

Acuity Audit of Hospital Bed Occupancy in Devon

August 2011

Final Draft

Table of Contents

Table of Contents	2
Table of Figures	4
1. Introduction	6
2. Background	6
2.1 Reasoning	6
2.2 Objectives	6
2.3 Assumptions	6
2.4 Recent Transforming Community Services Developments	7
3. Method	7
3.1 Audit Tool	7
3.2 Audit Process	8
3.3 Analysis of Data	8
4. Results	10
4.1 Results Overview	10
4.2 Cross Sectional Analysis – Proportion of Patients “Fit To Leave Their Current Care Setting”	11
4.3 Patient Age	11
4.4 Patient Needs	12
4.5 Number of Days Medically Fit	12
4.6 Reason in Bed	13
4.7 Occupancy Levels	13
4.8 Discharge Date Set	14
5. Discussion	14
5.1 Patients Fit To Leave Their Current Care Setting	14
5.2 Acute Patients by Ward Type	16
5.3 Patient Age	17
5.4 Patient Needs	18

5.5	Number of Days Medically Fit to Leave.....	18
5.6	Reason in Bed	19
5.7	Occupancy Levels	21
5.8	Discharge Date Set.....	21
6.	Summary of Findings.....	22
6.1	Fit to Leave.....	22
6.2	Patient Age.....	22
6.3	Patient Needs.....	22
6.4	Number of Days Medically Fit to Leave.....	22
6.5	Reason for Remaining in a Bed	22
6.6	Occupancy Levels	23
6.7	Discharge Date.....	23
7.	Conclusions	23
7.1	Numbers and percentage of patients that do not need to be cared for in their current care setting.....	23
7.2	Number and percentage of patients who could be managed at home.....	23
7.3	Type of health and social care needs of patients 'fit to leave' their current care setting.....	23
7.4	Barriers preventing patients from being in the most appropriate care setting	24
7.5	Recommendations.....	24

Table of Figures

Figure 1: Overall Patient numbers and patients ‘fit to leave’ by locality and setting type	10
Figure 2: Patients in acute wards by locality	11
Figure 3: Patients in community wards by locality	11
Figure 4: Patients in acute wards by ward type	11
Figure 5: Patients in acute surgical wards by locality.....	11
Figure 6: Patients in acute medical wards by locality.....	11
Figure 7: Patient age by hospital type and “fit to leave” status.....	12
Figure 8: Analysis of ‘fit to leave’ patients with further needs (including 2010 audit comparator).....	12
Figure 9: Number of days medically fit – number of patients	12
Figure 10: Analysis of the “reason in bed” patients, conducted on patients classed as “fit to leave” (12 patients excluded as had incomplete data).	13
Figure 11: Analysis of occupancy levels in Exeter and East and North Localities	13
Figure 12: Analysis of occupancy levels in Exeter and East and North Localities	14
Figure 13: Percentage of patients fit to leave in 2010 and 2011	14
Figure 14: Graph showing percentage of patients fit to leave in 2010 and 2011	14
Figure 15: Patients in acute wards defined as “fit to leave” by Locality – 2010 and 2011	15
Figure 16: Graph of patients occupying community hospital beds that are fit to leave setting	16
Figure 17: Graph of patients occupying acute surgical hospital beds that are fit to leave setting.....	16
Figure 18: Graph of patients occupying acute medical hospital beds that are fit to leave setting.....	17
Figure 19: Analysis of age of patients who are ‘fit’ and ‘not fit’ to leave acute and community hospital settings	17
Figure 20: Needs of patients in patients’ needs analysis	18
Figure 21: Number of days medically fit – percentage of all patients	19
Figure 22: Percentage of patients classed as “fit to leave” by category of why they are still in their current care setting*	20

Figure 23: Occupancy rates by hospital type	21
Figure 24: Percentage/number of patients with discharge date set.....	21

1. Introduction

- 1.1 This report sets out the methodology, results and conclusions of an audit of hospital and intermediate care beds in Devon on 17th May 2011. The aim of the audit was to define the care needs of the inpatient population on that date, and to compare this with the results of the previous acuity audit conducted on 15th June 2010.

2. Background

Reasoning

- 2.1 During the winter periods over the past two years there has been considerable pressure on NHS Devon hospital beds, and reports of delays in discharging patients into the most appropriate care setting. An acuity audit was undertaken as part of the “urgent care” work stream within the Devon Health Community Transformation Programme in June 2010. Following lessons learned from this audit, a decision was made to re-audit in 2011 to look at any differences since that 2010 audit, including the impact of services and working practices designed to improve patient flow.

Objectives

- 2.2 The objectives of the acuity audit were to:
- identify the numbers and percentage of patients that do not need to be cared for in their current care setting
 - identify the number and percentage of patients who could be managed at home
 - identify the type of health and social care needs of patients ‘fit to leave’ their current care setting
 - identify barriers preventing patients from being in the most appropriate care setting
 - identify areas where the patient pathway appears to work particularly well
 - evaluate how changes to the service provision and pathways since the 2010 audit has affected performance
 - assist in developing recommendations to reduce pressure on beds, delays in the patient pathway, and cost reductions as part of the NHS Quality, Innovation, Productivity and Prevention (QIPP) programme

Assumptions

- 2.3 In analysing and interpreting the results, certain assumptions have been made. These are:
- all patients that are admitted to hospital require admission

- delays to patient discharge or progress through a pathway including into rehabilitation are detrimental to the patient
- caring for a patient in an acute care setting is either more expensive than, or at least as expensive as, caring for a patient in alternative settings, including at home
- that the audit tool is valid, in that results would be the same whoever undertook the audit

Recent Transforming Community Services Developments

- 2.4 On 1st April 2011 as part of the national programme known as “Transforming Community Services”, NHS Devon transferred the management of some of the services included in this audit to other NHS providers.
- 2.5 The community hospitals of Ashburton and Buckfastleigh, Bovey Tracey, Dartmouth and Kingswear. Dawlish, Newton Abbot, South Hams, Tavistock, Teignmouth and Totnes were transferred to Torbay Care Trust.
- 2.6 The community hospitals of Axminster, Budleigh Salterton, Crediton, Exmouth, Honiton, Moretonhampstead, Okehampton, Ottery St Mary, Seaton, Sidmouth, Tiverton and Whipton were transferred to Northern Devon Healthcare NHS Trust.
- 2.7 In the 2010 audit those community hospitals that have now transferred to Torbay Care Trust were included within the South Devon audit and are therefore incorporated within the 2011 re-audit.
- 2.8 The community hospitals that have now transferred to Northern Devon were classified as eastern for the 2010 audit and have been separated out again for this 2011 acuity audit to enable comparison.

