 HBSC survey, while the remainder had originally declined to participate; 54.5% were primary and 45.5% were post-primary schools. All schools reported that they had access to the internet. Overall, 60% of schools preferred the questionnaires to be completed online, while 13.6% reported that they would prefer paper based questionnaires for administration in classrooms. Furthermore, 26.4% said either method of data collection would suit their school. In general, larger schools and post-primary schools were more likely to report that they would be willing to participate in the HBSC study online if it were an option. Facilitating factors for online survey completion included that they were perceived as saving time, as being easy to administer and as being more environmentally friendly. On the other hand, limited access to facilities, infrastructure and poor internet capacity were reported as key barriers.

CONCLUSION

A change in mode of administration of a large study such as HBSC Ireland requires appropriate consultation with all stakeholders. Findings suggest that most schools would be willing to move to an online survey, but an important minority prefer traditional data collection mechanisms.

PRESENTED

As a poster presentation at the Health Promotion Conference 2019 - Building a Healthy Ireland, Promoting Health and Wellbeing in Educational Settings in the National University of Ireland, Galway on June 13th, 2019.

FUNDING

This research has received funding from the Department of Health.

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Mental Health among Traveller School Children in Ireland - A Comparative Analysis

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INTRODUCTION

There is a gap in the literature on mental health outcomes among Traveller children in Ireland. Although there is evidence suggesting that the Roma people in Europe and Travellers in the UK have disproportionately high levels of depression and suicidality, there is limited research which focuses specifically on Irish Travellers and even less on Traveller youth.[1,2,3] Those studies which have sought to fill this gap, such as the All-Ireland Traveller Health Study (AITHS), included only young adult and adult populations.[4] Although the AITHS suggests that Irish Traveller adults are disproportionately burdened by mental ill-health in comparison to their non-Traveller counterparts, we seek to understand if the same patterns exist for Traveller youth.[4]

METHODOLOGY

This report includes data from a sample of 15,557 school children in Ireland who completed the 2018 Health Behaviour in School-aged Children (HBSC) study. The HBSC study is a cross-national research study conducted in collaboration with the World Health Organisation (WHO) Regional Office for Europe and all countries abide by the HBSC International Protocol.[5] The study aims to increase understanding of young peoples' social context, health behaviours and wellbeing and findings are based on students' responses to self-completion questionnaires administered in classrooms. Of the children who disclosed their Traveller status and gender, 450 out of 15,022 identified as Travellers. Six outcomes related to mental health and wellbeing were included in this report: The mental health summary score (MHI-5),[6] perceived stress scale, Cantril life satisfaction ladder,[7] happiness with self, self-confidence, and happiness with life. MHI-5 and perceived stress were analysed as continuous variables and t-tests were used to compare means between Travellers and non-Travellers. Life satisfaction, happiness with self, self-confidence, and happiness with life were captured as scale items and transformed to binary outcomes and chi-square tests were used to assess independence between Travellers and non-Travellers.

RESULTS

The majority of school-children in Ireland reported high life satisfaction and there were no significant differences between Traveller (79% for boys and 71% for girls) and non-Traveller (77% for boys and 70% for girls) school children. However, Traveller school children were significantly more likely to report being very happy with their lives than non-Traveller children (59% vs. 51%, $p<0.01$ for boys; 58% vs. 45%, $p<0.01$ for girls). Traveller children were also significantly more likely to report being very happy with themselves compared to non-Traveller children (41% vs. 30%, $p<0.01$ for boys; 41% vs. 26%, $p<0.01$ for girls).

Although Traveller children also reported higher levels of self-confidence than non-Traveller children, this difference was only significant in girls (26% vs. 22% for boys; 18% vs. 8%, $p<0.05$ for girls). Finally, we found that there were no significant differences between Traveller and non-Traveller childrens' scores on the mental health summary scale or self-reported feelings of stress.

It is important to note that the analyses above have not matched Traveller samples with non-Traveller samples based on family affluence, family structure, or other social determinants of health.

CONCLUSIONS

Traveller school children in Ireland report either similar or better outcomes than non-Traveller children across all mental health items. While this differs from the evidence from Traveller adults, further work is needed to understand these patterns and to explore the emergence of mental health difficulties among youth and young adults. Longitudinal studies with Travellers would be beneficial in elucidating the epidemiology of mental health outcomes throughout childhood, adolescence and adulthood.

REFERENCES

Available on request.

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Nutritional Habits, Physical Activity Levels, and Knowledge of Food Labels among Undergraduate University Students

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Delaney, L.,[1]
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Environmental Research Institute/School of Public Health, University College, Cork[2]

INTRODUCTION

In recent decades the world has seen an unprecedented rise in the prevalence of overweight and obesity related co-morbidities such as non-communicable diseases (NCDs).[1,2] Irish adults are ranked as having the third-highest prevalence rates of obesity in Europe (26%) and estimate that by 2030, Ireland will have the highest percentage of obesity in Europe, at just under 45%.[3] Overweight and obesity can be attributed to several determinants that are complex and multi-factorial such as physical activity (PA), dietary behaviour and food label use and knowledge. Associated characteristics of poor dietary behaviour associated with overweight and obesity include frequent snacking, skipping of meals and excess weight gain due to the abundance of cheap, calorie-rich, nutrient poor food.[4-6]

Research suggests a high percentage of adults become overweight before the age of 35 years, with students found to be more susceptible to excessive weight gain than the general population.[6,7] Thus the transition from adolescence to young adulthood is seen as an influential period for developing poor lifestyle behaviours that may result in excess weight gain and thus an important period for prevention.

OBJECTIVE

The purpose of this study was to examine differences in dietary habits, physical activity levels and, knowledge and use of food labelling by overweight and obesity status among third level university students.

METHODOLOGY

A convenience sample of undergraduate students completed an online questionnaire examining their dietary habits, physical activity levels and, knowledge and use of food labels. Anthropometric and demographic information were gathered using self-reported methods. Overweight and obesity were defined according to the World Health Organisation (WHO) classification (BMI $\geq 25 Kg/m^2$)[8]. Subjective physical activity levels were assessed using the self-reported International Physical Activity Questionnaire - Short Form (IPAQ-SF)[9] and information regarding dietary habits and food label use were assessed using validated self-reported questions.[10-14] Logistic regression analysis was used to assess the association between dietary habits, physical activity levels, and knowledge and use of food labels with overweight/obesity status. Analysis was adjusted for age, smoking status and alcohol consumption and stratified by gender.

RESULTS

A total of 706 students (66.3% female), with a median age of 22 years (range; 21-25 years) completed the survey. Results indicated that nearly one-third (30.1%) of the student population were overweight or obese with the prevalence significantly higher in females (59.1%) than in males (40.1%), p=0.009. Analyses found only dietary habits to have significant associations while stratified analyses only observed significant associations for female students. More specifically, the odds of overweight and obesity was 0.30 times less in female students who rarely consumed fizzy drinks compared to those who consumed them 3-7 times per week (Odds ratio: 0.30, 95% CI:0.15-0.62). The consumption of processed (once a week) and lean meats (more than 4 times a week) were associated with a 2.59 (Odds ratio: 2.59, 95%CI:1.25-5.38) and 6.50 (Odds ratio: 6.50, 95% CI:1.50-28.13) higher odds of being overweight and obese compared to those who never consumed meats, respectively.

CONCLUSIONS

Findings from this study suggest the need for gender-specific dietary related strategies designed to improve lifestyle behaviours of students. Dietary habits such as fizzy drinks and meat consumption are significantly associated with overweight and obesity in female university students. The college environment represents a prime setting for health promotion and education initiatives. Identifying the major behavioural factors that impact on students' weight status could reduce the prevalence of overweight and obesity and decrease the risk of NCDs later in life.

REFERENCES

Available on request.

PRESENTED

As a poster presentation at the New Horizons Research Conference in University College Cork on Thursday, December 7th, 2017.

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A Community Pharmacy-Based Pilot Project for BowelScreen

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Flaherty, S.,[1]
Swinburne, L.[2]

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Health Promotion, National Screening Service, University Hospital Kerry[2]

INTRODUCTION

Bowel cancer is the second most common form of cancer in men and third amongst women diagnosed in Ireland. In 2012, the National Screening Service (NSS) began offering free bowel cancer screening to men and women aged 60 to 69 years. A programme report from the NSS found that the overall uptake for screening between 2012 and 2015 was only 40.2%.[1] The Health Service Executive (HSE) and NSS are currently exploring innovative ways to encourage individuals within the target age group (60-69) to participate in BowelScreen. One of the potential strategies identified was a community pharmacy-based intervention aimed at providing eligible individuals (60-69 years) with information, support and endorsement of bowel screening, demonstration of BowelScreen test, opportunity to consent and raise concerns/ask questions of the pharmacist.

METHODOLOGY

Five community pharmacies in Co. Kerry were identified by the Irish Pharmacy Union, and one further pharmacy was suggested by one of the five selected. The sites represented a mix of rural, medium and large towns in the county. The pharmacists were invited to a training session in University Hospital Kerry and issued with an information/informed consent letter. This project was a mixed methods study exploring the BowelScreen uptake with participants and a development of recommendations to increase uptake using the community pharmacy setting.

Pharmacists involved identified potential participants based on inclusion criteria already set out by the NSS (men and women aged 60-69). They delivered the intervention to those individuals who gave consent and this group were subsequently tracked for participation in the screening programme post-intervention. Pharmacists involved in the intervention were also interviewed (semi-structured interviews) post-intervention to ascertain their views on the implementation of the project.

RESULTS

A total of 85 people registered over the 4 weeks in the 6 pharmacy sites and 69 people were eligible to take part in the programme. Sixteen were ineligible due to previous participation or overage/underage or no date of birth provided. Of the 69 recruited, 51 returned their KIT, representing a 73.9% uptake - (37 women and 32 men).

Of the 69 participants eligible, 48 were previous non-responders to the programme correspondence. Of the 48; 33 were female and 15 were male. Of the 33 females, 15 returned their KIT (45.6%). Of the 15 men, 15 returned their KIT (100%).

Qualitative data collated from the semi-structured interview with pharmacists suggest that barriers to screening (as reported by the participants to the pharmacists) were: fatalism, doing the test would result in bad news, feeling healthy so not identifying need for test, sick relative/previous cancer in the family, forgetting to complete the test and perception that the test is complicated and messy.

CONCLUSION

In assessing whether the pharmacy is well placed to implement bowel screening interventions, this study shows that pharmacies are unique in their attributes which positively affect their interaction with the public for health promotion interventions. Pharmacies have developed relationships over time with patients, have established trust with patients, are approachable, are available face to face with no appointment, patients feel a level of comfort discussing health issues, pharmacists are able to demonstrate the correct use of the BowelScreen test and are available for follow-up with patients. Patients access their pharmacies regularly when well and unwell and expect to receive health information on a range of topics. Therefore the opportunity exists to build on this relationship and position within the community for BowelScreen.

REFERENCES

Available on request.

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An Intervention to Improve BowelScreen Uptake among Hard to Reach Clients and Middle-Income Areas in Ireland

Mooney, T.,[1]
Byrne, H.,[1]
Fahy, L.,[1]
Ryan, D.,[1]
Heffernan, L.,[1]
Yeates, L.,[2]
Fitzpatrick, P.,[1,3]
Coffey, H.[1]

National Screening Service, Dublin[1]
Marie Keating Foundation, Lucan, Co. Dublin[2]
University College Dublin School of Public Health, Physiotherapy and Sports Science, Dublin[3]

INTRODUCTION

BowelScreen, the National Bowel Screening Programme in Ireland, commenced in 2012. The first round had an uptake of 40.2% against a standard of >50%. International research has shown a letter of endorsement from a respected group or person can increase uptake by up to 9%. In addition, outdoor advertising can raise awareness of the bowel screening programme.

OBJECTIVE

The aim was to increase uptake among initial invitees and to raise awareness of BowelScreen.

METHODOLOGY

Two intervention areas were selected; one in a hard to reach area of Dublin and one in Galway, a middle-income area. Comparison areas with similar population size and deprivation score eliminated contemporaneous confounding factors of uptake. The intervention involved:-

1) A plain-English letter of endorsement from the Marie Keating Foundation, a well-respected cancer charity, encouraging uptake
2) Advice of a drop-in centre in busy local shopping centre where a nurse would explain the test and answer questions on four consecutive Fridays
3) Sensationalised outdoor advertising. (See Figure 1).

Figure 1 - Control and Intervention Groups

BowelScreen invitation letter

Letter of Endorsement + Mobile Unit with nurse advice

Hard-hitting Advertising

RESULTS

Following the intervention in Dublin, there was a 6.4% increase in uptake compared to the comparison area. An extreme weather event in the region may have affected both arms, as clients may not have travelled to the shopping centre or to post their sample. The intervention in Galway was held at a different time with a 7.1% increase in uptake (Table 1).

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Table 1- Results of Intervention

Area	Invited	Screened	Initial uptake (95% CI)	p-value
Dublin Intervention Area	1,083	189	17.5% (15.2%-19.8%)	p<0.001
Dublin Comparison Area	874	97	11.1% (9.0%-13.2%)	
Galway Intervention Area	1,003	231	23.0% (20.4%-25.6%)	p=0.0018
Galway Comparison Area	459	73	15.9% (12.6%-19.3%)	
Overall Intervention Groups	2,086	420	20.1% (18.4%-21.8%)	p<0.0001
Overall Comparison Groups	1,333	170	12.8% (11.0%-14.6%)	

Uptake in all areas remained suboptimal. During the intervention period in Galway, a controversy erupted about cervical screening in Ireland. This may have affected confidence in all screening programmes, but would have affected both intervention and comparison areas equally.

