

St. James's Hospital
3rd Annual Seminar 2010
Research, Clinical Audit & Quality
Improvement Seminar

Thursday 20th May 2010

Book of Abstracts



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St. James's Hospital
Department of Nursing

3rd Annual Research, Clinical Audit & Quality Improvement Seminar 2010

Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Carmel Daly (CNS) Pain Medicine, Patricia Duff (CNS) Pain Medicine, Deirdre O' Dowd (CNM 2) Pain Medicine, Lynne Robb (CNM 2) Pain Medicine.

Researcher Contact Details / Email: (01) 4162354, bleep # 569 painnurses@stjames.ie

Abstract Title: **A Retrospective Review Of Ward-Based Epidural Therapy**

Please Mark **X** as appropriate

Oral Presentation

Poster Presentation

Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Background

Epidural therapy is the recommended modality for postoperative pain management following major thoracic or abdominal surgery (ANZCA&FPM 2005). In 2003, the Clinical Nurse Specialist (CNS) in Pain Management introduced a pilot Epidural service to three ward areas. An education programme for ward nurses, a protocol and competencies related to the management of Epidural therapy were developed. The service was extended to three other ward areas in 2008. This retrospective review includes 510 postoperative patients who received ward-based epidural therapy for acute pain management in 2008.

Aim and objectives

To determine if Epidural therapy is safe and effective in ward areas.

Methods

Patients receiving Epidural therapy are reviewed and assessed on a daily basis by a pain team nurse to ensure pain management is optimised. A data collection tool was developed and the pain team nurses input the data collected onto a Microsoft Excel ® spreadsheet. The data collected includes: demographics, type of surgery, pain scores (rest/movement) utilising a numeric rating scale (0=no pain, 10=worst ever pain), duration of epidural therapy and any side effects or complications related to Epidural therapy.

Analysis and Results

The data was analysed using a Microsoft Excel ® spreadsheet. The total number of patients was n=510. There were (n=251) females and (n=259) males. Ninety eight percent of patients (n=416) reported pain scores of ≤ 4 at rest, 85% of patients (n=363) reported pain scores of ≤ 4 on movement. The duration of epidural therapy ranged from 1-11 days (average duration 4 days). The side effects of Epidural therapy reported were: motor block 18% (n=64), nausea 15% (n=52), pruritus 10% (n=37), dislodgement 8% (n=27), hypotension 6% (n=20) and did not work 6% (n=22). The results of this review supports international guidelines for postoperative pain management.

Recommendations

Further research is of paramount importance to analyse the reasons for the above side effects to reduce the occurrence of these in the future.

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Department of Nursing

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Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Patricia Duff CNS Pain Management St. James Hospital
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St. James Hospital Dublin 8

Abstract Title: **A Survey to Examine the Role and Scope of Practice of Nurses working in Pain Management in Ireland.**

Please Mark **X** as appropriate

Oral Presentation

Poster Presentation

Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Background:

This study was conducted to investigate the role of nurses working in acute and chronic pain management in Ireland.

Aims & objectives:

To determine if the nurse's roles reflect the core concepts for the CNS role described in the literature.

Methods:

A survey design approach utilising a postal questionnaire was used.

Analysis:

Microsoft Excel® was used for data analysis.

Results:

Sixty one nurses were identified as working in acute and/or chronic pain management in Ireland. The overall response rate was 91.8% (n=56): Republic of Ireland (RoI) 92.85% (n=26) and Northern Ireland (NI) 90.9% (n=30). More nurses used the title CNS in the RoI (n=14) than in NI (n=6). There was one ANP in both jurisdictions. Thirteen titles other than CNS/ANP were used by nurses in NI in contrast to three other titles in the RoI. Evidence is provided of nurses in pain management in Ireland fulfilling the core concepts described for the CNS role: clinical, education, patient advocate, consultancy, research and audit. The number of nurses undertaking audit was high (RoI 78.2% and NI 71.4%). While the numbers undertaking research were low, more nurses in the RoI (44.7%) undertook research compared to NI (24.9%). This study highlights differences between the educational qualifications of nurses in the RoI and NI. Although the percentage of nurses who had master's degrees was similar (RoI 21.7% and NI 21.4%), the number of nurses who had undertaken or were undertaking master's level education in relation to pain management was very different (RoI 69.5% and NI 14.2%). This study demonstrates that regulation of advanced nursing practice reduces the number of titles used and increases the number of nurses undertaking further education in their specialist practice area.

Recommendations:

The development and introduction of national guidelines concerning the skills and competencies required by nurses for 'specialist' roles in pain management.

**St. James's Hospital
Department of Nursing**

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Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Sharon Keating.

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Abstract Title: **How compliant are healthcare workers with isolation precautions?**

Please Mark **X** as appropriate

Oral Presentation

Poster Presentation

Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

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ABSTRACT

Background

The number of patients in Irish hospitals who are colonised or infected with multi-drug resistant organisms is increasing. As many of these patients may be isolated as a result of these organisms and with infection control in the spotlight more than ever, the researcher believes it is necessary to focus on infection control practices that are proven to work, namely isolation precautions, and to examine how compliant healthcare workers are with these precautions.

This paper reports on the level of compliance with isolation precautions among healthcare workers. The study was carried out in a large tertiary referral hospital over a seven-week period, using an observational tool on a large convenience sample.

The results from this study indicate that compliance with isolation precautions was 74%. A difference was found between the different disciplines of healthcare workers observed, with allied health professionals demonstrating the most compliance. Compliance was also found to be greater in critical care areas than medical or surgical areas.

By highlighting the level of compliance among healthcare workers with isolation precautions, a better understanding has been reached as to the success of education and awareness campaigns on isolation precautions. In addition the study gives an insight into specific areas where changes may be needed to improve compliance.

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Abstract (Paper or Poster)

Researcher (s) Name & Title: Anne Winning, Neans Ni Rathaille, Johanna Howlett, Maureen Foran, Deirdre Kennedy

Researcher Contact Details / Email: Extension 2143/ jhowlett@stjames.ie

Abstract Title: **A STUDY OF PATIENTS WHO ARE LOST TO HIV SERVICES**

Please Mark **X** as appropriate

Oral Presentation Poster Presentation Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Background

Regular attendance at a HIV treatment clinic is essential for good health outcomes for HIV patients.

Aim and Objectives

As the largest HIV service provider in Ireland, the aim of this research was to gain an understanding of the profile and outcomes of patients Lost to Follow-up (LTFU) and the potential role of social work in engaging with patients to maintain involvement with services.

Methods

This research focused on the number of patients who were LTFU. LTFU is defined as all patients who had attended the HIV clinic at St James's Hospital at least once in 2006, and who have not attended clinic for outpatient medical review since.

From approximately 2000 patients attending the clinic, there were 98 patients LTFU, of which 18 died and were excluded from this study leaving 80 patients LTFU. Of these, 50 transferred their care to other services or moved abroad.

The remaining 30 patients' medical charts, social work files and the electronic patient record systems were reviewed and audited to gain information regarding the patients' medical and social history. This data was analysed to gain an understanding of reasons why patients became LTFU.

Analysis and Results

The findings from this research highlight that a high number of patients who are considered LTFU have actually had their care transferred to other services. Of these patients, 40% chose to transfer to private service providers. The remaining 60% transferred their care within Ireland or abroad.

The first year post diagnosis tends to be the most significant and the research highlighted that almost 75% of patients attended regularly (i.e. 3 appointments or more) in their first year. Almost 25% of patients attended two appointments or less post diagnosis. 83% were not on medication when LTFU. 83% had engaged with medical social work (MSW) services. There was no discernable pattern from this research as to how much time lapsed before people were LTFU. However, almost 60% attended for less than 5 years.

More than 50% of the patients LTFU were from Sub Saharan Africa of which approximately a third mentioned the possibility of deportation or plans to return home.

Other factors include being linked in with other services (such as drug treatment clinics, psychiatric services), prison, disclosure issues and feeling well.

Recommendations

This study highlights the need for further qualitative research on attitudes and experiences of engaging with HIV services. This would enable MSW's to identify patients at risk of being LTFU and inform service development.

While the number of individuals LTFU are seemingly low, the long-term and cumulative implications of withdrawing from treatment could result in more frequent or longer hospital stays, the risk of onward transmission, greater levels of illness, disability and death.

The high rate of individuals LTFU from Sub Saharan Africa (over 50%) indicates the need for culturally competent social work practice with an already marginalised group.

The development of effective HIV treatments has led to HIV being regarded as a manageable life long illness, with lower mortality rates. Furthermore national statistics would indicate an increased incidence of new HIV infections. This highlights the need for more specific interagency links with services such as drug treatment, mental health and HIV support agencies to best meet the needs of patients at risk of being LTFU.

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Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Aghmat Mohamed (Educational Facilitator), Margaret Codd (ADON), Fionnuala King (Chief ii Pharmacist)

Researcher Contact Details / Email: Extension 2143/ amohamed@stjames.ie

Abstract Title: **Introduction of a Safety System for Intrathecal Chemotherapy (ITC) in an Irish Cancer Centre**

Please Mark **X** as appropriate

Oral Presentation

Poster Presentation

Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Background

In the Author's hospital which is one of the largest cancer treatment centres in Ireland, there have been no adverse events relating to ITC. However, 2 "near-misses" within the last 18 months, combined with an alert from the World Health Organisation (2007), provided the impetus to investigate the current system of ITC used within the hospital. Assessment demonstrated that while practice was good, the current system was not comprehensive and significant weaknesses could be identified. Two hospital policies existed that had been written by individuals from 2 different professional groups. Their content was accurate, but neither was complete in covering all aspects of ITC. Nor had they been disseminated to all team members.

The most recent national guidelines on ITC in Ireland date back to 1996, where it is included as a small part of general recommendations for the safe administration of cytotoxic medical preparations (Department of Health and Children, 1996).

Aims and objectives

To improve patient care through the development and implementation of a multi disciplinary safety system for (ITC) by the 30th of April 2009. Through collaboration with the multidisciplinary oncology team and other relevant stakeholders, the authors investigated current practices, identified deficits in the current system, and introduced a change management programme for the development and implementation of a safety system for the management of ITC. The project was implemented using Kotter's (2007) 8-Step Model of Change.

Methods

Action Research

The current process was mapped; 35-steps, 25-people.

Multidisciplinary Team identified 6 areas for improvement:

- A comprehensive MDT policy,
- development of MDT training programme,
- designated storage areas,
- safer delivery systems,
- a patient information leaflet,
- standardisation of post-lumbar puncture care.

Recommendations

- 6 Action areas completed
- Enhanced safety culture.
- Increased awareness of systems thinking, complexities and inter-dependencies of the current system.
- Enhanced inter-professional collaboration.
- Enhanced teamwork.
- An audit of all procedures carried out in within the first month of implementation (April 2009) demonstrated 100% compliance with 69% of standards.
- Re-audit in December 2009 again demonstrated high levels of compliance with the policy.

**St. James's Hospital
Department of Nursing**

3rd Annual Research, Clinical Audit & Quality Improvement Seminar 2010

Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Sharon Slattery ADoN, Noel Nowell CNM2, Anne Sloan CNM1
Researcher Contact Details: Sharon Slattery ADoN SaMS, sslattery@stjames.ie
Noel Nowell CNM2 V Synge Ward, nngwenya@stjames.ie, Anne Sloan CNM1 V Synge Ward, sloana@stjames.ie
Abstract Title: **A Quality Initiative - HCA project on Victor Synge ward 1:1 Patient Care**

Please Mark **X** as appropriate

Oral Presentation Poster Presentation Oral & Poster Presentation

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The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and R

Background:

Recently a number of incidents occurred on Victor Synge Ward which highlighted areas requiring improvement. Coupled with this, the cost of providing care to the patients on Victor Synge Ward has continued to increase beyond the allocated budget.

An initiative has been undertaken by the nursing staff which will assist with addressing both issues of providing a quality service to patients within the financial allocation.

The initiative involved selecting agency HCA's who have:

- Manual handling training
- Non-violence intervention training
- Were recognised to be competent in 1:1 patient care within SJH, and
- Who expressed an interest in working on this project.

Following selection, clear expectations were exchanged and agreed, including the need for clear communication channels, accurate documentation, teamwork, and a high standard of patient care.

The project centred around a system whereby the same team of agency HCA's cared for cohorted patients requiring 1:1 care on Victor Synge Ward.

Proposed benefits:

- Patients and family familiar with the agency HCA team
- HCA team more familiar with Victor Synge Ward staff and the functioning of the ward
- Reduction in the cost of providing 1:1 care on Victor Synge Ward
- Improved patient care and documentation

Audit tool:

To help to assess if this innovative was worthwhile two questionnaire were designed - one for the HCA's and one for the nursing staff.

Conclusion

It is evident from the results that this project has had a positive impact for patients, nursing staff and HCA's on Victor Synge ward. The initiative has shown a direct correlation between teamwork, good communication and acknowledgement of staff contribution with improved patient safety.

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Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Ciara O' Loughlin (CNS Rheumatology)

Researcher Contact Details / Email: coloughlin@stjames.ie

Abstract Title: **The development of a biologics database for patients with inflammatory arthritis in St. James's Hospital, Dublin.**

Please Mark **X** as appropriate

Oral Presentation

Poster Presentation

Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Aim/Introduction:

A database was developed to monitor the efficacy and safety of biological agents in the treatment of patients with inflammatory arthritis.

