Conclusion: Antibiotic prophylaxis in inguinal hernia repair was controversi. Although this is a small study, if representative of national pre-
scribing practice the impact financially and clinically is significant.

0551: SEPSIS IN EMERGENCY SURGICAL PATIENTS: IS MANAGEMENT OPTIMAL?
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Aim: To assess if sepsis is recognised and appropriately managed in pa-
patients presenting as acute surgical admissions using the systemic inflam-
matory response syndrome (SIRS) criteria and Sepsis 6 as per Trust
guidelines.

Methods: Data was collected over two weeks for all acute surgical ad-
missions in a district general hospital. Medical notes and pathology results
were reviewed for recognition and management of sepsis.

Results: 102 patients presented over two weeks. Only one patient had
full documentation of assessment for SIRS criteria. The most frequently
neglected criteria were mental state and glucose (not assessed in 83/102
and 98/102 respectively). Seven patients presented with sepsis; none had all 6 SIRS criteria documented; one had 5 documented; three
had 4 documented; two had 3 documented; and one had 1 doc-
dumented. None had the Sepsis 6 implemented within one hour. All were
started on intravenous fluids, six were given antibiotics and five had
lactate and full blood count measured. None were given supplementary
oxygen.

Conclusion: This audit demonstrated the need for regular re-education
on sepsis for all grades of doctors. The results have been presented locally,
including re-education on Trust guidelines. A re-audit has taken place,
with results available for presentation.

0591: SURGICAL SAFETY CHECKLIST COMPLIANCE: AN ASSESSMENT IN UK OPERATING THEATRES
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Aim: The World Health Organization (WHO) launched the Surgical Safety
Checklist (SSC) to promote safer practice through facilitation of commu-
nication and teamwork among theatre staff; resulting in reduced surgical
morbidity and mortality. Clinical governance reports demonstrated
checklist to be a high standard, but direct observation of SSC
checks suggested suboptimal quality.

This study aims to evaluate compliance to the WHO standard of the
completion and accuracy of checks performed as part of the SSC.

Methods: An audit tool was developed to quantitatively evaluate
compliance with SSC at multiple NHS hospitals. Trained observers per-
formed qualitative assessment of team performance and non-technical
factors at sign in, time out and sign out.

Results: Surgical and interventional radiology procedures (n = 100) were
observed and audited across four hospitals (18 specialties). Checklist
completion rates were high (mean 79.57%; range 56–100%), but accuracy of
checks at all stages of checklist was poor (mean 42.33%; range 37–45%).

Direct observations highlighted areas of weakness in team communication
and cohesion.

Conclusion: Adherence and quality of SSC checks does not adequately
meet the standards set by the WHO. Targeted training and education of
theatre staff could enhance patient safety.

0607: IMPROVING PREVENTION OF VENOUS THROMBOEMBOLISM IN SURGICAL PATIENTS
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Aim: Venous thromboembolism (VTE) is the most common avoidable
cause of hospital related mortality in the UK. However, administration of
VTE prophylaxis remains globally poor. Our aim was to identify in-
aequacies in prescribing and administering appropriate prophylaxis in
acute and elective general surgical & orthopaedic in-patients and to
address these concerns.

Methods: An audit of the prescription and administration of thrombo-
embolic deterrent stockings and tinzaparin for VTE prophylaxis in acute
and elective surgical in-patients was conducted over a 24-hour period
using recommendation from NICE Guidelines.

Results: Of 57 patients, 42 patients (73%) were prescribed VTE prophylaxis.
Of the 42 patients with adequate prescriptions, 29 patients (68%) received
the appropriate prophylaxis. Of the 15 patients who were not prescribed
prophylaxis, contraindications such as bleeding risk were documented in 6
patients (40%).

Conclusion: Despite hefty clinical emphasis on VTE prophylaxis, our re-
results indicate that surgical patients are not being adequately protected
against VTE. We recommended steps to be taken locally to educate clinical
staff to ensure they are able to risk assess patients for VTE, record the
outcome, prescribe and administer appropriate prophylaxis.