CONCLUSIONS

It is difficult to tease out the multiple parts of this intervention, however overall uptake among initial invitees increased by 7.3%. Uptake of bowel screening may be improved in disadvantaged and middle-income areas by the endorsement of a respected agency.

PRESENTED

- As a poster presentation and short oral presentation at the Faculty of Public Health Summer Scientific Meeting on May 29th and 30th, 2019 in Dublin by Dr. Thérèse Mooney.
- As a poster presentation at the International Cancer Screening Network Conference from June 3rd to 5th, 2019 in Rotterdam, The Netherlands by Dr. Thérèse Mooney.

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The Benefits and Drawbacks of Implementing a New Policy of Direct Faecal Immunochemical Home Screening Test Provision in BowelScreen, the National Bowel Screening Programme

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Fitzpatrick, P.,[1,2]
Meade, C.,[1]
Coffey, H.,[1]
O'Donoghue, D.,[1]
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INTRODUCTION

BowelScreen, The National Bowel Screening Programme in Ireland, offers free colorectal screening to men and women aged 60-69 years through a home Faecal Immunochemical Test (FIT) kit. To improve on the 40.2% uptake in Round One (2012-2015), an intervention during Round Two saw FIT kits sent directly to previously screened (subsequent) clients rather than the ‘Usual-Invite’ method, whereby clients contact the programme by telephone before receiving a FIT kit.

Results of this intervention showed that uptake was significantly higher amongst FIT-Direct compared with Usual-Invite clients (91.6% vs 85.1%, $p<0.0001$). Consequently in July 2017 FIT-Direct was fully implemented for subsequent clients participating in BowelScreen. Despite the improved uptake it was noted that the unsatisfactory FIT rate has increased and is approaching the programme standard of ≤3%. The aim of this study was to compare unsatisfactory rates before and after full FIT-Direct implementation.

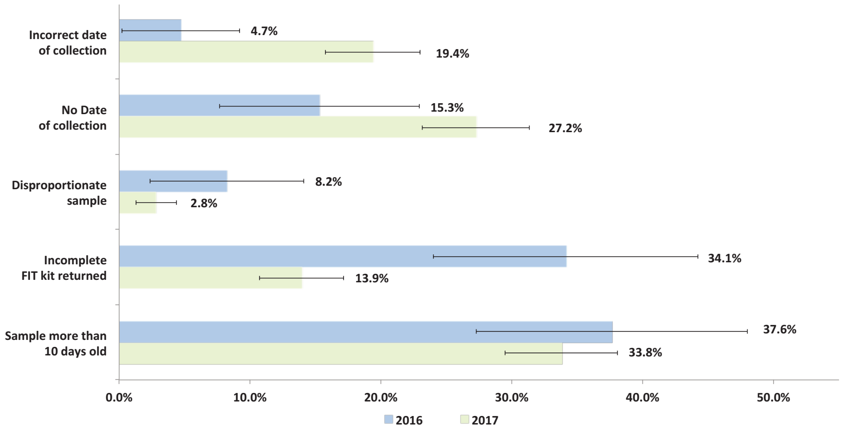
METHODOLOGY

Unsatisfactory FIT Rates and their corresponding 95% confidence intervals (CI) for periods before and after full FIT-Direct implementation were estimated. Rates were compared using rate ratios. A z-test of the null hypothesis that the unsatisfactory FIT rates before and after FIT-Direct implementation were equal was computed.

RESULTS

The unsatisfactory FIT rate for subsequent clients before full implementation was 1.03% (95% CI:0.83%-1.27%) compared with 2.38% (95% CI:2.17%-2.61%) after full implementation, giving an unsatisfactory FIT rate 2.3 times higher with FIT-Direct (95% CI:1.84-2.92, $p<0.0001$).

Figure 1 - Comparison of Reasons for Unsatisfactory FIT between 2016 and 2017 amongst Subsequent Clients



CONCLUSIONS

The FIT-Direct intervention had an overall positive effect on uptake with client convenience likely to be important. However our study shows evidence that the FIT unsatisfactory rate is significantly higher after, compared with before, full FIT-Direct implementation. This rise in the unsatisfactory rate is of concern; and may require a communication enhancement strategy to ensure it does not rise above the BowelScreen 3% standard.

PRESENTED

- As a poster presentation at the Faculty of Public Health Summer Scientific Meeting on May 29th and 30th, 2019 in Dublin by Ms. Lorraine Fahy.
- As a poster presentation at the International Cancer Screening Network Conference from June 3rd to 5th, 2019 in Rotterdam, The Netherlands, by Ms. Lorraine Fahy.
- As a poster at the SPHeRE Network 6th Annual Conference on February 25th, 2020 in the Royal College of Surgeons in Ireland, Dublin.

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Return to Bowel Screening after a False-Positive Faecal Immunochemical Test in BowelScreen (the National Bowel Screening Programme in Ireland)

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ABSTRACT

Little research exists on what predicts individual return to screening after a false-positive faecal immunochemical test in a population bowel screening programme. We aimed to quantify the impact of false-positive faecal immunochemical test in the first round of screening on re-attendance in BowelScreen, the National Bowel Screening Programme in Ireland.

A retrospective cohort study was conducted. False-positivity was defined as a positive faecal immunochemical test with subsequent colonoscopy showing no evidence of malignancy or surveillance requirement. In those with a false-positive faecal immunochemical test, logistic regression was used to predict repeat participation in the second round.

Of 196,149 individuals who attended the first screening round, 108,075 were eligible and re-invited in the second round, and 93,971 accepted the invitation (86.9%). Second round uptake was higher in faecal immunochemical test-negative individuals compared with those having false-positive results (87.5% vs.73.1%;$p<0.001$). Older age (odds ratio (OR) 0.75; 95% confidence interval (CI) 0.60-0.94), computed tomography colonography (unsuitability/failed colonoscopy) (OR 0.40; 95% CI 0.21–0.73), and longer duration from screening invitation to faecal immunochemical test result (OR 0.991; 95% CI 0.9872–0.995) were predictors of non-re-attendance in the next screening round.

There is a significant reduction in re-attendance rates for individuals with false-positive faecal immunochemical test results. The letter sent following a negative colonoscopy is being reviewed to ensure that it provides adequate encouragement to re-attend. There are roles for screening promotion and for Gastroenterologists and Advanced Nurse Practitioners to emphasise the importance of regular faecal immunochemical tests after a negative colonoscopy.

PRESENTED

- As an oral presentation at the International Cancer Screening Network Conference on June 3rd, 2019 in Rotterdam, The Netherlands by Professor Patricia Fitzpatrick.
- As a poster and short oral presentation at the Faculty of Public Health Summer Scientific Meeting, on May 29th, 2019 in Dublin by Professor Patricia Fitzpatrick.

FUNDING

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SOURCE

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Increase in Confidence and Intended Changes in Practice Reported by Parents attending HSE and Community Partnership Infant Feeding Workshops in Dublin South West and Kildare

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INTRODUCTION

The largest prospective cohort study to date on early infant feeding in Ireland, the BASELINE Birth Cohort Study, showed a high prevalence of exposure to commercial composite foods among the first foods introduced and lengthy gaps between each new food/product introduced to infants.[1] Building parental confidence and skills in using non-commercial foods and in progressing with the introduction of varied complementary foods is important in improving infant feeding practice.

METHODOLOGY

A workshop to provide evidence-based information and develop practical skills on complimentary feeding is run monthly in four sites across Dublin South West and two sites in Kildare. The workshop was developed by Community Dietitians who also delivered training to the facilitators. The workshops are facilitated by a Public Health Nurse and a Food and Health Peer Leader from a local community development organisation. The workshops provide an interactive information session and a cookery demonstration on preparing spoon feeds for infants at different stages. Participants receive written information, a blender, a cookbook and basic food storage equipment. The workshops are free of charge to participants. Participants use a Likert scale (from 1 to 10 where 1 is 'not confident' and 10 is 'very confident') to report how they feel about introducing complimentary foods to their baby before the workshop and at the end. Participants are also invited to report anything they plan to do differently after attending the workshop.

RESULTS

Between April 2018 and May 2019 (inclusive), 604 parents attended workshops in Dublin South West and Kildare, 579 evaluations were completed (96% completion rate).

Table 1 - Increase in Confidence among Parents Attending Infant Feeding Workshops

Workshop Location	Mean Pre-Workshop Confidence	Mean Post-Workshop Confidence	Mean Increase in Confidence (%)
Fettercairn Community Centre	4.9	8.7	78
Junction House Primary Care Centre	5.1	9	76
Killinarden Family Resource Centre	4.4	9.5	116
Armagh Road Primary Care Centre	5	8.3	66
Vista Primary Care Centre	4.5	8.6	91
Celbridge Primary Care Centre	5.1	8.5	67
Overall			**82**

Approximately half (53%, n=308) of participants reported a planned change in practice following the workshop. The most frequently reported planned changes include: preparing homemade food for baby rather than relying on commercial products, progressing quicker through the stages of complementary feeding, introducing a greater variety of foods, more finger foods and meat earlier.

CONCLUSION

Current recommendations encourage home prepared foods over commercial products from an early age. Recent data have shown that exposure to home prepared fruits and vegetables during complimentary feeding is a good indicator of later frequent consumption.[2] Lengthy gaps between the introduction of new foods and textures may make a varied, age appropriate diet difficult to achieve in a reasonable timeframe.[1] Improving parental knowledge, confidence and practice in these areas is a key aim of the Infant Feeding Workshops.

REFERENCES

Available on request.

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Drowning in Sugar - Factors Associated with Frequent Consumption of Sugar-Sweetened Drinks (SSDs) among the Adult Population of Ireland. A Baseline Study Pre-Introduction of the SSD Tax

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INTRODUCTION

Ireland is drowning in sugar. Figure 1 below illustrates a typical scene in every supermarket in Ireland whereby there is an array of sugar sweetened drinks (SSD) on display. These drinks are often cheaper than bottled water or milk and are calorie dense and offer little or no nutritional value. Sugar in liquid form is strongly associated with obesity thus consumption of these beverages has been linked to the rise in overweight and obesity in Irish children and adults where the rate of overweight and obesity is 20% in children and as high as 60% in adults.

Figure 1- Typical Scene in Irish Supermarkets in the 21st Century

After much lobbying by the HSE Health and Wellbeing Directorate and the Department of Health, the government decided to introduce a graded tax on all SSDs.

The grading of the tax is outlined in Figure 2. Drinks with no added sugar are exempt, drinks with 5-8 grams of sugar added are subject to a tax of 20 cent per 100ml and drinks with greater than 8 grams of added sugar are subject to a tax of 30 cents.

Figure 2 - Sugar Sweetened Drinks Graded Tax Introduced in Ireland on May 1st, 2018

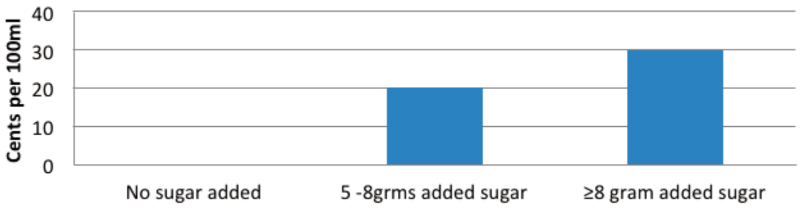

Table 1 outlines the strong industry opposition to the tax in the left column of the table and the strong health responses are outlined in the right column of the table.

Table 1 - Industry Opposition to the SSD Tax and Health Response to Industry Concerns

Beverage Industry Concerns	Department of Health and Wellbeing Directorate Responses
Regressive Tax	SSD is luxury item and evidence that it is price sensitive for those on low incomes so vulnerable groups more likely to reduce consumption.
Cross-Border Trade	There is a similar tax in UK.
Loss of Jobs	Tax can be incentive for industry to reduce amount of added sugars to drinks to avoid the higher level tax.
SSD Consumption in Ireland is Decreasing – No Need for Tax	Whilst this is true, the consumption of SSDs among the most disadvantaged continues to increase.

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OBJECTIVE

The aim of this study was to identify the demographic and behavioural factors associated with high consumption of SSDs among adults in the Irish population prior to the recent introduction of a targeted tax on SSDs on May 1st 2018. The tax, vigorously opposed by lobbyists, is a significant policy initiative targeted at our obesity problem. There is considerable debate about the effectiveness, or otherwise of such taxes, and given the very large commercial interests, it is important to assemble as much robust evidence as possible of their effects.

METHODOLOGY

Data from the Healthy Ireland 2016 (Wave 1) household survey were analysed. Ethical approval was obtained from the Department of Health. Multivariate analyses were carried out using logistic and ordinal regression modelling.

RESULTS

The response rate was 61%. Over half (58.0%) stated that they had consumed sugar sweetened drinks with 39.3% consuming them frequently (weekly or more often). Demographic factors significantly associated with frequent consumption of SSDs were being male (OR 1.4 95% CI 1.2-1.6, $p<0.001$), being younger than 25 years (OR 11.6, 95% CI 9.3-14.5, $p<0.001$) and low social class (OR 1.41 95% CI 1.23-1.61) with secondary education or less (OR 1.5, 95% CI 1.3-1.7, $p<0.001$). Controlling for age, gender and social class, health behavioural and health status associated with weekly consumption of SSDs were being overweight (OR 1.2 95% CI 1.1-1.3, $p<0.05$), being obese (OR 1.4 95% CI 1.2-1.6, $p<0.001$), being a regular smoker (OR 1.5 95% CI 1.3-1.8, $p<0.001$) being a regular binge drinker (OR 1.2, 95% CI 1.1-1.4, $p<0.001$) and being 50% less likely to eat the recommended daily portions of fruit and vegetable (OR 0.53, 95% CI 0.46-0.61, $p<0.001$).