Method:

Data was collected in the Rheumatology department from 2004 to 2009. The information was entered on to a Microsoft Excel spreadsheet, including data such as diagnosis, disease duration, current and past drug treatments, reasons for switching and/or ceasing treatment. For those patients entered into the database after June 2008 outcome measures were completed including the Health Assessment Questionnaire and the DAS- Disease Activity Scores to assess the severity of their inflammatory arthritis.

Results:

From 2004 to July 2009, 153 patients with rheumatoid arthritis and 24 patients with psoriatic arthritis have been entered into the database. 78.5% of patients with RA were female with a mean age of 52.60 years. In the PsA group 41.7% were female in with a mean age of 41 years. Patients with RA had a mean disease duration of 12.42 years, compared with 7.86 years in the PsA group. The mean DAS prior to commencing treatment was 5.46 (RA) and 4.43 (PsA). 26% of patients with RA had failed at least one biologic agent and switched treatments. 25% of patients with PsA failed one biologic agent and switched treatments. Biologic therapy was ceased in 3% of the RA group secondary to adverse effects, and other medical issues whilst treatment was ceased with one patient with PsA due to non-compliance.

Conclusion:

The development of a biologics database assists with the effective monitoring of patients on biologic therapy.

**St. James's Hospital
Department of Nursing**

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Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Carr, J, Garvey, E. Evans, L. and Rasuol M.

Researcher Contact Details / Email: Lia Evans, Clinical Audit Facilitator, Old OPD Prefab Building, HSE Dublin Mid Leinster, Midland Regional Hospital Tullamore, Tullamore, Co Offaly. Telephone (05793) 59120 Mobile (086)0496661, lia.evans@hse.ie

Abstract Title: An audit of anticoagulant prescribing for adult Inpatients at Midland Regional Hospital at Tullamore (MRHT).

Please Mark **X** as appropriate

Oral Presentation

Poster Presentation

Oral & Poster Presentation

Background:

Anticoagulants are high-risk drugs and reports of accidental deaths and over dosage due to improper use of anticoagulant drugs have received significant publicity, particularly in the US and the UK (NPSA). Anticoagulants as a class are a significant source of medication incidents and near misses, making the management of anticoagulants for inpatients an area of high priority for MRHT.

Aims & Objectives:

The aim of the audit was to establish whether MRHT compared favourably with evidenced based practice, with regards to:

- Clinical protocols for safe use of oral and inject-able anticoagulation therapy
- Safety indicators for patients starting oral anticoagulant therapy
- Safety indicators for patients established on oral anticoagulant therapy

The audit compared practice with the Guidelines from the American College of Chest Physicians 2008

Methods:

An audit tool was designed by the Audit Facilitator. Following a pilot, data was collected by the pharmacist on 297 discharged patients from a variety of wards between 26/06/2009 and 24/07/2009.

Data sources reviewed were medical notes, drug charts and nursing notes. Data relating to practice was collected relating to:

- Prescribing and Administration of Anticoagulants
 - Documentation of Indications
 - Dosage
 - Administration
- Warfarin
 - Warfarin indications
 - INR Target
 - Administration

Analysis & Results:

Assessment of risk is not performed in a routine, systematic way-or if it is, this is not documented.

Documentation of indications, risk factors and monitoring requirements could be improved.

Recommendations:

- Consider piloting a risk assessment tool.
- The management of warfarin therapy warrants a separate, in-depth audit
- Re-audit in 2010
- The adoption of an algorithm to be considered
- Warfarin section of inpatient chart and prescription sheet needs to be reconfigured to leave space to record indications for warfarin and for the prescriber's details

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Abstract (Paper or Poster)

Researcher (s) Name & Title: Dr. Samantha Hughes, Team Lead Quality, Clinical Audit and Research; Lia Evans, Clinical Audit Facilitator, Midland Regional Hospital at Tullamore; Sharon Gorman, Clinical Audit Facilitator, Midland Regional Hospital at Mullingar, Emer McEvoy and Nicola O' Grady, Clinical Audit Facilitators, Midland Regional Hospital at Portlaoise; Eileen Dunphy, Researcher, Integrated Care.

Researcher Contact Details / Email: Dr. Samantha Hughes, Team Lead Quality, Clinical Audit and Research, HSE_Dublin Mid Leinster, Block 4, Central Business Park, Tullamore, Co Offaly.

Telephone (05793) 57927 Mobile (086)6048294, samantha.hughes@hse.ie

Abstract Title: The Development and Implementation of Clinical Audit and Research in the Midland Regional Hospitals.

Please Mark X as appropriate

Oral Presentation

Poster Presentation

Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

ABSTRACT

Background:

The Clinical Audit and Research Team was established in the former Midland Health Board in 2000. The team provide experienced Clinical Audit and Research support to Integrated Services within HSE Dublin Mid-Leinster. The team form part of the Quality and Risk Team in the Midlands and integrate closely with the Risk Management and Quality Teams to provide comprehensive and integrated quality and safety improvement support to all staff.

Aims and Objectives:

The main functions of the Clinical Audit and Research Team are:

- To undertake clinical audits and research projects as required in response to risk reviews, poor performance against standards, incidents, hazard identification, concerns raised by management and staff etc.
- To provide training and support to staff undertaking clinical audit and research
- To provide advice on topics for audit / research / evaluation
- To provide advice and support on literature searches/ data collection methods/data analysis
- To monitor reports and action plan implementation
- To assist with the implementation of NHO and HIQA standards

Methods:

Clinical Audit and Research work is initiated as a result of the identification of an area of high risk or concern by individual staff or services or where an incident or near miss has occurred and the review of the incident/ hazard indicates the need to undertake a clinical audit or research based analysis of the relevant processes. Clinical Audit and Research is also utilised in assisting in the investment of limited resources, managing high cost and volume issues, and in the promotion of evidence based practice which bring about high impact services changes for patients/clients and the service in question. Governance meetings in each of the Midland Regional Hospitals and Community Care areas are proving to be vital for the identification and prioritisation of essential clinical audit and research work. Where these have been established, they have been invaluable to the development of responsive and necessary clinical audits and research. The Clinical Audit Team are also linking with Dr. Joe Devlin and the work of the Commission on Patient Safety and Quality Assurance to align the work of the Clinical Audit Team with national HSE requirements. This will be further advanced in 2010 when it is envisaged there will be a nationally co-ordinated approach to Clinical Audit in the HSE. Currently, audits are prioritised in line with **Healthcare Audit Criteria and Guidance** (HSE, 2008).

Analysis & Results:

Approximately 400 audits/re-audits/Research Projects undertaken to date across the Midland Regional Hospitals and Community Service areas. SPSS now installed in Libraries to facilitate staff undertaking audits. Re-audits have demonstrated quality improvements for staff and service users. Quarterly Audit Reports provided to Hospital and Community Managers. Clinical Audit and Research Annual Reports (2001 – 2009), templates, guides, training materials, proposal forms etc developed and published on our website.

Recommendations

- Greater development of Governance structures to enhance the functioning and integration of Clinical Audit within Integrated Services
- Improved follow-up of recommendations and action plans to ensure systematic quality improvement takes place

**St. James's Hospital
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3rd Annual Research, Clinical Audit & Quality Improvement Seminar 2010

Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: *Aisling Mc Hugh, Clinical Specialist Dietician*

Researcher Contact Details / Email: *Bleep243, amchugh@stjames.ie, Tel. (01) 4162180*

Abstract Title: *An Audit of Parenteral Nutrition (PN) use in an Academic Teaching Hospital*

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Oral Presentation

Poster Presentation

Oral & Poster Presentation

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The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Background: PN is an invasive and costly therapy that is widely used in the acute hospital setting for patients with an inaccessible or non-functioning gastrointestinal tract.

Objective: The objective of this audit was to detail referring specialty, indication and duration of each episode of PN over a three year period.

Methods: Data was collected prospectively by individual clinical nutritionists from September 2005 to September 2008 and entered into Excel® for analysis. Each year was analysed separately and compared to identify trends.

Results: See Table 1. There were 1,230 episodes of PN over three years. The most frequent indications given for PN are detailed in Table 2. Data on referring specialties showed a 33.6% decrease in PN referrals from Haematology/Oncology. An increase in referrals for PN of 13.2% and 110.7% was observed in surgical and medical specialties respectively (mainly in the critical care setting).

Table 1: Summary of Audit Results

	Year 1	Year 2	Year 3
No. of patients referred	362	380	355
No. of PN episodes	413	421	396
Median duration of PN episode (Range)	8 (1-182)	9 (1-159)	10 (1-273)
No. of PN days	4794	5471	5998

Table 2: Most frequent Indications for PN episodes: -% of total annual referrals (and number)

Indication	Year 1	Year 2	Year 3
Severe mucositis / Gut toxicity	33 (135)	22.5 (95)	20.5 (81)
Post-op bowel rest	16.7 (69)	18.3 (77)	23.5 (93)
Bowel Obstruction	15.9 (66)	15.4 (65)	17.9 (71)
Failed Enteral nutrition (EN) / Awaiting EN access	7.2 (30)	13.8 (58)	9.3 (37)

Discussion: The number of patients referred annually for PN has remained relatively constant. However, the increase in duration of PN episodes has led to a 25% increase in total PN costs over the period of this audit. Data on indications for PN and referring specialties showed an increase in PN in post-operative patients, and in the critical care setting. In order to monitor and address this, further audit and education programmes are planned to address failed enteral feeding and the role of post-pyloric feeding in reducing dependence on PN.

- Hearnshaw S.A, Thompson N.P. (2007) 'Use of parenteral nutrition in hospitals in the North of England'. *J Hum Nutr Diet*, 20; 14-23.
- National Collaborating Centre for Acute care. February 2006 Nutrition support in Adults: Oral nutrition support, enteral and parenteral nutrition. National collaborating centre for acute care, London. Available from www.rcseng.ac.uk

**St. James's Hospital
Department of Nursing**

3rd Annual Research, Clinical Audit & Quality Improvement Seminar 2010

Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: *Claire Browne, Clinical Nutrition Manager*

Researcher Contact Details / Email: cmbrowne@stjames.ie, Tel. (01) 4284450

Abstract Title: *Evaluating the Role of Dietetic Assistants (DA) in the Irish Acute Healthcare Setting*

Please Mark **X** as appropriate

Oral Presentation Poster Presentation Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Background

DA's are central to the idea of skill mix in clinical nutrition & dietetics. Their role has existed in the UK for many years, but has not yet progressed in Ireland. In 2006, a proposal was submitted to SKILL (Securing Knowledge Intra Lifelong Learning) to undertake a pilot project evaluating the role of DA's in an Irish acute hospital setting¹. This commenced in St. James's Hospital (SJH) in 2008 as part of the critical mass SKILL project.

Table 1: Aims & Objectives

Aims	Evaluate the use of DA's to improve patient quality of care Establish the grade of dietetic assistant in the Irish healthcare setting
Objectives	To demonstrate: <ul style="list-style-type: none"> - Delegation of duties from dietitian to a DA - Improved identification of patients at nutritional risk - More effective implementation of nutritional care plans where DA's involved - Value for money

Methods

DA's were recruited from support staff grades in SJH with FETAC Level 5. They completed further role specific modules in 'Nutrition' and 'Dietetics Skills' and local induction and training was also provided. A supervision and delegation structure was established, together with areas of assignment and role profiles for each DA.

Analysis and Results

Preliminary results from the evaluation are described. Audits have also shown that 5-13% of dietitians' time each day could be directly transferred to a DA, and 11-16% of dietitians' time saved in seeing new patients in areas with DA's. In organising home enteral feeding, a saving of approximately 68 hours of dietitians' time was demonstrated over six months through delegation of this task to DA's. See Table 2 for data on screening. Evaluation of the remaining objectives is ongoing.

Table 2: Nutrition Risk Screening

Area	No. Screened	Time Period	% of Total Admissions	Medium / High Nut. Risk	Age Profile
Acute Medical Admissions Unit	1355 patients	June – Nov 2008 (6 months)	60%	31%	54% >65y 38% 30-65y 8% <30y
Acute Elderly Care	211 patients	Aug 2008 – Jan 2009 (6 months)	57%	38%	

Recommendations

Skill mix in dietetics has the potential to improve efficiency and effectiveness; by delegating tasks to a DA, the dietitian can engage in more specialised tasks requiring their expertise. DA's also perform many additional roles that enhance patient care. A full report on this 18-month pilot project will be available in March 2010.

St. James's Hospital
Department of Nursing

3rd Annual Research, Clinical Audit & Quality Improvement Seminar 2010

Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Patricia Davis, Bettina Korn, Respiratory CNS,
Finbar O'Connell, Respiratory Consultant , Respiratory Assessment Unit
Researcher Contact Details / Email: pdavis@stjames.ie
Abstract Title: Audit of nebulised lignocaine for chronic cough

Please Mark **X** as appropriate

Oral Presentation Poster Presentation Oral & Poster Presentation

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The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Nebulised lignocaine as a treatment for idiopathic chronic cough¹ is an under investigated area. We have prescribed this treatment for severe persistent cough in non-smokers, where underlying causes of cough have been excluded including asthma, gastric oesophageal reflux disease and rhinosinusitis. A retrospective audit was carried out using phone interviews with patients and chart reviews to gather data.