3. Method

Audit Tool

- 3.1 To enable year-on-year comparison with the 2010 audit, the audit tool used by NHS Devon in 2011 (see Appendix A) remained largely unchanged from the tool from the previous year (Appendix A).
- 3.2 The audit tool was designed to determine the following for each patient:
- whether they were fit to leave their current care setting
 - their outstanding assessment and intervention needs
- 3.3 Questions were also asked about the patients’ care setting, so that the findings of the audit could be analysed to compare differences between:
- localities defined as (Exeter and East Devon, North Devon, Plymouth and South Devon)
 - type of care (defined as acute, intermediate or community)

- type of acute setting (defined as surgical or medical)
- 3.4 As a result of feedback from the original audit, three additional questions were inserted into the NHS Devon audit tool in 2011. These questions were:
- if medically fit, how many days had this been for? (choice of three drop down menu options)
 - has a discharge date been set? (choice of “yes” or “no” from the drop down menu)
 - why are they in this bed today? (choice from a selection in the drop down menu)
- 3.5 South Devon chose to use feedback from the 2010 audit to make some different amendments to the 2011 audit tool used in Torbay. This has meant that while being broadly similar, only parts of the South Devon audit can be included as part of this analysis.

Audit Process

- 3.6 The audit took place on Tuesday 17th May 2011. The audit tool was circulated to senior managers across North Devon, Exeter, Plymouth and Torbay who further distributed it to managers within acute hospital, community hospitals and intermediate care settings. Only professionals with access to the staff caring for the patients were used to conduct the audit. This was done to minimise any variation in results between auditors arising due to the subjective nature of the questions.
- 3.7 The audit tools were then digitised and emailed to the NHS Devon Public Health Information Team (PHIT) who collated and validated the data before conducting the analysis.

Analysis of Data

Cross sectional analysis – Proportion of patients “fit to leave their current care setting”

- 3.8 As one of the primary objectives is to identify potential for providing a more appropriate setting for patients, the proportion of patients who the auditors feel are “medically fit to leave their current care setting” was analysed for each of the localities, cross sectioned by type of setting (acute, community, intermediate) and then by the type of acute hospital. This will help enable the identification of any areas where there may be barriers to patients being in the most appropriate setting.

Patient Age

- 3.9 An analysis of patient age in the 2010 audit suggested that patients who were fit to leave were, on average, older than those not fit to leave. As part of the 2011 audit a cross sectional analysis was done on the average age by hospital type and “fit to leave” status.

Patient Needs

3.10 In order to try to identify the needs of those patients who were classed as fit to leave and could be managed at home, a further analysis was conducted for patients who met these criteria. Patients were excluded if their condition was:

- liable to significant fluctuation
- receiving planned end of life care
- required further clinical investigations/treatment
- awaiting specialist opinion
- required active medical intervention

Note: the question “awaiting results which would inform the treatment plan” was removed from the 2011 audit as it was thought to overlap with the question “awaiting specialist opinion”.

3.11 The remaining patients were then examined to see which of the following services were required:

- physiotherapy
- occupational therapy
- nursing care
- basic essential care
- overnight care/support

Number of Days Medically Fit

3.12 As an additional question in the 2011 audit, for patients classed as fit to leave, auditors were asked to provide information relating to how long the patient had been medically fit to leave, based on three options: “0 Days (Today)”, “1-3 Days” and “4+ Days”. This data was cross sectioned by Locality and hospital type.

Reason in Bed

3.13 As an additional question in the 2011 audit, for patients classed as fit to leave, auditors were asked to provide the reason why the patient was in that bed. They were asked to select one of 12 coded options, or a miscellaneous option and then provide a free text description. For patients classed as fit to leave, the additional question relating to “reason in bed” was analysed to identify barriers to patients being in the most appropriate delivery setting. These data were cross sectioned by Locality and hospital type.

Occupancy Levels

3.14 As part of the audit, for each ward data were provided for, auditors were requested to provide information relating to how many beds were open overall, and how many that were occupied. These data were used to calculate the occupancy rates by locality and by hospital type.

4. Results

Results Overview

- 4.1 Data were collected from four acute trusts, 26 community hospitals and nine intermediate care/rehabilitation settings (Appendix B) generating 1806 records (1342 NHS Devon, 464 Torbay/ South Devon).
- 4.2 The audit recorded 1226 individuals within an acute setting (972 Devon, 234 Torbay/ South Devon), 499 within a community hospital setting (321 Devon, 178 Torbay/ South Devon) and 101 within an intermediate care/rehabilitation setting (49 Devon, 52 Torbay/ South Devon).
- 4.3 Due to compatibility issues, data from the Torbay audit was only used for the analysis of “fit to leave” status cross sectioned by hospital type. The remainder of the analysis (including acute ward type and age cross sections) use only data from the NHS Devon audit.
- 4.4 Figure 1 shows the overall numbers involved in the audits, and an initial summary of “fit to leave” status by hospital type and Locality. All confidence workings in this report have been calculated at the 95% level.

Figure 1: Overall Patient numbers and patients ‘fit to leave’ by locality and setting type

Locality	Hospital Type	Medically fit to leave this care setting?		Grand Total	Proportion Fit to leave	Confidence Range
		Fit	Not Fit			
Exeter and East	Acute	173	403	576	30.1%	(26.4% - 34.1%)
	Community	105	120	225	46.5%	(40.0% - 53.4%)
	Intermediate	28	21	49	57.1%	(42.2% - 71.1%)
	Total	306	544	850	35.9%	(32.7% - 39.3%)
North Devon	Acute	60	161	221	27.1%	(21.4% - 33.5%)
	Community	46	50	96	47.9%	(37.6% - 58.3%)
	Total	106	211	317	33.4%	(28.2% - 38.9%)
Plymouth	Acute	31	144	175	17.7%	(12.3% - 24.1%)
	Total	31	144	175	17.7%	(12.3% - 24.1%)
South Devon	Acute	59	175	234	25.2%	(19.7% - 31.2%)
	Community	92	86	178	51.7%	(44.0% - 59.2%)
	Intermediate	35	17	52	67.3%	(52.8% - 79.6%)
	Total	186	278	464	40.1%	(35.5% - 44.7%)
Grand Total		629	1177	1806	34.8%	(32.6% - 37.0%)

Cross Sectional Analysis – Proportion of Patients “Fit To Leave Their Current Care Setting”

- 4.5 This section shows the results for the analysis of the proportion of patients “fit to leave their current care setting, cross sectioned by locality, hospital type and type of acute settings.

