

assessment of the hospitals involving the nursing department can be very useful.

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.

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48 PAEDIATRIC SURGICAL READMISSION – A RETROSPECTIVE ANALYSIS

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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-10 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 Christianson syndrome.

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

49 PELVIC OSTEOMYELITIS COMPLICATING PRESSURE ULCERS – PREVALENCE AND MANAGEMENT EVALUATION STUDY IN A DISTRICT GENERAL HOSPITAL IN SURREY

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Introduction Pelvic osteomyelitis is one of the worse but preventable complication of stage IV pressure sores. Most seen in bed bound patients affected by CNS injuries. Timely multi-disciplinary intervention with antibiotics and proper surgical procedures can reduce the morbidity and mortality for the patients.

Aim The primary aim of the study is to understand the local prevalence of pelvic osteomyelitis complicating pressure sore and to develop a treatment algorithm after doing a literature search.

Materials and Methods A retrospective study was conducted among the patients who have been diagnosed with pelvic osteomyelitis due pressure sore during a period of one year in a district general hospital. A literature search has been done and the selected articles were reviewed, and the findings were used to develop a treatment algorithm for patients.

Results During the study period 234 patients were diagnosed with osteomyelitis. Out of that 22 were pelvic osteomyelitis. Among that 16 (72.7%) were due to sacral pressure sores. 50% of them diagnosed with various neurological defect which impairs the mobility of the patients. Only 37.5% received combined medical and surgical treatment, rest of them managed with antibiotic therapy. 5 patients got readmitted due to reinfections and recurrent pressure sores. Interestingly all of them who got readmitted where those who received antibiotic therapy alone.

Conclusion To conclude, prevention is always better than cure. Patients coming to the hospital must be risk assessed and care must be given to prevent pressure sores. Early changes must be noted, and proper care must be given in the initial stages itself. Management of pelvic osteomyelitis requires a team of doctors. From the literatures its evident that recurrences, reinfections, and readmissions are low in those who have been treated with combined medical and surgical management.

50 PENPALS: A PLACEMENT EDUCATIONAL NEAR-PEER ASSISTED LEARNING SCHEME

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