Nine patients were treated with nebulised lignocaine from 2004-2009. The ratio of male: female was 4:5, ranging in age from 31 to 71 years. Duration of cough prior to treatment was from 6 months to 15 years, which had a dramatic impact on quality of life. Time using the treatment ranged from 2 weeks to 5 years, with some using it intermittently as the cough returned. Of the nine, six patients perceived benefit ranged from 50 to 100 per cent. Few adverse events were noted.

The audit revealed a broad variation in patient's experience. Numbers of patients receiving the treatment are small and respiratory services have limited exposure to it. The development of guidelines would enhance this service. The introduction of a cough questionnaire² would help to quantify the effectiveness of the treatment. This area warrants further investigation.

1. Morice AH, Mc Garvey L, Pavord I on behalf of the British Thoracic Society cough guideline group. Recommendations for the management of cough in Adults. Thorax 2006;61(suppl I): i1-i24.
2. Birring SS, Prudon B, Carr AJ, Singh SJ, Morgan MDL, Pavord ID, Development of a symptom specific health status measure for patients with chronic cough: Leicester Cough Questionnaire (LCQ). Thorax 2003;58:339-343.

St. James's Hospital
Department of Nursing

3rd Annual Research, Clinical Audit & Quality Improvement Seminar 2010

Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Sandra Delamere, ANP (Sexual Health)

Maeve Foreman, Lecturer in Social Work, Trinity College, Dublin. Noel Walsh. RIP. HIV + representative on National Aids Strategy Committee the Care and Management Sub Committee

Researcher Contact Details / Email: sdelamere@stjames.ie telephone 4103672

Abstract Title: HIV Services in Ireland – Learning from patients' experiences

Please Mark **X** as appropriate

Oral Presentation

Poster Presentation

Oral & Poster Presentation

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The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Background:

This presentation will draw on research initiated by Noel Walsh, the HIV+ representative on NASC and the Care and Management Sub Committee, in response to the Report by the Care and Management Sub-Committee of NASC on HIV/STI Services in Ireland (2004). The latter failed to seek service users' opinions of HIV/STI services in Ireland and Noel argued that it was essential the committee's next report obtained their views. This is in keeping with one of the key visions of the Health Strategy

"A health system that encourages you to have your say, listens to you, and ensures that your views are taken into account" (DOHC, 2001:10).

Methodology:

The study includes data collected from completed questionnaires (N=401), distributed through participating national clinics to HIV+ service users in the second and third quarter of 2008. Of the five hospitals approached, two Dublin based clinics (n=199 and n=136) and one outside Dublin (n=66) subsequently took part. Aspects of the study which are of particular interest to clinics providing HIV services will be presented.

Results:

Overall the study indicates that the vast majority of service users attending the three clinics receive a satisfactory or highly satisfactory level of care from all members of the multidisciplinary team. However, several areas of dissatisfaction were highlighted which included waiting time, lack of confidentiality and inadequate premises. The challenges facing health care staff in meeting the needs of a diverse patient group with varying and occasionally conflicting needs were also apparent from the research findings.

Conclusion:

Understandably, the larger clinics garnered more criticism, with the smallest clinic proving more personable to patients. Rather than dismiss this as a hazard of attending the larger teaching hospitals, there is much that can be done to improve the clinic environment and the research respondents came up with several very useful practical solutions that will be presented and discussed.

**St. James's Hospital
Department of Nursing**

3rd Annual Research, Clinical Audit & Quality Improvement Seminar 2010

Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Mary Kingston & Niamh Kiely, ANP's in Cardiothoracic Surgery

Researcher Contact Details / Email: C/O Keith Shaw Ward, St James's Hospital, Dublin 8.

Phone 01 4103338

Abstract Title: **An Audit of the ANP led Cardiac Surgery Pre Admission Clinic 2005 - 2009**

Please Mark **X** as appropriate

Oral Presentation

Poster Presentation

Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

ABSTRACT

Background

The cardiac surgery pre admission clinic is an ANP led out patient clinic which was established in 2000. As well as a thorough physical assessment at this clinic, patients have their blood tests, ECG's, and chest x-rays reviewed and any unexpected findings are brought to the attention of the operating surgeon. In addition, the clinic affords an excellent opportunity for the Cardiothoracic ANP's to provide information regarding the planned surgery to the patient and family, and to address any issues and concerns the patient may have. In the past isolated activities such as the adequacy of patient information and the requisition of additional tests have been reviewed. There has never been an extensive audit of the clinics activity and effectiveness.

Aim

To determine the efficiency and effectiveness of the cardiac surgery pre admission clinic.

Objectives

To determine:

- How many patients attended the pre admission clinic between 2005 and 2009.
- What percentage of patients who underwent cardiac surgery attended the pre admission clinic.
- How many patients attended the pre admission clinic in St James's yet had their cardiac surgery elsewhere.
- What extra tests/ consults were requested following assessment at the pre admission clinic.
- The waiting time from attending the pre admission clinic and admission for cardiac surgery and reasons for cancellation of surgery amongst the patients who attended the clinic.

Audit Sample

All patients who attended the pre admission clinic over five years, 01/01/2005 – 31/12/2009

Method

Data from the cardiothoracic Patient Auditing and Tracking System (PATS) as well as data from statistical records of the Cardiothoracic Surgery Co-ordinator was manually audited and analysed.

Results

Approximately 200 patients attended the clinic each year.

Additional tests and referrals requested at the clinic include; carotid duplex scans, PFT's, Echocardiogram, Smoking cessation, clinical nutrition, dental referral and vascular consults.

The clinic has been effective in identifying and treating patients with MRSA infection.

Waiting times between attendance at the clinic and admission for surgery have risen over 5 years.

The results of the audit revealed that due to long waiting lists a high percentage of patients that attended the clinic had their surgery carried out in another hospital.

Recommendations

The Cardiac Surgeons and the Cardiac Surgery Coordinator have been made aware of the findings. Since completion of the audit we are attempting to schedule attendance at the clinic closer to the expected surgery date.

St. James's Hospital
Department of Nursing

3rd Annual Research, Clinical Audit & Quality Improvement Seminar 2010

Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Louise Murphy, Senior Occupational Therapist
Researcher Contact Details / Email: Occupational Therapy Department/ 014162305/ bleep 173

Abstract Title: **Zone II Flexor Tendon Audit 2008/2009**

Please Mark **X** as appropriate

Oral Presentation Poster Presentation Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Background

The Therapy Led Clinic was introduced in 2003. At this clinic the results of all Zone II Flexor Tendon Repairs are audited by Occupational Therapists and Physiotherapists, from week 6 post operation to time of discharge (usually around week 12 post operation)

Aim of Audit

1. To review the results of all Zone II Flexor Tendon repairs in 2008/2009, using the Modified Strickland outcome measure.
2. To benchmark our outcomes against other relevant published studies/centres
3. To highlight potential complications post tendon repair and suggest areas for improvement

Method

The data (Range of Movement) is recorded ongoing for each patient at each Therapy Led Clinic appointment, and stored on an excel spreadsheet, which will be analysed

Analysis, Results and Recommendations pending

**St. James's Hospital
Department of Nursing**

3rd Annual Research, Clinical Audit & Quality Improvement Seminar 2010

Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Elizabeth Sunderland, Physiotherapist
Researcher Contact Details / Email: Physiotherapy Department, St James Hospital, 01) 4162503,
esunderland@stjames.ie

Abstract Title: **An Audit of the Physiotherapy Breast Care Pathway**

Please Mark **X** as appropriate

Oral Presentation

Poster Presentation

Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Background:

St. James's Hospital is a centre of excellence for the treatment of breast cancer in Ireland. An average of 1726 new breast cancer diagnoses each year. Approximately 5 patients a week are referred for post-operative physiotherapy treatment in St James's Hospital. Research indicates that this patient group are at high risk of developing pain, musculoskeletal deficits and Lymphoedema post breast surgery.

Aim:

To evaluate the physiotherapy clinical pathway and treatment of patients post breast cancer surgery in St. James's Hospital.

Objectives:

1. To audit the current physiotherapy clinical pathway and treatment in St James's Hospital against the NHS National Cancer Action Team: Breast Care Rehabilitation Workforce Project.
2. To audit the physiotherapy charts of patients referred for physiotherapy post breast surgery; on day one post op, one month post op and six months post op using the above Clinic Audit tool.

Methods:

Our current pathway was measured against the UK NHS National Cancer Action Team: Breast Care Rehabilitation Workforce Project. A clinical audit tool was drawn up using the first three sections of the NHS Pathway: Diagnosis and Care Planning; Treatment; & Post Treatment.

Results:

50 physiotherapy charts were audited.

1. Diagnosis and Care Planning: All of the 550 audit questions in this section were not applicable to our physiotherapy pathway due to no physiotherapy service to the triple assessment clinics.
2. Treatment: Out of a possible 1158 questions; 792 audit questions were verified correctly within the patient's charts however there were 366 audit questions were unanswered within this section.
3. Post Treatment: Out of a possible 225 questions; 160 audit questions were verified within the patient's charts however there were 65 audit questions unanswered within this section.

Recommendations:

Physiotherapy involvement is necessary at the Diagnosis and Care Planning stage of the patient's pathway. Currently this is not occurring, thus higher risk patients are not highlighted prior to surgery. It is necessary to improve documentation and to modify the physiotherapy breast care assessment form to include previously undocumented physiotherapy care.

St. James's Hospital
Department of Nursing

3rd Annual Research, Clinical Audit & Quality Improvement Seminar 2010

Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: J O'Brien, D Sheedy, S McGarrell, B Lennon, J O'Meara, F Hegarty, MPBE
Researcher Contact Details / Email: Ext. 4075, fhgarty@stjames.ie

Abstract Title: **Medical Device 'Depot': A New Approach to Managing Medical Devices.**

Please Mark **X** as appropriate

Oral Presentation

Poster Presentation

Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Infusion devices are widely regarded as high risk and require ongoing proactive management. Within St James's Hospital the number of infusion devices has increased in recent years to 640. The devices are distributed across the campus. In 2008 the MPBE department reviewed how these devices were managed and found that the reactive maintenance model in place was inefficient and problematic for both end users and MPBE.

A Library model was considered as a solution but proved impractical to implement on the St James's site. Arising from this review a new model of how to manage these devices was developed and implemented. This method, which we refer to as a Depot, brings benefits for both end users and MPBE and has proved central to moving the maintenance of infusion devices from a reactive to proactive model.

The processes used within the Depot to maintain devices are tracked using the departments own equipment management IT system. Daily "Key Performance Indicators" are used to assign resources to ensure optimal availability of devices for clinical use. The Depot has been in operation for one year and has proved so successful that a similar approach to maintenance management is now being implemented for other devices managed by the Clinical Engineering Group. This presentation will introduce the new depot model; discuss its function, illustrate the role the KPI's play in its management and present evidence of its effectiveness to date.

St. James's Hospital
Department of Nursing

3rd Annual Research, Clinical Audit & Quality Improvement Seminar 2010

Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Zieta Claxton, Research Nurse

Researcher Contact Details / Email: zclaxton@stjames.ie

Abstract Title: **An Assessment of Pain and Fluid Management in the Patient Post Oesophagectomy**

Please Mark **X** as appropriate

Oral Presentation Poster Presentation Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Background:

There has been a marked increase in the incidence of oesophageal cancer in the past 2 decades, with approximately 450 new cases diagnosed per year in Ireland. Surgery is the mainstay of curative therapy, often preceded by chemotherapy and radiation therapy in multimodality regimens. Oesophageal cancer surgery is associated with a greater risk of morbidity and mortality compared with other cancer operations. Increasingly integrated care pathways (ICPs) are being introduced to standardise peri-operative care and improve outcomes for complex surgery, the most important dimension to the pathway being peri-operative pain and fluid management.

Aim:

As a prelude to introducing ICPs to the oesophageal programme at St. James's Hospital, a 2-year audit of the current practice both intra-operatively and in the first week postoperatively was undertaken.

Methods:

An audit tool was devised and approved by the Research Committee. Patients who underwent oesophageal resection during the 2-year period –January 2008 through to December 2009 were included. Patients were excluded if they were intubated in the immediate postoperative period, as information regarding pain scores would not be accessible. The data for 2008 patients was collected retrospectively, and prospective for 2009 patients using patient records in conjunction with postoperative visits. Patients were coded with a study number.

Results:

104 patients fulfilled the criteria. The majority (98%) received an epidural and a remifentanyl infusion during surgery. There was variation in the use of spinal morphine (38%), epidural fentanyl (24%) and intraoperative paracetamol (65%). Sixty one percent experienced postoperative pain in the Recovery Area, with 22% complaining of severe pain. Similarly 43% of patients experienced pain on admission to HDU, with 27% describing severe pain. Following return from HDU to the ward, 22% of patients experienced some pain, 5% recording this as moderate, and none severe. 97% of patients were reviewed by the pain team in the ward area.