Figure 2: Patients in acute wards by locality

Locality	Fit to Leave	Not Fit to Leave	No. Of Patients	Proportion Fit to Leave	Confidence Range
Exeter	173	403	576	30.1%	(26.3% - 34.1%)
North Devon	60	161	221	27.1%	(21.4% - 33.5%)
Plymouth	31	144	175	17.7%	(12.3% - 24.1%)
South Devon	59	175	234	25.2%	(19.7% - 31.2%)
Total	323	883	1206	26.8%	(24.3% - 29.3%)

Figure 3: Patients in community wards by locality

Locality	Fit to Leave	Not Fit to Leave	No. Of Patients	Proportion Fit to Leave	Confidence Range
Eastern	105	120	225	46.7%	(40.0% - 53.4%)
North Devon	46	50	96	47.9%	(37.6% - 58.3%)
South Devon	92	86	178	51.7%	(44.0% - 59.2%)
Total	243	256	499	48.7%	(44.2% - 53.1%)

Figure 4: Patients in acute wards by ward type

Locality	Fit to Leave	Not Fit to Leave	No. Of Patients	Proportion Fit to Leave	Confidence Range
Surgical	114	309	423	27.0%	(22.7% - 31.4%)
Medical	149	391	540	27.6%	(23.8% - 31.5%)
Total	263	700	963	27.3%	(24.5% - 30.2%)

Figure 5: Patients in acute surgical wards by locality

Locality	Fit to Leave	Not Fit to Leave	No. Of Patients	Proportion Fit to Leave	Confidence Range
Exeter	77	164	241	32.0%	(26.1% - 38.2%)
North Devon	25	82	107	23.4%	(15.7% - 32.5%)
Plymouth	12	63	75	16.0%	(8.55% - 26.2%)
Total	114	309	423	27.0%	(22.7% - 31.4%)

Figure 6: Patients in acute medical wards by locality

Locality	Fit to Leave	Not Fit to Leave	No. Of Patients	Proportion Fit to Leave	Confidence Range
Exeter	96	239	335	28.7%	(23.8% - 33.8%)
North Devon	35	79	114	30.7%	(22.4% - 40.0%)
Plymouth	18	73	91	19.8%	(12.1% - 29.4%)
Total	149	391	540	27.6%	(23.8% - 31.5%)

Patient Age

- 4.6 This section shows the results of a statistical t-test of average age, cross sectioned by hospital type and “fit to leave” status (14 patients were excluded from the test as their age was not provided).

Figure 7: Patient age by hospital type and “fit to leave” status

Hospital Type	Fit to Leave	Mean Age	St.Dev.	No. of Individuals	Confidence Range
Acute	Not Fit	70.0	17.4	708	(68.7 to 71.2)
	Fit	75.4	16.4	264	(71.3 to 77.4)
	All	71.4	17.3	972	(70.4 to 72.5)
Community	Not Fit	83.3	9.3	161	(81.9 to 84.4)
	Fit	83.8	10.0	146	(82.2 to 85.5)
	All	83.6	9.6	307	(82.6 to 84.7)
Acute and Community	Not Fit	72.4	17.0	869	(71.3 to 76.6)
	Fit	78.4	15.0	410	(77.0 to 79.9)
	All	74.4	16.7	1279	(73.5 to 75.3)

4.7 Patient Needs

Number of patients fit to leave: 443

Number of patients in patients need analysis: 176

Figure 8: Analysis of ‘fit to leave’ patients with further needs (including 2010 audit comparator)

Need	No. of Patients	Percentage 2011	Percentage 2010
Basic essential care	90	51.1%	70.9%
Further occupational therapy	61	34.7%	53.4%
Further physiotherapy	59	33.5%	46.6%
Active nursing care	47	26.7%	36.9%
Overnight care/support	45	25.6%	32.0%

4.8 Number of Days Medically Fit

Figure 9: Number of days medically fit – number of patients

Hospital Type	Locality	A - 0 Days (Today)	B - 1-3 Days	C - 4+ Days	Not Medically Fit	Grand Total
Acute	Eastern	85	41	42	405	573
	North Devon	35	14	9	161	219
	Plymouth	17	4	10	143	174
	Total	137	59	61	709	966
Community	Eastern	3	24	77	121	225
	North Devon	10	11	24	50	95
	Total	13	35	101	171	320
Intermediate	Eastern	0	0	28	21	49
	Total	0	0	28	21	49
Grand Total		150	94	190	901	1335

4.9 Reason in Bed

Figure 10: Analysis of the “reason in bed” patients, conducted on patients classed as “fit to leave” (12 patients excluded as had incomplete data).

Hospital Type	Locality	A- Awaiting Equipment	B- Awaiting Package of care	C- Awaiting Specialist Opinion/ further assessment	D- Awaiting social care/ social services input	E- Awaiting funding approval/ panel	F- Funding approved awaiting move to placement	G- Family involvement/ choice	H- HNA/CHC decision support	I- Housing	J- Safeguarding issues	K- Transport issues	L- Awaiting community hospital placement	M- Other (Specify)	Not fit to leave	Grand Total
Acute	Exeter and East North Devon	0	5	25	8	2	5	6	5	1	1	4	52	56	403	573
	North Devon	2	4	3	4	0	0	1	0	0	1	1	11	33	161	221
	Plymouth	0	2	2	6	1	1	2	0	2	0	0	3	12	144	175
	Total	2	11	30	18	3	6	9	5	3	2	5	66	101	708	969
Community	Exeter and East North Devon	4	12	17	6	16	12	11	1	4	0	0	1	21	120	225
	North Devon	4	3	5	10	1	3	4	0	4	0	4	0	8	50	96
	Total	8	15	22	16	17	15	15	1	8	0	4	1	29	170	321
Intermediate	Exeter and East	4	0	4	2	0	0	2	0	1	0	1	0	8	21	43
	Total	4	0	4	2	0	0	2	0	1	0	1	0	8	21	43
Grand Total		14	26	56	36	20	21	26	6	12	2	10	67	138	899	1333

4.10 Occupancy Levels

Figure 11: Analysis of occupancy levels in Exeter and East and North Localities

Locality	Hospital Type	Occupied Beds	Total number of beds	Proportion	Confidence Range
Exeter and East	Acute	580	634	91.5%	(89.0% - 93.5%)
	Community	229	248	92.3%	(88.2% - 95.3%)
	Intermediate	47	63	74.6%	(62.0% - 84.7%)
	Total	856	945	90.6%	(88.5% - 92.3%)
North Devon	Acute	220	228	96.5%	(93.2% - 98.4%)
	Community	96	96	100.0%	(96.2% - 100%)
	Total	316	324	97.5%	(95.1% - 98.9%)
Total		1172	1269	92.4%	(90.7% - 93.7%)

4.11 Discharge Date Set

Figure 12: Analysis of occupancy levels in Exeter and East and North Localities

Hospital Type	Fit To Leave	Discharge Date Not Set	Discharge Date Set	Grand Total
Acute	Not Fit	484	224	708
	Fit	66	198	264
	Total	550	422	972
Community	Not Fit	103	67	170
	Fit	58	93	151
	Total	161	160	321
Intermediate	Not Fit	19	2	21
	Fit	19	9	28
	Total	38	11	49
Grand Total		749	593	1342

