NHS
Wirral Community Health and Care
NHS Foundation Trust

An audit of re-admissions to an acute setting from CICC

Service: Community Intermediate Care Centre (CICC)
Audit Lead: Dr Nick Cross
Date: September 2023

Continuous Quality Improvement Audit 2023/24

Co-ordinated by the Quality and Governance Service
Clinical Audit for Quality Improvements

1. Background

The Community Intermediate Care Centre (CICC) opened in 2021 with the aim to improve patient and carer experiences, avoid hospital admissions and reduce length of stay. The CICC reviews adult patients only with various medical histories and medications who arrive on the ward for rehabilitation with a view to going home.

CICC is a 71-bedded unit. Working at the centre is an integrated multi-disciplinary team (MDT) of Managers, Physiotherapists, Occupational Therapists, Social Care Workers, Nurses, HCAs and Admin/Ward Clerks who provide a 'step-down' provision for hospital discharge and a temporary 'step-up' provision for people living in their own homes who may need short-term or urgent support.

Patients who are in hospital and have been assessed as medically optimised but who may not yet be at a functional level for discharge home, these patients will require ongoing therapy and social work input to establish a baseline for discharge planning.

2. Care Quality Commission / Trust Strategic Objectives

Care Quality Commission Quality Statements:-

- Safe
- Effective
- Caring
- Responsive to people's needs
- Well-led

Trust Strategic Objectives 2022-2027

3. Aim and Objectives

Aim:
To audit re-admissions from CICC to an acute setting to determine whether the re-admission was avoidable (based on the National Proforma for emergency readmissions review)

Objective:
To audit patients admitted and discharged between June and August 2023 (Admitted from acute setting to CICC and readmitted to acute setting)

4. Standards

Patient records were reviewed to capture data for:

- Reason for admission
- Length of stay
- Method of discharge
- Discharge destination
- Re-admission to determine if avoidable or unavoidable

5. Size and Scope

Target Group
Patients discharged to CICC from acute setting and readmitted to acute setting between June and August 2023. Excluded from this audit are patients that received care from ED or an acute assessment unit but were not subsequently admitted to an inpatient bed)

Data source
SystmOne

Sample Size
A total of 28 records were audited. 2 patients were re-admitted twice over the time period.

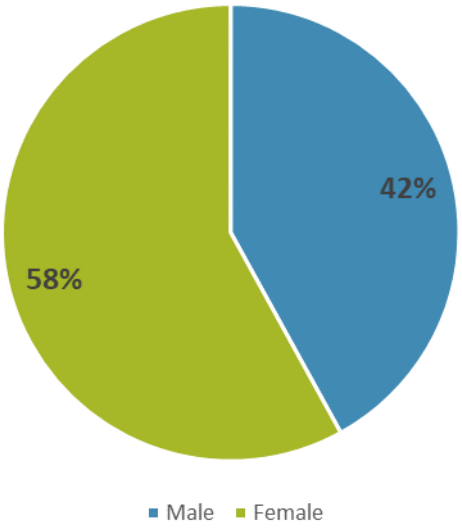
Timeline
Data collection for the audit was undertaken in September 2023 and collected by a team lead from the Community Discharge Team.

Review
Data was reviewed by the Trust Executive Medical Director through interrogation of SystmOne, Cerner and Emis where available.

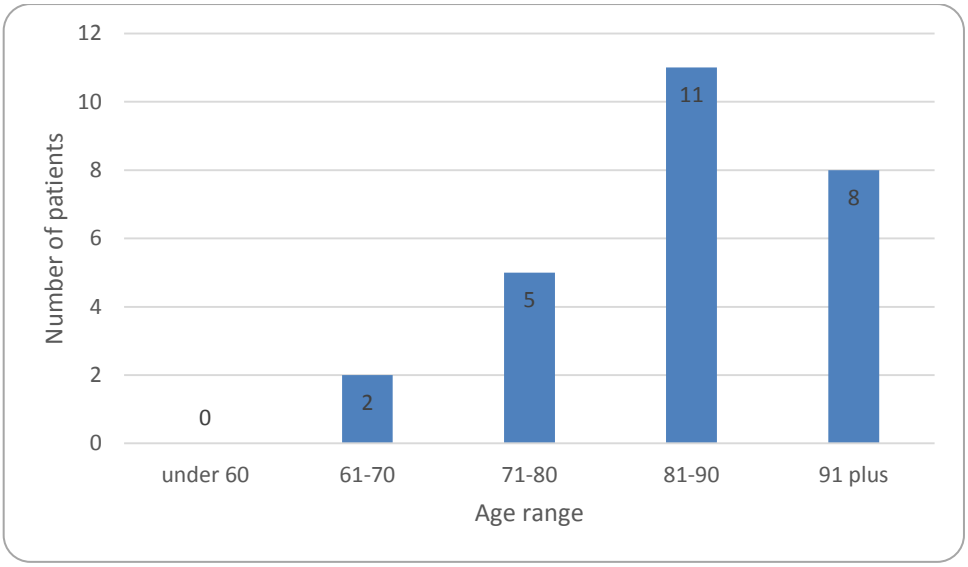
6. Results

This section contains the results of the audit.