CONCLUSIONS

This study found that frequent SSD consumption is highest among the most disadvantaged. There is strong evidence of a cluster of mutually associated unhealthy behaviours among frequent SSD drinkers. These data provide a baseline for future evaluations of the impact of the sugar tax aimed at reducing obesity.

PRESENTED

As an oral presentation at;-

- The Trinity Health and Education International Conference in Trinity College, Dublin on March 6th, 2019 by Professor Anthony Staines.
- The Royal College of Physicians Summer Scientific Meeting on May 29th, 2019 by Dr. Anne O'Farrell.

Acknowledgement

The authors wish to acknowledge the advice and support received from colleagues in the Health Intelligence Unit.

Older Women's Experiences of Ageing and Health - An Interpretive Phenomenological Study

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ABSTRACT

This interpretive phenomenological study explored older Irish women's experiences of ageing and health related issues. Data were collected using in-depth interviews with 23 older women (co-researchers). Data analysis followed the "Vancouver school of doing phenomenology" framework and included a meta-synthesis of individual case constructions.

"Retaining autonomy within a process of adaptation and continued engagement" describes the essential meaning of co-researchers' experiences. Four themes were identified: **Being in control: Balancing needs and supports, Navigating a changing world, Being connected and involved, Trying to stay well.**

Gender shapes older women's experiences of ageing, health and ill-health. Three major factors moderate their experience: autonomy and control, proactivity and adaptability, and staying engaged with life.

The study concludes that ageing, gender and health are intrinsically linked and collectively shape older women's experience. This is an important consideration when planning gender-appropriate healthcare services for older women.

PRESENTED

Presented as an oral presentation at;-

- All Ireland Gerontological Nurses' Association (AIGNA) 9th Annual Conference 'Social Connectedness and Positive Ageing' in the Tower Hotel Waterford on May 18th, 2017.
- The Irish Gerontological Society, 65th Annual and Scientific Meeting in White's Hotel, Wexford on September 29th, 2017.
- The 4th Annual Health Service Executive West/Mid-West Nursing and Midwifery Research and Innovation Conference in the Strand Hotel, Limerick on February 28th, 2018.

FUNDING

University of Limerick generously funded this research as part of a PhD scholarship.

SOURCE

Gerontology and Geriatric Medicine. 2019;5:1-10. doi:10.1177/2333721419834308 (open access journal).

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Satisfaction Rating of Perioperative Guidelines for Management of Diabetes Mellitus in Perioperative Period

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INTRODUCTION

Diabetes leads to increased morbidity and length of stay, thereby increasing inpatient cost and perioperative mortality rate is reported to be up to 50% higher than non-diabetic population.

In Sligo University Hospital we introduced written guidelines to manage diabetes perioperatively in 2016 based on the NHS guidelines.

OBJECTIVES

The objective of this research was to provide written guidelines to help improve patient safety and quality of care, to take note of any suggestions to improve the guidelines and to ensure that all NCHDs/nurses know about the guidelines. It also aimed to establish the effectiveness of the guidelines.

METHODOLOGY

This was a paper-based, hand-delivered, questionnaire-based survey assessing the ease of use and healthcare professionals' satisfaction with, and experience of, the use of these guidelines. There were 87 respondents: 40(56%) surgical ward nurses, 24(28%) theatre nurses, 8(9%) ICU nurses, 7 surgical junior doctors and 8 anaesthetists.

RESULTS

Ninety two per cent of respondents feel more confident, 43.7% of participants feel very confident to manage the perioperative diabetic patients, and 96% feel the guidelines help to manage patients with diabetes in the perioperative period more safely. A total of 64.4% are using the guidelines every time, 59.8% reported less frequent cancellations of surgery for hyperglycaemia since the introduction of guidelines.

In all, 5.7% contact the diabetes nurses every time which is an improvement on 18.4% before the introduction of the guidelines and 86% reported that the incidence of insulin errors has been reduced, 93% felt the guidelines help to mange insulin infusions more safely, and 78% reported a reduction in the incidence of perioperative hypoglycaemia. However, 16.1% reported an increased length of time involved in getting patients ready for surgery, and 31% suggest no change in the length of time. A total of 36% think the guidelines have reduced the overall length of stay.

CONCLUSION

Use of a written guideline document improves staff confidence in managing patients with diabetes in the perioperative period, and leads to fewer cancellations of surgery, less insulin errors, and less use of the diabetes nurses' time but it can take slightly longer to get patients ready for theatre.

Recommendations:

- Diabetic patients should be first on the theatre list
- More frequent formal teaching sessions for medical staff
- Need separate teaching sessions for ICU, theatre and ward nurses on how to start management of diabetes according to the guidelines in perioperative patients

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Comparison of Management of Gestational Diabetes Mellitus between 2008-2012 and 2016-2018 in Sligo University Hospital after Introduction of Written Guidelines

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INTRODUCTION

Guidelines for the management of gestational diabetes focus on outpatient care but contain little detail on how to manage women during labour. In Sligo University Hospital there was an ad hoc approach to the use of insulin infusions during labour until the introduction of a conjoint guideline document on diabetes in 2016.

OBJECTIVE

This study proposes the use of standard variable rate intravenous insulin infusion (VRIII) in women receiving insulin during pregnancy, and those with capillary blood glucoses above 7mmol/L during established labour. It looks at the frequency of the use of VRIII during labour, as well as the maternal and foetal outcomes pre- and post-introduction of the guidelines.

METHODOLOGY

Two hundred and six patient episodes (before the guidelines) were compared with the 182 (after). At baseline there was no difference between the groups with maternal weight at diagnosis, weeks of gestation at diagnosis, maternal age, maternal Hba1c, gestation age at delivery.

RESULTS

There was no significant difference in Apgar at 1 minute ($p=0.33$) and 10 minutes, ($p=0.16$) and baby weight at delivery ($p=0.16$) between the groups.

Of note the number of women receiving pharmacotherapy during pregnancy increased from 9 to 15% (insulin) and 20% to 42% (metformin) in the groups.

The frequency of the use of VRIII during labour was reduced from 14% to only 1.4% after introduction of written guidelines.

CONCLUSION

The introduction of the guidelines facilitates uniformity of safe care with less use of VRIII and no detrimental effect on foetal or maternal outcomes. The use of pharmacotherapy likely represents tightening of glycaemic targets in recent years.

PRESENTED

As a poster presentation at the 43rd Irish Endocrine Society Meeting in Galway from October 11th to 12th, 2019.

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Development of a Suite of Metrics and Indicators for Children's Nursing Using Consensus Methodology

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ABSTRACT

The Office of the Nursing and Midwifery Services Director, Health Service Executive, in Ireland established seven workstreams aligned to the following care areas: acute, older persons, children's, mental health, intellectual disability, public health nursing and midwifery.

The objective of this research was to develop a suite of metrics and indicators to measure the quality of children's nursing care processes. The objectives were to identify available metrics and indicators and to develop consensus on the metrics and indicators to be measured.

A comprehensive study design included stakeholder consultation and a survey with embedded open-ended questions.

A two round online Delphi survey was conducted to identify metrics to be measured in practice, followed by a two round online Delphi survey to identify the associated indicators for these metrics. A face to face consensus meeting was held with key stakeholders to review the findings and build consensus on the final metrics and indicators for use. A STROBE (Strengthening and Reporting of Observational Studies in Epidemiology) checklist was completed.

A suite of 8 nursing quality care process metrics and 67 associated process indicators were developed for children's nursing.

By creating a national suite of metrics and indicators, more robust measurement and monitoring of nursing care processes can be achieved. This will enable the provision of evidence for any local and/or national level changes to policy and practice to enhance care delivery.

Relevance to clinical practice: The roll-out of the metrics and indicators in clinical practice has commenced. This national suite of metrics and indicators will ensure that a robust system of measurement for improvement is in place to provide assurance to Directors of Nursing of the quality of nursing care being provided to children and their families.

It supports the value of nursing-sensitive data to inform change and improvement in healthcare delivery and to demonstrate the contribution of the nursing workforce to safe patient care.

FUNDING

This research has received funding from the Office of the Nursing and Midwifery Services Director, Corporate Division, Health Service Executive.

SOURCE

Journal of Clinical Nursing. 2019;28(13-14):2,585-2,598. doi.org/10.1111/jocn.14845

Identifying and Prioritising Midwifery Care Process Metrics and Indicators - A Delphi Survey and Stakeholder Consensus Process

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INTRODUCTION

Measuring care processes is an important component of any effort to improve care quality, however knowing the appropriate metrics to measure is a challenge both in Ireland and other countries. Quality of midwifery care depends on the expert knowledge of the midwife and her/his contribution to women and their babies' safety in the healthcare environment. Therefore midwives need to be able to clearly articulate and measure what it is that they do, the dimensions of their professional practice frequently referred to as midwifery care processes.

OBJECTIVE

The objective of this paper is to report on the development and prioritisation of a national suite of Quality Care Metrics (QCM), and their associated indicators, for midwifery care processes in Ireland.

METHODOLOGY

The study involved four discrete, yet complimentary, phases:-

1. A systematic literature review to identify midwifery care process metrics and their associated measurement indicators
2. A two-round, online Delphi survey of midwives to develop consensus on the set of midwifery care process metrics to be measured
3. A two-round online Delphi survey of midwives to develop consensus on the indicators that will be used to measure prioritised metrics
4. A face-to-face consensus meeting with midwives to review the findings and achieve consensus on the final suite of metrics and indicators.

RESULTS

Following the consensus meeting, 18 metrics and 93 indicators were prioritised for inclusion in the suite of QCM Midwifery Metrics. These metrics span the pregnancy, birth and postpartum periods.

CONCLUSION

The development of this suite of process metrics and indicators for midwifery care provides an opportunity for measuring the safety and quality of midwifery care in Ireland and for adapting internationally. This initial work should be followed by a rigorous evaluation of the impact of the new suite of metrics on midwifery care processes.

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How do Nurses and Midwives Perceive their Preparedness for Quality Improvement and Patient Safety? A Cross-Sectional National Study in Ireland

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ABSTRACT

Patient safety and the quality of care delivery are global imperatives at the forefront of policy agendas in health and social care. An increasing debate on the safety of patient care relates to the educational preparedness of healthcare professionals in quality and safety. A particular focus of this debate is whether healthcare professionals posses the knowledge, skills and competence required to safeguard and improve care delivery. Evidence on the quality and safety preparation given to nurses and midwives in Ireland is limited.

The objective of this study was to provide a detailed and reliable evidence base which relates to the perceptions of practicing nurses and midwives in the Health Service in Executive in Ireland with regard to their continuing professional development preparedness in quality and patient safety.

The research methodology used was a survey. A total of 1,787 surveys were distributed to nurses and midwives who were in attendance in the 12 HSE Centres of Nursing and Midwifery Education across Ireland.

A response rate of 37% (n=654) was achieved. Findings revealed that respondents were highly trained academically. However, many reported a lack of confidence in quality and safety methods and in their competence in this field. Frontline staff nurses and midwives reported they were less prepared than their mid and senior level colleagues.

This first nationwide study in Ireland has discovered that nurses and midwives perceive they have gaps in their preparedness for quality improvement and patient safety. To safeguard patient care, priority should be given to ensure that all nurses and midwives, including those in frontline clinical practice, are appropriately educated, have access to quality and safety data and have time within their practice to engage in the continuous improvement of patient care.

PRESENTED

As an oral presentation at the Health Service Executive North West Research Conference in Letterkenny, Co. Donegal on May 10th, 2019 by Dr. Anne Gallen.

FUNDING

This research has received funding from the Office of the Nursing and Midwifery Services Director, Corporate Division, Health Service Executive.

SOURCE

Nursing Education Today. 2019;76:125-130. doi.org/10.1016/j.nedt.2019.01.025

Is it Worth Spending Time on Patients who don’t want Our Help? - A Risk Analysis of National Ambulance Service Refusals of Treatment and/or Transport

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INTRODUCTION

The National Ambulance Service (NAS) in Ireland is rarely the subject of litigation.[1] In 2017, an increase in the rate of people who engaged with and subsequently refused either treatment and/or transport (RTT) to an emergency department was noted by the NAS Medical Directorate. The rate in 2012-2014 was below 8%.[2] In 2017, the rate increased to a national average of 11.3%.[2] This would still be below international levels.[3]

An attempt to quantify the risks and costs of non-conveyance was undertaken as part of a wider quality improvement project between the NAS and the Royal College of Physicians of Ireland.

In 2017 the NAS operated with an annual budget of €155 million and had 1,826 staff.[4] It responded to 312,127 emergency and urgent calls.[5] Of the 218,953 designated emergency calls (AS1) there were 24,735 patients who refused treatment or transport to an emergency department.[5] NAS staff are not allowed to make alternative treatment arrangements or discharge the patient at scene.[6]

METHODOLOGY

A sequential examination took place between all emergency calls closed with a refusal of treatment or transport undertaken at the project site in Mallow Ambulance Base, North Cork between 29th April, 2018 and 29th July, 2018. Seventy records were retrieved and reviewed. Missing data was cross-referenced with data from the National Emergency Operations Centre. Calculations were based on best international evidence.

€91.50 was the cost of 1 hour care by an ambulance crew and was calculated by dividing the NAS yearly budget by the number of hours worked per year by all staff members and multiplying by 2.