For fluids, no standard regimen applied: 46% of patients receiving less than 3 litres of fluid in theatre, 40% receiving between 3.5-4.5 litres and 14% receiving greater than 4.5 litres. 93% of patients had inotropes administered intraoperatively. Post operatively 72% of patients received inotropes in HDU, and 69% received a fluid challenge in HDU. 70% of patients were in a positive fluid balance on day 0 of surgery with this increasing to 83% on day 1, and 75% on day 2. A third (33%) of patients required diuretics in HDU with 41% of patients requiring diuretics in the ward area. Central venous pressure (CVP), an indicator of fluid status was measured inconsistently post operatively with only 44% of patients monitored on day 0.

Recommendations:

Standardized care is necessary when caring for patients post oesophagectomy in order to reduce postoperative complications, reduce length of hospital stay and ensure a set standard of care. An ICP is being developed at this centre, and the variability identified in this audit with respect to analgesia, the use of inotropes, lack of CVP monitoring and tendency for positive fluid balances with need for diuretics, will need to be addressed.

**St. James's Hospital
Department of Nursing**

3rd Annual Research, Clinical Audit & Quality Improvement Seminar 2010

Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Brian Randall

Researcher Contact Details / Email: randallb@tcd.ie

Abstract Title: **An Audit of Physiotherapy Services Provided at the Aspen Unit, Cherry Orchard Hospital**

Please Mark **X** as appropriate

Oral Presentation

Poster Presentation

Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Background

HIQA have recently established standards for the care of individuals in residential settings. It is imperative that relevant best practice policies and guidelines in residential care settings are achieved. This will ensure that each individual's health needs are met with a caring, compassionate and respectful approach, ensuring a total respect for the dignity of the individual in the residential care setting.

In this regard it is important to establish that best practice international physiotherapy guidelines in residential care are also being achieved in relation to the specific services offered by this department.

Aims and Objectives

To compare the physiotherapy services provided at Cherry Orchard with international standards of best practice in a residential care setting.

Aims:

- 1) To identify areas where the physiotherapy services provided are in line with these internationally recognised standards.
- 2) To identify where they fall short of these standards and,
- 3) Where they do fall short to identify the reasons why they do, and to make relevant recommendations to ensure best practice can be achieved going forward.

The relevant standards to be used for the purposes of the audit are contained in the APA Position Statement on Physiotherapy for Older Australians in Residential Aged Care Facilities (April 2005).

Methodology:

A proposal form and a Gantt Chart detailing relevant timeframes for audit advancement and completion was prepared and submitted on 14th October 2009 for review and approval.

The APA position statement in relation to residential care did not provide an audit tool. Therefore the relevant tool was derived by examining the standard and determining the appropriate questions from relevant statements and recommendations made therein.

Appropriate investigations were then made examining relevant documentation and inquiry of appropriate personnel.

Action Plan:

The audit report is being drafted at present and as a result the action plan has yet to be drafted. However it is envisaged that changes will be recommended in the areas of documentation, staffing level increases and procedural efficiencies.

St. James's Hospital
Department of Nursing

3rd Annual Research, Clinical Audit & Quality Improvement Seminar 2010

Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Philippa Ryan Withero, Acting Nurse Practice Development Advisor, Bernadette Corrigan, Assistant Director of Nursing.

Researcher Contact Details / Email: Nurse Practice Development Department, Adelaide and Meath Hospitals incorporating the National Children's Hospital, Tallaght. Phone: 4142006.

phillippa.ryanwithero@amnch.ie

Abstract Title: **Enhancing Patient Care through Systematic Audit of Nursing Documentation**

Please Mark **X** as appropriate

Oral Presentation

Poster Presentation

Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Background

In late 2008 the Nursing Service of AMNCH established a corporate strategy to define, measure, improve, sustain and support the process of recording clinical practice throughout the nursing service. This strategy included: anecdotal review of current practice issues, implementation of a mandatory widespread education programme, review and redesign of the guidelines on recording clinical practice, ongoing cyclical audit and review of the nursing record in addition to the development of an electronic audit mechanism for ongoing audit ownership by Clinical Nurse Managers and the development of care bundles/standardised nursing care plans to enhance recording of patient care.

Aims and objectives

The overall aim of this strategy was to standardise in addition to enhancing the standard of the recording practices of nurses in the clinical field. Equally the aim was to establish a mechanism for continuous audit and review of the nursing record to determine the standard of practice on an ongoing basis which will ultimately inform improvements in patient care delivery.

Method

In October 2008 the Nursing Documentation education programme commenced coupled with anecdotal review of recording practices. In April 2009 and December 2009/January 2010 the standard of recording practice was audited across 6 clinical sites in comparison with the guidelines as outlined from our professional body An Bord Altranais, in addition to guidelines from the National Hospitals Office of the Health Service Executive.

Results

The results of the audit revealed not only interesting results in terms of compliance and education but indeed significant learning for the nursing service on how to enhance patient care through nursing documentation.

Recommendations

The key recommendations include continuous audit for which the audit tool is currently hosted on Sharepoint electronically for continuous audit of practice by Clinical Nurse Managers at ward level. In addition the process for managing nursing documentation coupled with the development of standardised interactive nursing care plans was also revealed as recommendations.

St. James's Hospital
Department of Nursing

3rd Annual Research, Clinical Audit & Quality Improvement Seminar 2010

Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Helen Flynn (senior physiotherapist) & Kate Devenney (basic-grade physiotherapist).

Researcher Contact Details / Email: hflynn@stjames.ie, ph: 4162503, bleep 644

Abstract Title: **An audit of St. James' Acute Stroke Physiotherapy Services Against new Irish Guidelines.**

Please Mark **X** as appropriate

Oral Presentation

Poster Presentation

Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Background: A retrospective chart audit, as part of the Irish National Audit of Stroke Care¹, found that only 32% of patients in St James' hospital (SJH) were assessed by a physiotherapist within 72 hours of admission. The 1st Irish Guidelines for the Care of People with Stroke² state that all patients should receive a) physiotherapy assessment within 24-48 hours of admission and b) 45 minutes of daily therapy as deemed appropriate to their needs.

Aims & objectives: The aim of the project was to audit current SJH acute stroke physiotherapy services against these guidelines.

Methods:

- Part a) Time from admission to assessment: Data was collected prospectively for all new admissions with stroke between Aug – Oct 09.
- Part b) Treatment time: Data was collected from all physiotherapists working with acute stroke patients. Forms were completed each Wednesday, for a period of 6 weeks in June/July 09.

Analysis & results:

- Part a) 78% of patients (n =25) were seen within 48 hours of admission.
Root cause analysis: The most common reason for delay was the referral being sent over a weekend → Physiotherapy only provides 5-day service for stroke.
- Part b) 17% (n=9) of patients were not seen on a given audit day, 4 of whom were not suitable/available for treatment. This demonstrates an improvement on the findings of a similar audit in 2006 where 27% were not seen. The mean treatment time (including those not seen) was 18.28 minutes ±13.51 which also represents an increase from 2006 (14.09 minutes ±14.79).
Root cause analysis: Heavy caseload/ time constraints → High staff: patient ratio → Insufficient staffing → Lack of funding.

Recommendations:

Physiotherapy service provision has improved in SJH although still does not meet guideline standards. It is hoped that identification of such deficits will help to highlight the need for increased resources in this area and provide a benchmark for future audits.

References:

1. <http://www.irishheart.ie/iopen24/pub/strokereports/inascclinicalauditapril2008.pdf>
2. <http://www.irishheart.ie/iopen24/pub/strokereports/strokeguidelines.pdf>

St. James's Hospital
Department of Nursing

3rd Annual Research, Clinical Audit & Quality Improvement Seminar 2010

Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Alice Waugh, Physiotherapist in Acute Rehabilitation

Researcher Contact Details / Email: awaugh@stjames.ie

Abstract Title: **An Audit of the Current Physiotherapy Management of Adults with Lower Limb Amputation in St James's Hospital**

Please Mark **X** as appropriate

Oral Presentation

Poster Presentation

Oral & Poster Presentation

ABSTRACT

Background: The physiotherapy amputee service in St. James' Hospital is evolving. A working party of physiotherapists from the NRH, Blanchardstown Hospital and AMNCH was formed. A general consensus for best practice was produced in 2005. This was modified in 2007 to incorporate the updated 2006 BACPAR guidelines. Changes put in place consisted of an amputee assessment form and the formulation of a transfer letter. A new patient booklet was compiled. To date, no formal audit has been done to compare our local guideline with best practice.

Aim: To compare current physiotherapy practice for amputees against the BACPAR clinical guidelines 2006.

Objectives:

- To identify the number of lower limb amputations in 2009
- To identify problems and deviations
- To effect change
- To educate the department

Methods: Guidelines identified and a data base obtained. Physiotherapy charts retrieved and 14 charts were audited. Results were analysed, areas for improvement were identified and an action plan was drawn up.

Results: 4 charts were excluded as they did not meet the criteria.

Criteria met: 9/10 charts for objective assessment,
10/10 charts for exercise prescription and provision of formal booklet
High compliance for respiratory assessment and treatment where appropriate

Analysis:

Deficits: Lack of structured documentation for patient's goals, problem lists, and patient and carer education.

Barriers: Guidelines used are UK-based and disparities between services were evident.

Limitations: Several standards are currently not being addressed by the physiotherapy service e.g. Referral to psychologist/counselling and wheel chair provision. Links need to be established with the relevant staff to ensure patient has access to these services.

Obstacles identified: Referrals not received in time for pre-operative assessment. Difficulty identifying appropriate Outcome Measures and a falls strategy for the patient population.

Recommendations: Modified assessment form to be compiled.

- Procedure for communication within the MDT to be agreed
- Expansion of local physiotherapy pathway to include missing elements
- New patient handouts to be developed
- A falls prevention strategy to be established

St. James's Hospital
Department of Nursing

3rd Annual Research, Clinical Audit & Quality Improvement Seminar 2010

Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Joanne Dowds, Clinical Specialist, Physiotherapist

Researcher Contact Details / Email: 2503/2504 jdowns@stjames.ie

Abstract Title: **Audit of Critical Care Rehabilitation Pathway in St James's Hospital**

Please Mark **X** as appropriate

Oral Presentation Poster Presentation Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Background

Rehabilitation in Critical care has been found to be safe; however it has yet to be proven to reduce length of stay, mortality, morbidity or to be cost effective. The recent development of guidelines for critical care rehabilitation is an effort to standardise care within the critical care setting to increase the benefit to the patients and to stimulate research within this field

Aims and Objectives

The aim of this clinical audit is to measure SJH critical care rehabilitation practices against NICE standards.

Objectives

To highlight where current clinical practise doesn't meet recommendations

To highlight a structure for implement of change in practice in order to meet recommendations

What did you measure against?

Critical Care Rehabilitation Guidelines NICE 83

Methods

An audit tool accompanies the guidelines; these standards are for MDT use and include psychological impacts of prolonged critical stay. Therefore the physiotherapy component was identified and isolated; a Microsoft Excel record was developed for recording. Physiotherapy records from patients who were assessed and treated in critical care were identified and pulled from the 2009 physiotherapy charts.

Root cause analysis

There was poor compliance with the recommendations. This is primarily due to the structure for physiotherapy documentation that currently exists.

Barriers

The primary barrier is the lack of suitable outcome measures for use in this population that are validated and reliable. In addition there will be a time requirement for the development of the rehabilitation pathway and additional documentation of risk assessment.

Action plan

Documentation is being developed to capture the assessment of risk. From this a process of reassessment will be established. The MDT have been informed and supplied with the guidelines with the aim of a collaborative incorporation of the guidelines into current practice.

St. James's Hospital
Department of Nursing

3rd Annual Research, Clinical Audit & Quality Improvement Seminar 2010

Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Gareth Clifford – Staff Grade Physiotherapist, Sinead Coleman – Senior Physiotherapist

Researcher Contact Details / Email: 01-413 2503, gclifford@stjames.ie

Abstract Title: **A Clinical Audit on the Process of Administering a Patient Satisfaction Survey in a Rehabilitation Unit for the Older Adult**

Please Mark **X** as appropriate

Oral Presentation Poster Presentation Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Background

A *Patient Satisfaction Survey* was developed and implemented in the rehabilitation unit for the older adult to offer patients and family members an opportunity to discuss their expectations of physiotherapy on initial assessment, to highlight concerns during treatment and to offer feedback on discharge. The survey is composed of a Patient Expectation Leaflet and Patient Expectation Questionnaire on admission, an in-stay 4-week Follow-Up Interview and a Pre-Discharge Questionnaire.

Aim:

- To determine if the process of administering the *Patient Satisfaction Survey* is being adhered to.

Objectives

- To determine if all applicable patients were receiving each component of the survey
- To determine if weekly reviews were being carried out
- To recommend and implement any changes

Method:

Data was retrospectively collected from the *Patient Satisfaction Survey* input spreadsheet. All patients from August to November 2009 were included. A simple spreadsheet was used as the data collection tool. Simple analysis of the data was performed.

Results & Analysis:

- The results and recommendations provide key learning and understanding for Health Service Providers and facilitators of student clinical placement experiences in their Internship period.

