SWL NEL Bed Audit Results

All Acute Trusts

March 2016
The South West London and Surrey Downs Healthcare Partnership has identified the transformation of out of hospital services as a key priority for the programme.

There is broad recognition that increasing the ability to offer services to patients in primary and community care setting will have a significant benefit to patient quality, financial sustainability and the ability for the health economy to transform its acute service offering.

This impact is emphasised further by the NHSE requirement that the SWL strategic planning group produces a 5 year sustainability transformation plan (STP) to detail the health economy’s ambition to improve services over the next 5 years, including out of hospital.

To support the creation and delivery of this out of hospital strategy, the SWL Clinical Board commissioned a bed audit across all SWL acute trusts with the aim of providing a strong, systematic evidence base of the opportunity in SWL to move patients out of hospital and help inform what shape and ambition the strategy should therefore take.

This pack provides an overview of the key findings of the bed audit and will form the basis of the discussions at the upcoming Bed Audit Workshops in April 2016 in which each SWL Sub-Regional Group will set a level of ambition for shifting NEL activity out of hospital and agree a high-level strategy for how this will be achieved.
The bed audit was scoped to focus on adult, NEL medical patients. The patients audited were selected to ensure a random but statistically relevant sample was created.

Scope of audit across SWL

Patient’s audited:
- Adult NEL patients.
- Taken from medical and AMU wards only.
- Wards selected to capture largest patient age and condition groups based on annual activity data.

Process:
- Audits carried out through review of patient notes across w/c 22nd Feb.
- Capacity of social and community care services monitored during the week.
- Actual discharge dates or status of each patient subsequently recorded the following week to provide full detail of bed day opportunity.
- All audits carried out under IG requirements of each trust and no patient identifiable data was recorded.

Checks made:
- Each patient was assessed for suitability of stay at three points during their admission:
  - On admission
  - Half way through their stay to date
  - Day of review

Scope of audit by trust

Details of audit by Trust:

<table>
<thead>
<tr>
<th>Trust</th>
<th>Date audited</th>
<th># Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epsom / St Helier</td>
<td>23rd Feb</td>
<td>61 / 100</td>
</tr>
<tr>
<td>Kingston</td>
<td>24th Feb</td>
<td>87</td>
</tr>
<tr>
<td>St. George’s</td>
<td>25th Feb</td>
<td>130</td>
</tr>
<tr>
<td>Croydon</td>
<td>25th/26th Feb</td>
<td>122</td>
</tr>
</tbody>
</table>

Patients audited by CCG in total:

<table>
<thead>
<tr>
<th>CCG</th>
<th># Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Croydon</td>
<td>111</td>
</tr>
<tr>
<td>Kingston</td>
<td>42</td>
</tr>
<tr>
<td>Merton</td>
<td>47</td>
</tr>
<tr>
<td>Richmond</td>
<td>15</td>
</tr>
<tr>
<td>Surrey Downs</td>
<td>72</td>
</tr>
<tr>
<td>Sutton</td>
<td>82</td>
</tr>
<tr>
<td>Wandsworth</td>
<td>62</td>
</tr>
<tr>
<td>Other</td>
<td>69</td>
</tr>
</tbody>
</table>

Scope of this presentation pack

This pack provides an overview of the bed audits at a South West London level – combining the results across all trusts and CCGs.

The results are split into 4 sections:
1. Overall results
2. Results split by patient demographics
3. Reason codes and additional levels of care needed to achieve the opportunity
4. A patient level breakdown of 2014/15 NEL activity

Separate versions of this pack provide the results for individual trusts and CCGs.

Definitions:
Qualified – Patient is at the correct level of care for his/her medical needs. Non-Qualified – Patient could be treated at a different, usually lower level of care.
The bed audit provides a snapshot of the state of the beds across the acute trusts of SWL. Each ward was chosen to provide a statistically relevant sample as a proxy of the full bed day state.

**Methodology of snap audit sample**

By taking a snapshot across a random sample of patients the audit captures patients at all stages of their admission which is representative of the typical bed state at the acute hospitals.

**Profile of patients audited vs actual NEL bed days and spells in 2014/15**

The distribution patients audited matches broadly to the average capacity profile across a year, suggesting the snapshot provides a good statistical sample for NEL capacity. The nature of a snapshot audit means short stay admissions are less well represented – though based on the charts impact capacity less.

Greater accuracy can be collected in two ways by commissioning additional bed audits can be commissioned to provide an understanding over time how the opportunity changes over time.

Source: 2020 Analysis of Oak Group 160302 – SWL MCAP –Study – Data.xls file. Patients are qualified when their place of care is deemed to be at an appropriate level given their care plan. Non-qualified means current care setting was considered inadequate. N = 500. Bed days for audited sample is calculated as days between time of admission to date of review. 2014/15 SUS data is from SECSU data cube and is defined based on the NHSE technical definitions and excludes maternity.
At a top level, 13% of patients audited could have had their admission avoided with a further 42% patients able to benefit from early discharge to a non-acute level of care.