58% of patients were female (15) compared to 42% (11) male.

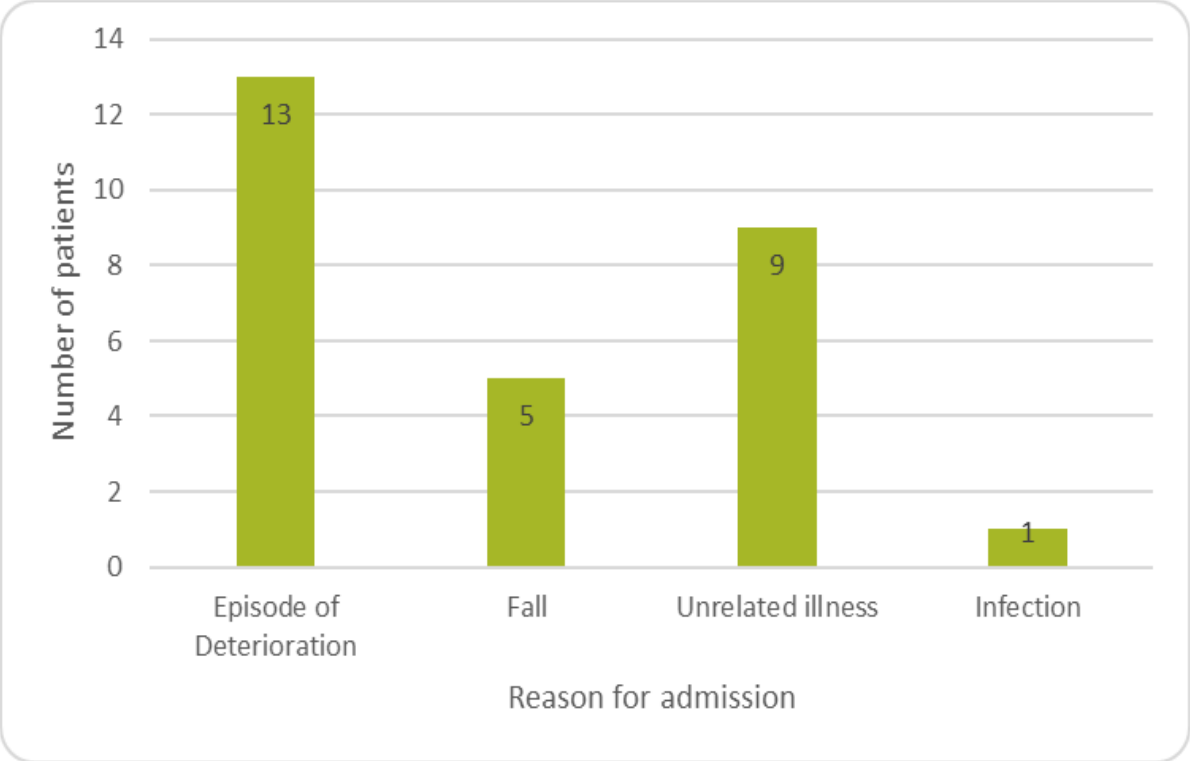


42% of patients were aged between 81 and 90, with 31% aged 91 or over.



6.1 Reason for admission to acute setting

The graph below shows the reason for admission from CICC to an acute setting:



- **46%** of admissions were due to an episode of deterioration
- **32%** of admissions were due to an unrelated illness
- **18%** of admissions were due to a fall
- **4%** (1) of admissions due to infection

6.2 Length of stay at CICC

The average length of stay was 14.3 days, i.e. time between being admitted to CICC from acute and being readmitted to acute setting. The graphic below details the actual length of stay for each of the patients.