5. Discussion

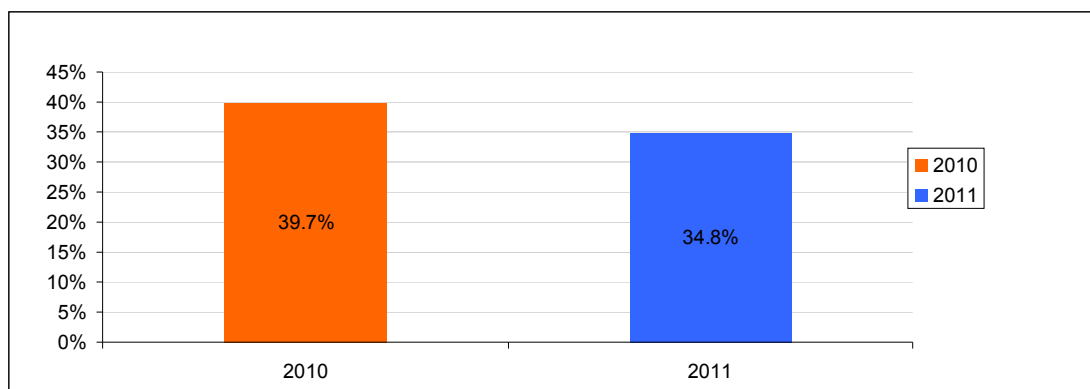
Patients Fit To Leave Their Current Care Setting

- 5.1 Overall, the percentage of patients in the 2011 audit who were fit to leave was 34.8%. This is a reduction of almost 5% since the 2010 audit, where 39.7% of patients were classed as fit to leave. A chi-squared test was conducted on the data, which resulted in a p-value of 0.0094. This indicates that the percentage of patients fit to leave their current care setting has decreased from 2010 to 2011 (at 99% significance).

Figure 13: Percentage of patients fit to leave in 2010 and 2011

Year	Medically fit to leave this care setting?		Grand Total
	Fit	Not Fit	
2010	422	642	1064
2011	629	1177	1806

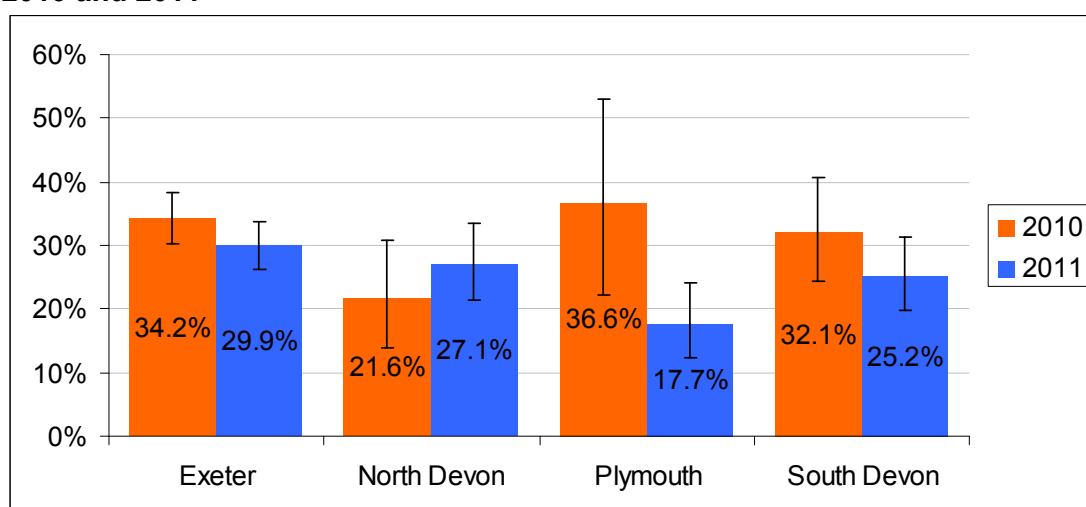
Figure 14: Graph showing percentage of patients fit to leave in 2010 and 2011



Acute Patients by Locality

- 5.2 Within an acute setting, the overall percentage of patients 'fit to leave' was 26.8% (323 patients). The only statistically significant difference between the proportion of patients fit to leave for the 2011 Localities was between Exeter and East and Plymouth, with Plymouth having a significantly lower proportion of patients fit to leave (Figures 2 and 15).
- 5.3 When comparing the percentage of acute patients 'fit to leave' for each of the localities the 2010 audit, it can be seen that whilst percentages have fluctuated a lot and are generally lower, none is significantly different from the previous year. The most notable difference was for the Plymouth Locality where the proportion of patients fit to leave has more than halved.

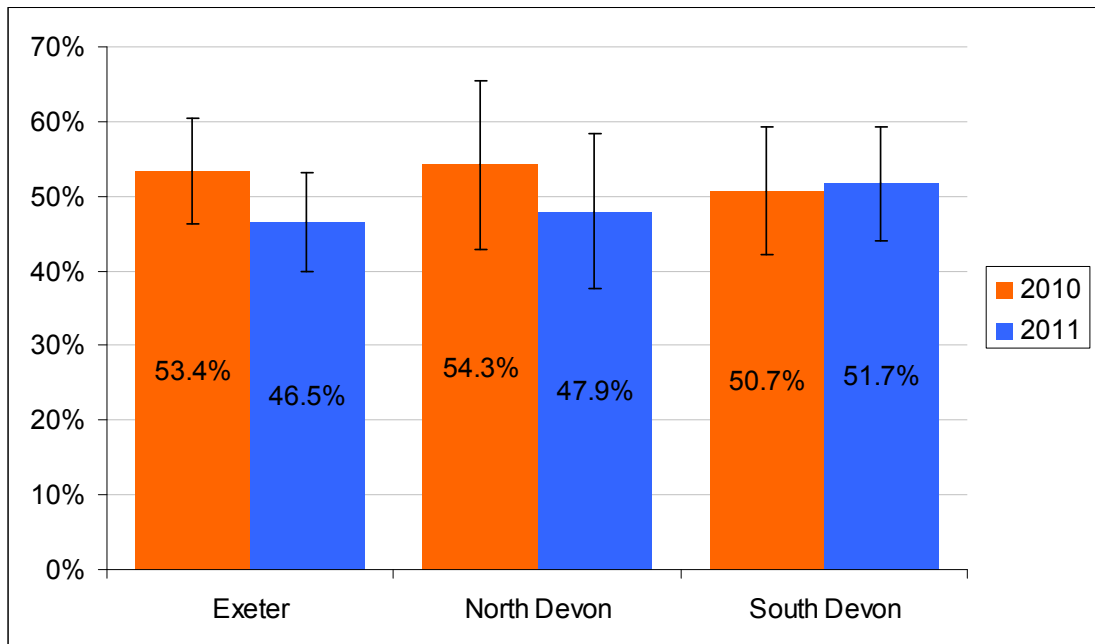
Figure 15: Patients in acute wards defined as "fit to leave" by Locality – 2010 and 2011



Community Patients by Locality

- 5.4 Within a community setting, the overall percentage of patients 'fit to leave' was 48.7% (243 patients). A cross sectional analysis of community hospital patients by locality showed that there was no statistically significant difference in the percentage of patients categorised as fit to leave their care setting between any of the locality areas (Figures 3 and 16).
- 5.5 When comparing the percentage of community patients 'fit to leave' for each of the localities with the same data taken last year, it can be seen that there has been no significant change for any of the localities.
- 5.6 The proportion of patients fit to leave a community setting (48.7%) is statistically significantly higher than an acute setting (26.8%).
- 5.7 The variability in the proportion of patients fit to leave community hospital settings appears to be less than for acute hospitals.

