

## **Agenda Item 10**

# **Hospital Readmission of Falkirk Residents within 28 Days of Discharge**



## Falkirk Integration Joint Board

18 March 2022

### Hospital Readmission of Falkirk Residents within 28 Days of Discharge For Noting

#### 1. Executive Summary

- 1.1 Public Health Scotland release information to Health and Social Care Partnerships (HSCP) on a quarterly basis, known as the Core Suite of Integration Indicators. The aim of this paper is to review the outcomes under Data Indicator 14 pertaining to the rate of readmissions for Falkirk residents in comparison with all HSCPs and the Scotland position. Criteria and definitions applied to the national datasets are used for benchmarking purposes across all Boards and Health and Social Care Partnerships, however differences in systems and processes do not facilitate like for like comparisons but rather are seen as a point at to understand individual systems' performance.
- 1.2 It has been noted by the Falkirk Integration Joint Board (IJB), national figures against Data Indicator 14 shows Falkirk residents who have had a hospital stay in any hospital across Scotland have a readmission rate of 163 out of 1000 admissions which is the highest rate in Scotland and above the national position of 120 per 1000 discharges. Analysis over time, shown in Chart 1, reflects an increase in this position since 2019, which is when changes in how patients were coded in clinical assessment areas from outpatients to inpatients began. These areas have an approx return rate of 5% returning to clinical areas for further testing or treatment on a planned care model, known as Ward Attenders.
- 1.3 Ward Attenders require to be recorded as Outpatients, however previous analysis shows a significant proportion are entered into the inpatient module, impacting data quality on the national inpatient dataset used to produce the Core Indicator Suite by Public Health Scotland. All data quality issues highlighted in this paper are on the agenda of the Information Quality and eHealth Learning Group, a multi disciplinary group, consisting of Health and Social Care Partners, clinicians, clinical service managers, Health Records, eHealth and Information Services representatives, working with services to address data quality issues across the Organisation.

#### 2. Recommendations

The Integration Joint Board is asked to:

- 2.1 note the report.
- 2.2 note the ongoing work of the Information Quality and eHealth Learning

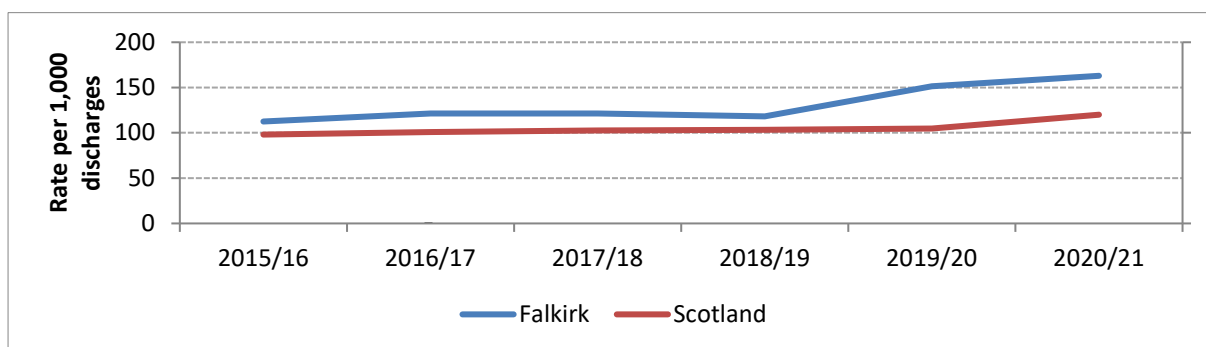
Group to improve the data quality and align definitions and eliminate data-based variation.

- 2.3 note that a report to monitor readmissions performance is presented to the IJB in 6 months.

### 3. Background

- 3.1 A meeting of the Integration Joint Board (IJB) for the Falkirk Partnership was held in November 2020, where it was observed via SOURCE National data for 2019/2020, Falkirk Health and Social Care (HSCP) residents are outliers nationally against National Indicator 14 – Emergency Readmissions per 1000 discharges within 28 days of discharge. National data, Core Suite of Integrated Performance Indicators (from PHS\_SOURCE), report a Falkirk Rate of 163 per 1000 discharges against the Scotland rate of 120 as shown in chart 1.