The average time spent on scene (TOS) dealing with an RTT was 42.8 minutes (n=70, median 43.0 minutes, standard deviation 21.9 minutes and a range of 3-135 minutes).

€1,614,453 was the estimated partial cost to NAS for refusals to travel nationally and was calculated by multiplying the average TOS by the national RTT total of 24,735 by €91.50 and dividing by 60. Travel time to scene was not included in the calculation as it would vary in different parts of the country.

Mortality rate per year, within 72 hours, of patients not brought to hospital was based on a rate of between 0.2% and 6.1% of national total RTT (24,735) giving a range of 49 to 1,508 people.[7]

Patients not transported to hospital are twice as likely to die than patients discharged from an emergency department.[8] The assumption was made that half of the patients who died would have been expected to die, leaving between 24 and 754 mortalities.

A study suggests that up to 10% of families are dissatisfied with a non-conveyance decision, leading to between 2 and 75 possible litigants.[9]

The average cost per claim to the State Claims Agency in 2014 was €141,813.[1]

RESULTS

Using the average cost of €141,813 and between 2 and 75 litigants the projected annual risk is between €283,626 and €10,635,975.

CONCLUSION

Given the increasingly litigious nature of society, it would appear prudent to invest further resources to mitigate this risk.

REFERENCES

Available on request.

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PRESENTED

This research was presented at the following events:-

- National Patient Safety Organisation 3rd Conference in Dublin Castle from October 17th to 18th, 2018 (Poster). Oral Presentation at poster walkaround – October 18th.
- The Irish Association of Emergency Medicine Scientific Meeting in the Castleknock Park Hotel, Dublin on October 18th, 2018 (Electronic Poster).
- National Quality, Clinical Risk and Patient Safety Conference in Dublin Castle on September 21st, 2018. (Poster Presentation, Oral Presentation at poster walkaround).
- Royal College of Physicians of Ireland (RCPI) Quality in Healthcare Summit in the RCPI on March 22nd, 2019. (Poster Presentation, Oral Presentation at poster walkaround).

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Refusals to Travel, Patient Empowerment and Documentation Improvement in the National Ambulance Service - A Quality Improvement Project

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Royal College of Physicians of Ireland, Dublin[1,2,3]
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ABSTRACT

A recognised component of modern ambulance work is that a patient has the right to refuse treatment and/or transport (RTT). According to international evidence, patients not transported to hospital are twice as likely to die, than patients discharged from an emergency department. The National Ambulance Service (NAS) Medical Directorate has a guidance document to ensure that these persons are dealt with in a consistent manner. Except for a trial community paramedic scheme, NAS staff are only allowed to transport a patient to an emergency department and do not have the organisational permission or scope of practice to organise alternative care arrangements. The national rate of RTT increased from below 8% in 2012-2014, to 11.3% of calls (24,735) in 2017. An increase in serious patient incidents was also noted. Subsequent investigations suggested that there was a failure to record relevant clinical information.

To establish a baseline, a retrospective analysis was conducted on a randomised selection of both paper and electronic Patient Care Reports (PCR) from across the country, on RTT calls closed between January 1st, 2017 and November 9th, 2017. An analysis of call types, response classifications and the hour calls closed was carried out to determine if there were any relevant patterns. Staff were engaged on how to achieve the stated aim through semi-structured interviews and focus group type interactions. Three tests of changes using Plan-Do-Study-Act cycles were undertaken including;-

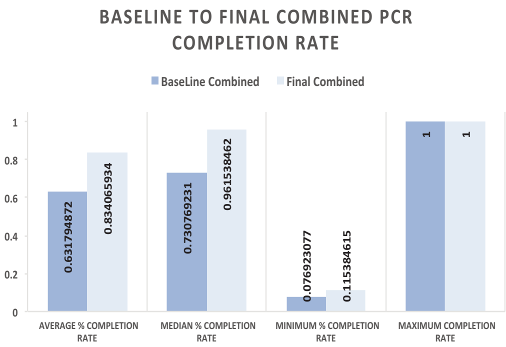
1) Education sessions
2) An aide-memoire
3) A pilot refusal to treatment/travel form.

A further sequential review took place of all refusals to travel dealt with by Mallow staff between April 29th and July 29th, 2018. Patients who gave written permission were followed up with a semi-structured phone interview.

The quality of clinical data recorded improved from an average of 63.2% to 83.4% of required information.

In addition to the planned quality improvement initiatives, several confounding factors occurred including the introduction of an electronic PCR and an organisation-wide audit of RTT documentation. A national and regional peak of refusals to travel at shift changeover was not observed after our education session. Just because information is recorded, it is difficult to determine what information is given to a patient to facilitate a shared decision-making model. Although the quality of clinical information recorded was improved in Mallow NAS Ambulance Base and patient reports were positive, we had limited success in determining if our project had helped improve patient experience. An examination of dispatch priorities was identified as an area for further study.

Clinical information recorded in Mallow Ambulance Base was improved over the baseline data measured. Enhanced mechanisms of patient and staff engagement combined with an education programme could bring about additional and more widespread improvements.



PRESENTED

This research was presented at the following events:-

- National Patient Safety Organisation 3rd Conference in Dublin Castle from October 17th to 18th, 2018 (Poster). Oral Presentation at poster walkaround – October 18th, 2018.
- The Irish Association of Emergency Medicine Scientific Meeting in the Castleknock Park Hotel, Dublin on October 18th, 2018 (Electronic Poster).
- The European Health Literacy Conference in University College Dublin from March 14th to 15th, 2019 (Poster).
- Royal College of Physicians of Ireland (RCPI) Quality in Healthcare Summit in the RCPI on March 22nd, 2019 (Oral Presentation at poster walkaround).
- International Forum on Quality and Safety in Healthcare, British Medical Journal/Institute of Health Improvement in Glasgow from March 27th to 29th 2019 (Poster). Oral Presentation at poster walkaround – March 29th, 2019).

SOURCE

Diploma in Leadership and Quality in Healthcare Book of Abstracts 2016-2018, Pg.25
https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2019/01/QI-book-of-Abstracts-2018-full-document.pdf

International Forum Glasgow 2019 Conference Proceedings, Pg.53 https://internationalforum.bmj.com/glasgow/wp-content/uploads/sites/6/2019/04/International-Forum-Glasgow-2019-Conference-Proceedings.pdf

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Refusal to Travel in the National Ambulance Service - A Documentation Review

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ABSTRACT

Every patient has the right to refuse treatment and/or transport (RTT) to hospital. The National Ambulance Service (NAS) operates under a clinical guidance document to ensure a consistent approach and facilitate shared decision making by these patients. It includes two sets of vital signs, a blood glucose level, the patient's chief complaint, practitioner's clinical impression and a tick box aid to determining patient capacity. An increase in the rate of non-conveyance of patients and refusal to travel calls, as well as an increasing number of complaints, prompted a quality improvement initiative based on improving and facilitating a shared decision-making model.

The objective of this research was to establish the baseline quality of information recorded on patient care reports (PCRs) for patients who refused treatment and/or transport to hospital.

A random selection of 75 PCRs (52 Paper and 23 Electronic) from January 1st, 2017 to November 9th, 2017 were identified and reviewed. Compliance with the refusal to travel guidance document was measured.

- An average of 32.4% of PCRs reviewed were missing a complete set of vital signs
- An average of 43.8% were missing a second complete set
- 17.3% of combined forms were missing the patient's chief complaint and 38.7% had no practitioner clinical impression entered
- 24% had no capacity assessment completed
- The average completion rate for paper PCRs was 59.1% of required information (n=52, median completion rate 71.2%, range of 15.4% to 88.5%)
- The average completion rate for e-PCR was 72.4% of required information (n=23, Median 92.3%, range from 7.7% to 100%)

Clinical information recorded by NAS staff often did not meet the clinical guidance document requirements. It is difficult to determine what information was given to a patient to facilitate a shared decision-making model. The quality of NAS documentation can be improved for patients who refuse to travel.

PRESENTED

As a poster presentation at the;-

- Royal College of Physicians of Ireland, Quality in Healthcare Summit, Dublin on March 22nd, 2019.
- Irish Association of Emergency Medicine, Scientific Meeting, Dublin from October 18th to 19th, 2018.
- National Quality, Clinical Risk and Patient Safety Conference, Dublin on September 21st, 2018.
- National Patient Safety Conference, Dublin from October 17th to 18th, 2018.
- Irish College of Paramedics Scientific Symposium, Cork on September 15th, 2018.

FUNDING

This research has received funding from the National Ambulance Service.

SOURCE

Irish Journal of Paramedicine. 2018;3(2):145. doi.org/10.32378/ijp.v3i2.145

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A Retrospective Examination of ‘Refusal to Travel’ Calls in the National Ambulance Service from 2017

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ABSTRACT

When a member of the public calls for an ambulance through the 999/112 system, the only permitted course of action for the responding National Ambulance Service (NAS) staff is to convey the patient to an emergency department. Regardless of the clinical level, NAS staff do not have the authority or scope of practice to discharge the patient from the scene or make any other arrangements for the treatment of that person. The patient, meeting certain criteria, can refuse treatment or transport (RTT) of their own volition.

In 2017, the refusal to travel rate in Ireland jumped from below 8% of calls (2012-2014) to a national average of 11.3% (24,735) of total emergency calls. Although this level of non-conveyance would still be below international norms, the rate of increase was concerning.

The objective of this research was to examine the patterns of incidence of patients who RTT and to provide baseline information for a quality improvement initiative between the NAS and the Royal College of Physicians of Ireland.

Retrospective data collection was conducted on all calls closed with a ’refusal to travel’ or ’refusal of treatment’ occurring between January 1st, and November 9th, 2017 and was gathered from the National Emergency Operations Centre (NEOC).

The top three dispatch classifications that resulted in RTT were falls, unconsciousness or near fainting, and generally unwell patients. This was followed by chest pain, seizures, traffic incidents and breathing problems. It was noted that the time at which RTT calls occurred peaked nationally between 20:00 and 20:59. In the Southern area, peak RTT occurred between 20:00-20:59 and 00:00-01:00.

Thirty three point six per cent of RTT calls in the Southern Area were designated as Delta calls. This designation requires an advanced life support and a blue light response and is the call level with the second highest acuity below an Echo call, the designation for cardiac or respiratory arrest.

The NAS specifically utilises a risk adverse triage system. Examination of dispatch priorities may be warranted. The peak close of RTT calls between 20:00-20:59 may align with a shift changeover at 20:00. Further study is required.

PRESENTED

As a poster presentation at the;-

- Royal College of Physicians of Ireland, Quality in Healthcare Summit, Dublin on March 22nd, 2019.
- Irish Association of Emergency Medicine, Scientific Meeting held in Dublin from October 18th to 19th, 2018.
- National Quality, Clinical Risk and Patient Safety Conference held in Dublin on September 21st, 2018.
- Third National Patient Safety Conference held in Dublin from October 17th to 18th, 2018.
- The Irish College of Paramedics Scientific Symposium held in Cork on September 15th, 2018.

FUNDING

This research has received funding from The National Ambulance Service.

SOURCE

Irish Journal of Paramedicine. 2018[S.1];3(2):149. doi.org/10.32378/ijp.v3i2.149

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Recognition of Major Trauma in the Elderly

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INTRODUCTION

In 2017, in Ireland, most major trauma (MT) occurred at home as a result of a fall of less than two metres. Forty four per cent of victims were aged over 65 years. This combination of a low energy mechanism, the domestic setting as well as physiologically different reactions to injury in the elderly may result in under appreciation of a patient's condition by Irish pre-hospital staff.

The Pre-hospital Emergency Care Council (PHECC) is the independent statutory agency with responsibility for setting the clinical and educational standards for all pre-hospital care in Ireland. Trauma in the elderly is not currently a specific learning objective for Emergency Medical Technician (EMT), Paramedic or Advanced Paramedic courses.

METHODOLOGY

Permission to recruit and an ethical approval exemption was obtained to run a ten question electronic survey on trauma in the elderly.

A convenience sample of 67 mixed clinical level National Ambulance Service pre-hospital practitioners were approached to participate. Fifty nine agreed to be sent a link to the survey. Forty five full surveys were completed with 3 incomplete surveys.

RESULTS

Fifty per cent recognised the home as the most common place of injury and 68.75% recognised a fall of less than 2 metres as the main mechanism of injury.

Current PHECC markers for multi-system trauma were identified by a mean of 61% of respondents.

In an elderly patient with a history of hypertension, 37.8% felt that a systolic blood pressure of 109mmHG could not indicate worrying hypotension. Thirty five point six per cent agreed that a pulse of greater than 90 bpm in an elderly trauma patient could indicate severe shock.

CONCLUSIONS

This small study highlights a need for education and CPG development to support pre-hospital staff in delivering care to elderly patients who sustain trauma.

Mis-management or delays in the recognition of major trauma has implications for patients, their families and the Emergency Departments to which they are conveyed.

PRESENTED

- As an oral presentation at the Irish Association Of Emergency Medicine, Scientific Meeting in Sligo on November 8th, 2019.
- As a poster presentation at the Affinity, National Falls and Bone Health Symposium in Dublin on September 18th, 2019 and also at the National Patient Safety Conference in Dublin on November 13th, 2019.

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Trauma Assessment Clinic - Virtually a Safe and Smarter Way of Managing Trauma Care in Ireland

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Conlon, B.,[1]
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ABSTRACT

The Trauma Assessment Clinic [TAC], also referred to as Virtual Fracture Clinic, offers a novel care pathway for patients and is being increasingly utilised across the Irish and UK healthcare systems. The provision of safe, patient-centred, efficient and cost-effective treatment via a multidisciplinary team [MDT] approach is the primary focus of TAC. The Trauma and Orthopaedic Unit at Tullamore Hospital was the first centre to introduce a TAC in Ireland and this overview outlines the experiences of this pilot.