Figure 16: Graph of patients occupying community hospital beds that are fit to leave setting



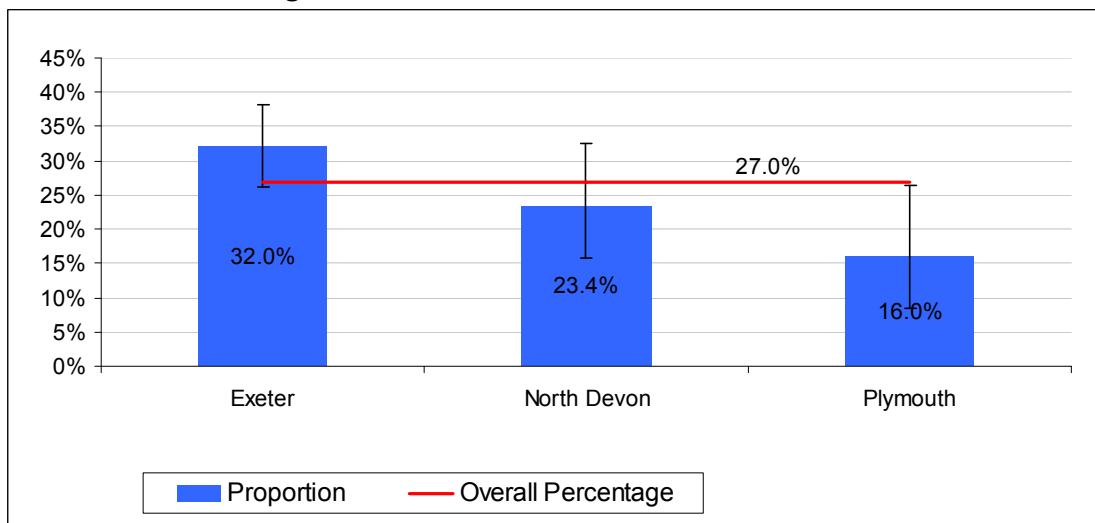
Acute Patients by Ward Type

5.8 The acute care settings were segmented into acute medical and acute surgical wards (Figure 4) and then an analysis of “fit to leave” patients was done by Locality. Nine records were excluded due to incomplete information.

Acute Surgical

5.9 Overall, the proportion of patients fit to leave the acute setting was 27.0% (114 patients). There was a high degree of variability in the proportion of patients fit to leave the acute setting for each of the Localities. Notably the proportion for Devon (32.0%) was twice that of Plymouth (16.0%). This was however not a statistically significant difference (Figures 5 and 17).

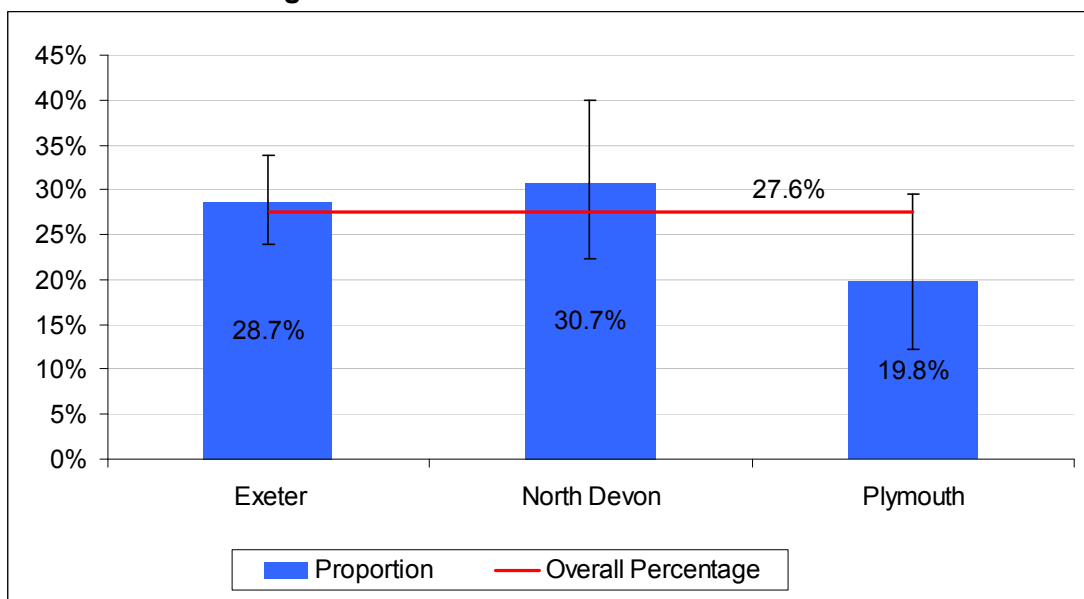
Figure 17: Graph of patients occupying acute surgical hospital beds that are fit to leave setting



Acute Medical

- 5.10 Within an acute medical setting, the percentage of patients 'fit to leave' was 27.6% (149 patients). As with the acute setting, in the community setting Plymouth had the lowest proportion, though this was not statistically significantly different to any of the other localities (Figures 6 and 18).
- 5.11 The proportion of patients fit to leave an acute medical setting (27.6%) is statistically similar to an acute surgical setting (27.0%).