Chart 1 Rate per 1000 Discharges



- 3.2 As a result a review into national readmission figures was commissioned.

### 4. Criteria for National Reporting

- 4.1 The criteria for readmissions used by SOURCE, includes all Falkirk residents, over the age of 18, who have been discharged from hospital, regardless of board of treatment or urgency of admission, as the denominator, discharges. The numerator consists of all emergency readmissions within 28 days of discharge, back to hospital regardless of the specialty for the original inpatient continuous inpatient stay.
- 4.2 This method of reporting allows for scenarios such as an elective patient admitted overnight for a procedure being readmitted as an emergency within 28 days with COVID 19, resulting in a readmission against the original surgical specialty. This is then classed as a failed discharge against the Board of treatment.

## 5. Analysis

- 5.1 To better understand the nationally reported results it is important to know of the contributory factors. Over the course of 2021, NHS Forth Valley was asked by Public Health Scotland to investigate the sudden rise in admissions which has been evident from 2019 onwards. Results were indicative of changes in how patient admissions are being captured since the migration to TrakCare, which provided the opportunity to change recording practices from outpatients to inpatients.
- 5.2 This resulted in an observed increase of 13% in discharges during the course of 2019, when compared with 2017 and 2018. Table 1 shows the increase in inpatient recording since the change within the FVRH Clinical Assessment Unit.

Table 1 – Falkirk Residents Impact of change of recording from outpatient to inpatient in Clinical Assessment Unit

Falkirk Eligibility	April	May	June	July	August	September	October	November	December	January	February	March
SMR01 Eligible Pre TrakCare - 2018-Mar 2019	232	230	181	213	200	218	231	246	212	260	214	245
SMR01 Eligible TrakCare May 2019_March 2020	Migration	574	525	590	495	431	466	419	506	487	390	336
% Variance		150%	190%	177%	148%	98%	102%	70%	139%	87%	82%	37%

- 5.3 Although readmissions for Falkirk have always statistically exceeded the national average, the impact of these recording issues is clearly demonstrated in table 2, Rate of Falkirk Readmissions over time.

Table 2 Rate of Falkirk Readmissions over time

Column1	2015	2016	2017	2018	2019	2020
Falkirk	111	121	121	120	145	159
Scotland	97	101	102	103	106	115
% Variance with National Rate/1000	14.0%	19.7%	18.9%	16.7%	36.6%	38.6%

## 6. NHS Forth Valley Criteria for Reporting Readmissions

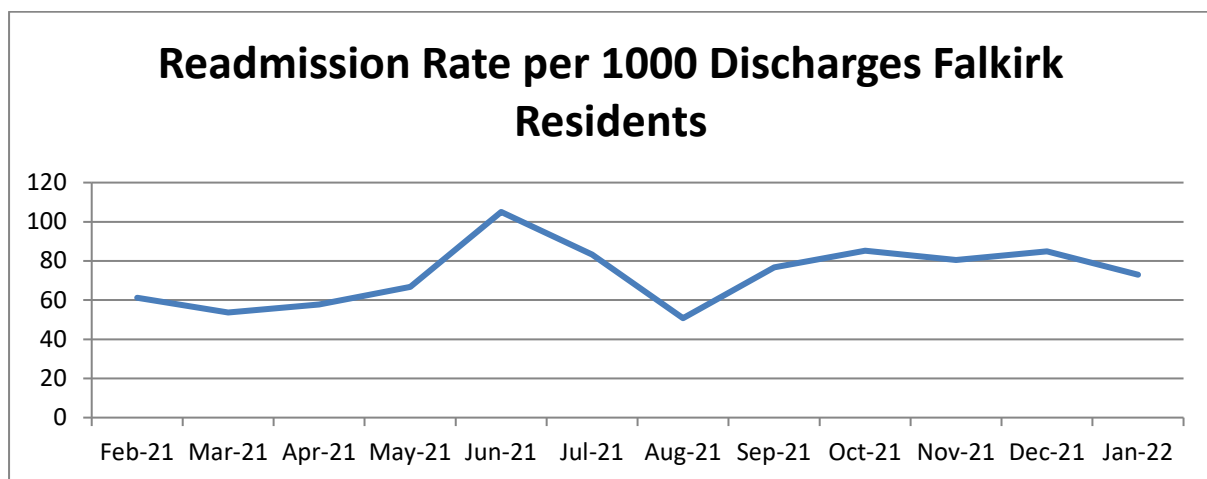
- 6.1 Since 2016, NHS Forth Valley's Medical Director and General Managers for Acute Services agreed an algorithm to determine recording of readmissions. This algorithm allows services to identify where efforts can be made in terms of making an impact on the rate of readmissions. Analysis was used and aligned to development work with the Anticipatory Care Nursing Teams, serving in communities with social care partners. It has since been adjusted to report performance relating to local IJB Performance Reporting where we can determine the activity of residents by local authority area.