St. James's Hospital
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Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Michelle Fanning, Laura Healy, Clair Browne, Clinical Nutrition
Researcher Contact Details / Email: Michelle Fanning, mfanning@stjames.ie

Abstract Title: **Nutrition Screening in Patients Admitted to Acute Elderly Wards at St. James's Hospital**

Please Mark **X** as appropriate

Oral Presentation Poster Presentation Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Background

Malnutrition is known to be prevalent in hospitalised patients. The 'Malnutrition Universal Screening Tool' 'MUST', developed by the Malnutrition Advisory Group of BAPEN in 2003, is a validated, evidenced-based tool designed to identify adults who are malnourished or at risk of malnutrition.

Aim and objectives

The purpose of this audit was to establish nutritional status and prevalence of malnutrition using 'MUST' in patients admitted to the acute elderly wards in St. James's Hospital.

Methods

A prospective study was carried out over a six-month period. A dietetic assistant was trained to use 'MUST' in all patients admitted to the acute elderly wards and not already referred to the Clinical Nutrition Department. Cross tabulation was used to compare differences between groups for categorical variables. Significant differences were tested using Chi-square analysis.

Analysis and results

Fifty seven percent (n=211) of all patients admitted to the acute elderly wards were screened. Patients were screened a median of 2.5 days from date of admission to hospital. Patients were categorised by BMI (Table 1) and by malnutrition risk (Table 2).

BMI	%
<18.5kg/m ²	12%
18.5 – 24.9kg/m ²	42.8%
≥25kg/m ²	45.2%

Malnutrition Risk	%
High risk	23.3%
Medium risk	15%
Low risk	61.4%

There was no significant difference between 'MUST' scores and age groups (≥ 75 years and < 75 years) or between males and females. The number of referrals to the Clinical Nutrition Department increased by 31% during this 6-month period as a result of nutritional screening using 'MUST'.

Conclusion and recommendations

The large numbers of patients identified at risk of malnutrition using 'MUST' (15% medium risk and 23% high risk) supports recommendations made by international bodies that screening to identify malnutrition should be routinely carried out so that patients can be appropriately treated.

References available on request

St. James's Hospital
Department of Nursing

3rd Annual Research, Clinical Audit & Quality Improvement Seminar 2010

Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Antonia Tierney, HOPE

Researcher Contact Details / Email: atierney@stjames.ie

Abstract Title: **Chemotherapy Induced Peripheral Neuropathy (CIPN), a Debilitating Side Effect Which Impacts Greatly on Patient Quality of Life**

Please Mark **X** as appropriate

Oral Presentation

Poster Presentation

Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Background:

Chemotherapy induced peripheral neuropathy (CIPN) is a common toxicity with taxanes, a debilitating side effect which impacts greatly on patient quality of life. Treatment options are limited, therefore early recognition and prevention is essential. The study aim was to identify patients receiving taxanes and examine the role of oncology nurses in early intervention and management of CIPN.

Material and methods:

50 patients commencing therapy with taxanes were identified. Patients had an initial assessment identifying risk factors such as diabetes and pre-existing neuropathy. On subsequent cycles patients were assessed by oncology nurses for CIPN and any neuropathy graded, interventions and their effects were noted. All patients received a minimum of two cycles of chemotherapy.

Results:

The study population included females (47) and males (3) with a median age of 51 years (range 25 to 80 years). The patients in this study were been treated for various types of cancer including breast (34), ovarian (9) and lung (2). 25% of this patient group developed CIPN ranging from grade 1(13) to grade 3(1) with a median of grade 1. Twelve patients required an intervention including patient education, dose delays (2 patients) and dose reductions (2 patients).

Conclusions:

CIPN is a significant toxicity in patients treated with taxanes. As oncology patients are living longer and are receiving multiple lines of chemotherapy, the prevalence of CIPN is likely to increase. It is clear that oncology nurses play a critical role in baseline and ongoing assessment of patients as well as patient education, assessment and early intervention

St. James's Hospital
Department of Nursing

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Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: **Jo Bannon**, Senior Medical Social Worker, **Noirin Sheahan**, Mindfulness Trainer

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Noirin: 086 3629345 email: nsheahan@stjames.ie, noirinsheahan@eircom.net

Abstract Title: **Mindfulness Training in Cardiac Rehabilitation**

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Oral Presentation

Poster Presentation

Oral & Poster Presentation

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The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Background:

Mindfulness Based Stress Reduction (MBSR) is an 8-week group-training program which supports people in developing non-judgemental awareness of their present-moment experience. MBSR has been shown to promote health in a wide range of clinical conditions. Several studies report increases in emotional well-being which, in turn, is associated with reduced cardiac risks. MBSR reduced anxiety, emotional suppression and reactive behaviour in women with cardiac disease, concluding that MBSR was a useful complimentary therapy in cardiac disease.

Aims & Objectives:

This study examined the feasibility of MBSR teaching for Cardiac Rehabilitation patients in a public hospital setting.

Methods:

Over the past 18 months, all patients completing the Cardiac Rehabilitation program at St. James's Hospital were provided with information about MBSR and invited to register for a course. MBSR courses were taught by a qualified mindfulness trainer with over 20 years experience of personal practice. Weekly training sessions (2.5 hours) were provided for groups of 10 – 15 patients, and exercises were introduced to incorporate mindfulness into daily life. A senior Social Worker offered counselling to patients who found the course challenging, and contacted those who failed to attend, encouraging them to continue. Audio notes were given to those who could not read.

Analysis & Results:

Three MBSR training programs have been completed to date. 210 patients were invited to participate and 87 (41%) expressed an interest. 31 (15%) commenced a course and 25 of these completed – a drop-out rate of 19%. All patients completing the program said that mindfulness skills had greatly helped to reduce their stress levels.

Recommendations:

MBSR should continue to be offered as Phase 4 of Cardiac Rehabilitation as patients report great benefit. To improve uptake, a session on MBSR should be included as part of Phase 3 Rehabilitation Program.

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Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Brid Wilson

Researcher Contact Details / Email: Physiotherapy Department, Phone 2503; E-mail: bruane@stjames.ie

Abstract Title: 'A Clinical audit of Physiotherapy Assessment of Whiplash Associated Disorder (WAD) patients'

Please Mark **X** as appropriate

Oral Presentation

Poster Presentation

Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Background:

Reported cases of whiplash associated disorder (WAD) in the developed world has risen (Leigh, 2004). A growing evidence-base surrounding the topic is emerging and physiotherapy has been affirmed as an effective treatment option (Gross et al, 2002). However, it is not clear which treatment methods commonly employed are most effective, with concerns raised over available evidence of some treatments. Consequently, the Chartered Society of Physiotherapy (CSP) published guidelines for the physiotherapy management of WAD (CSP, 2005).

Aims and Objectives:

The aim of this audit was to compare the physiotherapy assessment of WAD patients in St. James' Hospital with CSP guideline recommendations. Objectives included:-

1. To investigate common trends of inadequate assessment within patient records
2. To explore audit findings using root cause analysis tools
3. To disseminate audit findings locally and nationally
4. To put in place processes to maintain best practice in assessing this patient group
5. To review audit cycle in the future to ensure compliance with standards

Methodology:

A project proposal was developed, outlining the audit plan and timelines. Patients were selected in accordance with CSP guideline criteria. Records were gathered retrospectively (n=86) and concurrently (n=14) until quota (n=100) was reached. Utilising the CSP audit tool, ten charts were piloted. Using an electronic data collection tool, eighty-nine charts were audited in total. Eleven charts were excluded, as WAD symptoms had resolved by date of initial physiotherapy assessment.

Root cause analysis

Many areas of strength were highlighted, including: risk factors for poor prognosis; consent; rapid access to physiotherapy; subjective assessment; aims of physiotherapy; education and advice. However, evaluation of psychosocial barriers must be integrated into patient assessment more consistently, with results demonstrating up to half of charts (n=44) were non-compliant in this area. Documentation of red flag questions must be improved, with results showing poor compliance with seven of the twenty-one CSP guidelines.

Action Plan:

Analysis of audit results informs the need for more thorough documentation of WAD assessment.

Reviewing assessment forms will constitute the first step, with training at start of rotation forming an important step in educating rotating staff grades going forward.

St. James's Hospital
Department of Nursing

3rd Annual Research, Clinical Audit & Quality Improvement Seminar 2010

Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Dr. Patricia White, Research Project Officer
P. White¹, B. Korn¹, A. Edghill², R. O'Donnell¹, M. Lynch², C. Corcoran³, L. O' Siorain^{3, 4}, K. Kealy⁴,
J. Latham⁵

¹ Department of Respiratory Medicine, St. James's Hospital, Dublin

² Irish Hospice Foundation, Dublin

³ Palliative Care Team, St. James Hospital

⁴ Our Lady's Hospice, Harolds Cross

⁵ Liberties Primary Care Team, Dublin

Researcher Contact Details / Email: Department of Respiratory Medicine, CResT Directorate, St. James's Hospital, Dublin 8. Email pwhite@stjames.ie

Abstract Title: **Developing A Quality Improvement Intervention In Palliative Care For People With Advanced Respiratory Disease**

Please Mark X as appropriate

Oral Presentation Poster Presentation Oral & Poster Presentation

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The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Aims and Objectives:

Currently, there is little evidence of the integration of palliative care into disease-specific services in Ireland. The aim of this research is to devise, implement and evaluate palliative care responses for people with advanced respiratory disease.

Methods and Analysis:

An action research methodology has been adopted for this research. This approach is being used by the multidisciplinary research team to provide the opportunity for collaboration, reflection and exploring ways of improving service delivery. The action cycles are similar to quality improvement cycles and allow for changes to be made and evaluated on an on-going basis. This is a nascent and unique research project. Baseline and evaluative data will be collected and analysed from a number of quantitative and qualitative perspectives depending upon the action cycles, e.g.; audits of patient charts in primary and secondary care for symptoms, readmissions profile, referral systems and interviews with patients, family members and health care professionals.

Anticipated Outcomes:

- (1) Improvement in the nature, potential and timing for palliative interventions for people with advanced respiratory disease, their family members and staff.
- (2) The development and evaluation of a palliative model of support, intervention and referral pathways.
- (3) Education materials/training to assist key personnel and information for patients, family members and staff.

**St. James's Hospital
Department of Nursing**

3rd Annual Research, Clinical Audit & Quality Improvement Seminar 2010

**Thursday 20th May 2010
Abstract (Paper or Poster)**

Researcher (s) Name & Title: Michelle Lynch (CNS Emergency Cardiology); Lucy Blennerhassat (CNS Emergency Cardiology); Elizabeth Curtin (ANP Emergency Cardiology); Dr Peter Crean (Consultant Cardiology) and Dr Geraldine McMahon (Consultant Emergency Medicine).

Researcher Contact Details / Email: Michelle Lynch CPAU/ED 3637/2886 Bleep827 mlynch2@stjames.ie

Abstract Title: **Prospective Audit of Reperfusion Times for Patients Presenting with an Acute STEMI to the Emergency Department in St James's Hospital.**

Please Mark **X** as appropriate

Oral Presentation

Poster Presentation

Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Purpose:

The monitoring of 'time critical' interventions for patients who present with an acute STEMI is of the utmost importance for both patient care and for ensuring that the organisation is providing an efficient and quality service for these patients. In the Emergency Department (ED) in St James's Hospital (SJH) in conjunction with the Cardiology team it was decided to set up an audit to determine the time line for time critical interventions. Upon examining the necessary interventions it was decided to record Pain to door time, Time of 1st ECG, Time of Aspirin and Plavix administration, Door to Cath Lab time for these patients. The international guidelines state that the undertaking of the 1st ECG should be carried out within 10minutes of arrival to the ED. The gold standard international guideline for Door to Cath Lab (with a Cath Lab onsite) is 90minutes. The focus of the audit was to determine how long the times critical interventions were in SJH. The results of the audit for 2009 will be presented in this poster.

Method:

A prospective audit was carried out on all patients presenting to the ED with an acute STEMI.

Results:

A total of 70 patients presented to the ED with an acute STEMI from Jan 2009 to Dec 2009. 71% (50) of patients were male and 29% (20) of patients were female. The age range for this patient group was 22yrs to 89yrs with an average age of 60yrs. 78% (54) of patients were brought in by ambulance, 21% (15) arrived by car and 1% (1) of patients walked into the ED. The pain to door time ranged from 20mins to 504hrs with an average time of 20hrs 43mins. In relation to the Manchester triage system 9% (6) of patients were triaged as Triage category 1, 88% (62) of patients were triaged as Triage category 2 and 3% (2) of patients were triaged as Triage category 3. There were 8 (11%) patients who suffered a cardiac arrest. The time to 1st ECG was recorded for 69 patients. The time ranged from 1min to 95mins with an average of 15mins and a median time of 11mins. 71% (50) of patients had their Aspirin administered in the ED and 29% (20) of patients had their Aspirin administered pre hospital. The time for Aspirin administration within the ED ranged from 3mins to 240mins with a mean time of 46mins. All patients had their Clopidogrel administered in the ED. The time ranged from 1min to 240mins with a mean time of 42 mins. The outcome for this patient group is as follows: 86% (60) of patients were transferred directly to the Cath Lab for primary PTCA, 13% (9) of patients were transferred to CCU for further management and 1% (1) of patients were transferred to ICU. The Door to Cath Lab times for the 60 patients who were transferred directly to the Cath Lab ranged from 20mins to 206mins with an overall mean time of 88mins, Median time of 85mins. The goal recommended time for onsite transfer for primary PTCA is less than 90 minutes. This audit revealed that 55% (33) of patients were transferred for primary PTCA within this time frame. The overall outcome for patients was 94% (66) of patients were discharged from hospital and 6% (4) of patients died.

