Background
Avoidable re-admissions are considered a major adverse incident after hospital discharge. This has an implication to the patient lives and a cost repercussion to hospitals [1]. It is prudent to analyse the rationale behind avoidable readmissions. Safer@Home is an international collaborative of Acute Physicians investigating avoidable readmissions. CURIOS (Capturing Readmission Data Internationally by Safer@Home) is an international audit of re-admissions planned for Q1 2016.

Results
We reviewed a total of 20 re-admissions (mean 3 patients per day, range 1-4). 10 (50%) of re-admitted patients had frailty scores of 6 (moderately frail) and 7 (severely frail)[2]. 9(45%) were re-admitted within 7 days of discharge and 2 (10%) within 24 hours. 5 (25%) of re-admitted patients had more than 5 re-admissions in the previous year. Patients were asked whether they felt better when they went home during the index admission 10 answered with ‘no’. Time to readmission was related to duration of index admission (p<0.03). This became insignificant once adjusted for patients' wellbeing on discharge.

11(55%) re-admissions were judged to be preventable: Common causes were poor considerations of home support, subjective feeling by patients of being “not completely well at time of discharge” and failure to communicate adequately with primary care.

Conclusions
• 20 re-admissions per week might result in 800 patients/year, with a potential 440 preventable re-admissions!
• Attempts to reduce preventable re-admissions should include an assessment of the patient’s readiness for discharge and of their home support as well as improved communication of transfer of care.

References