Patients arriving to the Emergency Department with injuries that were TAC appropriate were treated as per a recognised protocol. They were given information regarding their injury and a removable splint or cast and told to expect a follow-up phone call from the orthopaedic team. Within 24 hours the patient's clinical notes and x-rays were assessed by the TAC MDT and patients were called immediately to be advised as to their planned treatment.

To date the TAC pilot in Tullamore Hospital has reviewed 2,704 patients. Thirty five per cent of patients were discharged at the TAC review stage, 27% were referred to an appropriate clinic (e.g. shoulder injuries referred to an upper limb specialist) or a general trauma follow-up clinic, and 38% were referred onto physiotherapy services, local and community-based, for follow-up. A survey of patients reviewed in the TAC revealed that 97% of respondents agreed or strongly agreed that they were satisfied with their recovery. The cost of each TAC consultation was €28 versus €129 for a traditional fracture clinic appointment.

Our experience of the TAC is that it provides a very safe, patient-focused and cost-effective means of delivering trauma care. It provides a more streamlined and improved patient journey, allowing for patient empowerment without compromising clinical care and marries current available technology with up to date best clinical practice.

PRESENTATION

- As an oral presentation by Marc O'Reilly at the Cappagh Foundation Day. It was shortlisted for Cappagh Residents' Prize on April 12th, 2019.
- As a poster presentation at The European Federation of National Associations of Orthopaedics and Traumatology (EFORT) 20th Annual Congress in Lisbon, Portugal from June 5th to 7th, 2019.

SOURCE

Injury. 2019 Apr;50(4):898-902. doi.10.1016/j.injury.2019.03.046 Epub 2019 Mar 30.

Access of Neuro-Critically ill Patients to Neuro-Critical Care in Ireland - Does Lack of Capacity Cause an Access ‘Lottery’?

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INTRODUCTION

Neuro-critically ill patients require time-critical access to neuro-specific interventions at a neuro-speciality centre for survival and outcome.[1]

This paper is the combination of two retrospective datasets combined which analysed the accessibility to neuro-critical care in Ireland and the current potential access barriers.

METHODOLOGY

The first dataset was a retrospective study which mapped the care journeys of a consecutive cohort of neuro-critically ill patients admitted to the neuro-Intensive Care Unit (ICU) at a neuro-specialty centre during the period of January 1st to February 17th, 2017. A consecutive cohort of 47 neuro-critically ill patients was identified at random. Following interrogation of the clinical record, the duration and the time-critical interventions/procedures occurring during the access care journeys of the patient cohort were recorded. This cohort group was termed ‘access-yes’.

From the same study period, a second cohort of patients was identified who were referred to and required neuro-critical care but did not gain access to the neuro-ICU. Interrogation of the hospital referral records identified a cohort of 4 neuro-critically ill patients who, given capacity, should have accessed neuro-critical care in a neuro-ICU. The scans of these four neuro-critically ill patients were reviewed by a Beaumont Consultant Neurosurgeon. This cohort group were termed ‘access-no’.

ICU occupancy records were accessed using Beaumont ICU Audit database during the study period January 1st to February 17th, 2017. The days where the neuro-ICU occupancy exceeded 100% were identified.

RESULTS

The mean access time to access the neuro-ICU (i.e. the time duration from the recorded or estimated time of the neuro ‘ictus’ or event to the recorded time to cross the threshold into the ICU) was 390 minutes (six and a half hours). Nineteen patients accessed the neuro-ICU in under 6 hours, 20 patients gained access in 6-12 hours and 7 patients gained access between 12-24 hours. (The access time for one patient could not be discerned from the record). The neuro-ICU access journeys for 39 (82%) were completed in less than 12 hours.

The cohort of 47 neuro-critically ill patients received, on their care journeys, a total of 217 major neuro-interventions. Typically, each patient received 5 time-critical interventions/procedures during his/her access journey.

During the same study period the number of patients referred to neuro-critical care but who did not get accepted was recorded. Twenty four patients were identified. Following review of neuro-imaging, 15 of the patients were deemed to have catastrophic brain injury and were not appropriate for transfer. Two patients made significant improvements prior to transfer and thus subsequently did not require transfer. There were insufficient information/clinical records on 3 patients to include in the study. The remaining 4 patients termed ‘access-no’ cohort, were patients who were appropriately referred but failed to gain access to neuro-ICU. The instances of access failure for these 4 neuro-critically ill patients occurred during the time periods where neuro-ICU capacity was overcrowded up to 120% occupancy.

CONCLUSION

This study profiles the considerable clinical activity occurring during the access journeys of a cohort of neuro-critically ill patients. The clinical profile of the journeys of the patient cohort was intensive, complex and individuated. Much expert and skilled clinical resource and input was dedicated and delivered by many clinicians and healthcare workers all across Ireland to meet the needs of the patient cohort.

This study provides an evidence base that in Ireland today a random, consecutive cohort of neuro-critically ill patients, once accepted, accesses prompt, intensive and complex neuro-specialty care likely to good effect. However, for the ‘access-no’ cohort, the study shows ICU access failure occurred for four ’appropriate referral’ neuro-critically ill patients at a time where the neuro-ICU was shown to be overcrowded. The study shows where neuro ICU capacity is lacking that overcrowding is predictable and frequent.

PRESENTED

As a poster presentation at the Annual Congress of Anaesthesiology and Intensive Care Medicine in Croke Park, Dublin on May 9th, 2019.

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Implementing Peer-Led Clinical Supervision into a Community Palliative Care Team - An Action Research Project

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INTRODUCTION

The objective of this study was to develop, implement and evaluate an organisational approach which enhances health and wellbeing of a community-based palliative care team through reflective learning of peer-led clinical supervision. Palliative care practitioners provide specialist palliative care. Their role and function is recognised as being multi-faceted and complex and challenging within the healthcare profession. Several authors have identified the impact of palliative care delivery on practitioners, and the need to establish a viable support mechanism, including clinical supervision plus peer-led clinical supervision to mitigate this impact.

METHODOLOGY

An action research method was adopted; it is an approach to research rather than a specific method.[1] The form of action research implemented in this project might best be considered as co-operative inquiry.[2] It is an approach which demands that participants perceive the need to change and are willing to play an active part in the change process, and develop ownership of the change project. Qualitative data was generated throughout the project using participant observation, researcher's journal, and informal conversation.

RESULTS

Through data analysis from focus groups and from insights gathered from field notes by the researcher, four main key themes emerged, each containing a cluster of subthemes.[3] The themes were, the importance of informal support to palliative care practitioners, the impact of palliative care delivery on practitioners, the need for formal structure support - peer-led clinical supervision, the concerns related to implementing peer-led clinical supervision. The initial findings indicate that peer-led clinical supervision has the potential to impact on the lived experiences of palliative care practitioners. Peer-led clinical supervision is a way for palliative care practitioners to moderate their day to day stresses of working with the seriously ill, the dying, and the bereaved. The implementation of peer-led clinical supervision hopes to offer the team reflective learning from their lived experiences, so they can sustain themselves during difficulties and eachother likewise.

CONCLUSION

This project demonstrated the feasibility of introducing peer-led clinical supervision into a community palliative care setting with a clinical supervision history. The implementation of peer-led clinical supervision is a format that offered the team an opportunity to reflect on practice, to discuss and share their lived experiences of serious illness, death, dying and bereavement in a safe protected environment.[4] Literature identifies that peer-led clinical supervision should not be seen as a replacement for clinical supervision rather as 'an in-house supplement of support' to safeguard and hold a team in practice.[5,6] The conclusion obtained from the qualitative data of this study highlighted the importance of maintaining both formal and informal support within the team as crucial, rather than opting exclusively for peer-led clinical supervision. As an ongoing project, the team will continue to address issues that arise in peer-led clinical supervision; the structure will be adapted and amended over time, with sustainability the desired outcome.

REFERENCES

Available on request.

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Do We Really Need This Many Thyroid Function Tests?

Zeeshan, A.,[1]
Khalid, T.,[1]
Hodgson, A.,[2]
Montgomery, N.,[2]
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INTRODUCTION

Sligo University hospital laboratory (SUH) received 57,000 requests for thyroid function tests (TFTs) in 2016. This rose to 64,000 in 2019 comprising 5% of laboratory budget. National guidelines for clinical indications for testing are available.

This audit reviewed all TFT requests to the biochemistry laboratory (SUH) over 5 days (Monday-Friday) in 2019, noting the requesting location, indication and compliance with HSE TFTs request guidelines.

RESULTS

There were 1,141 TFT requests over 5 days, 929(81%) from general practitioners (GPs) and 212(19%) from within SUH. Of the SUH requests, 88 were inpatient requests, 35 from the acute assessment unit, 31 from renal outpatients, 42 from general outpatients and 16 from the Emergency Department.

One hundred and fifty two of the 212(71.6%) had a documented clinical indication but only 21(14%) of these were compliant with the national HSE guidelines. Of the GP cohort, 432 of the 929(46.55%) had a documented clinical indication with 73(17%) compliant with the guidelines. Notably 76(18%) of these indications were requested as ’routine medical check-up’ contrary to guidelines.

CONCLUSION

Results show a very high number of requests received with no clinical indication documented, and of those with indications, few were compliant with the guidelines.

Recommendations

We propose the introduction of formal hospital TFT Request Guidelines. This will be followed by appropriate educational support sessions for clinicians. Furthermore we propose the introduction of an additional form to be completed documenting clinical details and date of previous TFTs with a re-audit in 6 months.

PRESENTED

As a poster presentation at the 43rd Irish Endocrine Society Annual Meeting in Galway from October 11th to 12th, 2019.

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An Examination of Patients' Expectations and Experiences of Service Quality in the Ophthalmology Services

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INTRODUCTION

Blindness and vision loss is a global population health concern. A significant economic cost results from this affected cohort. The majority of ophthalmology service users are older persons. There is a growing increase in demand for ophthalmology services in Ireland which is consistent with the rise in the older person population. Quality is a key issue for service providers and healthcare management. Service users' perspectives and feedback are recognised as essential indicators of quality. The extent of the gap between service users' expectations and experience determines perceived service quality. This gap can be positive or negative that is, it may exceed expectations or not meet expectations. The ophthalmology service is currently undergoing re-design therefore, it is advantageous to examine service users' experience of the service to inform the re-design.

OBJECTIVE

The aim of this research was to examine patients' expectations and experiences of service quality in the ophthalmology service.

METHODOLOGY

Drawing on pragmatism a descriptive exploratory design was adopted. A purposeful sample of 10 patients attending the ophthalmology service was used. Data were collected using semi-structured interviews which were audio-taped and transcribed. Thematic data analysis was employed.

RESULTS

Four main themes emerged from the data;-

1. Deteriorating or disrupted vision
2. Entering the eye service
3. Getting vision sorted
4. Quality of relationship with healthcare staff

A number of sub-themes emerged from the main themes. In general, participants' expectations were met or were exceeded. System inefficiencies emerged in relation to gaining access to the service and waiting for care.

CONCLUSION

Eliciting participants' expectations and experiences of the ophthalmology service is a valuable method of evaluating service quality. Participants had a positive experience in the main. Service users can inform service provision and highlight areas in need of improvement. These findings will inform future service re-design to assist in meeting service users' needs.

PRESENTED

- As an oral presentation at the University College Cork Away Day in the Kingsley Hotel, Cork on May 9th, 2019 by Dr. Ruth Lernihan.
- As an oral presentation at the Sigma Thetha Tau International 5th Annual Postgraduate Research Student Virtual Scholarly Conference on November 6th, 2019.
- As a poster presentation at the Cork University Hospital (CUH) Nursing Conference in CUH on May 21st, 2019.

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Does Earlier Referral to Physiotherapy Impact on Hospital Length of Stay?

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INTRODUCTION

Hospital length of stay (LOS) is a high priority for healthcare providers as it is often used as a measure of efficiency. There are significant benefits of a shorter LOS for both the patient and the health service. Physiotherapists are ideally skilled and perfectly placed in the acute setting to positively impact LOS through discharge planning and assessing patients for safe discharge. While evidence exists for the relationship between early physiotherapy referral and LOS in acute stroke and orthopaedic patient groups, there is limited evidence in an inpatient medical ward setting.

OBJECTIVE

The primary aim of this research was to examine if earlier referral to physiotherapy has a positive impact on LOS. The secondary aim was to analyse the difference between time from referral to initial assessment, number of days to referral and discharge destination and the time difference between physiotherapy discharge and hospital discharge.

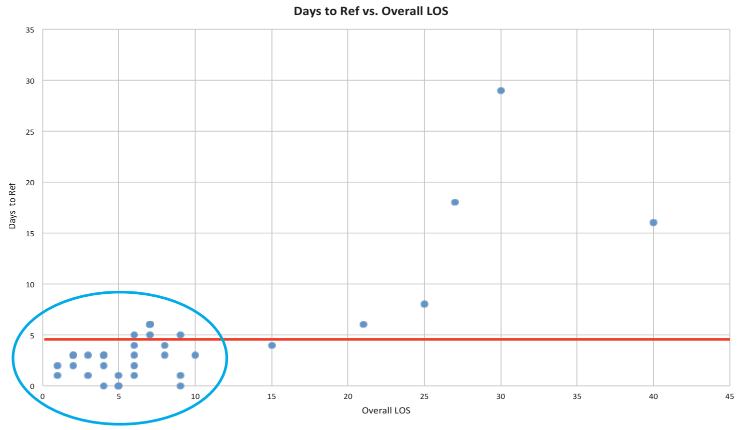
METHODOLOGY

A prospective convenience sample was chosen. Newly referred patients on five inpatient medical wards were included in the study. Data collection took place over a two week period in July/August 2018 in University Hospital Limerick. Data in relation to admission to the wards, time to referral, discharge date and location, hospital LOS and functional outcome on admission and discharge were collected. Numerical data were analysed using Microsoft Excel. Exclusion criteria for data analysis included patient death, patient transferred to wards not included in this study and patients who required a critical care stay.