Conclusions:

This poster reflects the clinical processes for STEMI patients presenting to ED. It shows the time of 1st ECG, Aspirin and Clopidogrel administration and the Door to Cath Lab times in those receiving primary PTCA.

The objectives are to progressively improve times taken for 'time critical' interventions to be undertaken in patients presenting to ED with STEMI. Through audit and feedback on performance we are identifying areas that need improvement. This is achieved through a multidisciplinary approach and ongoing education to improve early detection of STEMI and enhance the door to balloon times. A continuous audit of this process will be carried out and reported on a 6monthly basis.

St. James's Hospital
Department of Nursing

3rd Annual Research, Clinical Audit & Quality Improvement Seminar 2010

Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Ann Marie Connor, Claire Jordan, Rosemary Faulkner, Nora Stakelum
Researcher Contact Details / Email: Nursing and Midwifery Centre of Education, St. Teresa's Residence,
Our Lady of Lourdes Hospital, Drogheda, Co. Louth. 041 9837601 ext; 2556 email:
annmarie.connor@hse.ie

Abstract Title: **Facilitating the Implementation of Acute Life-Threatening Events Recognition and Treatment (ALERT™) Training Programme in a Maternity Care Setting**

Please Mark X as appropriate

Oral Presentation Poster Presentation Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Midwives are increasingly in contact with women who have the potential to become critically ill due to a variety of reasons (Billington and Stevenson, 2007) but are not always experienced or skilled to provide the appropriate care. The most recent Confidential Enquiry into Maternal and Child health (CEMACH) Report recommends the need to introduce education and training to improve the detection rates of life-threatening illness in women (Lewis, 2007).

This poster outlines the process involved in facilitating the preparation for implementation of the multi-professional Acute Life-Threatening Events Recognition and Treatment (ALERT™) Course which has recently commence for maternity care staff at Our Lady of Lourdes Hospital in Drogheda. This one day training programme teaches staff to anticipate, recognise and prevent critical illness at an early stage. The course incorporates both a theoretical and practical component but currently does not focus specifically on midwifery or obstetric care. As part of a midwifery practice development project the ALERT™ practical scenarios were adapted for use in midwifery and obstetrics incorporating the general scenarios of sepsis, pneumonia, hypovolaemia and hypoglycaemia, as these problems experienced by the general population can also be experienced by pregnant women.

It is hoped that the implementation of this course in the maternity care setting will ultimately improve the care of the critically ill women in our care.

References

Billington, M. and Stevenson, M. (2007). *Critical Care in Childbearing for Midwives*. Oxford: Blackwell Publishing Limited.

Lewis, G. (2007) *The Confidential Enquiry into Maternal and Child Health (CEMACH). Saving Mothers' Lives: reviewing maternal deaths to make motherhood safer 2003-2005. The Seventh Report on Confidential Enquiries into Maternal Deaths in the United Kingdom*. London: CEMACH

**St. James's Hospital
Department of Nursing**

3rd Annual Research, Clinical Audit & Quality Improvement Seminar 2010

Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Karn Cliffe, Midwifery CPC

Researcher Contact Details / Email: Nursing and Midwifery Centre of Education, St. Teresa's Residence, Our Lady of Lourdes Hospital, Drogheda, Co. Louth. 041 9837601 ext; 2556 email: karn.cliffe@hse.ie

Abstract Title: **Introducing the first Early Warning Score for Maternity Care in the Republic of Ireland**

Please Mark **X** as appropriate

Oral Presentation

Poster Presentation

Oral & Poster Presentation

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The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Our Lady of Lourdes Hospital, Drogheda is the first Maternity Unit in the Republic of Ireland to introduce the Early Warning Score as part of the ongoing assessment of women receiving maternity care in hospital. The Early Warning Scoring system (EWS) is part of the Physiological Track and Trigger System to identify women at risk of developing complications and can help trigger a more timely, midwifery/medical response. As the biggest maternity unit in the North East, we are constantly striving to deliver evidence-based, clinically effective women-centered care. As such we are acutely cognisant of the need for on going review of our services in line with quality improvement, and implementation of change when change to practice is indicated. This includes transforming the culture of care so that it remains patient-centered, evidence-based and effective within a changing healthcare context.

The Centre of Maternal and Child Enquiries (CMACE) recommends that there is an urgent need for the routine use of an obstetric early warning system for all women receiving maternity care, which will help in the more timely recognition, treatment and referral of women who have, or who are developing a critical illness.

The **Early Warning Score** (EWS) is a tool for bedside evaluation based on five physiological parameters: respiratory rate, pulse rate, systolic blood pressure, temperature and AVPU score.

St. James's Hospital
Department of Nursing

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Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Eileen Relihan, Valerie O Brien, Sharon O Hara, Bernard Silke
Researcher Contact Details / Email: erelihan@stjames.ie

Abstract Title: **Reducing Interruptions on Medication Rounds: Assessing the Impact of a Suite of Interventions**

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Oral Presentation Poster Presentation Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Background:

In several studies medical staff have identified interruptions in the hospital environment as a contributory factor to medication errors. In addition, there is a large volume of evidence from other high - risk industries demonstrating that interruptions increase error and accident rate.

Although considerable research has been undertaken to quantify the volume and type of interruptions experienced on medication rounds, to date there has been very limited evaluation of the strategies introduced to address these interruptions.

Aim:

To assess the value of a suite of interventions in reducing the interruption rate during medication rounds.

Methods:

Design and participants: Pre and post-intervention observational study of nurses administering medications.

Setting: Acute Medical Admissions Unit (AMAU) of a 1000-bed teaching hospital.

Intervention: A suite of measures previously proven successful in reducing interruptions - behaviour modification and staff education; checklists; visible symbols in the form of a red vest; and signage - were adapted and introduced onto the AMAU.

Main outcome measures: Volume of interruptions pre and post intervention overall and for each individual source of interruption.

Analysis & Results

There was a highly significant association ($p < 0.0001$) between the overall interruption rate and the pre/post-intervention studies, with the rate of interruptions post-intervention being 0.43 times that of the pre-intervention level.

Conclusions

The data support a multi-factorial approach to reducing the interruption rate on medication rounds. Future research should focus on developing a standardised means of recording and analysing interruptions to allow meaningful comparison of the benefits of interventions across different studies.

St. James's Hospital
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Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: **Infection Prevention and Control Service**

Researcher Contact Details / Email: **_skeating@stjames.ie**

Abstract Title: ***Clostridium Difficile* management in St. James's Hospital 2006-2009**

Please Mark **X** as appropriate

Oral Presentation Poster Presentation Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

In 2006 in response to an increasing prevalence of *Clostridium Difficile* infection the Infection Prevention and Control service (IPCS) in St James's Hospital commenced an enhanced surveillance programme, targeted at patients with symptomatic *Clostridium Difficile* infection (CDI).

This poster outlines the steps taken in this programme, outlining the initial aims along with the challenges encountered in the process. A clear description of the initiatives taken from 2007-2009 is presented, followed by the outcomes of this programme and recommendations for the future.

The CDI enhanced surveillance system is an integral part of the IPSC schedule. It provides a clear and comprehensive strategy for management of patients with CDI. Additionally, it allows for generation of data outlining the number of symptomatic patients with CDI in any given clinical area over a period of time. This provides valuable information which can be utilised by the IPCS to reduce the prevalence of CDI in specific clinical areas and indeed throughout the hospital. Prevalence rates for CDI are also reported to the Quality and Risk Management committee as a performance indicator on a quarterly basis.

**St. James's Hospital
Department of Nursing**

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Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Siobhan Herdman & Sean Farrell
Contact Details / Email: sherdman@stjames.ie Sfarrell@stjames.ie
Abstract Title: **Emergency Department Triage Waiting Times**

Please Mark **X** as appropriate

Oral Presentation Poster Presentation Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Background

St James hospital actively participates in key performance Indicators programmes, one of which is measuring the length of time a patients waits for Triage assessment. It has been locally agreed that 70% of all patients should be triaged within 10 minutes of registration to ED and 95% within 20minutes of registration.

The aims of the audit were to determine

- If the set Triage target times are being achieved.
- Factors that influence target times being achieved.

Methodology

The hospital IT Department sends an electronic report of each patient triaged and by whom daily to the ED Clinical facilitator and a CNM1. This report records the time of registration in the department, the length of time the patient waits to be called to the triage room and the length of time taken to complete the triage. The reports for a 12-month period (January 2009 – December 2009) were compiled and all individual staff members' triage performance was analysed.

Results

Triage Target Times recorded in December 2007 showed a 57% of patient presenting to ED were triaged less than 10 minutes. This percentage rose to 61% in 2008 and rose again in 2009 to 74%.

Factors influencing target times being achieved included:

- Extra duties were being performed by triage nurses– ECG, phlebotomy, dressings
- Lack of knowledge of hospital key performance indicators
- Under utilisation of the Assessment Nurse role

Significant steps have been undertaken to improve our overall triage performance. In-service education provides staff with the opportunity to refresh their knowledge of the Manchester Triage System. On-going departmental audit informs staff of the need to perform triage in an efficient and effective manner and how they individually meet the set target times. The Assessment Nurse role and a greater team approach to triage impacted greatly on reducing triage times.

St. James's Hospital
Department of Nursing

3rd Annual Research, Clinical Audit & Quality Improvement Seminar 2010

Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Deirdre Gilchriest, Senior Speech and Language Therapist

Researcher Contact Details / Email: dgilchriest@stjames.ie ext 2471

Abstract Title: **A Critical Role in Critical Care: Reviewing a Service 5 years on**

Please Mark **X** as appropriate

Oral Presentation

Poster Presentation

Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

The role of SLTs in critical care has received growing recognition in the last decade. A wide variety of communication difficulties present, arising from underlying medical/surgical conditions, co-occurring conditions or from life supporting management techniques implemented. There is also a mounting body of evidence documenting significant levels of swallow impairment in this patient population. Therapists can provide a life enhancing service, facilitating communication at all stages and allowing early assessment/management of swallow impairment.

Despite increased recognition of the value of SLT input at this acute stage, few services have funded posts in critical care. St. James's Hospital received funding to create a 0.25 WTE post in ICU in 2003/2004. Five years on, it seemed timely to review what has been achieved with limited funding, how the service has developed and to consider what has still to be accomplished.

Referral rates and patterns have changed significantly in the period examined. Referrals have grown from 12 in 2003 (prior to service establishment) to 140-150 per annum in 2007 and 2008. 14% of all admissions to ICU were seen by SLTs in 2008. There is blanket referral of patients post tracheostomy. Multidisciplinary protocols for the use of speaking valves are ensuring the earliest possible intervention for communication impairment and have enhanced rather than eroded the SLT role. Ongoing multidisciplinary education has improved understanding of communication and swallow difficulties, resulting in increasing referrals of patients with etiologies other than tracheostomy. How to provide a timely, quality service to growing numbers of patients is the next challenge.

St. James's Hospital
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Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Ms Orla Nugent, Clinical Placement Co-ordinator, Fidelma Dowdall HOPE
Researcher Contact Details / Email: Orla Nugent, Nursing Administration, St. James's Hospital
Email: onugent@st.james.ie

Abstract Title: **Duration of Bed Rest Post Lumbar Puncture**

Please Mark **X** as appropriate

Oral Presentation Poster Presentation Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Background:

Patients in St.James's Hospital who underwent a Lumbar Puncture (L.P) for diagnostic or therapeutic reasons (including the administration of intrathecal chemotherapy), were often advised to remain on 4 hours bed rest post procedure. However, there were differences between wards and specialised units regarding the length of bed rest advice given to patients.

Aim:

The aim of our quality improvement initiative was to establish an agreed protocol for the safest whilst most efficient duration of bed rest post L.P, in accordance with research and evidence based practice.

Methodology:

After extensively reviewing the literature, consulting with other hospitals and collaborating with The Administration of Intrathecal Chemotherapy Committee in St James's Hospital, a protocol stating one hour bed rest post L.P was advocated and implemented.

Outcomes:

The principle outcomes of our initiative are that patient comfort is maximised, patient independence and mobility are promoted earlier; and clients who have a lumbar puncture carried out on a day care basis for the administration of intrathecal chemotherapy are discharged in a timely manner

St. James's Hospital
Department of Nursing

3rd Annual Research, Clinical Audit & Quality Improvement Seminar 2010

Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Una O' Brien, Clinical Midwife Specialist Teenage Pregnancy, Our Lady of Lourdes Hospital, Drogheda, Co. Louth.