Source: 2020 Analysis of Oak Group 160302 – SWL MCAP – Study – Data.xls file. Patients are qualified when their place of care is deemed to be at an appropriate level given their care plan. Non-qualified means current care setting was considered inadequate. N = 500. Assumptions for calculating qualified/non-qualified bed day proportions can be seen on methodology slide.
The largest opportunity for admission avoidance and early discharge comes from patients aged 80-89

Source: 2020 Analysis of Oak Group 160302 – SWL MCAP – Study – Data.xls file. Patients are qualified when their place of care is deemed to be at an appropriate level given their care plan. Non-qualified means current care setting was considered inadequate. N = 500. Assumptions for calculating qualified/non-qualified bed day proportions can be seen on methodology slide.
39% patients had co-occurring conditions with a further 17% living alone at home. Alongside poor mobility these patients cause 63% of the bed day opportunity.

Source: 2020 Analysis of Oak Group 160302 – SWL MCAP – Study – Data.xls file. Patients are qualified when their place of care is deemed to be at an appropriate level given their care plan. Non-qualified means current care setting was considered inadequate. N = 500. Assumptions for calculating qualified/non-qualified bed day proportions can be seen on methodology slide.
15% of patients had dementia of these a significantly higher proportion were non-qualified compared to patients who didn’t suffer with the condition.

15% of patients audited had dementia. The proportion of non-qualified (from admission avoidance or early discharge) is 67% versus 53% for patients without.

Source: 2020 Analysis of Oak Group 160302 – SWL MCAP – Study – Data.xls file. Patients are qualified when their place of care is deemed to be at an appropriate level given their care plan. Non-qualified means current care setting was considered inadequate. N = 500. Assumptions for calculating qualified/non-qualified bed day proportions can be seen on methodology slide.
Majority of patients were admitted to hospital through A&E suggesting admission avoidance schemes within A&E itself could be very effective.

% of patients audited split by admission method and qualified status

- **A and E**
  - Qualified throughout stay: 80%
  - Un-Qualified on admission: 10%
  - Un-qualified during stay: 10%

- **Transfer from another hospital**
  - Qualified throughout stay: 20%
  - Un-Qualified on admission: 60%
  - Un-qualified during stay: 20%

- **Planned Admission**
  - Qualified throughout stay: 0%
  - Un-Qualified on admission: 0%
  - Un-qualified during stay: 0%

- **Consultant Ordered Admission**
  - Qualified throughout stay: 0%
  - Un-Qualified on admission: 0%
  - Un-qualified during stay: 0%

- **GP Referral**
  - Qualified throughout stay: 0%
  - Un-Qualified on admission: 0%
  - Un-qualified during stay: 0%

- **Transfer from another Ward**
  - Qualified throughout stay: 0%
  - Un-Qualified on admission: 0%
  - Un-qualified during stay: 0%

- **Assessment Unit**
  - Qualified throughout stay: 0%
  - Un-Qualified on admission: 0%
  - Un-qualified during stay: 0%

Source: 2020 Analysis of Oak Group 160302 – SWL MCAP – Study – Data.xls file. Patients are qualified when their place of care is deemed to be at an appropriate level given their care plan. Non-qualified means current care setting was considered inadequate. N = 500. Assumptions for calculating qualified/non-qualified bed day proportions can be seen on methodology slide.
Majority of patients were admitted from home

Percentage of patients audited split by living situation and qualified status

Source: 2020 Analysis of Oak Group 160302 – SWL MCAP – Study – Data.xls file. Patients are qualified when their place of care is deemed to be at an appropriate level given their care plan. Non-qualified means current care setting was considered inadequate. N = 500. Assumptions for calculating qualified/non-qualified bed day proportions can be seen on methodology slide.
80% of patients audited had not be re-admitted within the last 30-days. Half the patients re-admitted were admitted after 7 days, majority unplanned but related.

**Source:** 2020 Analysis of Oak Group 160302 – SWL MCAP – Study – Data.xls file. Patients are qualified when their place of care is deemed to be at an appropriate level given their care plan. Non-qualified means current care setting was considered inadequate. N = 500. Assumptions for calculating qualified/non-qualified bed day proportions can be seen on methodology slide.
Majority of patients showed no clear discharge plan on their medical notes with only 2% having a plan as they were admitted.

Note: These results state whether a discharge plan was mentioned on notes. Trusts may record this on a separate system.

Source: 2020 Analysis of Oak Group 160302 – SWL MCAP –Study – Data.xls file. Patients are qualified when their place of care is deemed to be at an appropriate level given their care plan. Non-qualified means current care setting was considered inadequate. N = 500. Assumptions for calculating qualified/non-qualified bed day proportions can be seen on methodology slide.
The majority of the patients non-qualified on admission required vital sign monitoring and IV medication. After treatment majority of non-qualified patients need only vital signs monitoring.

