Audit of readmissions in patients with learning disabilities

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Background

Individuals with learning disability (LD) represent a widely heterogeneous group of people and can be associated with broad range of primary diagnoses and multiple health conditions.[1]

The life expectancy of people with learning disability is reduced compared with the general population.[1]

The learning disabilities task group highlighted that people with learning disability had a shorter length of stay compared with the general population at our trust. This prompted an audit into the readmission rates for patients with learning disabilities.

Aims and objectives

To review readmissions of LD patients within the medical division from April 2021 to March 2022, to look out for common themes accounting for the disparity in length of stay.

Methodology

All patients with learning disability admitted to hospital within the study period (aged 16 and above into an adult medical bed) qualified for the study cohort. Readmission was defined as admission into the hospital within 28 days from the date of discharge. A list of patients who fit the inclusion criteria was pulled from EPR. Demographic details including age, sex, number of readmissions within 4 weeks, readmission with the same or different clinical condition, details of readmission including floor and clinical indication, various factors like residential status (care home etc), hospital passport, floor of admission, involvement of LD matron and appropriate management of clinical condition as per trust guidelines etc were entered into a pre-designed Excel sheet.

Results

There were 63 admissions in the study period. Fifty-nine [93.6%] admissions were within 4 weeks of discharge – our study cohort. The majority of the readmissions were on the acute floor (33/59). More than half (33/59) of the readmissions were related to respiratory (aspiration pneumonia >COVID >CAP) and neurology specialties (seizures/headache/collapse). Other causes were pain in the abdomen, GI bleeding, UTI, leg swelling, chest pain and anemia. There were no significant differences in the etiology between the group who were admitted with the same clinical condition) (27/59) (same to index admission) versus the group with a different clinical condition (32/59). The admitting floor team acknowledged LD in 89.9% of admissions (53/59). The hospital passport was in place for 16.9% (13/59). The LD matron was aware of admission and discharge in 50.8% of admissions. The majority of discharges were done on weekdays as compared to weekends [48 vs 11]. The majority of patients were care home residents. No deficiencies were found in the clinical management of patients who had multiple readmissions.

Conclusion

Pneumonia was the commonest reason for readmission and this is in line with results from studies.[2–5] Ensuring vaccination of LD patients with COVID and flu jabs can help in reducing the number of readmissions. Acknowledgment of LD by the admitting floor team remains a challenge and needs more education. A hospital passport should be provided to all LD patients. Trust-wide teams and pathways for eating and drinking should be established, and training of care home staff and nurses can avoid episodes of aspiration. ■

References

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