

Ref no: 198080817
From: Commercial
Date: 08/08/17
Subject: Emergency readmission rates

REQUEST

Under the Freedom of Information Act 2000 please provide the data to fill out the tables below.

I am happy to receive a response to my request in parts if some elements are easier to answer than others. Similarly, if you are only able to respond to part of the request due to time/cost restraints then please prioritise the first table. I've also attached this message and the tables in a MS Word document to this email.

Under the terms of the FOI Act, I also request details of any redactions of exemptions applied.

EMERGENCY READMISSIONS BROKEN DOWN BY DAY FOR THE LAST FIVE YEARS

Number of days after discharge patient was readmitted	Number of patients subject to emergency readmission during 2012/13	Number of patients subject to emergency readmission during 2013/14	Number of patients subject to emergency readmission during 2014/15	Number of patients subject to emergency readmission during 2015/16	Number of patients subject to emergency readmission during 2016/17
0*					
1					
2					
3					
4					
5					
6					

7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
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22					
23					
24					
25					
26					
27					
28					
29					
30					

* Readmitted within less than 24 hours of discharge.

REASONS RECORDED FOR EMERGENCY READMISSION

Reason for emergency readmission*	Number of patients subject to an emergency readmission during 2012/13	Number of patients subject to an emergency readmission during 2013/14	Number of patients subject to an emergency readmission during 2014/15	Number of patients subject to an emergency readmission during 2015/16	Number of patients subject to an emergency readmission during 2016/17
Potentially preventable readmission					

Anticipated but unpredictable readmission					
Preference related readmission					
Artefact of data collection					
Readmission as a result of accident, coincidence or related to a different body system					
Broadly related readmission					

** [Definitions taken from a BMJ Journal of Emergency Medicine article on classification of emergency 30-day readmissions.](#)

1. **Potentially preventable**—Combinations of diagnosis and admission codes were used to indicate where altered care in a prior admission might potentially have prevented readmission

Category A1: Probable suboptimal care: primary readmission diagnosis of ‘complications of surgical & medical care not elsewhere classified’

Category A2: Possible suboptimal care: readmission diagnosis of common avoidable complications; diagnoses of ‘symptoms and signs’ in the index admission and returned with a more specific diagnosis; patient with one recorded emergency readmission for the same condition within 30 days (excluding cancer and chronic conditions) in the 6-year study period; emergency readmission on the day of discharge

2. **Anticipated but unpredictable hospital care**—For some patients, frequent emergency admissions are common as part of an anticipated plan or pattern of care. Sometimes these will occur within 30 days of a previous discharge. Definitions for categories B1 and B2 drew on a previous categorisation¹³ and included readmission patterns for two or more admissions in 2 or more years, excluding those in category A (above)

Category B1: Ill but stable: individuals with two or more readmissions in 2 separate years but with relatively little variability over time

Category B2: Unstable deterioration: individuals with more than 10 readmissions in a single year or high variability over time

Category B3: Non-medical risk factors: individuals where substantial factors in their readmission may be beyond the control of the health service because of potential health hazards related to their socioeconomic and psychosocial circumstances or behavioural issues (eg, alcohol misuse)

3. **Preference**—This category covers both patient and staff preferences. It includes self-discharge and identifiable patterns of discharge and readmission around public holidays
4. **Artefact**—Readmissions in this category are likely to be planned/elective but have been mistakenly coded as an emergency readmission. This includes primary readmission diagnosis of ‘follow-up’ and excess readmissions observed on the 7th, 14th, 21st and 28th days after discharge
5. **Accident or coincidence related to different body system**—These readmissions were defined as emergency 30-day readmissions in a different ICD-10 chapter from the index admission. For these readmissions, coding does not indicate a common factor between index admission and readmission
6. **Broadly related (related to same body system)**—This residual category contains readmissions that are broadly related to the previous admission where index and readmission diagnoses match within ICD-10 chapter

EMERGENCY READMISSIONS BROKEN DOWN BY DAY FOR THE LAST FIVE YEARS

Number of days after discharge patient was readmitted	Number of patients subject to emergency readmission during 2012/13*	Number of patients subject to emergency readmission during 2013/14*	Number of patients subject to emergency readmission during 2014/15*	Number of patients subject to emergency readmission during 2015/16*	Number of patients subject to emergency readmission during 2016/17*
0	280	249	269	282	221
1	806	809	765	818	790
2	639	647	625	589	676
3	503	545	557	493	557
4	432	507	423	420	487
5	409	385	396	364	432
6	363	363	366	358	425
7	326	355	336	343	374
8	249	321	286	296	343
9	289	268	285	269	271
10	266	263	267	262	285
11	257	256	241	239	268
12	260	241	262	259	265
13	230	271	276	248	254
14	259	245	244	233	281
15	180	188	190	218	246
16	212	192	210	204	220
17	168	190	195	186	204
18	168	167	185	164	200
19	158	171	180	162	168
20	193	184	187	147	200
21	163	170	184	209	180
22	170	168	145	141	173
23	156	163	151	144	163
24	160	154	134	125	161
25	160	157	154	148	169
26	111	148	152	164	164
27	156	119	144	128	135
28	139	160	149	115	136
29	117	110	137	151	154

30	126	130	145	116	130
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* Financial year is based on the discharge date of the original admission

NOTE

- Where a patient is readmitted multiple times, each readmission will included in the above.
- This data only includes patients readmitted back into St Helens & Knowsley Hospitals.
- As per superspell definitions hospital transfers are not counted as readmissions and are therefore excluded from the figure above.
- The analysis includes patients admitted to ambulatory care and will include patients who are being managed on an ambulatory pathway.

For section 2 please see below.

Under section 12 of the Freedom of Information Act St Helens & Knowsley Teaching Hospitals Trust does not have to comply with a request if we estimate that the cost of complying with your request would exceed the appropriate limit of £450. The appropriate limit has been specified in regulations. This represents the estimated cost of one person spending 2½ working days in answering the remainder of your questions. Under section 12 of the Freedom of Information Act the Department is not obliged to comply with your request and we will not be processing your request further.