Reducing emergency readmissions for patients with recurrent ascites

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“The impact of the NHS reforms on patients will be shaped largely by the changing provider landscape and the ever increasing financial and service pressures providers are under. It will require leadership of the highest order to manage further organisational change, ensure that the quality of care is kept centre stage, and balance budgets.

The NHS in 2013 is no place for the faint hearted.”

Chris Ham, Chief Executive
The Kings Fund

1st April 2013
• Readmissions to hospital within 30 days is costing the NHS £1.6 billion/year

• The average potential lost income for each trust if they receive no payment for emergency readmissions = £4.98 million/year
“When the music changes, so does the dance”
A profile of readmissions to the Department of Medicine

September - October 2011

Age
Gender
Comorbidities
Living circumstances
Primary care services
Source of admission and source of readmission
Length of stay on admission
Gap between discharge and readmission
Length of stay on readmission
Previous admissions to hospital (2009-11)
Discharge ward
Health care professional making discharge decision
Day of discharge
Discharge destination
Standard of documentation of discharge letter
Follow up plan
Outcomes following readmission
Classification of readmission
56% of patients readmitted were > 60yrs old

47% had more than 1 comorbidity

50% patients had no prior hospital admission

Readmission rate = 5.3%

Lessons Learnt ..?

More quality improvement projects!

I need to get a social life ..

Standard of documentation of discharge letters
Lessons learnt

• The reasons and drivers for readmissions to medicine are highly complex

• No specific trends of readmission were identified

• Highlighted the need to improve the standard of documentation of discharge letters
If you choose an answer to this question at random, what is the chance you will be correct?

A) 25%  
B) 50%  
C) 60%  
D) 25%
12% of all readmissions via AMU were patients with recurrent ascites
A profile of patients admitted with ascites
September - December 2011

• 19 patients constituted 50 admissions via AMU

• 84% had a diagnosis of alcohol related liver disease

• 68% presentations to hospital were readmissions

• The average length of stay for all admissions was 3.8 days

• 90% of admissions required therapeutic paracentesis
Malcolm’s story
Strategy for change – Ascites clinic

• Identifying patients with ascites secondary to liver disease

• Planned admission for therapeutic paracentesis as a day case

• Review of serum electrolytes and diuretic treatment

• Continuing support for patients
Assessing the impact of change

September - December 2012

Total number of patients readmitted via AMU with ascites = 4

(i.e. 13% of all admissions with ascites)
Ascites clinic

- **September – December 2012**
  - 17 therapeutic paracentesis performed for 7 patients
  - On two occasions a patient required hospital admission post paracentesis due to large volume of ascites requiring drainage
  - No complications post therapeutic paracentesis

- **January – April 2013**
  - 36 therapeutic paracentesis performed for 9 patients
Impact of strategy for change

• Reduced emergency admissions to hospital
• Reduced readmission rates by 55% (from 68% to 13%)
• Reduced number of inpatient bed days
• Improved patient journey
Feedback from patients
Next steps …

- Patient experience survey
- Measure the financial impact
- Extend the service to patients with malignant ascites
- Assess the sustainability of the service