RESULTS

Thirty four patients were included in the study. The average number of days from ward admission to physiotherapy referral was 4.5. Of the 34 patients included in the study, 2 were transferred to step-down care, 5 returned to the nursing home in which they reside, 5 went to respite for a 2 week period, 1 transferred to another hospital for further investigation and 21 were discharged home. Of the 21 patients who were discharged directly home, 18 had an earlier referral to physiotherapy i.e. <4.5 days (Figure 1). The number of days from physiotherapy referral to physiotherapy discharge was 3.07 days. The mean total LOS was 8.3 days.

Figure 1- Relationship Between Days to Physiotherapy Referral and Overall Length of Stay



CONCLUSION

Research shows that earlier referral to physiotherapy combined with rapid time to assessment and intervention, results in faster return to baseline function and shorter LOS. The results of this study show that early physiotherapy intervention can have a direct positive impact on discharge date and destination.

REFERENCES

Available on request.

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Lean Application in the Review of the Home Support Service

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INTRODUCTION

The Home Care Packages (HCP) Scheme was introduced in 2006 and operated separately from the Home Help (HH) service because the HCP Scheme was providing increased levels of care.[1] Since then, the support provided by the HH service has evolved from one that traditionally provided housekeeping to one that presently provides mainly assistance with Activities of Daily Living (ADLs). Therefore, nationally, it had been agreed that services provided through both schemes were the same, and there was little benefit to operating them separately.[1,2,3] Locally, there was a requirement to review and recommend new processes in consonance with these national recommendations. Anecdotal evidence suggested that Home Support (HS) Services in the Mid-West can be challenging to access with long waiting times, variations of processes across the areas (Limerick, Clare and North Tipperary), unnecessary steps in the process and too many staff members involved in the process leading to confusion for the service user.

METHODOLOGY

The project began in January 2018 and used lean methodology in its execution. Lean was chosen due to its potential benefits for process improvement in Healthcare.[4,5,6]

Stakeholder mapping was carried out. Value Stream Mapping (VSM) was utilised to review the current HH and HCP processes. Swim lane process mapping was completed with a group of stakeholders in three areas to determine waste processes. Through these discussions, attempts were made to develop an improved future state. Quantitative data was collected to determine the current process performance. A Service User focus group was conducted to ensure co-design.[7]

RESULTS

The swim lane maps clearly illustrated the complexity and variations of the HS process across the Mid-West as well as confirming duplication resulting from operating two separate Home Support Schemes. There are multiple process steps in the HS processes, up to ten before deciding on service provision, 50% identified as waste. Staff from social care, primary care and acute services can be involved in both processes. Therefore, the service user may have an average of three contacts with different staff members between referral and approval. The service user wished to be more involved in their assessment of need rather than being told what they need. Failure Demand was evident in the current processes (Failure Demand is 'defined as a demand caused by failure to do something right by the customer').[8] Forty two per cent of people referred for a HH service did not return an application. Up to 20% of those approved for a HH service decide to defer it. Defer, in this context means that they do not wish to initiate the service having applied. Deferral means waste and frustration for HH staff members. There were significant waiting times between all steps of both processes. In the HH process, people wait longest for a care needs assessment to determine eligibility and service required. In the HCP schemes, significant time is spent waiting for the return of completed documentation to the HCP office to progress to the determination of eligibility and approval of the service. In both schemes, the time spent waiting for service commencement was significant.

CONCLUSIONS

Using lean tools in the project had a positive impact overall. It was a powerful method of demonstrating the waste in the system and the need for change. It was a means of engaging staff to take part in the improvement work. The use of VSM provided evidence for change as 'bottle necks' in the process became visible, as did waiting times in between process steps. VSM demonstrated the opportunities for improvement which include reducing paper work, improving the application process and standardisation of processes. Another potential area for improvement identified was the requirement for enhanced communication and engagement with all stakeholders.

REFERENCES

Available on request.

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An Exploration of Public Health Nurses’ Understanding and Recognition of Frailty in Older Persons

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ABSTRACT

Frail older people have many complex needs which can lessen their ability to live independently. Public Health Nurses are employed by the Health Service Executive to provide a range of health services in the community setting and are often a main point of access to essential supports.

The objective of the research study was to gain a clearer insight into Public Health Nurses’ understanding of frailty in the older person and factors which influence early identification and provision of appropriate services.

The study followed a qualitative descriptive design. A purposeful sample of 10 experienced Public Health Nurses took part in audio-taped semi-structured interviews. Thematic analysis as a descriptive qualitative approach was applied to transcribed interviews.

The study found that Public Health Nurses are identifying frail older adults, but that the rate of detection could be enhanced through the introduction of a clinical frailty scale. Further research is needed into care forfeit or postponement by vulnerable older people. The role of the Public Health Nurse in identifying older people who would benefit from comprehensive geriatric assessment may not be fully realised at present.

SOURCE

Journal of All-Ireland Gerontological Nursing. 2018;5(2):31-43.

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The Development of Nursing Quality Care Process Metrics and Indicators for Use in Older Persons’ Care Settings - A Delphi-Consensus Study

Murphy, F.,[1]
Doody, O.,[1]
Lyons, R.,[1]
Gallen, A.,[2]
Nolan, M.,[2]
Killeen, A.,[2]
Kavanagh, P.,[2]
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ABSTRACT

Regulatory investigations of health system failures highlight non-adherence to clinical guidelines and standards resulting in deficiencies in nursing care delivery. Limited attention has been paid to measuring nursing care processes particularly in the care of older people. Quality care process metrics can facilitate measurement of nurse sensitive measures of care.

The aim of this study was to develop a suite of nursing quality care process metrics and indicators for older persons’ care settings in Ireland.

The study design for this research involved a scoping literature review and modified Delphi Consensus Technique.

A scoping review of literature published between January 2007 and January 2017 was conducted to identify nursing process metrics and indicators. The Delphi Consensus phase incorporated a four round electronic survey of 404 nurses and a consensus meeting with 13 stakeholders working in Older Persons’ Care Settings in Ireland.

From the review, 33 potential metrics were identified. After all Delphi survey rounds, 20 metrics and 90 associated indicators were selected by the nurses. Following the consensus meeting, 19 metrics and 80 indicators were included in the final suite of nursing quality care process metrics and indicators.

The development of a suite of metrics and indicators for the quality of care in Older Persons’ Care Settings will allow care to be measured against best national and international evidence.

PRESENTED

As an oral presentation at the Trinity Health and Education International Research Conference and Annual Research School in Trinity College, Dublin on March 6th, 2019 by Professor Fiona Murphy.

FUNDING

This research has received funding from the Office of Nursing and Midwifery Services Director, Corporate Division, Health Service Executive.

SOURCE

Journal of Advanced Nursing. 2019;00:1-14. doi.IIII/jan.14126

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Service Utilisation and Long-Term Health Conditions among Patients Attending General Practice - A Pilot Study Comparing Data from Patient Interviews and Clinical Records

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Fogarty, F.,[1]
Doran, P.,[1]
Fawsitt, R.,[1,2]
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O'Connor, P.,[4]
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Tyone Medical Centre, Nenagh, Co. Tipperary[3]
Glenview Clinic, Tallaght, Dublin[4]

INTRODUCTION

Enhanced management of long-term health conditions in primary care is a key healthcare target. Accurate information on this issue, and related service utilisation is essential for service planning. Currently, some debate surrounds the validity of data on service utilisation and consultation rates in general practice.[1,2] A study instrument and protocol, which is feasible in general practice, is necessary to collect such information.

OBJECTIVE

The aim of this research was to examine service utilisation and the prevalence of long-term conditions in general practice and to explore how different approaches to data collection (review of clinical records/patient interviews) can affect study findings.

METHODOLOGY

In this pilot study, series of interviews were conducted with patients at two general practices, and comparable data was collected from the same patients' clinical records. This was a cross-sectional study describing the results of using two different methods of data collection on service utilisation and consultation rates in general practice. The study questionnaire incorporated two standardised instruments (Patient Health Questionnaire 9,[3] and the Irish Health Survey[4]) and was administered to 39 patients at two practices. Patients were eligible to participate in the study if they were aged over 18, were not acutely unwell, and were able to provide informed consent. Comparable data was also collected from the clinical records of study participants. Data were coded and analysed using Statistical Packages for the Social Sciences version 24.[5] The study was approved by the ICGP Research Ethics Committee.

RESULTS

Thirty nine patients were interviewed of whom 18(46%) were male and 30(77%) had general medical services cards. 83% of participants aged 65 or over reported having a long-term illness or health problem. The most commonly self-reported long-term health conditions were 'back disorder' (46%), 'high blood pressure' (46%) and 'osteoarthritis' (39%). According to clinical records, 72% of patients suffered from at least one long-term illness or health problem in the last 12 months. The most commonly reported long-term health conditions on clinical records of participants were 'high-blood pressure' (36%), 'diabetes' (23%) and 'kidney problems' (18%). The most commonly reported health problems in the last four weeks were 'pain in arms, legs or joints' (23%) and 'shortness of breath' (8%).

Mean self-reported General Practitioner (GP) consultation rate for the last four weeks was lower (1.13 visits) than those found in patients' clinical records (1.36 visits). Mean practice nurse self-reported consultation rate in the last four weeks was higher (0.69 visits) than those found in patients' clinical records (0.36 visits).

CONCLUSIONS

There were considerable differences between the self-reported data and data collected from clinical records, both in relation to the prevalence of health conditions and health service utilisation. The average self-reported GP consultation rate was lower, and average self-reported practice nurse consultation rate was higher than those identified by clinical records review. The self-reported prevalence of health conditions, both in the last four weeks and in the last 12 months, was higher than the prevalence collected from clinical records across almost all health conditions. These findings demonstrate the discrepancies that can exist between self-reported and clinical data and highlight the need for the use of both self-reported and clinical data when conducting research in the area of primary care. We have developed an appropriate study instrument and study protocol for use in future research, which has the potential to provide important information to enhance the management of long-term conditions in primary care.

REFERENCES

Available on request.

PRESENTED

As a poster presentation at the Association of University Department of General Practice in Ireland (AUDGPI) Annual Scientific Meeting on March 1st, 2019.

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Working with Behaviour that Challenges - Staff Perspectives and Implications for Behaviour Support Practitioners

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INTRODUCTION

Researchers have noted a disconnect between the university teaching of Applied Behaviour Analysis (ABA) and the application of behavioural principles in disability services.[1,2] This disconnect illustrates difficulties in translating clinical supports to services that face challenges of funding, resource and staff depletion. Little emphasis is placed on understanding challenges facing staff and how such challenges impact the behaviour support process. This research presents observations of challenges from the staff perspective. It also provides feedback for universities to help shape future learning experiences for young behavioural practitioners.

METHODOLOGY

A survey explored themes from teachers and ancillary staff (n=16) who support individuals with challenging behaviour (age 5-23 years) in school and day services. The survey comprised 17 multiple choice questions and 2 open-ended questions. Participants rated confidence in their teaching ability and skills in managing challenging behaviour. Participants also identified challenges and benefits of the behaviour support process and rated their understanding of behavioural approaches. Survey responses were analysed using three thematic groups; issues regarding behaviour support, confidence in teaching skills and challenges of working with challenging behaviour.

RESULTS

Personal observations (PO) and collated ratings across three themes are presented, illustrating staff beliefs that may impact the behaviour support process.

Theme 1 - Behaviour Support Services

PO1: *"No disrespect but we've tried everything"* (Teacher). This statement shows a barrier in accepting suggestions from behavioural practitioners based on the personal assumption that everything worth trying has already been implemented and failed. PO2: *"If they were going to learn they would have learned it in school"* (Support Staff) and PO3: *"He doesn't have the cognitive ability for..."* (Teacher). PO2 and PO3 reflect a significant challenge for practitioners who recommend skills teaching programmes. PO3 presents difficulties when teachers assume a limited potential of a person. This assumption resulted in a communication system not being utilised for a learner.

Theme 2 - Confidence in Teaching Skills

PO4: *"We are not teachers"* (Support Staff). Several support workers repeated this statement despite actively implementing skills teaching programmes. Support workers rate their confidence in teaching skills between 30% and 90%, whilst teachers rate their confidence between 70% and 100%. PO5: *"He understands what I'm saying"* (Teacher). Explaining the multifactorial control of behaviour to staff (including receptive understanding), presents as a challenge to behavioural practitioners and this assumption can delay the introduction of behavioural supports.

Theme 3: Challenges Managing Challenging Behaviour

PO6: *"We didn't get a chance to run it"* (Teacher). A majority of respondents (75%) report that challenging behaviour occurs on a daily basis for the learners they support. Managing challenging behaviour daily without trained staff and sufficient resources is identified as a barrier to implementing behaviour support recommendations.

CONCLUSION

This paper identifies challenges facing staff and behaviour practitioners in supporting individuals with behaviours that challenge. The process of exploring the staff perspective is informative to the young behaviour practitioner in preparation for the reality of working in this sector. Current training for behavioural practitioners largely focuses on behaviour analytic skills without fully equipping practitioners with the skills to face the challenges presented in this paper. It is recommended that emphasis is placed on professional skill development, in the context of a mentoring programme, to better prepare young practitioners and to lessen the gap between university teaching and the application of behavioural principles as part of service provision in disability services.[3]

REFERENCES

Available on request.