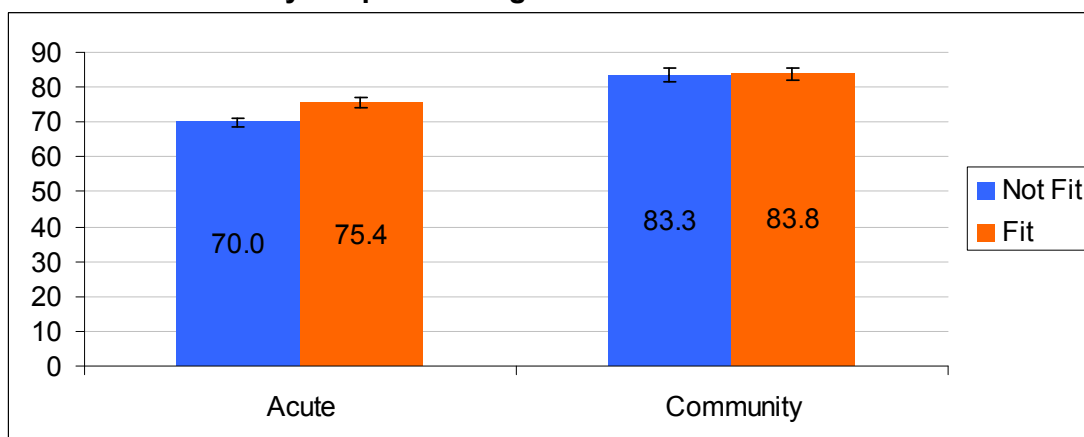
Figure 18: Graph of patients occupying acute medical hospital beds that are fit to leave setting



Patient Age

- 5.12 Results of the statistical t-test showed that there was a statistically significant difference (95% confidence limits) between the average age of patients in an acute setting who are 'fit to leave' (75.4 years) compared to those 'not fit to leave' (70.0 years). The average age of patients fit/ not fit to leave a community hospital setting were almost identical (83.8 years and 83.3 years respectively) and not statistically different (Figures 7 and 19).

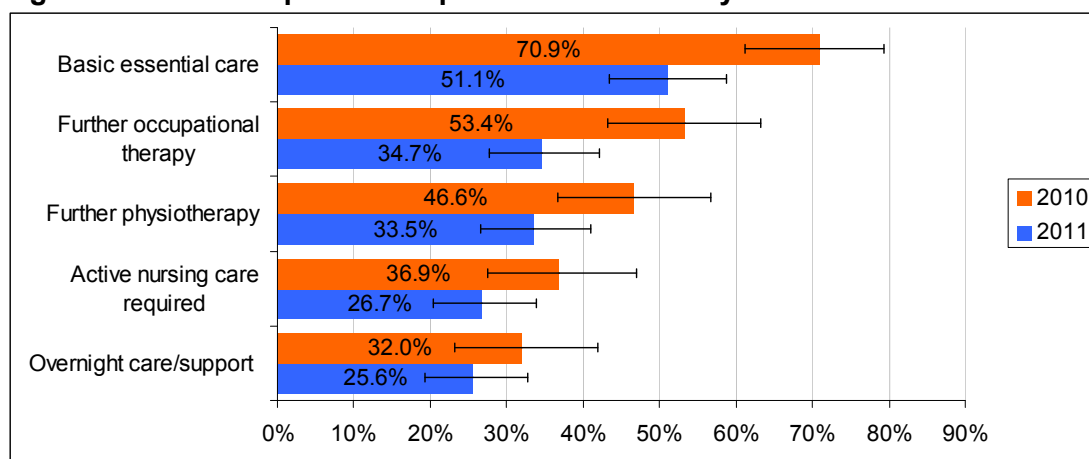
Figure 19: Analysis of age of patients who are 'fit' and 'not fit' to leave acute and community hospital settings



Patient Needs

- 5.13 The 176 patients that met the criteria for the patient needs assessment (Section 3.3.3) represented 39.7% of those 'fit to leave' and 13.1% of the total patient population audited. In 2010 this sample represented 24% of those "fit to leave" and 10% of the total patient population.
- 5.14 The needs assessment showed that patients often needed more than one service. In total of the 176 patients, 59 (33.5%) required physiotherapy, 90 (51.1%) required basic essential care, 45 (25.6%) required overnight care, 61 (34.7%) requiring occupational therapy and 47 (26.7%) requiring nursing care. For 61 (34.7%) of the patients, none of the above services was required (Figures 8 and 20).

Figure 20: Needs of patients in patients' needs analysis

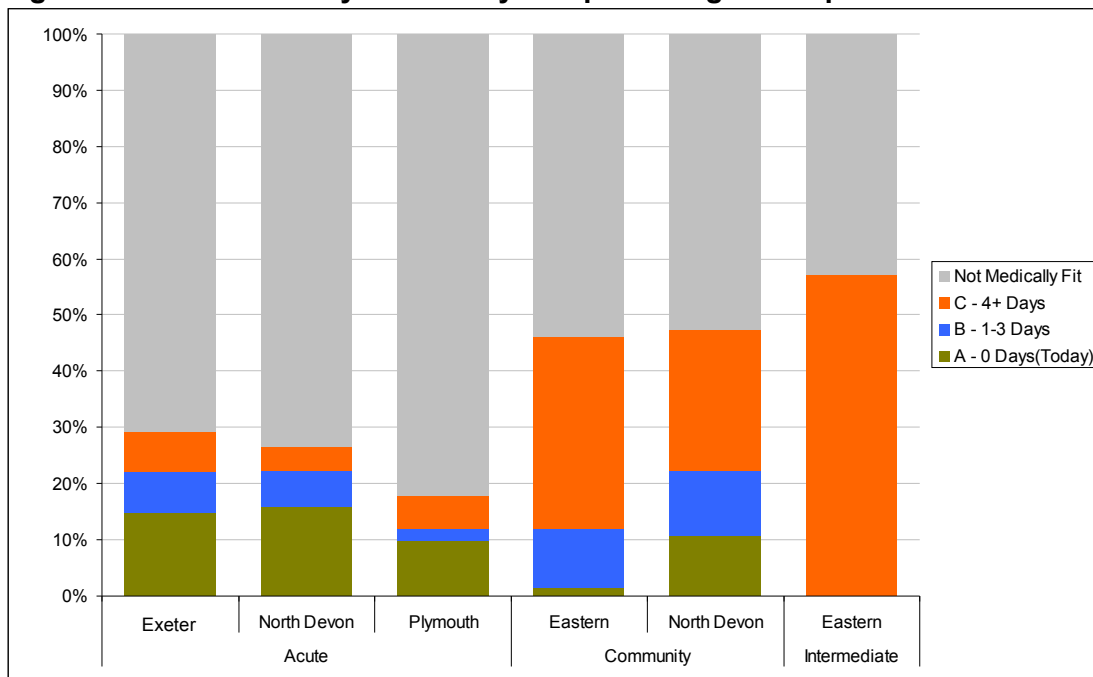


- 5.15 Compared with the 2010 audit, relatively fewer patients required each of the services, though the order of most needed to least needed service has stayed the same.
- 5.16 The reduction in patient's requiring services may be a result of improved provision of these services in other care settings.

Number of Days Medically Fit to Leave

- 5.17 In an acute setting, over half of all patients classed as fit to leave had become so on the day of the audit. In contrast, over half of community hospital patients classed as fit to leave had been so for at least four days (Figure 21).
- 5.18 Alongside a higher percentage of overall patients that were fit to leave, this suggests that blockages to patients being in the most appropriate care setting are greater in community settings compared to acute settings.