0632: OPERATIVE NOTES: AN AUDIT OF COMPLIANCE WITH THE ROYAL COLLEGE OF SURGEONS OF ENGLAND’S GUIDELINES ON OPERATIVE NOTES AT A SINGLE INSTITUTION
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Aim: The Royal College of Surgeons’ (RCS) guidelines on operative notes
outline the components of safe and comprehensive surgical records.
We audited 50 operative notes against compliance with the RCS
guidelines.

Methods: A retrospective audit of 50 operative notes from four surgical
wards of one institution was performed on a single day in December 2014.
This included all specialties with procedures within the last two weeks and
available notes.

Results: No records met all of the RCS criteria.
The all cases included date (although only 20% included the time), surgeon
name and procedure. Details most frequently omitted were anaesthetist
name (4%), estimated blood loss (4%) and anticipated blood loss (0%). Disparity between typed and handwritten notes was evident. 9 of the 50
records were typed (18%). Details of time of surgery, detailed postoperative
care instructions and prosthesis/implant identifiers were included in 100%,
100% and 60% of typed and 2%, 73% and 8% of handwritten notes
respectively.

Conclusion: Operative notes are not meeting standards set by the RCS.
Typed notes were more complete; this may facilitate more comprehensive
and accessible records. Electronic notes and more detailed proformas may
help to ensure that notes are completed. There is scope for re-audit.

0675: THE LOGISTIC AND ECONOMIC IMPACT OF SPECIAL STAGE RALLYING ON A GENERAL SURGERY DEPARTMENT DURING A MOTOR RALLY WEEKEND EVENT
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Aim: To identify the burden of injuries presenting to a general hospital
during a 2 day Special Stage Rallying event.

Methods: We prospectively recorded all patients presenting to the
Emergency Department of a peripheral general hospital with injuries
caused during a two day rally event. All patient demographics, history and
examination findings, results of investigations and initial management
required were recorded. We followed all patients until day of discharge to
record all treatment required. We calculated the cumulative cost of bed
days required for management of injuries.

Results: Eight patients presented to the ED (3 drivers, 2 navigators and 3
spectators; all male). 2 patients incurred soft tissue injuries and dis-
charged by ED. One patient was directly transferred to the Orthopaedic
Referral centre with a mid-foot dislocation. 5 patients were referred to
the General Surgery (rib fracture, head injury, and 3 spinal fractures). 1 in
4 patients required surgical intervention and the average length of
inpatient hospital stay was 4.125 days (range 0–9; total 24). £19,536
worth of hospital bed days were required for management of these
injuries.
Conclusion: SSR events are associated with a high burden of injury and occasionally fatality and expense to hospitals. Strict regulation regarding safety is essential as is improved safety provisions for spectators.

0702L: USE OF THE RISK ADJUSTED MORTALITY INDEX (RAMI): A VALID INDEX OF IN-HOSPITAL MORTALITY RISK IN SURGICAL PATIENTS?

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Aim: The NHS uses a number of indices to assess quality and safety. One measure is the RAMI, which adjusts risk for individual patient risk factors/co-morbidities. RAMI accuracy is highly dependent on quality of clinical coding and as a result its value has been questioned. Use of P-POSSUM prior to surgery is now commonplace and provides a prospective, physiological predictor of risk. We compared the correlation of RAMI with P-POSSUM scoring among surgical in-hospital mortalities.

Methods: We analysed 35 cases of post-operative, in-hospital mortality from both elective and emergency surgery during 2013. Variables assessed included age, gender, duration of admission and type of surgery, along with pre-operative P-POSSUM score and the RAMI score obtained following death.

Results: Median patient age was 71 (45–89) and 57% (n = 20) were female. Median in-hospital stay was 4 days (1–30) and 65% (n = 24) underwent emergency rather than elective surgery. Median P-POSSUM and RAMI scores were 30.3% (0.71–96.70%) and 25.3% (0.50–99.40%) respectively with correlated poorly (r = 0.04, p = ns) for both elective and emergency surgery.

Conclusion: RAMI and P-POSSUM scores correlated poorly while there was a trend towards higher P-POSSUM scores within our cohort. The validity of RAMI remains in question and further large scale comparative work is indicated.

