

# An analysis of 28-day readmission rates of patient attendances at acute medical unit in a 610-bedded acute hospital

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## Aims

To analyse 28-day readmission rates of patient attendances to acute medical unit (AMU), compare it to the national average, understand the reasons behind readmissions and identify any possible strategies for their prevention.

## Methods

All patient electronic records were analysed retrospectively for the outcome of attendances to AMU in September 2014 and readmission within 28 days of discharge.

## Results

The 28-day readmission rates for readmissions for similar or related complaint (true readmissions) were – AMU: 11.9%; short stay unit (SSU): 11.11%; general medical wards (GMW): 7.64%. The median length of stay (LOS) for index admission in true readmission group was – AMU: 1 day, SSU: 2 days and GMW: 4 days, compared to AMU: 2 days, SSU: 6 days and GMW: 9 days for those cohorts of patients who were not readmitted. Among true readmissions, 28.94% had more than one readmission within 28 days.

## Conclusions

True readmission rates for AMU and SSU were similar to hospital episode statistics data 2011–12. They were lower among the patients who were transferred to GMW for further management and discharged. However the LOS was longer in GMW. In 15.8% of true readmissions, there was scope for improvement in clinical care during index admission which might have prevented the readmission. Even though many of the true readmissions might not be avoidable, it was observed that the following factors may have a role in preventing readmissions:

- > prompt investigations, preferably as inpatient
- > timely inpatient specialty reviews, including by specialties based in other hospitals

- > better management during index admission
- > improved discharge planning
- > post-discharge support services.

Some methods that could be useful based on the observations are:

- > a multidisciplinary team led by clinicians to review readmissions regularly, with emphasis on readmissions within short duration of time after discharge
- > patients deemed at high risk for readmission to be provided with appropriate post-discharge support
- > improved communication with primary care for those cohorts of patients who would require ongoing management support post discharge. ■

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