follows: a*-average cost of tests b-average cost of treatment c*-average cost of LAB d-other fixed costs e-average opportunity cost of labor(patient's real wage).

*-during calculation Armenian market prices have been used

Eventually, average cost of LAB treatment has been determined.

Results Since average cost of treatment with Meglumine antimoniate is known - 36.7EUR per patient per day, it can be compared with LAB treatment cost - 122.2EUR per patient per day. Calculating the total costs of whole procedures enables to elaborate on big differences in the costs of two treatment options (Meglumine antimoniate 1100EUR vs LAB 855.4EUR).

Abstract P357 Figure 1

Conclusions Treatment with LAB is cheaper in comparison with Meglumine antimoniate.

Owing to lesser hospitalization days the former decreases the risk to get nosocomial infections which in its turn prevents possible cost increase.

P358 HOW CAN WE PROMOTE BETTER CARE FOR CHILDREN WITH CANCER ? DISCUSSION OF A CHILD- AND FAMILY-CENTRED CARE APPROACH FOR EACH STAGE OF THE CHILD AND FAMILIES TREATMENT JOURNEY

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Family-centred care is viewed as a way of caring for children and their families within health services which ensures that care is planned around the whole family, not just the individual child/person. It is a popular and widely used model in children's healthcare around the world. However research indicates that the practice of family-centred care is inconsistent and problematic with no solid evidence that FCC works or makes a difference to health outcomes. This lack of evidence coupled with continual reporting of problems with FCC has led to calls for a re-examination of the suitability of the model and suggestion that child-centred care may be a more appropriate model for children's nursing. Family-centred care is seen as offering ways to facilitate parents' involvement and active participation in their child's care. However, current descriptions of the model does not offer clear guidance on how to involve and support children's participation in their own care. Therefore a new child- and family-centred care framework is required for parents and children with cancer.

In this paper I will outline the core principles of family-centred care and consider the mixed evidence about the benefits of this model for children, parents, nurses and the health system. Parents and families have an essential role in caring for their children throughout the cancer treatment journey. But FCC needs to incorporate the rights of the child to participate in all aspects of health care delivery in conjunction with the need of their family. We need to ensure a child-centred perspective, which entails seeing each child as an active agent, the child's needs are the starting point for care planning and provision, and where each child's preferences, values, family situation, social circumstances are considered. Taking a child-centred approach requires all health professionals to include the child's perspective in their actions and care

delivery. It is important that the practice of child and family-centred care is flexible as needs will alter with each stage of inpatient cancer care and transition to home setting. The paper will conclude with guidance on how professionals can use a more child and family-centred care approach in their daily practice with children and families.

P360 PROLONGED ADMISSIONS IN PAEDIATRICS – THE REALITY OF A PORTUGUESE CENTRAL HOSPITAL

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Introduction A Diagnosis Related Groups is a patient classification system that standardizes prospective payment to hospitals considering the main and secondary diagnoses, surgical procedures, complications, patient's age and sex and discharge status. There are hospitalizations of normal duration, short admissions, long-term admissions and prolonged admissions according to the episode whose hospitalization time is the expected, lower, upper or greater than the maximum threshold of the respective defined hospitalization time, respectively. The objective of this study was to determine the incidence and the reasons for prolonged admissions.

Methods Retrospective review of medical records of patients admitted on Department of Paediatrics and analysis of the cases classified as prolonged admissions, during the year 2017.

Results There were 1493 hospitalized children with encounter for antineoplastic chemotherapy, fever and hypoxemia as the three most coded diagnoses; 1240 (83%) admissions had a normal length of stay, 177 (11.9%) were short admissions, 48 (3.2%) long-term admissions and 28 (1.9%) had prolonged evolution. In this latter group, 57% were female, the mean age was 3 years old, and the length of stay was 27 days (7–127 days), on average. Fifteen patients came from the neonatal intensive care unit, five from the outpatient clinic, two from the emergency department, and the others from other paediatric units; 53.5% of patients had a chronic pathology, and 25% had already been hospitalized in the same hospital. During the admissions in the study, 7 (25%) patients had devices, 18 (64.3%) had some complications (77.8% had an infection), 6 (21.4%) underwent invasive techniques and 3 (10.7%) were hospitalized to resolve the social situation. Liveborn infant delivered vaginally and by caesarean and symptomatic epilepsy/epileptic syndromes with complex partial seizures were the most prevalent diagnoses in this group and each episode had four additional diagnoses, on average.

Discussion Most patients of this study with prolonged hospitalizations are complex, which is expected in a central hospital, requires a differentiated team and seems to justify the longer duration of hospitalization. Other studies reported that hospitalizations of children with medical complexity have lengths of stays that are typically longer than those for children without medical complexity. In this study, no comparative studies were possible due to the lack of similar patients with normal length hospitalizations, prospective studies were necessary.