This study investigates this role in Malta, adjusting for maternal age, infant gender and familial socio-economic status.

25472 births were registered between 1996 and 2001. Of these, 961 babies had congenital anomalies, according to the Malta Congenital Anomalies Registry (MCAR). The Malta Environment and Planning Authority (MEPA) provided the distance from each village centre to either Maghtab in Malta or Qortin in Gozo. Poisson regression analysis was used. Due to limited statistical power, analyses had to be carried out at local developmental plan level. Occupations were classified as professional, skilled, service provision, unskilled and elementary. Locality data was used to map overall anomaly rates.

None of the results showed a significant risk ratio with distance from a landfill. Overall and specific groups of birth defects show a higher risk with increasing maternal age. Males are more at risk of overall defects, particularly cleft lip/palate. Females are more at risk of a neural tube or heart defect. Fathers with unskilled or elementary occupations are more at risk of having a baby with an anomaly than professionals. Adjusted analyses did not influence risk ratios. Analysis by local development plan area did not yield any significant results and was not included in the adjusted model. However, the Northwest showed a barely significant lower risk than the North Harbour area.

Congenital anomalies are therefore not significantly related to distance from landfills, unlike gender, maternal age and socio-economic status. Lack of significance can be due to the small size of our population and the rarity of these events, since our risk ratios were similar to those obtained in other studies. The lower rates in the Northwest could be attributable to northwesterly winds. However, further analysis would be indicated. Our all-inclusive heart defect registration criteria may be introducing a bias.

O-018

Incorporation of Quality of Life Assessment in routine practice as an aid to clinical decision making

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Dr Sam Salek is involved in the education and training of medical practitioners working in the pharmaceutical industry. He will present and discuss the introduction and establishment of routine quality of life assessment as an aid to good clinical decision making.

O-019

Perceptions of Maltese patients of current healthcare provision: a preliminary study

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Aims and objectives: Patient perspectives are increasing in importance in healthcare, becoming incorporated in care delivery. This preliminary study assessed expectations and perceptions of public and private healthcare quality in a chronic disease clinic.

Methods: A literature review focused on clinical quality improvement, and patient satisfaction. A Patient Perspective Profile was constructed, including the use of GAP analysis to identify gaps between expectations and perceptions of care, and perceptions of patient safety. Qualitative study; purposive sampling conducted from a chronic disease clinic. Structured interview groups assessed expectations and perceptions of healthcare quality and satisfaction in public/private sectors.

Summary of results: Eighteen patients participated, the majority female; all age groups and educational levels were represented; with experience of public/private healthcare at primary/secondary levels.

Patient satisfaction was high; dissatisfaction with waiting times between appointments, lack of timely access to outpatient care, and lack of chaperones. Areas for improvement included access to outpatient care, continuity of care and access to medication. Gap analysis revealed gaps for 'Better Communication with providers', 'Better Communication between providers', 'Better professionalism by the provider', and 'reliability to perform accurately'. Responsiveness to patient needs, revealed performance surpassing expectation; no significant gaps in tangibility of the service, Empathy to pts and Service recovery. Government primary and secondary healthcare suffer from poorer perception. Patients considered both patient safety and effective communication to be most important aspects of practice; healthcare was incorrectly perceived to be very safe.

Implications: Training needs to focus on gap areas, including communication. The reasons for differing satisfaction in different systems, in spite of care delivery by the same providers, needs to be addressed. Patient safety is not an issue.

O-020

Addressing quality improvement in community speech language clinics

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Objectives and participants: The perceptions about aspects of quality from the customers (patients/carers) point of view, Speech Language Pathologists (SLPs) and Management of the Speech Language Department (SLD) were investigated. Semi-structured interviews were carried out with management of the SLD and 16 service users whilst 3 focus groups carried out with 15 SLPs.

The following questions were investigated

- What is the current status of performance and how could this, through quality assurance, lead to a more effective and efficient service?
- Which are the important standards for Speech Language services in the community to develop quality improvement?

Analysis: Facilitated geographic accessibility, open referral, flexibility of appointments, and service offered free of charge at point of use were perceived to be important standards. A sound interpersonal relationship based on primary service provider, and confidentiality were common practice. Despite the fact that the SLD has had the Quality Service Charter (QSC) since 1999 (SLD, 1999) basic standards set by QSC Initiative (OPM 2000) are not adhered to. Service-users perceive provision as satisfactory and recommendable. Management was satisfied with the effort put by SLPs in their duties and lack of complaints by users. SLPs perceived that they delivered as best as they could despite the poor working environments, lack of resources and lack of policies.

Conclusions and recommendations: Implications are that: Policies need to be developed to regulate aspects of service deliver and clinical practice. A Structural Changes Steering and Action Committee is required to take responsibility to handle problems related to structural issues. A customer care unit needs to develop and carry out internal and external customer satisfaction monitoring.

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