PRESENTED

As an oral presentation entitled 'Division of Behaviour Analysis' at Trinity College, Dublin on May 10th, 2019 by Cayleigh Dunworth and Ken P. Kerr.

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Mental Health Service Provision for Adults who are Homeless - Experiences of Front-Line Service Providers

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INTRODUCTION

Ireland is experiencing a deepening homeless crisis which is at the centre of political and social debate with few sustainable solutions identified. The prevalence of mental illness amongst the homeless population is significantly higher, averaging at sixty percent compared to fifteen percent in the general population. Front-line service providers who support adults who are homeless encounter many challenges in engaging with HSE Mental Health Services on behalf of their service users.

OBJECTIVE

The aim of this study was to explore and analyse front-line service providers' experiences in their engagement with mental health services for adult service users who are homeless within the South-East Region of Ireland.

METHODOLOGY

Strauss and Corbin's Grounded Theory approach was used to guide twenty semi-structured in-depth interviews with front-line service providers from a broad range of relevant agencies.

RESULTS

Six key themes emerged as shown in Figure 1.

Figure 1 – Six Key Themes and Sub-Categories from Findings

Sub-Categories				Themes
Lack of intra and inter-agency communication	Lack of inter-agency shared care and case management	Professional role confusion	Lack of trust, respect and understanding between services	1. Limited inter-agency communication, collaboration and shared care
Limited assertive community supports from mainstream services	Limited targeted Assertive Outreach services	Absence of targeted assertive mental health In-Reach services		2. Limited assertive community recovery-orientated care
Mental health, medication management and substance misuse	Complex case management, shared care and role clarification	Risk assessment and brief interventions	Service information days and service updates	3. Inadequate staff training, information sharing and up-skilling
Lack of specialist targeted outreach services	Poor previous relationships with HSE Mental Health Services			4. Negative service users' experiences in engaging with services
Inadequate discharge planning was described as key to a service user's lack of recovery				5. Inadequate discharge planning for a homeless person
Service restrictions	Limited resources			6. Resource restrictions

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CONCLUSIONS

The eight priorities recommended are to (1) develop homeless and HSE Mental Health Services directories, (2) provide high support accommodation, (3) provision of a womens' emergency hostel, (4) develop relevant staff educational programmes, (5) provision of a Homeless Services medical card, (6) improve collaborative inter-agency shared care arrangements, (7) agree a homeless person's hospital discharge protocol and (8) provide bespoke mental health outreach services.

PRESENTED

As an oral presentation at the;-

- 38th International Nursing and Midwifery Research and Education Conference in the Royal College of Surgeons, Dublin on February 27th, 2019.
- Trinity Health and Education International Research Conference in Dublin on March 6th, 2019.
- 5th International Irish Narrative Inquiry Conference in Trinity College, Dublin on May 2nd, 2019.
- 5th Horatio Festival of Psychiatric Nursing in Copenhagen, Denmark on May 9th, 2019.

As a poster presentation at the;-

- Association of Community Mental Health Nurses of Ireland Annual Meeting in Dublin on March 22nd, 2019.

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Exploring Staff Perceptions of the Utility of Clinician Connections when Working with Emotionally Dysregulated Clients

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ABSTRACT

Borderline personality disorder (BPD) is considered to be a challenging condition for clinicians to treat. Clinicians routinely working with individuals who experience severe emotional dysregulation often do not receive appropriate training and support to work with this client group. This article describes an intervention, Clinician Connections (CC), which was developed to support practitioners who work with individuals with BPD. CC aims to increase the practitioner's knowledge of BPD, develop a skill set to work with emotionally dysregulated individuals and enhance the practitioner's self-efficacy with regard to working effectively with this client group. The aim of this study is to investigate the perceived utility and acceptability of CC, and identify areas for further development of the intervention.

A seven hour CC workshop was provided to emergency department and community mental health clinicians. Three focus groups were completed following completion of the intervention with 13 clinicians (12 female; 1 male) and were audio recorded. The study utilised a thematic analysis framework.

Six master themes emerged from the focus group data which included ten subordinate themes. The master themes identified were: the need for training; a new understanding; validation; barriers to applying new skills; overcoming barriers to skill application; and future direction: practical application of skills. Participants reflected on how their new understanding of transactions and their own experiences affect their practice. They also noted improved client interactions and client relationships resulting from the use of validation. While there was an increase in participants' self-efficacy in working with individuals with BPD, a need for further skills and practice was also highlighted.

The evidence presented here suggests that CC is both beneficial and feasible. Qualitative feedback suggests there is a need for further support in the strengthening and generalisation of skills. Suggestions were made by practitioners regarding potential improvements to the delivery of the workshop. Future research could evaluate the changes made to CC and focus on a quantitative approach to quantify the impact of CC.

PRESENTED

As an oral presentation at the Society for Dialectical Behaviour Therapy (DBT) Conference, Cork on November 20th, 2018 by Ms. Lucy Burke.

SOURCE

Borderline Personality Disorder and Emotion Dysregulation. 2019;6:12.

Is There a Role for Music Therapy in the Recovery Approach in Mental Health?

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ABSTRACT

The recovery approach in mental healthcare emphasises the importance of the service user leading a fulfilling, meaningful life beyond the limitations of illness or symptomatology. This approach to care is increasingly included as a central part of mental health policy and service provision in a number of countries including the UK and Ireland, to address the needs of people who have severe and enduring mental disorders. It is an autonomous, holistic and empowering way of working with individuals as they journey towards healing. Fundamental to this model is the relationship fostered between service users and health professionals. The recovery philosophy of care mirrors some of the core principles of music therapy, including the importance of the therapeutic relationship and the possibilities for change and growth within this.

This paper explores the congruence between music therapy and the recovery approach by providing: (1) An overview of current published evidence for music therapy in mental healthcare, (2) A discussion of this psycho-social creative arts therapy intervention within the specialised area of recovery in psychiatry, and (3) case vignettes to illustrate the application of this philosophy in music therapy work within a recovery service.

PRESENTED

As an oral presentation at the British Sociological Association/West Midlands Sociology Event, University of Coventry, UK on November 10th, 2011 by Dr. Tríona McCaffrey.

FUNDING

This research has received funding from The Irish World Academy of Music and Dance, University of Limerick.

SOURCE

The Arts in Psychotherapy. 2011;38(3):185-189.

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Music Therapy and Recovery in Mental Health - Seeking a Way Forward

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Solli, H.P.

The Irish World Academy of Music and Dance, University of Limerick

ABSTRACT

As recovery is a prevailing vision for modern mental health services internationally, it is timely to consider its current state of play in relation to music therapy practice. This paper offers a theoretical perspective of this topic, by presenting the views of four music therapy researchers situated in Australia, Ireland, Norway, and the United Kingdom.

Each of the four authors completed doctoral research in music therapy in the past three years that is explicitly about, or related to, recovery in mental health. Collectively all authors have considerable experience of providing individual and group music therapy services in acute and community settings with adults and adolescents within recovery-oriented services.

This article aims to elaborate on the implications of music therapy as a recovery-oriented practice, while presenting recommendations as to how music therapy can maximise support for recovery for our patients and service users. It draws on our respective doctoral study findings and lived experience of offering music therapy in recovery-oriented services, so as to present a collective theoretical perspective to other music therapy practitioners who are interested in this growing area. By doing so we hope to encourage discussion and response from music therapists practising in various mental health contexts in the service of developing the best possible music therapy services to our patients and service users.

PRESENTED

As an oral presentation entitled 'Music Therapy and Mental Health Recovery - Reflections on Contemporary Practice and Research' at the Irish World Academy of Music and Dance, University of Limerick on June 14th, 2019 by Dr. Tríona McCaffrey.

SOURCE

Voices: A World Forum for Music Therapy. 2018;18(1). [online open access journal]. doi.org/10.15845/voices.v18i1.918

Music Therapy's Development in Mental Healthcare - An Historical Consideration of Early Ideas and Intersecting Agents

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The Irish World Academy of Music and Dance, University of Limerick

ABSTRACT

Considering the history and development of music therapy in mental health is important in providing practitioners of the field with an understanding of the context in which the profession has emerged. The shaping of the discipline towards professionalisation of music therapy has involved multiple and intersecting agents, ideas and processes over many years.

Written from the perspective of a music therapist who is based in Ireland, this paper reviews some of the milestones and significant junctures that framed the practice of music therapy in mental healthcare. It also notes how some of these ingredients have been amplified or diminished over time.

The author observes the numerous references to the 'soul' and 'spirit' along this trajectory and speculates whether such narratives are being lost in descriptions of contemporary music therapy practice in mental health.

SOURCE

Music and Medicine. 2015;7(2):28-33.

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Meeting Art with Art – Arts-Based Methods Enhance Researcher Reflexivity in Research with Mental Health Service Users

McCaffrey, T., Edwards, J.

Irish World Academy of Music and Dance, University of Limerick

ABSTRACT

This paper presents a rationale for arts-based practices in music therapy research, and provides an example of using arts-based research (ABR) techniques in research. Arts-based materials are increasingly demonstrated to have the capacity to extend processes of reflexivity and analysis in a range of qualitative health research studies. By comparison, music therapy research studies have rarely employed arts-based methods or techniques. There is a need for more studies in music therapy that employ ABR to demystify and elaborate a wider range of creative approaches within music therapy inquiry.

In the study described in this paper, ABR was used to reflect on the contribution of a service user in a community mental health context who participated in a focus group about his experiences of music therapy.

ABR was found to offer a creative way to engage service users, and to deepen and extend the researcher's reflexivity when responding to materials created by research participants.

PRESENTED

As an oral presentation at the 15th World Congress of Music Therapy, Tsukuba, Japan on July 8th, 2017 by Dr. Tríona McCaffrey.

FUNDING

This research has received funding from The Irish World Academy of Music and Dance, University of Limerick.

SOURCE

Journal of Music Therapy. 2015;52(4):515-532. doi.org/10.1093/jmt/thv016

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‘Bumping along’ - A Qualitative Metasynthesis of Challenges to Interprofessional Placements

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ABSTRACT

Interprofessional practice is required to manage complex healthcare needs globally. It is well established that interprofessional placements (IPP) prepare students to work collaboratively, yet IPP implementation remains limited and disjointed.

This review synthesised student, educator and service user perspectives in order to better understand challenges of IPP and provide recommendations for sustainable IPP implementation.

A systematic metasynthesis of qualitative literature sourced from databases including CINAHL, Embase and PsycINFO was completed. Studies that incorporated student, educator and/or service user perspectives on IPP experiences were included. There was a specific focus on factors limiting implementation of IPP. The presage-process-product (3P) theory provided the theoretical framework for inductive synthesis of 41 empirical studies. A confidence rating for findings was formulated using CERQual (confidence in evidence from reviews of qualitative research).

Three themes were developed which represent key challenges to IPP becoming embedded in placement culture: (i) thin theoretical foundations underpinned IPP, limiting understanding of the learning processes involved; (ii) implementation relied heavily on individual champions, which curtails investment and sustainability when personnel change, and (iii) students, educators and service users were unsure of the function of IPP and their respective roles, leading to uncertainty along with some negative perceptions of this placement approach.

In line with the 3P theoretical framework, IPP would benefit from explicit connections with educational and change management theories during presage stage. IPP requires co-ordinated leadership and resource investment, and during product stage clear integration of interprofessional learning outcomes in curricula is advised. Addressing the identified challenges across the stages of IPP will support further development of IPP, firmly establishing this approach within placement culture. IPP can then make a significant contribution to the development of a collaborative practice-ready workforce. This in turn will enhance service user outcomes and safety.

PRESENTED

As an oral presentation at the Healthy Living, Healthy Life-Collaborative Conference on Research, Practice and Community Innovations in Dalhousie University, Halifax, N.S. in September 2018.

FUNDING

This paper was funded by a scholarship held by the first author at the School of Allied Health, University of Limerick.

SOURCE

Medical Education. 2019;53(5):1-12. doi.10.1111/medu.13891

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Are Hospital-Based Non-Consultant Hospital Doctors being Bleeped Appropriately during Lunch Hour?

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INTRODUCTION

Non-Consultant Hospital Doctors (NCHDs) are contractually and legally entitled to a bleep free period of lunch hour excepting clinical emergencies. Sligo University Hospital (SUH) introduced a NCHD Bleep Policy in March 2017.

OBJECTIVE

The aim of this study is to determine the source and urgency of bleeps during the bleep free period of lunch-time. The standard is that outlined in the SUH bleep policy stating the protected lunch-time status.

METHODOLOGY

Medical NCHDs' bleeps were answered by a consultant colleague and data logged for all NCHDs attending Tuesday and Friday lunch-time teaching sessions. NCHDs who were on call were excluded from the study. The reason for the bleep was classified as urgent or non-urgent by the bleeping party.

RESULTS

One hundred and eight bleeps were answered during 27 lunch-time teaching sessions, (mean number 4.82, range 1 to 11). On one occasion there was no reply to the call back.

Four were classified as urgent (3.7%): 1 patient had an Early Warning Score of 8, 1 requested completion of a 'Not for Resuscitation' form for ambulance crew who were leaving with the patient at that time, 1 required more information on a blood transfusion form, 1 was to inform doctors of a perforation on a CT scan. The remaining 104 were deemed non-urgent.