6.2 The criteria applied are as follows:

- Falkirk residents who have attended an NHS Forth Valley Hospital
- Original admission regardless of urgency
- Specialty at discharge
- Emergency readmission to specialty of discharge
- In this example readmissions excluding assessment unit activity

6.3 Based on the above Chart 2 shows the rate of readmissions per 1000 discharges in the over 18 population for all downstream wards and acute specialties within NHS Forth Valley.

Chart 2 Readmissions of Falkirk Residents to Forth Valley Royal Rate per 1000 Discharges



6.4 On average Forth Valley Royal Hospital sees a readmission rate of 73 patients per 1000 discharges, which means approximately 7% of those discharged are subsequently readmitted as an emergency.

## 7. Summary

7.1 Criteria and definitions applied to the national datasets are used for benchmarking purposes across all Boards and Health and Social Care Partnerships, however due to differing operational and recording practices across the country this does not reflect a like for like comparison of readmissions.

7.2 Analysis shows NHS Forth Valley data are inflated from 2019 due to changes in recording in keeping with services changing their model of recording with the introduction of the TrakCare system, as shown in Table 2 above.

7.3 National data reports admissions in SOURCE data relating to Falkirk residents who are treated elsewhere in Scotland. This activity is not captured

in NHS Forth Valley datasets however, social care services at local authority level may be able to inform the Integration Joint Board on areas of potential influence. Organisational work to address readmissions is therefore based upon a local reporting mechanism, allowing the identification of areas where impact can be made to improve the patient and staff experience.

- 7.4 Using local reporting mechanisms results show a readmission rate of 73 patients per 1000 discharges which is below the national reporting outcome of 163. This rate is much more in keeping with NHS Forth Valley's Hospital Standardised Mortality Ratio which is one of the best in NHS Scotland and a robust indicator of quality of care, over 30 days post-hospital admission. Further, readmission rates within assessment areas are difficult to quantify due to the model of the service and data quality issues.
- 7.5 All data quality issues highlighted in this paper are on the agenda of the eHealth and Data Quality Group, a multi disciplinary group, consisting of Health and Social Care Partners, clinicians, clinical service managers, Health Records, eHealth and Information Services representatives, working with services to address data quality issues across the Organisation.

## 8. Conclusions

- 8.1 Although there are statistical reasons why SOURCE data shows a higher rate than expected for Falkirk readmissions, there is a clear understanding of the contributing reasons why. Other, more robust data such as HSMR, is available to reassure that there is no clinical evidence of quality-of-care issues. The data issues that contribute to the reported readmission rate are actively reviewed by an expert group, with the aim of resolving any issues and improving accuracy.

### Resource Implications

There are no resource implications as the work to continue to improve the data is led by an established expert group.

### Impact on IJB Outcomes and Priorities

As the data is likely to have been recorded in a way to statistically suggest a higher rate of readmissions, there should be no impact on IJB outcomes or priorities.

### Directions

No Directions are required.

### Legal & Risk Implications

No legal or risk issues identified.

### Consultation

No consultation is required

## Equalities Assessment

No Equalities impact is identified.

### **9. Report Author**

- 9.1 Andrew Murray, Medical Director NHS Forth Valley,  
Viv Meldrum, Head of Information Services, NHS Forth Valley

### **10. List of Background Papers**

- 10.1 No background papers are relevant

### **11. Appendices**

- 11.1 n/a