Researcher Contact Details / Email: 041 9874713 parentcraftclasses.olol@hse.ie

Abstract Title: **Teenage Pregnancy Classes**

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Oral Presentation Poster Presentation Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Our Lady of Lourdes Hospital is the first Maternity Unit in Ireland to secure the post of a Clinical Midwife Specialist in Teenage Pregnancy. Prior to this post many initiatives were implemented to improve the delivery of care to pregnant teenagers in the North East. We organise and run Antenatal Classes specifically targeted at teenage mothers and young fathers. We also developed links with relevant services that would improve the overall care for pregnant teenagers and young fathers here at Our Lady of Lourdes Hospital Maternity Unit. These links included; 'Teenage Parent Support Initiative', 'Family Support', Social Worker', 'Physiotherapy', Dietician', Smoking Cessation', General Practitioners and Public Health Nurses in the region.

During the planning stages many pregnant teenagers were contacted to decide how best to communicate these new initiatives to teenage mothers and young fathers. As all teenagers carry mobile phones I decided on this mode of communication. I underwent a crash course on teenage text language. In order to improve attendance at class we supply lunch and give each attendee a gift.

Audits conducted in 2007, 2008, and 2009 have shown a significant increase in attendances of young parents to our antenatal classes. We are constantly striving to improve the quality of our service. We achieve this through asking our young mothers and young fathers to complete an evaluation form, and also through discussion at our teenage reunion classes.

St. James's Hospital
Department of Nursing

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Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Orla Maguire (Senior Pharmacist)

Researcher Contact Details / Email: omaguire@stjames.ie

Abstract Title: **Audit of Prescribing and Administration of Nebuliser Therapy, for COPD and Asthma Patients, in St James's Hospital.**

Please Mark **X** as appropriate

Oral Presentation

Poster Presentation

Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Background:

Despite availability of British Thoracic Society (BTS) Current best practice for nebuliser treatment guidelines (1997), which specifies standards of best practice for prescribing and administration of nebulised medicines, studies have demonstrated that major deficiencies exist in this field of practice. Respiratory patients represent a significant proportion of those admitted to SJH. It is, therefore, important that the practice of prescribing and administration of nebulised medicines meet the specified standards.

Aim / Objective:

To audit prescribing and administration of nebulised medicines in SJH, to determine if standards of best practice were being met, and to make recommendations which would rationalise prescribing, improve safety and promote improved delivery of nebulised medicines to patients.

Methods:

A prospective study was conducted to determine if the following standards of best practice were being achieved before and after implementation of a new clinical guideline:

1. Endorsement of the prescription with the driving gas and flow rate
2. Appropriate choice of driving gas and flow rate
3. Appropriate choice of administration device
4. Cleaning/replacement of nebuliser accessories
5. Reducing prescribing of multiple anticholinergic medicines

Data collection was conducted in January and June 2009, for the pre- and post-intervention groups, respectively, with guideline development and implementation occurring during the interim period. Chi-square analysis was employed for statistical analysis of the results.

Results:

Prior to guideline implementation, the specified standards of best practice were not being achieved. Implementation of the guideline led to a statistically significant improvement in rationalisation of prescribing anticholinergic medicines for patients on admission to SJH ($\chi^2 = 15.4$, $df = 1$, $p < 0.001$). However, no other statistically significant improvements in practice were observed.

Conclusion:

Despite availability of guidelines, deficiencies in standards of nebuliser practice continue to exist. Key findings from the study have been disseminated to the relevant stakeholders and efforts are ongoing in endeavours to improve practice.

References:

1. Current best practice for nebuliser treatment. The Nebuliser Project Group of British Thoracic Society Standards of Care Committee. Thorax. 1997; 52(Suppl 2): S1-S3.
2. British Guideline on the Management of Asthma: A national clinical guideline. British Thoracic Society and the Scottish Intercollegiate Guidelines Network. May 2008. Available from: www.brit-thoracic.org.uk/.
3. Global Strategy for the diagnosis, management and prevention of Chronic Obstructive Pulmonary Disease. Global Initiative for Chronic Obstructive Lung Disease (GOLD) Committee. 2008 Available from: www.goldcopd.org

St. James's Hospital
Department of Nursing

3rd Annual Research, Clinical Audit & Quality Improvement Seminar 2010

Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: O Connor, R¹, Carr, B¹, Sahm, L², Relihan E¹, Treacy, V¹

1. Pharmacy Department, St James's Hospital, Dublin 8, Ireland.

2. School of Pharmacy, University College Cork, Cork.

Researcher Contact Details / Email: Róisín O'Connor roisinoc@gmail.com

Abstract Title: **Development of a Guideline to Standardise the Management of Hypoglycaemia in a Large Teaching Hospital**

Please Mark **X** as appropriate

Oral Presentation

Poster Presentation

Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Background

Hypoglycaemia; defined as a blood glucose level less than 3.9mmol/L is a commonly occurring adverse drug reaction in hospitalised patients¹. A study by Gaston (1992) stated that a logical approach to dealing with hypoglycaemia in hospital setting is implementation of a standardised protocol for defining and treating hypoglycaemia².

Aims/Objectives

The aim of this project was to standardise the management of hypoglycaemia in a large teaching hospital.

Methods

An audit of the current management of hypoglycaemic episodes in SJH was performed.

A literature search was performed and a guideline for the inpatient management of hypoglycaemia in SJH was then developed.

This was made available at ward level and online via the SJH intranet; an abridged version was incorporated into SJH Prescriber's Guide 2009 edition. Educational sessions were carried out for nurses and pharmacists.

A second audit was carried out after guideline implementation.

Analysis/Results

The effects of guideline implementation were assessed by comparing the two audit results using Statistical Package for Social Sciences using chi-square test where appropriate.

Following the interventions, statistically highly significant improvements were observed in several aspects of the management of hypoglycaemia; including appropriate initial treatment given ($p < 0.01$), monitoring of blood glucose ($p < 0.01$) and overall treatment ($p < 0.01$).

Recommendations

The interventions were found to have a positive effect on the nursing and medical staff's overall level of adherence with the appropriate management of hypoglycaemia. A programme of continuing education for nursing and medical staff is required to ensure the interventions implemented in this study are reinforced and that care for diabetic patients continues to develop in the future. Education should focus on enhancing knowledge and understanding of the local guidelines, and encompass regular audits to ensure that the management of hypoglycaemia is complying with best practice standards.

References

1. Anthony M, 'Treatment of hypoglycaemia in hospitalized adults', *The Diabetes Educator* 2007;33:709
2. Gaston S, 'Outcomes of hypoglycaemia treated by standardized protocol in a community hospital', *The Diabetes Educator* 1992;18:491

St. James's Hospital
Department of Nursing

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Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Mary Kerins, Geraldine Fitzgerald, Marie Spain , Marie O'Neill , Karen Morrison, Jo Bannon, Gabrielle McKee, Cardiac Rehabilitation Team, SJH. School of Nursing and Midwifery TCD

Researcher Contact Details / Email: mkerins@stjames.ie, Phone 41625

Abstract Title: **A Descriptive Study of some Outcome Measures in Cardiac Rehabilitation: Obesity, Physical Fitness, Anxiety and Depression.**

Please Mark **X** as appropriate

Oral Presentation

Poster Presentation

Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Background:

“Cardiac rehabilitation is a process where cardiac patients are encouraged and supported to achieve and maintain optimal physical and psychosocial health” . The aim of this study was to examine: 1) Functional capacity, 2) Anxiety and Depression, and 3) Obesity, during cardiac rehabilitation.

Method:

During 2009, 187 patients completed a phase III cardiac rehabilitation programme. All variables were assessed at the beginning and at the end of the programme on all participating patients. 1) Functional capacity was assessed using the Shuttle Walking Test. 2) Anxiety and Depression, using the Hospital Anxiety and Depression Scale (HADS) and 3) Obesity, using weight, waist circumference, and Body Mass Index (BMI). Some data sets were incomplete. SPSS was used to analyse the data.

Results:

The population was made up of 76% males. The mean age was 64, ranging from 24 to 84 years ($n=181$). The sample included 26% MI, 45% PTCA, 19% CABG and 10% other. There were significant improvements in the shuttle test, ($n=130$, $t=-9.50$, $p=0.000$), waist circumference ($n=77$, $t=2.299$, $p=0.024$) and BMI ($n=100$, $t=2.353$, $p=0.021$). There were no significant improvements in the HADS or body weight.

Recommendations:

Continuous auditing of the services is recommended to ensure quality. As is common in most cardiac rehabilitation programmes there was no significant change in weight over the short time frame. However there was a significant change in waist circumference, a factor that is currently being advocated as an outcome measure and indicator of risk. Further analysis is required to see if these significant improvements differ depending on gender or programme length. The no changes in anxiety or depression needs further investigation, to see if this reflects the sensitivity of the HADS to change or reflects only slight change in these parameters over this time frame.

**St. James's Hospital
Department of Nursing**

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Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Fiona Kelly, Senior Pharmacist

Researcher Contact Details / Email: Bleep 995, email fskelly@stjames.ie

Abstract Title: **The Development of Therapeutic Drug Monitoring Guidelines for Digoxin, Lithium and Phenytoin in a Large Teaching Hospital**

Please Mark **X** as appropriate

Oral Presentation

Poster Presentation

Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Previous studies have found that more than two-thirds of requests for therapeutic drug monitoring (TDM) are inadequately thought out, badly executed or misinterpreted.¹

The aim of this study was to improve the management of TDM at SJH by developing TDM guidelines for digoxin, lithium and phenytoin and to evaluate the effect of the guidelines.

The study was a before-after study. Analysis of the data was carried out using SPSS® 16.0. Guidelines were developed and education sessions carried out. Changes were made to the method used to order drug levels. The administration time of digoxin was changed to the evening time, making it possible for levels to be taken in the morning.

99 and 100 drug concentration measurements, were included in the pre-intervention audit and post-intervention audit respectively. The interventions were found to have a positive impact on TDM practices at SJH. The improvement in the overall appropriateness of TDM was statistically highly significant as was the improvements observed in the number of levels taken at an appropriate time in relation to the last dose and in actions taken following the result of a drug level, that agreed to TDM guidelines. Statistically significant increases were observed in the overall number of levels taken with an appropriate indication and in the interpretation of phenytoin levels.

Although significant improvements were observed, further work is required in this area. The interventions in this study need to be applied to all drugs for which TDM services are available. Levels with 'suspected toxicity' should be prioritised by the laboratory for analysis and it may be appropriate to analyse phenytoin levels more frequently. The introduction of a TDM phlebotomist should be explored and as shown by previous studies^{2,3,4}, the introduction of a dedicated TDM pharmacist could prove invaluable, both in improving patient care and in reducing costs.

References:

1. Hallworth M, Watson ID. Theoretical considerations. In: Poyser K, Sherwood R, editors. Therapeutic Drug Monitoring and Laboratory Medicine. London: ACB Venture Publications; 2008. p. 1-28.
2. Shenfield GM. Therapeutic drug monitoring beyond 2000. British Journal of Clinical Pharmacology. 2001;52:3S-4S.
3. Ried LD, McKenna DA, Horn JR. Meta-analysis of research on the effect of clinical pharmacokinetics services on therapeutic drug monitoring. American Journal of Health-System Pharmacy. 1989;46(5):945-51.
4. O'Reilly A, O'Connell B. To assess the impact of a pharmacist-led TDM service on vancomycin and gentamicin levels in St James's Hospital. In press 2006.

St. James's Hospital
Department of Nursing

3rd Annual Research, Clinical Audit & Quality Improvement Seminar 2010

Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Bettina Korn, Ms, Respiratory Clinical Nurse Specialist

Researcher Contact Details / Email: C/o Respiratory Assessment Unit, CResT Directorate, St. James's Hospital, James's Street, Dublin 8; bkorn@stjames.ie

Abstract Title: **Family Caregivers' Experience of COPD End-of-Life Care in the Home**

Please Mark **X** as appropriate

Oral Presentation

Poster Presentation

Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Background:

Patients with advanced Chronic Obstructive Pulmonary Disease (COPD) rely on family caregivers to maintain living at home. Patients wishing to be cared for and die at home receive inadequate support in the community.

Aims:

The study aimed to inform the development of a palliative care component to an existing COPD Outreach Programme. Study findings were to contribute to the understanding of family caregivers experience of caring for a loved one who is dying from COPD.

Method:

The explorative descriptive qualitative study design utilised a purposive sample of informal caregivers who were interviewed about their experience of caring for a loved one dying at home from COPD. Interview transcripts, field notes and reflective journal entries underwent a qualitative template analysis.

Results:

Five themes were identified. Each participant described the significance of family relationships in theme Kinship. For all participants the dying family member played a central role; expressed as their Perception of the Dying Persons Being during the final part of their life. Concept of Caring communicated experiential caring knowledge, witnessing decline and effects on the carer's life. The Dying Process describes how participants experienced the dying of their loved one. Interactions with the Health Care Services illustrates how previous experiences shape caregivers perceptions of health care and offers participant's vision of how they believe a COPD Outreach Programme can support dying patients and family caregivers.

Conclusion:

A greater understanding of what it is like to care for a loved one who is dying from COPD at home has been gained. Findings from this study have the potential to positively influence future provision of care.

