incident that can go by unreported. Reporting is the realm of nurses. Reporting will improve by supporting a blame-free culture in health care settings. Staff will perceive inherent value in reporting incidents when action is taken to prevent the recurrence of such incidents. This improves both patient safety and quality of care.

## P15.15
## Drivers of change for life expectancy and mortality in Malta

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**Introduction:** Life expectancy (LE) increased significantly across Europe over the past 40 years. Whilst general trends in life expectancy patterns characterise Western and Eastern Europe, country specific patterns also occur. This study presents detailed demographic and epidemiological analysis of changing life expectancy in Malta and compares this to other European countries.

**Methods:** Mortality data for Malta by cause of death, gender and age were extracted from the World Health Organisation Database for 1955-2013. Life expectancy at birth by gender and age group were calculated. Changes in life expectancy at birth were then decomposed into contributions by age groups and selected causes of death. Trends in life expectancy for Malta were also compared with selected EU countries.

**Results:** Between 1955 and 2013 LE in men and women increased by 13.2 and 14.95 years respectively. Two distinct demographic periods emerge. During the first period increasing LE was driven by a fall in infant mortality. LE in older age groups only started to increase in the 1980s in Malta, later than in other Western European countries, and coincided with the start of a downward trend in cardiovascular mortality.

**Conclusion:** The period under study was a critical time for political, economic and social development in Malta. Patterns of migration, development of the social welfare state and expansion in health services are all believed to have shaped the unique pattern of LE. Malta has transitioned from an Eastern European to a Western European country in terms of its mortality profile over the past 30 years.

## P15.16
## Who are the frequent attendees in the Mater Dei Hospital A&E Department?

*John M Cachia*

*Office of the Commissioner for Mental Health, MEH-Health*

**Introduction:** In the Malta Health Literacy Survey 2014, 3.1% of the study population aged 18+ years reported attending the A&E Department more than 3 times in the previous two years. Nationally, this represents around 4500 adults sharing 20,000 visits to the A&E Department in one year.

**Methods:** The subset of frequent attendees was identified and analysed. Data was compared to national figures from the same survey, in order to determine the typical profile of the frequent A&E attendees and to focus upon and reduce the burden and cost of frequent attendance.

**Results:** No gender differences were elicited. Those in the 31-40 and the 71+ year's age groups and those residing in the Northern Harbour and South Eastern Regions were more represented. Frequent attenders were more health literate compared to the general Maltese population. They tended to have smaller monthly incomes, were overweight or obese, were less well-educated, had more long term illnesses, and had worse self-assessed health and worse self-assessed social status. The co-terminosity of A&E and Health Centre services made it impossible for Gozitan participants to report frequent A&E attendance.

**Conclusion:** Frequent A&E attendance is often a sign of vulnerability. Identifying them presents an opportunity to improve care and use resources more efficiently. Patients suffering from chronic or terminal conditions should still benefit from safe care including primary care, social care and palliative care as necessary. Challenging behaviour, substance abuse and mental disorders should be tackled and managed by establishing and addressing underlying causes, whilst ensuring safety of other patients and staff.

**Disclosure:** Data extracted from the NSO source data utilised in the Malta Health Literacy Survey 2014, commissioned and funded by the Office of the Commissioner for Mental Health.

## P15.17
## How is the updated ticket of referral doing?

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**Introduction:** The outpatient interface is important for patient care. An updated Ticket of Referral (TOR) was introduced end 2013; our study reviewed its usage in referrals from primary to secondary care, using Medical Consultant (MCC)/ Schedule V clinics as an exemplar.

**Methods:** Prospective study of consecutive new case referrals with all personal data anonymised. Completeness of field completion, established quality criteria, and legibility were assessed, and whether written or printed.

**Results:** Of 103 consecutive referrals, 3 exclusions were due to an older version submitted, resulting in $n$=100. Identity card number, name, address, r easons for referral and referring doctor signature were completed in 100%; with 'date' in 98% and 'referring doctor' name, and 'registration number' in 96%. 88% had a rubber stamp; 79% completed 'age', 76% 'telephone', 47% 'mobile'; date of birth complete in 10 out of 66 possible, (due to differing versions of the TOR). 19% completed 'Next of Kin' - with telephone number (13%) and mobile numbers (18 %). 22% were noted to have investigations and 1% attendance at other clinics. Quality criteria included past history (54%), current treatment (71%) and blood pressure (34%); 100% were written, with 19% containing illegible areas.

**Conclusion:** Data completion was high for patient and doctor details and reasons for referral, whilst fields related to 'Next of Kin' were mainly omitted. Quality criteria were variably completed - notably current treatment was absent in over a quarter - with implications for patient safety. Legibility was an issue in 19%.

## P15.18
## Documentation standards for inpatient file entries at Mater Dei Hospital

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**Introduction:** Proper documentation in inpatient files is vital for patient safety and accountability.

**Methods:** Medical, surgical, obstetric and gynaecological wards at Mater Dei Hospital (MDH) were included in the audit after obtaining necessary permissions. All entries in each patient file over the previous day were analysed. Each entry was checked for inclusion of date, time, place, signature, registration, name, designation and pager number. Empty beds and patients who had not been inpatients for the full 24 hours on the previous day were excluded. Statistical analysis was applied to results to ascertain any significant differences in documentation between different departments.

**Results:** A total of 682 entries were included in the audit. Date (98.4%, $n$=671), signature (97.7%, $n$=666) and registration number (82.7%, $n$=564) were most documented. Name (14.5%, $n$=99) and designation (2.1%, $n$=14) were least documented. Pager number was never documented. Of the entries included, 8.2% ($n$=56) had one or more illegible components. Surgical en-