Source: 2020 Analysis of Oak Group 160302 – SWL MCAP – Study – Data.xls file. Patients are qualified when their place of care is deemed to be at an appropriate level given their care plan. Non-qualified means current care setting was considered inadequate. N = 500. Assumptions for calculating qualified/non-qualified bed day proportions can be seen on methodology slide.
The bed audit only includes results from medical patients. Scaling the results based on the actual NEL activity profile (including surgical activity) the admissions avoidance opportunity could be as low as 9% with the full bed day opportunity still 41%.

Estimate of percentage of all admissions scaled by age group and qualified status for 2014/15 NEL medical and surgical activity

Analysis assumes medical patients match opportunity of bed audit patients but surgical patients have no admission avoidance opportunity only early discharge opportunity which is assumed to be the same as bed audit NQ %.

WORK IN PROGRESS – CURRENTLY WAITING FOR ACCURATE NEL SURGICAL AND MEDICAL SPLIT

Source: 2020 Analysis of Oak Group 160302 – SWL MCAP – Study – Data.xls file. Patients are qualified when their place of care is deemed to be at an appropriate level given their care plan. Non-qualified means current care setting was considered inadequate. N = 500. Assumptions for calculating qualified/non-qualified bed day proportions can be seen on methodology slide. NEL activity defined using NHSE definitions. Current surgical medical split is based on national TFC definitions.
31% of non-qualified patients had no record whether a lower level of care had been considered. 13% were waiting for their discharge process to complete.

Percentage split of reason code for non-qualified patients

Note: No evidence lower level of care was considered based on medical notes. This may be because level of care required is known not to exist or not to have sufficient capacity.

Source: 2020 Analysis of Oak Group 160302 – SWL MCAP – Study – Data.xls file. Patients are qualified when their place of care is deemed to be at an appropriate level given their care plan. Non-qualified means current care setting was considered inadequate. N = 500. Assumptions for calculating qualified/non-qualified bed day proportions can be seen on methodology slide.
78% percent of patients were non-qualified due to broadly “internal” reasons with 41% of patients not showing any attempt to moved to a lower level of care.

**Breakdown of external reason codes**
- Waiting for funding 4%
- Alt. care refuses admission 4%
- Patient unsafe at home 9%
- Carer unable to cope 7%
- Refuses treatment/procedure 3%
- Alt. care - no available bed 18%
- Awaiting family decision 11%
- Waiting SS package of care 23%
- Assessment for xfer not done 21%

**Total non-qualified % external:** 22%

**Breakdown of internal reason codes**
- Discharge process incomplete 18%
- MD-Order-When routi f/u care req 3%
- Treat/proc/test not done 5%
- Specialty consult not done/avail 7%
- Awaiting Discharge Assessment 10%
- Consultant orders continued stay 11%
- No evidence lower LOC was considered 41%
- Phyc-cont stay to expedite test 2%

**Total non-qualified % internal:** 78%

Source: 2020 Analysis of Oak Group 160302 – SWL MCAP – Study – Data.xls file. Patients are qualified when their place of care is deemed to be at an appropriate level given their care plan. Non-qualified means current care setting was considered inadequate. N = 500. Assumptions for calculating qualified/non-qualified bed day proportions can be seen on methodology slide.
41% of non-qualified patients could be treated at home if sufficient services were available. A further 32% of patients could be supported through intermediate care.

Percentage split of alternative levels of care for non-qualified patients

Source: 2020 Analysis of Oak Group 160302 – SWL MCAP – Study – Data.xls file. Patients are qualified when their place of care is deemed to be at an appropriate level given their care plan. Non-qualified means current care setting was considered inadequate. N = 500. Assumptions for calculating qualified/non-qualified bed day proportions can be seen on methodology slide.
South West London and Surrey Downs Healthcare Partnership

14% of non-qualified patients need some daily visits from carer support. An additional 13% of patients need additional nursing support at home.

**Percentage of non-qualified patients who could be at home with support services (social care)**

**Percentage of non-qualified patients who could be at home with clinical services**

Source: 2020 Analysis of Oak Group 160302 – SWL MCAP – Study – Data.xls file. Patients are qualified when their place of care is deemed to be at an appropriate level given their care plan. Non-qualified means current care setting was considered inadequate. N = 500. Assumptions for calculating qualified/non-qualified bed day proportions can be seen on methodology slide.
South West London and Surrey Downs Healthcare Partnership

Breakdown of bed days by CCG across all SWL Trusts

Percentage of bed days by Commissioner

Source: Spell level data from South East CSU SUS Cube. 2014/15 NEL data defined using NHSE technical specification. Ages 20 and over.
42% of SWL’s beds are occupied by only 5% of patients. 50% of bed days are used by patients with 3 or more admissions in one year.

Source: Spell level data from South East CSU SUS Cube. 2014/15 NEL data defined using NHSE technical specification. Ages 20 and over.