St. James's Hospital
Department of Nursing
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Thursday 20th May 2010
Abstract (Paper or Poster)

Researcher (s) Name & Title: Marie Byrne ,Acting CNM 2, ENT Theatre ,MWRH Limerick
Researcher Contact Details / Email: _mariea.byrne@hse.ie

Abstract Title: **Development of Anaesthetic Role in Peri-Operative Nursing**

Please Mark **X** as appropriate

Oral Presentation Poster Presentation Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

BACKGROUND: Reconfiguration Mid West Region ~ Peri-operative Nurses assist at Anaesthetics at MWRH .No Dedicated Anaesthetic CNM1 /11 ~ No Anaesthetic Nurse Specialist ~ No Separate Anaesthetic Nurse Department ~ Difficulty in recruiting skilled Peri-operative Nurses/ Midwives with Anaesthetic experience ~ Previous Anaesthetic Competency at MWRH required improvement.

AIM: To increase Anaesthetic Safety Awareness and Develop the Role of the Peri-Operative Nurse/ Midwife Assisting at Anaesthetics at MWRH, Limerick.

OBJECTIVES: Ensure Continuity and Consistency by Allocating a Peri- Operative Nurse/Midwife to Assist at Anaesthetics on a daily basis and Audit outcome at MWRH, Limerick. Develop, Implement & Evaluate an Anaesthetic Competency tool along with a structured programme of education and training on Anaesthetic Nurse Assistance. Benchmark our Anaesthetic Nursing Service at MWRH with other Band 1 Hospitals as a Quality Improvement initiative.

Anaesthetic Nursing Team Meetings .Agreed terms reference. Multidisciplinary & Key Stakeholders . **IDENTIFY BEST PRACTICE**1. NHS Core Competency on Anaesthetic Nurse Assistance 2. Guidelines from the Association of Anaesthetists Great Britain & Ireland 3. Scope of Nursing Practice, Commission on Patient Safety

Results Anaesthetic nurse allocation audit :Standard set was to allocate 1 nurse per day to assist at anaesthetics .Data collected from 10 theatres on allocation sheets. Improved from 56% adherence to 69% adherence on 2nd audit. Recommend continue to audit, continue to allocate.

Results Competency development subgroup: Developed an anaesthetic competency document based on Benners 1984 theory Observer to competent practioner. A self assessment competency tool which has performance criteria outlined on 10 core competencies on anaesthetic assistance as per Scottish NHS core competencies on anaesthetic assistance. This is now in final draft.The document includes (procedure for completion,criteria for selection of preceptors,answer sheet on anaesthetic competencies for preceptors) etc.We have recruited 10 preceptors and more. Recommendations: Run preceptorship workshops,pilot and evaluate competency document, seek approval with an Bord Altranais.

Results on Benchmarking:A questionnaire was sent to 19 hospitals ,17 replied.53% of 17 have a separate anaesthetic department all of which are on par with level of activity at MWRH Limerick.These depts were managed by cnm1/2.They all allocate a nurse to assist at anaesthetics on a daily basis.They allocate their nurses between anaesthetics and recovery.Only 2 CNS in anaesthetic nursing in the country.70% of all the 17 hospitals had a competency document on anaesthetic assistance but no standard document.Recommendations:Nationally all operating theatres should have a standard generic competency document on anaesthetic assistance. As a regional specialized unit we need to establish a separate anaesthetic nurse department managed by cnm1/2 /specialist nurse to advance anaesthetic nurse practice.

Education and training :Recommend perform an anaesthetic training needs analysis and develop a more structured training programme on anaesthetic assistance.

- **IDENTIFY BEST PRACTICE**

- 1. NHS Core Competency on Anaesthetic Nurse Assistance
- 2. Guidelines from the Association of Anaesthetists Great Britain & Ireland
- 3. Scope of Nursing Practice, Commission on Patient Safety

- **COMMUNICATION**

- 1. Role of the Anaesthetic Nurse
- 2. Feedback to Clinical Nurse Managers and Staff Nurses
- 3. Departmental Newsletter

- **STANDARDIZE PRACTICE**

- 1. Outline Areas of Responsibility in Anaesthetic Nurse Assistance
- 2. Standardize Anaesthetic Trolleys, Improve existing Theatre Checklists
- 3. Allocate and audit Anaesthetic Nurse Assistance

- **PROFESSIONAL DEVELOPMENT**

- 1. Benchmark our Anaesthetic Nursing Services
- 2. In-service Training and Education
- 3. Competency Development Subgroup

**St. James's Hospital
Department of Nursing**

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Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Suzanne Dennan, A/ Radiographic Services Manager, Brendan McCoubrey, Clinical Specialist Radiographer, Orla Bane, Superintendent Radiographer, Paula Corby, Business Manager, Beverley Tyrell, HCA Manager, Kevin Feely, HCA, Bridget Brennan, Officer Manager
Researcher Contact Details / Email: DiagIm Directorate, ext: 2762, sdennan@stjames.ie
Abstract Title: **Improving the Efficiency and Workflow of the X-ray Scheduling Office**

Please Mark **X** as appropriate

Oral Presentation

Poster Presentation

Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Team based performance management (TBPM) is the agreed approach to managing performance in the Irish Health Service. It recognises the importance of staff working in teams to seek improvements and innovation in the provision of services leading to improved staff and patient experiences. In 2009, a TBPM project was set up across five departments at St. James's Hospital, Dublin.

The TBPM project in the DiagIm Directorate aimed to improve the efficiency and workflow of the X-ray Scheduling Office. A team of eight members was established with representatives from all staffing groups involved in the operation of the Scheduling Office: Radiographers and Health Care Assistants. The X-ray Scheduling Office manages the inpatient general X-ray service and handles the following important functions: vetting of X-ray requests, scheduling X-ray examinations, answering queries from prescribers and wards, and coordinating transport of patients to the X-ray department.

At the initial planning meeting, the project team decided the key priorities or key performance areas (KPAs) to be met for the year ahead. The X-ray Scheduling office KPA's were: 1) reduce delays, 2) increase activity, 3) reduce unnecessary X-ray referrals and 4) enhance risk management. For each KPA, the team agreed on 4-5 achievable objectives. At the outset of the project, a number of audits were undertaken to assess the Scheduling Office service. The progress of the project was reviewed by the team under the leadership of the "team leader" on a quarterly basis at agreed monitoring meetings.

This presentation will demonstrate how the Scheduling Office TBPM project positively impacted on service delivery and on the quality of the patient experience. The TBPM model had many benefits: brainstorming as a group was more effective, the team developed a sense of camaraderie and many solutions identified by the team were simple, inexpensive and easy to implement. A TBPM project of this type could potentially result in similar service delivery and patient experience improvements in other diagnostic / clinical areas.

St. James's Hospital
Department of Nursing

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Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title: Carol O Hora, Staff Nurse Acute Medical Assessment Unit, Mid Western Regional Hospital, Dooradoyle, Limerick
Researcher Contact Details / Email: carol.ohora@hse.ie Mobile 087 8849117 Work 061 482561/482501

Abstract Title: **Audit of Acute Medical Assessment Unit, Mid Western Regional Hospital Dooradoyle, Limerick**

Please Mark **X** as appropriate

Oral Presentation Poster Presentation Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Background:

The Acute Medical Assessment Unit [AMAU] Operational Policy was changed in July 2009 as part of the reconfiguration process in the HSE Mid Western area.

Through audit we can measure how effective the unit is with regard to seeing and assessing patients thus avoiding hospitalisation wherever possible

Aim and Objectives:

To measure the effectiveness of the revised operational policy with regard to patient length of stay, discharge outcomes, feedback from key stakeholders.

Methods and Analysis:

I undertook an analysis of the databases in the AMAU and ED to obtain data for the period of 1 month since the reconfiguration process began.

I used this data to obtain statistics of how a similar set of patients in each unit were processed through the system, with particular focus on length of time spent in hospital and how many were discharged/admitted to hospital.

I also obtained feedback from the key stakeholders [patients and G.P's] in the form of feedback questionnaires.

Results:

The results of the audit have demonstrated that the unit is effective and that patients are processed efficiently.

14% of patients seen in AMAU are admitted to a hospital bed

57% of similar patients seen in the ED were admitted.

Cost of bed stay per night is **1194 EURO** = significant savings for the hospital.

There are obvious high levels of GP and Patient satisfaction;

96% patients very satisfied with the service [35 surveys returned]

80% of GP's feel patients are treated more efficiently in the AMAU [120/210 surveys returned]

70% of GP's will continue to use the service.

Recommendations:

Feedback to GP's about audit outcome

Review of both databases to avoid inconsistent data input

Review of current discharge documentation as suggested by GP's

Consider setting up AMAU website with AMAU contact information/referral information and location information

Staff satisfaction survey

Set up a data base system whereby patients readmitted to the hospital [having attended AMAU or A&E] is captured as a method of measuring effectiveness.

St. James's Hospital
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Thursday 20th May 2010

Abstract (Paper or Poster)

Researcher (s) Name & Title Researcher Contact Details / D Swan¹, W Cullen², J Long³, J Flanagan⁴,
O Carr⁵, H Irish⁶, S McKiernan⁶, S Keating⁷, M Keaveney⁸, J Lambert⁹, A McCormick¹⁰, J Moloney¹¹ and N Perry¹²

¹School of Medicine and Medical Science, University College Dublin

²Graduate Entry Medical School, University of Limerick

³Alcohol and Drug Research Unit, Health Research Board, Dublin 2

⁴Addiction Services, HSE Northern Area, Dublin 9

⁵Canal Communities Local Drugs Task Force, Dublin 12

⁶Hepatology Centre, St. James's Hospital, Dublin 8

⁷Drug Treatment Centre Board, Trinity Court, Dublin 2

⁸East Coast Area, Addiction Service, Co. Dublin

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Abstract Title: **Coping Strategies Deployed by Injecting Drug Users With Hepatitis C: A Qualitative Exploration**

Please Mark **X** as appropriate

Oral Presentation

Poster Presentation

Oral & Poster Presentation

ABSTRACT

Introduction:

The majority of injecting drug users (IDUs) have been infected with the hepatitis C virus (HCV). Chronic HCV can impact substantially upon quality of life while treatment for HCV can be arduous with severe side-effects. In this paper we aim to explore the coping strategies deployed by IDUs infected with HCV, both to adapt to the infection and to manage the rigors of HCV-related healthcare interventions.

Methods:

A purposive sample of current and former IDUs was recruited from health and social care settings in the greater Dublin area, including: addiction clinics, a community drop-in centre, general practice, specialist hepatology and infectious diseases clinics. Thirty-six participants completed an in-depth interview exploring their experience of HCV and HCV investigations and treatment. Interviews were analysed using a grounded theory-based approach.

Results:

Participants utilised a variety of coping strategies which were responsive to their socio-cultural context. Drawing upon their peer discourse participants minimised and normalised HCV infection. Denial, blocking awareness and procrastination were used to manage fear of HCV investigations and treatment aroused by "horror stories" within their peer networks. Close emotional ties, supportive peers and encouraging healthcare professionals were important resources in coping with HCV treatment. Participants' own resolve and attitude to treatment helped them endure treatment side-effects.

Conclusions:

Interventions designed to promote HCV care among IDUs need to address the social context within which they adjust to their condition.

**St. James's Hospital
Department of Nursing**

**3rd Annual Research, Clinical Audit & Quality Improvement Seminar 2010
Thursday 20th May 2010
Abstract (Paper or Poster)**

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Researcher Contact Details / Email:

Abstract Title: What helps or hinders hepatitis C testing and treatment among people who inject or have injected drugs?

Please Mark **X** as appropriate

Oral Presentation Poster Presentation Oral & Poster Presentation

Oral presentations should be no more than 20 minutes (max.) duration & summarise key findings.

The abstract must be typed, single-spaced and include no more than 300 words maximum to include Background; Aim and objectives; Methods; Analysis and Results; Recommendations.

ABSTRACT

Introduction:

Hepatitis C (HCV) is a common infection among injecting drug users and is associated with chronic liver disease leading to considerable health and economic costs. Despite recent improvements in outcomes of treatment for HCV infection, rates of screening and treatment for HCV are suboptimal among injecting drug users. This study aims to identify the factors associated with the uptake of screening and treatment for HCV among injecting drug users.

Methods:

A purposive sample of current and former injecting drug users was recruited from health and social care settings in the greater Dublin area, including: addiction clinics, a community drop-in centre, general practice, specialist hepatology and infectious diseases clinics. Thirty-six participants completed a semi-structured interview about their experience of HCV infection and their barriers to accessing screening and treatment. Interviews were transcribed and the transcripts were analysed using a grounded theory approach. Transcripts were coded line by line, generating focused codes for further exploring the data. Detailed memo-taking was conducted throughout.

Results:

Barriers to HCV care included perceptions of HCV infection as relatively benign and fear of investigations and treatment. Perceptions were shaped by the discourse about HCV and "horror stories" about the liver biopsy and treatment within their peer networks. Difficulties accessing HCV care included not being referred for specialist investigations and ineligibility for HCV treatment. Employment and drug addiction were priorities which competed with HCV care. Relationships with health care providers influenced engagement with investigations and treatment. Education on HCV, investigations and treatment altered perceptions, encouraging uptake of care. Motivations for HCV treatment included care-taking responsibilities for children and a desire to move on from drug use.

Conclusions:

Injecting drug users face multiple barriers to HCV care. A range of facilitators were identified which could inform future interventions.