

South West London Bed Audit

Summary

On 2nd December 2015 the South West London Clinical Advisory Group requested that a non-elective (emergency) bed audit take place across all the SWL acute trusts. A bed audit looks at why people are being admitted to hospital, how long they are staying there and the factors affecting their discharge. The purpose of the audit was to provide up-to-date, systematic and directly relevant evidence to move patient care out of hospital over the next 5 years.

After clinical consultation, the Oak Group was selected as the chosen partner for the audit, and they were commissioned to conduct an audit of 500 non-elective beds across the SWL Acute Providers – the hospitals that provide emergency care. Across south west London this includes:

- Croydon University Hospital
- St George's Hospital
- Kingston Hospital
- Epsom Hospital
- St Helier Hospital

The Oak Group approach was to send in teams of trained nurses into each provider and audit a random selection of patients within a pre-selected set of wards.

Objectives

The objectives of the audit were to determine:

- The proportion of patients who could have had their admission avoided and what services could have provided alternative appropriate care
- The proportion of patients in beds who could have been discharged to a different setting of care, what setting this would be and at what point this transfer could have happened during their stay

Oak Group was also able to compare the audit results to a database of 125 other UK audited hospitals to understand the local context against a national picture.

Approach

All patients were reviewed using a system called Making Care Appropriate for Patients (MCAP), developed by Oak Group. This tool is nationally and internationally recognised as one of the best in the medical field, and has been used in over 125 hospitals in the UK alone.

The MCAP system was used to determine if each patient was at the correct level of care, for example, whether it was right that they were treated in hospital and whether

they could have been treated at home for some or all of that time. Each review was completed using the MCAP System to answer the following three questions;

- Was the patient at the correct level of care?
- If not, what level of care was needed? and
- If not, what was the reason the patient was not at the correct level of care?

Key findings and conclusions

The bed audit provided the following findings on the proportion of patients who could have had their admission avoided and the proportion of patients in beds who could have been discharged to a different setting of care:

Admissions	Continuing Bed Days
13% of all admissions were described as 'non-qualified', meaning the patient could have been treated at a different level of care to meet medical needs rather than attend hospital.	50% of all continuing days of stay were described as non-qualified. However, once you remove the patients who should not have attended hospital at all, the opportunity for reducing continuing bed days is 42% Of these, 41% of non-qualified days could have been provided at home with a variety of services.

The detailed bed audit provides detail of the appropriate alternative levels of care a patient could have received to avoid their admission or reduce the length of time spent in a hospital bed.

The different levels of care are defined as a *“level of care that currently exists and may or may not have available beds or that potentially can exist and matches the need for services as determined by the consultant's plan of care”*.

The full bed audit also provides information on the following:

- Breakdown of whether a review was qualified or non-qualified by patient age and service utilisation
- Reasons why a review was qualified or non-qualified
- The alternative care setting that a patient should have been seen, assuming it was available and had appropriate capacity to provide treatment
- Detail of the home services required for those patients who could be cared for at home

The report also includes a summary of the audit by hospital, providing a breakdown of the reviewed patients reviewed whose admission and continuing days of stay were qualified and non-qualified.

Next steps

The bed audit has been used by the south west London system to feed into the south west London Sustainability and Transformation Plan (STP), which sets out how plans for how health care will be provided over the next five years. The STP sets a level of ambition to reduce care in an acute hospital to ensure we are delivering services close to home wherever possible, which is what people tell us they want. This work will be monitored over the next 4 years via the Right Care Best Setting Steering Group to oversee the transformation of community based services across SWL.