rate was 30% (3/10) whilst the morbidity of the survivors and their quality of life ranged from full recovery to various grades of organ dysfunction. Factors associated with worse outcome or death can be extrapolated from our data.

O-090

Improving service delivery in an outpatient setting

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Problem: increasing waiting lists, inappropriate referrals and mismatched scheduling led to suboptimal clinic use. Better use of clinic resources was identified as a priority to improve patient care. At the time of initiation of this project, no systems existed for prioritization or analysis of referral data, or clinic throughput.

Design: prospective review of referrals during 2004-6 in clinics at the interface of primary and secondary care. The aim was to identify causes of the problem, introduce changes and reassess regularly.

Setting: Two MCC/Schedule V Clinics (Floriana/Gzira) prospectively collated referral data; observation of factors impinging on patient throughput.

Key measures for improvement: waiting lists, inappropriate referrals, availability of patient notes, patient throughput and scheduling, monitoring of non-attenders.

Strategies for change: monitoring of referrals for prioritization, vetting for inappropriate referrals, introduction of protocol, amendments to appointment letter with reminders re investigations, medication and documentation; availability of St Luke's Hospital notes for all patients; introduction of records for all patients, use of telephone follow-up, and one-stop appointments, management of non-attenders.

Effects of change: reduction in waiting lists from over three months (Jan 2004) to four weeks (July 2006); early redirection of inappropriate referrals; improved patient scheduling and throughput; improved record keeping, reduction in non-attenders.

Lessons learnt: appropriate proactive management strategies can result in more appropriate use of limited resources; further improvement will require interdepartmental and intercollegial collaboration,as well as improved support services.

O-091

Clinic waiting time at the lipid clinic, St Luke's Hospital

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Waiting time in clinic is defined as the interval between the time of appointment and the actual time of encounter with the health care professional.

Objective: To determine the clinic waiting time (CWT) at the lipid clinic, to identify demographic and geographic variables that may affect it, and to compare the CWT with a standard set in the Quality Service Charter.

Design: Cross-sectional study.

Participants and setting: New cases and follow-up cases attending the lipid clinic at St Luke's hospital between September 2003 and July 2004 and seen by the consultant.

Data collected: Date of clinic; time of appointment as appears on the patient administration system printout for the clinic; time of entry in doctor's office; age; sex; locality of residence; new case or follow-up case.

Data analysis: Mean and median CWT was determined for both sexes, new cases, follow-up cases, and region of residence.

Results: The mean CWT was 31 minutes (median 15 minutes). For appointments between 8:00 and 10.00 hours the mean CWT was 44 minutes (median 37 minutes) and for appointments after 10:00 the mean CWT was 10 minutes (median 0 minutes). The proportion of patients seen within 30 minutes of their time of appointment was 0.6. Of these, more than one half (0.55) were seen before the time of appointment. The proportion of patients with a CWT longer than one hour was 0.2 and was twice as much for new cases than for follow-up cases (0.4 versus 0.2). This was constant for the various geographic regions.

Conclusion: Clinic waiting times at the lipid clinic compare favourably to those reported for the outpatients in general. New cases have the longest CWT. There is a positive correlation between number of appointments over time and the CWT, but no correlation between region of residence and CWT longer than one hour

O-092

An evaluation of the discharge planning process at Zammit Clapp Hospital

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Older people are being discharged from hospital to the community with higher levels of dependency. Discharge planning is an essential component of service delivery and has substantial implications for the use of health and social care resources. Quality practices in health care result from structured reflection on what was done, what was achieved and what could be done better, then putting constructive actions in place to change practices.

This study was carried out to assess the extent to which patients'and carers' have been involved and have been informed about the discharge process and to assess their level of satisfaction with the discharge planning process at Zammit Clapp Hospital, an acute and rehabilitation hospital for the elderly in Malta.

The study consisted of a convenience sample of 50 patients and 50 carers. A mixed research design consisting of quantitative and qualitative data was used. Interviews were carried out by the researcher one- week post discharge from Zammit Clapp Hospital.

The main findings suggested that despite the fact that an adequate amount of information was given to patients and carers some areas in information exchange and education sessions merit improvement. Post discharge needs were assessed and discussed with patients' and carers' while at ZCH. The involvement and expectations of carers in the discharge planning process and outcome differed from that of patients. Overall patients were satisfied with the discharge planning practices and services at ZCH. In retrospect carers said that they were well prepared for caring for the patient while in hospital.

O-093

Emerging ethical themes in European Research. Ethical aspects of Research Projects under FP6

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Aim: All research activities have to conform with ethical norms and standards; this is particularly so if they are to be eligible for EU funding. An overview of the relevant EU standards for FP6 is presented, together with emergent themes that should be important for FP7.

Resume: Current standards related to European research are presented with special reference to the use of human biological samples, personal data and gene-banking. Research involving persons (including those unable to give consent, children, pregnant women and healthy volunteers) is addressed, as well as personal data protection. The use of animals, including transgenic animals, and non-human primates is another area given great importance in European research. Cooperation with developing countries, the place of national ethical consent, the identification of conflict of interest and its management, and the ethical implications of research results are also addressed. The use of human embryonic stem cells and 'no-go areas' under FP6 is described. Some newer emergent areas are described.

Conclusion: an awareness of the relevant ethical norms and legislation, as well as the emergent themes is necessary for many research areas eligible for EU funding. This should be of interest to a wide audience.