

PHNT - Count of emergency readmissions by day for last 5 financial years

Number of days between discharge & emergency re-admission	FY 1213	FY 1314	FY 1415	FY 1516	FY 1617
0	122	159	145	143	133
1	552	609	697	676	695
2	430	473	499	553	618
3	413	389	443	455	490
4	336	318	390	348	343
5	300	297	315	311	369
6	244	292	291	296	329
7	263	248	286	312	339
8	218	209	252	253	287
9	174	233	195	242	259
10	207	210	244	203	229
11	187	194	199	197	232
12	182	172	175	182	241
13	185	165	193	197	208
14	172	172	177	209	200
15	129	151	162	177	146
16	112	138	128	159	160
17	146	141	159	162	164
18	120	136	143	169	170
19	132	109	134	145	148
20	112	127	144	157	141
21	127	136	153	160	143
22	117	122	129	112	150
23	102	92	106	137	120
24	89	129	117	122	161
25	93	112	112	118	141
26	93	91	113	123	103
27	99	105	121	115	122
28	105	85	126	125	126
29	103	88	97	122	112
30	92	71	95	111	101
Total	5756	5973	6540	6791	7180

File reference	W17F429
Key words	Emergency readmission rates
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Attachments	Yes

Freedom of Information Act Disclosure log - Reply Extract

You asked

One aspect of the Mandate for 2017/18 was the introduction of a new target to reduce the number of delayed transfers of care.

To enable us to check this is not having an adverse effect on patient experience, and to inform the further development of the NHS Mandate, it is important to create an accurate benchmark of emergency readmission rates.

As you will be aware, emergency readmissions are currently recorded as any patient subject to an unplanned re-admittance within 30 days of being discharged. But to understand any impact fully this data needs to be broken down by each day within the 30 day period.

We understand that emergency readmissions are not solely down to problems with the discharge process itself or the availability of social care support. We are therefore also looking for any data held on the reasons behind emergency readmissions.

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

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					

* 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 (e.g. 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. **Artifact**—Readmissions in this category are likely to be planned or 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

Reply

Please find attached a data spreadsheet for part one of your request.

Plymouth Hospitals NHS Trust does not electronically hold the specific readmissions categories requested.

Please note that the emergency readmissions number included deploys methodology that was prescribed nationally during the PBR round in 2013/2014 and still applies today. As a result, we have applied the standard exclusions as set out on page 38 of the PBR guidance from that year:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214902/PbR-Guidance-2013-14.pdf

Attachments included: Yes