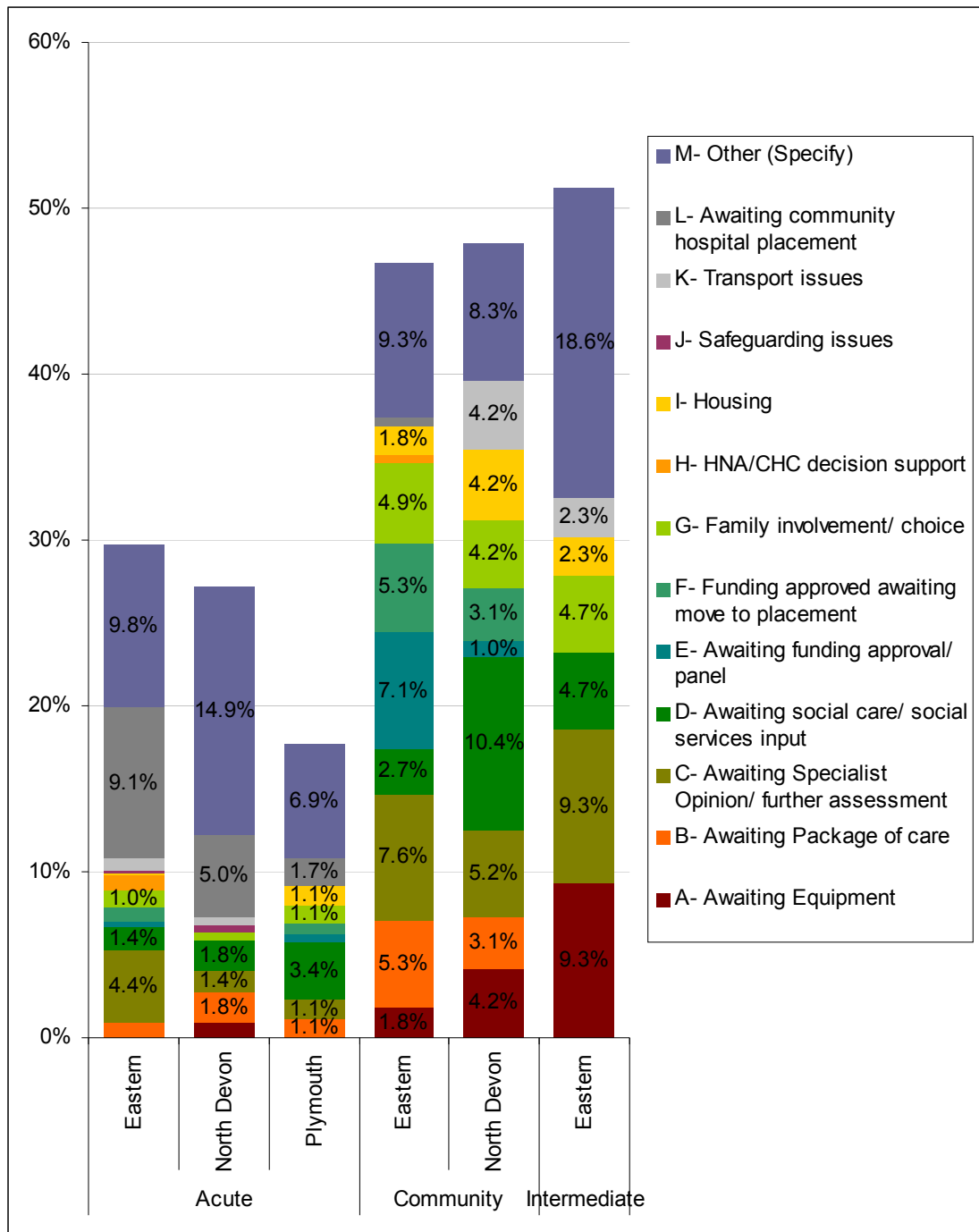
Figure 21: Number of days medically fit – percentage of all patients



Reason in Bed

- 5.19 The analysis on “reasons in bed” for those patients that were classed as “fit to leave” showed that there was a broad range of reasons which varied both by hospital type and Locality (Figures 10 and 22).
- 5.20 Excluding the “Other” field, the most common reasons for a patient being in an acute setting were “awaiting community hospital placement” and “awaiting specialist opinion/further treatment”.
- 5.21 Excluding the “Other” field, the most common reasons for a patient being in a community hospital setting were “awaiting specialist opinion/further treatment” and “awaiting social care/social services input”.

Figure 22: Percentage of patients classed as “fit to leave” by category of why they are still in their current care setting*

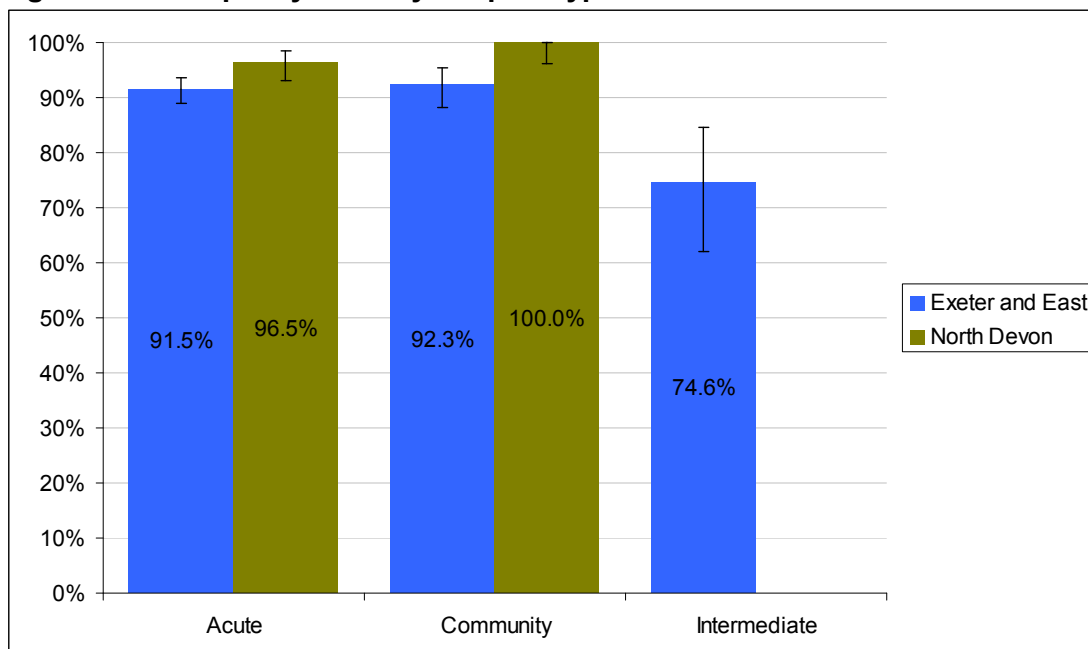


* The percentage is of all patients in each group – values less than 1% have not been labelled

Occupancy Levels

5.22 Occupancy levels across the healthcare system on the day of the audit had a mean value of 92.4%. As Plymouth only provided data for NHS Devon-registered patients, it was not possible to calculate an occupancy rate for this locality.

