P182 ARE WE MISSING ANORECTAL MALFORMATIONS?Jennifer Finnegan*, John David Corcoran. *Rotunda Hospital, Dublin, Ireland*

10.1136/archdischild-2019-epa.537

Background Anorectal malformations (ARM) have an incidence of 1:2,500. ARM such as imperforate anus are commonly overlooked on newborn examination. 21% of cases in Ireland are late diagnoses¹. Delayed diagnosis is associated with significant morbidity and mortality. The inability of the infant to pass meconium can lead to perforation of the small bowel requiring emergency surgery and colostomy formation². The Faculty of Pediatrics advises thorough perineal examination as part of routine newborn examination², the Rotunda guidelines on Newborn Examination also state that infants require physical examination shortly after birth³. Two cases of imperforate anus were diagnosed in our hospital within a 6 month period in 2018. One case was a delayed diagnosis at 27 hours of age when the infant was reviewed for failure to pass meconium.

Aims

1. To identify if newborn examination is being completed and documented at time of delivery.
2. To identify if examination of the anus specifically is being documented.
3. To establish if mode of delivery impacts on whether initial examination is completed.

Methods A concurrent review of electronic healthcare (EHR) record of all babies on the postnatal wards was conducted over a 48 hour period in February 2019. Microsoft Excel was used to collate data.

Results Of 71 records reviewed, 44 patients had a complete examination including documentation of a patent anus using a template on the EHR. 27 patients (38%) did not. In two cases examination was performed and documented in free-text. In both cases, examination of the anus was not recorded.

33 patients were delivered by caesarean section, of these 67% had initial examination documented. 28 babies were born vaginally, 50% had examination documented. Of 10 babies born by assisted vaginal delivery, 80% had an examination documented.

Conclusion 38% of patients did not have an early newborn examination performed.

The use of an electronic template increases the likelihood that complete examination will be carried out.

Mode of delivery affects the likelihood of initial examination being completed, with babies born by instrumental or caesarean delivery more likely to have an early newborn examination than those born vaginally.

Recommendations It is recommended that the template for newborn examination on the EHR is utilised to reduce the risk of overlooking any part of the examination.

Results will be disseminated to stakeholders with reminder of the importance of early newborn examination. The audit cycle will be repeated in 3 months with the aim of improving compliance.

P183 USING SCHWARTZ ROUNDS TO PROMOTE MULTIDISCIPLINARY TEAMWORK AND COMPASSIONATE CARE IN A TERTIARY CHILDREN'S HOSPITALLyndsey Thompson*, Mary-Clare McGovern. *RBHSC, Belfast, UK*

10.1136/archdischild-2019-epa.538

Background Schwartz Rounds are a multidisciplinary forum in which healthcare staff within an organisation discuss the psychological, emotional and social challenges associated with their work in a confidential and safe environment¹. The aim of these rounds is to allow staff from all disciplines to consider their experience of providing care, especially any challenging issues². It is hoped that by sharing such aspects of work, stress and anxiety can be reduced and thereby the ability to give more compassionate care to patients is enhanced².

Methods Schwartz Rounds were commenced in Royal Belfast Hospital for Sick Children (RBHSC) in May 2018. RBHSC is the first acute hospital in Northern Ireland to implement Schwartz rounds. Feedback sheets were completed by attendees of all rounds held in RBHSC between May 2018 and January 2019. This feedback included information regarding the perceived impact of the rounds on patient care, and appreciation of the roles and feelings of colleagues within multidisciplinary teams (MDT).

Results 4 Schwartz rounds were held in RBHSC during this period, with a mean of 43 members of staff attending each round. Rounds were attended by a range of members of the paediatric MDT. 91% of attendees felt that they gained insights that helped them care for their patients, and 100% reported that the round had improved their understanding of how colleagues feel. 96% would recommend Schwartz rounds to colleagues.

Conclusion Participants of Schwartz rounds report that attending Schwartz rounds enhanced their understanding of how colleagues feel, alongside gaining insights to help improve patient care.

REFERENCES

1. Robert G, et al. Exploring the adoption of Schwartz Center Rounds as an organisational innovation to improve staff well-being in England, 2009–2015. *BMJ Open*. 2017; **7**(1):e014326.
2. Hughes J, et al. Using Schwartz Center Rounds to promote compassionate care in a children's hospital. *Archives of Disease in Childhood* 2018; **103**(1) 11–12.

P184 CHALLENGES OF PAEDIATRIC TRACHEOSTOMY : A 15 YEARS EXPERIENCE IN TEMPLE STREET CHILDREN HOSPITALJasinth Vani Raja Sekaran*, Clifton Wijaya, Kathy Rose, Muhammad Amin, Eimer Phelan, Stephen Kieran, Michael Colreavy, Helena Rowley. *Temple Street Children Hospital, Dublin 1, Ireland*

10.1136/archdischild-2019-epa.539

Necessity of tracheostomizing paediatric patients has always been a taboo with significant mortality and morbidity. Over this past decades the indication has been revised but still a number of them still undergo the procedure as mainstay of airway management. This paper is a retrospective analysis of sequel and outcome of paediatric patients who were tracheostomized at Temple Street Children Hospital for the last 15 years. In total 76 patients were tracheostomized from year 2003–2018 and 62% of them were eventually decannulated. Average time taken for decannulation was 4.5 years. The quickest decannulation was achieved within six month and longest decannulation took nine years. Among decannulated patient 4.3% required re-insertion of tracheostomy however they were successfully decannulated after a year. Unfortunately, 29% of study population still have tracheostomy in situ and the remaining 9% were unable to decannulate and eventually