Aims To study the nurse leadership role during pandemic.

Methods Sample Size included 100 staff nurses, matrons & in-charge nurses who took part between August to September 2021. A 20 item structured Questionnaire on role of nurse leadership is used. Participants are asked a mix of open-ended and closed questions about the important attributes to effectively lead during a crisis.

Results The study is still ongoing and will be done by the end of September-2021. Initial data shows good interventions and useful strategies were used. Key changes that were made during the second wave were a new staffing level, redeploying nurses, increasing the visibility of nursing leadership, new staff wellbeing initiatives, new roles created for various training initiatives. The impact of good leadership had a better effect on the delivery of nursing care.

Conclusions The role of the nursing department must be taken more seriously especially in developing countries like India with larger population and less number of healthcare providers which include doctors and nurses. The healthcare management must continue to develop plans that can strengthen the nurses by giving them good compensation, adequate training, protection and good work environment.

Dr. Nilofer Naaz*

48 PAEDIATRIC SURGICAL READMISSION – A RETROSPECTIVE ANALYSIS

Sarah Ellul, Mohamed Shoukry, Paediatric Surgery, Department of Surgery, Mater Dei Hospital, Malta; Paediatric Surgery, Department of Surgery, Mater Dei Hospital, University of Malta

Aim Hospital readmission is one of indicators used to assess quality of service provided in healthcare. The aim is investigating readmission routes within the workplace in paediatric surgery service during the first 30 days post discharge from Mater Dei Hospital (MDH).

Method A retrospective study of children’s readmissions between October 2017-November 2019 was performed, strictly before the COVID-19 pandemic.

Demographics and clinical records including age, gender, pre-existing comorbidities, diagnosis during primary admission and readmission, procedure carried out, ASA grade, length of stay, and outcomes collected.

All children re-admitted under a single paediatric surgical firm within 30 days from initial admission to tertiary referral hospital were included.

Readmissions were classified into cohorts elective and emergency, depending on nature of primary admission. Contributing factors and outcomes were compared.

Results 935 surgical admissions (221 elective and 714 emergencies) were registered at MDH with an average hospital stay of 3.62 days. Total readmission rate was 1.7% (n=16). 25% (n=4) of readmissions were post elective, 75% (n=12) post emergency admission, with an average stay of 4.37 days and no mortalities. 43.7% (n=7) were re-admissions post-surgical intervention.

Further surgical interventions were necessary in 25% (n=4) of readmitted patients, remainder (n=12) treated conservatively. From all readmissions, 31% (5/16) had pre-morbid medical conditions prior to the initial admissions. These conditions included: hypertrophic cardiomyopathy, gastro oesophageal reflux disease, epilepsy, and Cerebral palsy with Christiansen syndrome.

Conclusion Published reports concerning paediatric surgical readmission rates are limited, challenging healthcare systems. Most readmissions are voidable, so, healthcare workers must provide adequate strategies to decrease morbidity and prevent readmissions.