Seventy nine bleeps were from nursing staff, 8 from medical staff (doctors) and 3 outside calls, 1 medical student, 3 radiographers, 1 bed manager, 1 laboratory staff member.

Fifty one were from Medical Wards, 7 Surgical Wards, 1 Intensive Care Unit, 8 Emergency Department, 23 other sources including Dialysis and Day Ward Units.

CONCLUSION

Staff are continuing to bleep during lunch-time and a body of education needs to be put in place to improve awareness of the bleep-free lunch period. This study will allow targeting of the recurrent offenders.

PRESENTED

As a poster presentation at Sligo University Hospital Audit Conference 2019.

Assessing the Need of Decision-Making Framework to Guide the Adoption of Health Information Systems in Healthcare

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LERO- The Irish Software Research Centre, University of Limerick

ABSTRACT

Technological advancements have accelerated the adoption of healthcare information systems (HIS). Although HIS can provide various benefits to healthcare organisations, such as enhanced productivity, lower costs, reduction in medication errors and easing the manpower strain, there is a high failure rate associated with HIS adoption.

In order to investigate this phenomenon, we studied how decisions to adopt HIS are made, what factors influence adoption, what are the prominent theories associated with HIS adoption decision-making and challenges in practice.

We conducted a structured literature search to identify studies which presented HIS decision-making theories and models in a healthcare environment. Through synthesising 26 studies, we identified five major factors that capture information to support decision-making, namely business, environment, human, organisation and technology.

We identified that there is no panacea for selecting any particular decision-making theory to adopt HIS. We have also identified key shortcomings of existing HIS decision-making theories which highlight the need to introduce a rigorously validated decision-making framework. To address this, we propose that stakeholders need to re-examine the assumptions around each of the five factors before making decisions regarding HIS adoption.

While we focused on decision-making associated with HIS within healthcare organisations, we acknowledge that the adoption of HIS is a multifaceted process since various stakeholders are involved.[1] Also, decision-making is just the first step to consider for the adoption of the HIS. It is critical to consider multiple viewpoints of all key adopter groups,[2] and address concerns among groups for the overall HIS adoption process.

REFERENCES

Available on request.

FUNDING

This work was supported with the financial support of the Science Foundation Ireland Grant 13/RC/2094 and co-funded under the European Regional Development Fund through the Southern and Eastern Regional Operational Programme to Lero - the Irish Software Research Centre. www.lero.ie

SOURCE

R.M. Abbas, N. Carroll, and I. Richardson. Assessing the need of decision-making frameworks to guide the adoption of health information systems in healthcare. In the 12th International Conference on Health Informatics (HEALTHINF 2019), February 22nd to 24th, 2019, Prague, Czech Republic.

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Implications for Nursing and Healthcare Research of the General Data Protection Regulation and Retrospective Reviews of Patients' Data

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ABSTRACT

The European Union (EU) General Data Protection Regulation (GDPR) came into effect in May 2018. Intended to protect against the unwanted sharing of private data, the new rules have significant implications for healthcare research. A well established research methodology likely to be affected is retrospective patient data review (RPDR). Commonly examining patient medical records, this approach has been widely used in healthcare research. This review examines the European GDPR and its potential impact on the use of patient data in nursing and wider healthcare research.

Previous misuse of digital/electronic patient data has affected public confidence in healthcare research. Whilst GDPR aims to improve public confidence, research quality may be negatively affected. Researchers aiming to utilise patient data review will need to carefully consider consent issues. Although exceptions to the rule of individual consent are incorporated within GDPR, there is a level of future uncertainty in relation to this process.

If GDPR results in stricter research patient consent requirements, the validity of some studies may be affected. Nurses, other researchers and organisations may need to consider innovative ways of engaging patients in research. Patient data research has played an important role in shaping nursing/healthcare policy and practice. European-wide changes, prompted by GDPR, are likely to affect the way patient data research is carried out in the future.

FUNDING

This research has received funding from the Nursing and Midwifery Planning and Development (NMPDU), South-East Community Healthcare.

SOURCE

Crowhurst N, Bergin M, Wells J. (2019) Implications for nursing and healthcare research of the general data protection regulation and retrospective reviews of patients' data. Nurse Researcher. doi.10.7748/nr.2019.e1639 (18 March 2019/ Volume 27, Issue 1).

Available at: https://journals.rcni.com/nurse-researcher/evidence-and-practice/implications-for-nursing-and-healthcare-research-of-the-general-data-protection-regulation-and-retrospective-reviews-of-patients-data-nr.2019.e1639/abs

Evaluation of an Interactive Virtual Patient Database to Teach Patient Management and Prescribing

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INTRODUCTION

Doctors upon qualification should be competent at managing patients and prescribing safely.[1] These competencies involve a complex combination of skills, and are based on knowledge application and clinical reasoning as opposed to knowledge alone.

Virtual patients (VPs) can assist in the education of medical students by allowing them to progress to the higher orders of learning by 'doing' in vitro without the risk of causing harm.

OBJECTIVE

The aim of this research was to introduce a new teaching modality, based on VPs, created using a patient management software system, intended to improve students' competence at patient management and prescribing, and to evaluate its effectiveness.

METHODOLOGY

An interactive teaching modality was introduced to an existing 'Medicine in the Community Module' in the School of Medicine at University College Dublin (UCD). It utilised Socrates®, a patient management software system used widely in the clinical setting, but not previously used for medical education purposes. VPs with specific case histories were created within the system by academic General Practice faculty. These were accompanied by clinical video vignettes recorded with actors. Interactive workshops were conducted in computer-assisted laboratories, where students had the opportunity to manage their VPs in small groups.

Evaluation of the new teaching modality was conducted over one academic year on a total of 250 students in 4 repeating blocks. An anonymised self-rated competency test, using a Likert scale, and a combined short answer/multiple choice question (MCQ) test were distributed to all students before and after the module. Test questions differed before and after, but were matched for difficulty level. Competencies were based on those utilised in the Prescribing Safety Assessment (PSA).[2]

RESULTS

Of the 250 students, 79% completed the evaluation before the module, and 58% completed it after. Only those who completed both were included in this evaluation as the purpose was to compare scores before and after.

Students' self-rated scores improved in all 8 competencies after the module.

A self-rated retrospective before score was also gleamed from students to determine, after the module, how they would retrospectively score their competency before the module. These scores did not differ significantly from their before module scores in most competencies.

Students' combined short answer question/MCQ test scores also improved in all 7 competencies, minimally (3%) in competency 7, with a mean improvement of 18%. Competency 8 was applicable only to the self-rated score above, and not to this test. Overall, there was not a significant correlation between self-rated scores and test scores for each competency.

Table 1 - Self-Rated Scores

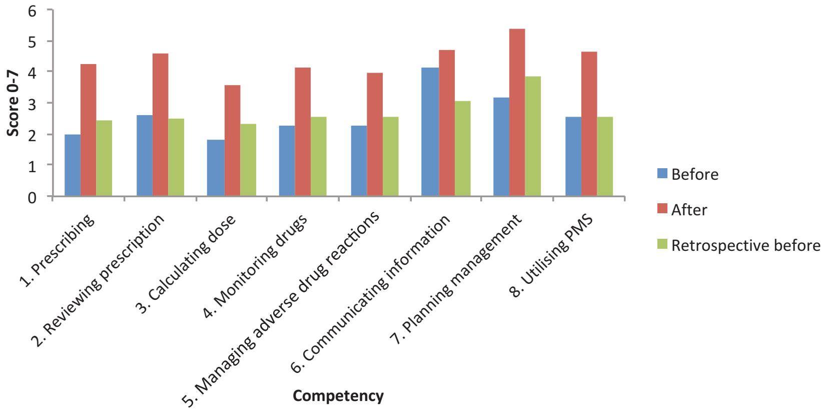

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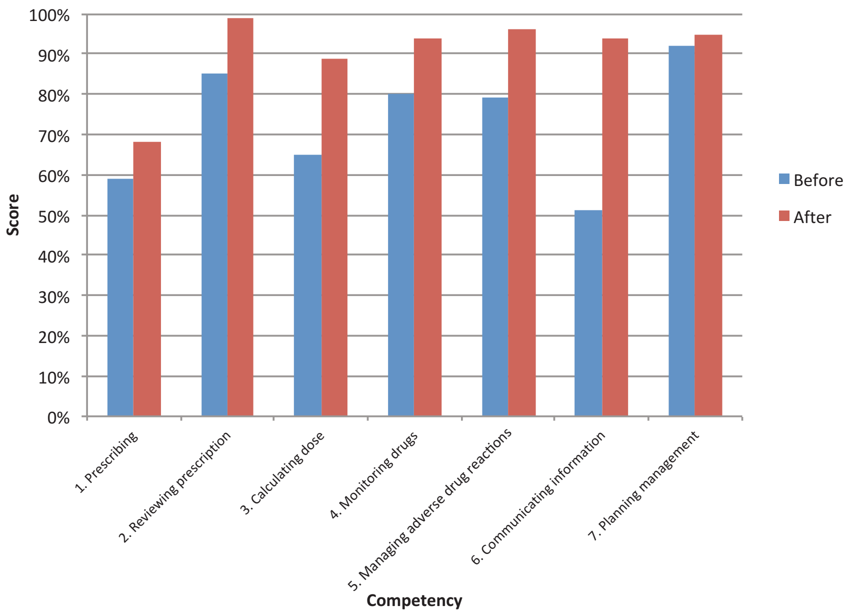
Table 2 - Short Answer Question/MCQ test Scores



CONCLUSION

Results showing an improvement, both in self-rated and short answer question/MCQ test scores were consistent across all 4 blocks, suggesting that learning achieved was attributable to this module. However, it was not necessarily attributable to the new modality within the existing module. The inability to separate learning achieved in this modality from that learned in other pre-existing parts of the module was a limitation of this method of evaluation. Qualitative data from students who have completed the module, focusing on learning from the new modality as distinct from the module, would provide more specific data. The authors intend to progress to qualitative evaluation of this teaching modality.

REFERENCES

Available on request.

PRESENTED

As a poster presentation at the Society for Academic Primary Care (SAPC) 45th Annual Scientific Meeting in Dublin Castle on July 7th, 2016. This event was hosted by The Royal College of Surgeons in Ireland.

Home Students' Experiences of Intercultural Learning - A Qualitative Descriptive Design

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ABSTRACT

Higher education institutes are witnessing an increase in the cultural and ethnic diversity of their student population. While this adds to the learning experience, there is a dearth of evidence examining how students on nursing programmes, from different cultural and ethnic backgrounds learn with and from each other. There is need for a greater understanding of the factors that both facilitate and inhibit intercultural learning within the classroom.

This study explored the perceptions and experiences of home students on a postgraduate nursing programme, of intercultural learning within the classroom. A qualitative descriptive design was used. Home students enrolled on a suite of postgraduate nursing programmes in one region of Ireland who were registered for co-scheduled modules with international students, were recruited to participate on a voluntary basis. Fourteen home students (13 females and 1 male) were purposively sampled. Data were collected using digitally recorded one to one semi-structured interviews (ten 'face to face' and four telephone). Data were thematically analysed using a modified version of Braun and Clarke's (2006) framework.

This study describes the value of intercultural learning in the classroom and draws attention to some of the challenges experienced by home students. Furthermore, it highlights the importance of exploring similarities, whilst respecting differences in prior educational experiences, learning styles and cultural backgrounds. The overarching theme, **Navigating intercultural learning** describes home students' experiences of **developing awareness, connecting** and **sharing cultural knowledge.**

Intercultural learning takes time and requires commitment, emphasising the need for careful consideration of facilitation techniques, preparation, support and planning pedagogies that encourage effective intercultural learning. The findings make a valuable contribution to existing knowledge on internationalising nurse education, specifically with regard to intercultural relations and the perceptions and experiences of teaching and learning in intercultural classrooms.

SOURCE

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Balancing Perspectives on Intervention Feasibility - Using Stakeholder Views in Decision-Making

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ABSTRACT

Anxiety and stress are prevalent in general practice and primary care settings, particularly among women. The 'Redesigning Daily Occupations' (ReDO^{TM}) programme is a manualised occupational therapy-led intervention designed to improve balance in daily life and reduce stress. A pilot study aiming to explore the feasibility of implementing ReDO^{TM} in primary care settings was carried out. Despite predicted demand, recruitment was slower than anticipated.

The objective of this research was:-

- To understand the feasibility and acceptability of ReDO^{TM} from the perspective of stakeholders
- To understand the study processes better
- To use this information in decision-making to plan future intervention evaluation/development.

Six women diagnosed with anxiety or stress-related conditions were recruited to take part in the 10 week group programme via their general practitioner. Qualitative interviews were completed with five group participants, two group facilitators, and nine general practitioners (n=17). The data analysis was informed by principles of qualitative evaluation research where the focus is on achieving practical, actionable understandings of real-world issues in context.[1]

Results demonstrated conflicting perspectives on the feasibility of ReDO^{TM}. The participants noted changes in their daily lives, in mental health and daily functioning, and recommended longer interventions. In contrast, the length of the intervention was balanced with a heavy clinical workload for the occupational therapists, while general practitioners felt the length of the programme restricted study recruitment. The occupational therapy programme facilitators and participants contributed to understanding how changes had taken place within the context of group dynamics adding to insight into who the intervention might best be suited to.

The qualitative approach contributed greatly to decision-making. The programme will be delivered again in 2019 with small changes to the inclusion/exclusion criteria and recruitment strategy. Future research will explore the mechanism of change as understood by participants and facilitators within this intervention.

PRESENTED

As a poster presentation at the Qualitative Health Research Network Meeting in London, UK from March 21st to 22nd, 2019.

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SOURCE

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