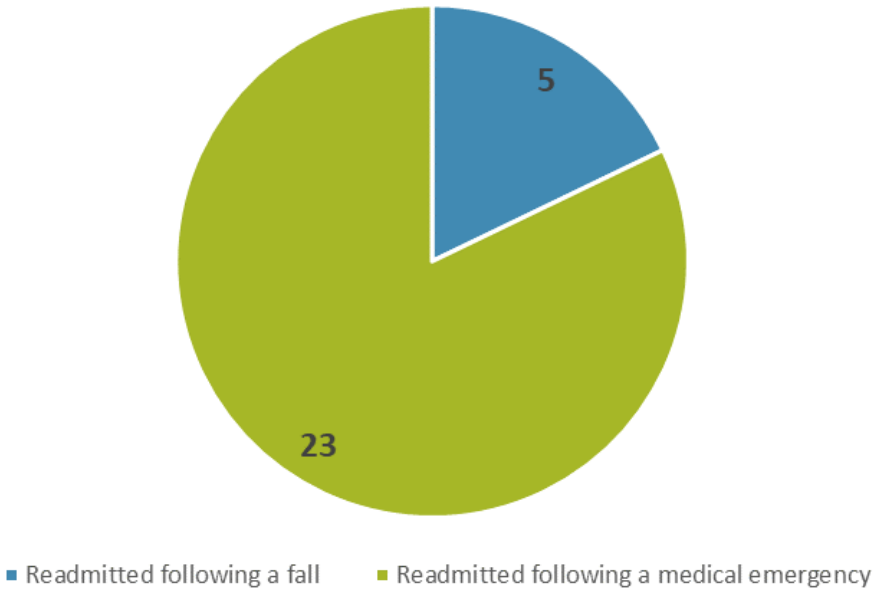
0	1	1	1	2	2	2	3	3	4	5	5	7	8	8	8	11	11	13	17	19	19	20	27	31	44	60	68

- **32%** (9) of patient's length of stay was 3 days or less
- **46%** (13) of patient's length of stay was 7 days or less
- **54%** (15) of patient's length of stay was 8 days or more

NB: '0' relates to a patient who was admitted to CICC and then readmitted to an acute setting on the same day.

6.3 Method of discharge

The graph below shows the method of discharge:



- **82%** (23) of patients were readmitted following a medical emergency
- **18%** (5) of patients were readmitted following a fall

6.4 Re-admission analysis

Definitions

Avoidable: readmission due to an act or omission of care
Unavoidable: readmission was unrelated to the care provided on the ward and associated with an appropriate clinical indication
Potentially avoidable: readmission could have been prevented if a different pathway was in place (including the decision to choose an alternative discharge destination than CICC)

Following a detailed review of the patient's electronic care record (utilising SystmOne, Emis and Cerner), the following observations were made:-

- **78.6%** (22) of patient's readmissions from CICC to an acute setting were unavoidable
- **3.6%** (1) patient readmission was potentially avoidable as better discharge planning and determining ceiling of care could have prevented re-admission from CICC to an acute setting
- **17.9% (5) patient's readmissions could have been potentially avoided by reviewing discharge criteria from acute trust. The**

indications for readmission back to hospital were all clinically appropriate

- Of the 5 falls that occurred, 3 were as a result of a slip or accidental fall and 2 were due to predisposing medical condition, ie. infection

The table below shows the admission, discharge and readmission data for CICC for June to August 2023:

Month	Total Admissions	Total Discharges	Total Re-admissions	% Re-admissions against discharges
June 2023	54	56	13	23%
July 2023	44	51	9	18%
August 2023	61	53	12	23%
Total	159	160	34	21%

The table above included data relating to admissions prior to June but with a discharge between June to August 2023.

6 exceptions were due to:

- 4 admissions outside the scope of the audit
- 2 patient's were reviewed and excluded as the patient was not readmitted to Wirral University Teaching Hospital

7. Summary

- 46% of re-admissions to an acute setting were due to an episode of clinical deterioration
- 78.6% of patient's readmissions were unavoidable
- 17.9% of patient's readmissions could have been potentially avoided by reviewing discharge criteria from acute trust. The indication for readmission back to hospital was clinically appropriate in all cases
- 25**%** of patient's length of stay was 3 days or less
- 54% of patient's length of stay at CICC was 8 days or more
- 82% of patients were readmitted following a medical emergency

8. Conclusion

On reviewing the re-admissions to hospital from CICC, **all** had a clinically justifiable indication for each re-admission including the avoidable re-admission, which arguably could have been prevented by improved discharge planning prior to transfer to CICC. There were no re-admissions which were due to an omission of care.

It is likely that some of these re-admissions were because of an inappropriate discharge from the hospital, especially given the extremely rapid deterioration very soon after the admission to CICC.

The unit is a reablement and rehabilitation unit which focuses on promoting independence prior to discharge home. As a consequence, there is an inherent risk of falls within this cohort. Of the falls that did occur, 3 were related to accidental falls/slips and the remainder where due to underlying infection (diagnosed following re-admission) which predisposed them to an increased risk of falling.