0736: DECISION-MAKING IN COMPLEX HAND FRACTURES AND THE USE OF CONE BEAM CT

S. Rahman, D. Nikkah, M. Pickford. Queen Victoria Hospital, UK

Aim: At our tertiary centre we have applied advanced imaging modalities for the management of proximal interphalangeal joint (PIP) fractures by using Cone Beam Computed Tomography (CBCT). As a result images can be compiled into a 3D volumetric format to aid surgical decision-making and management in these complex hand injuries.

Methods: The management of 27 patients who suffered with PIP fractures, all of whom had CBCT scans, in a 6-month period were analysed. We examined the radiographs; subsequent CBCT scans and decision making processes that went into their management.

Results: 85% of the patients reviewed, sustained their injury as a result of trauma. 63% of patients who went on to have CBCT scans for their PIP had a change in management as a result. Of these, 53% went on to have conservative management and avoided surgery. Following the use of CBCT, more than 50% of cases demonstrated more detailed and relevant information regarding the size and number of bony fragments involved in the fracture.

Conclusion: Plain x-rays are limited in evaluating articular involvement i.e. the number, size and location of bone fragments. We have found the use of CBCT to be extremely effective in surgical planning.

0746: ADHERENCE TO PRISMA CRITERIA IN SURGICAL LITERATURE IS SUB-OPTIMAL

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Aim: The PRISMA Statement (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) aims to optimise reporting of systematic reviews and meta-analyses via a 27-criteria checklist. We investigated if completeness of reporting in surgical studies has improved following its publication. We tested the relationship between PRISMA adherence and quality using AMSTAR (Assessing the Methodological Quality of Systematic Reviews) criteria.

Methods: Surgical systematic review or meta-analysis published in five high impact surgical journals between 2007–2011 were identified. Manuscripts were anonymised prior to assessment. Two blinded investigators independently scored manuscripts according to PRISMA and AMSTAR criteria, comparing studies published before (2007–2009) and after (2010–2011) publication of PRISMA. The relationship between PRISMA and AMSTAR scores was measured using Spearman’s rank (r) test.

Results: Of 142 included manuscripts, 80 were published before and 62 after publication of PRISMA. Average reporting of the 27-criteria set out by PRISMA was similar, before (70.4%) and after (74.1%; p = 0.239) its publication. Adherence to PRISMA significantly correlated with higher quality according to AMSTAR assessment (r = 0.771; p < 0.001).

Conclusion: Adherence to PRISMA in surgical systematic reviews remains sub-optimal. Authors should plan how they ensure they can report in accordance with PRISMA, which will improve study quality. Journals should mandate PRISMA statement completion upon paper submission.

0784: ARE MOBILE PHONES “THE TICK” WITH THE INFECTIVE BITE: A MICROBIAL ANALYSIS OF MOBILE DEVICES WITHIN AN ACUTE SURGICAL UNIT

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Aim: Surging reliance of mobile technology has prompted disinfection guidelines nationwide. Nonetheless, no convincing evidence suggests mobile devices (MD) are a reservoir for pathogenic microorganisms. Our study evaluates the presence of microorganisms in MD use and whether frequency of disinfection influences this.

Methods: Prospective audit with Amies Charcoal Swabs obtained from all MD used within the unit over 24 hours. Swabs inoculated onto Blood-Columbia-Horse and CLED agars with Andrades indicator were incubated and examined for growth with Gram film and Staph Xira latex kit up to 48 hours.

Results: 53 samples obtained (6 consultants, 20 trainees, 27 nurses). 42 reported ‘never’ cleaning MD over a week, while 11 reported between once to 21 times weekly. Following incubation, 38/53 (72%) demonstrated no growth, while microorganisms were observed in 15/53 (28%). Of these 15 samples, 13 had <10 colony forming units (cfu), 1 with 10–20 cfu, 1 had >20 cfu. All microorganisms were skin commensal flora. No correlation was seen between MD cleaning frequency and colonisation observed.

Conclusion: Despite a quarter of MD observed microorganism presence, frequency of disinfection has no influence on this. Translational infective potential of these commensal flora from MD into nosocomial infection remain unknown and further study is required.