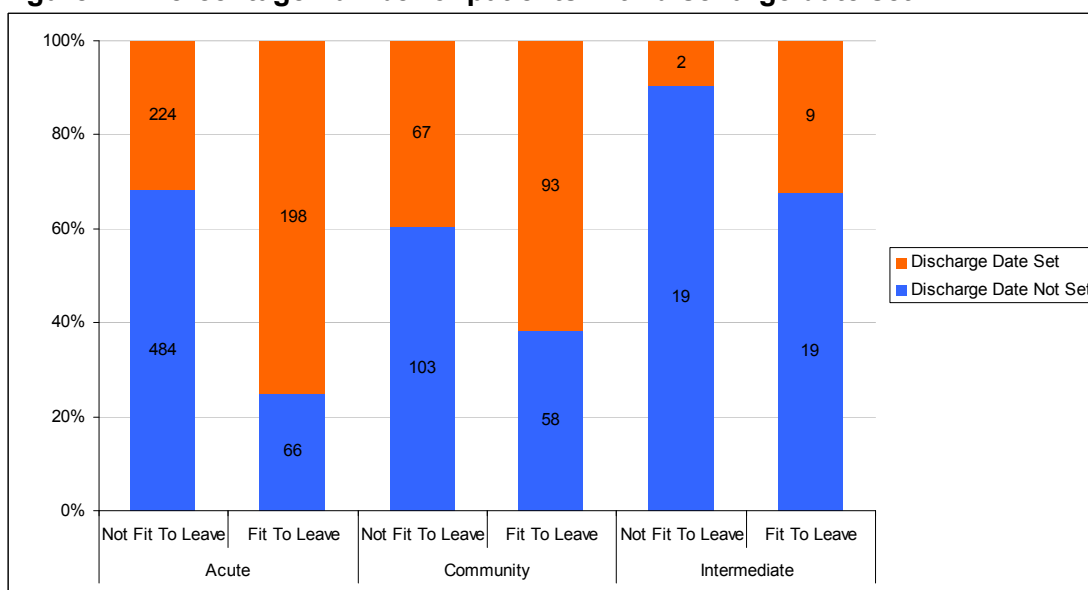
Figure 23: Occupancy rates by hospital type



Discharge Date Set

5.23 An analysis of patients with a discharge date set for them showed that patients who were “fit to leave” were more likely to have a date set in acute, community and intermediate settings. In an acute setting the percentage of patients classed as “fit to leave” with a discharge date was 68%, compared to 32% of those that were not fit to leave (Figure 24).

Figure 24: Percentage/number of patients with discharge date set



6. Summary of Findings

Fit to Leave

- 6.1 The 2011 audit saw around a 5% drop in the percentage of patients that were considered fit to leave their current care setting since the audit conducted in 2010, though this change was not statistically significant.
- 6.2 The proportion of patients fit to leave a community setting (48.7%) is statistically significantly higher than those in an acute setting (26.8%). This demonstrates an improvement in ensuring support services do not act as a constraint to discharge.

Patient Age

- 6.3 The average age in both the acute and community hospitals is higher in 2011 than it was in 2010.
- 6.4 There is a statistically significant difference between the age of patients within community and acute hospitals, with community hospitals having older patients.
- 6.5 There is a statistically significant difference in the age of patients within acute hospitals who are fit to leave and those who are not fit to leave, with older patients more likely to be fit to leave and be kept in hospital.

Patient Needs

- 6.6 The percentage of patients who could be managed at home requiring all types of service has decreased since the 2010 audit. Basic essential care remains the most commonly-needed service.

Number of Days Medically Fit to Leave

- 6.7 Within the acute hospitals, 24% of patients who were fit to leave had been fit for four or more days. It is estimated that for the 966 acute patients in the sample, a minimum of 383 bed days were used for patients who were fit to leave their care setting (though the actual number is likely to be significantly higher).
- 6.8 Within the community hospitals, 68% of patients who were fit to leave had been fit for four or more days. It is estimated that for the 320 community patients in the sample, a minimum of 439 bed days were used for patients that were fit to leave their care setting (though the actual number is likely to be significantly higher).

Reason for Remaining in a Bed

- 6.9 Almost one in five patients classed as fit to leave in an Eastern area intermediate care setting are either "Awaiting Equipment" or "Awaiting Specialist Opinion/further assessment".
- 6.10 Over one in ten patients classed as fit to leave in a northern area community hospital setting were "Awaiting social care/social services input".

Occupancy Levels

- 6.11 Occupancy rates across both the acute and community hospitals remain above 90%. The occupancy rates were higher in Northern Devon for both acute and community hospitals (96.5% and 100% respectively) than they were in Exeter and East (91.5% and 92.3%). Occupancy rates in an intermediate care setting, at 74.6%, were lower compared to acute and intermediate settings.

Discharge Date

- 6.12 In all types of care setting, a significantly higher percentage of patients who are fit to leave had been set a discharge date compared to those that were not fit to leave. This suggests that discharge dates were not being set at the time of admission, which was one of the recommendations from the Winter Pressures Report for 2009-10.

7. Conclusions

Numbers and percentage of patients that do not need to be cared for in their current care setting.

- 7.1 The percentage of patients fit to leave a community setting was higher than for the acute setting. Overall, both acute and community hospitals had a lower percentage of patients fit to leave compared to last year, and this is a statistically significant reduction compared with 2010. However, more priority needs to be given to preventing patients remaining in beds beyond the time that they are fit to leave, which could create extra capacity in the system at times of intense pressure on the NHS and/or help deliver the NHS Quality, Innovation, Productivity and Prevention (QIPP) programme.

Number and percentage of patients who could be managed at home

- 7.2 The second audit demonstrates that around one in eight (13.1%) of all NHS Devon patients in the audit on 17th May 2011 could have gone home. Of these patients, more than one third could have returned home without requiring any further support.

Type of health and social care needs of patients 'fit to leave' their current care setting

- 7.3 Comparing 2011 with 2010, the audit shows that statistically significantly fewer patients required basic essential care or occupational therapy. This suggests that patient needs are being more appropriately met. However, the locality analysis shows that in the Eastern area's intermediate care beds, over half of all patients had been fit to leave for four or more days. With the lower occupancy levels here, the audit suggests that this particular model of care is not efficient in meeting the needs of every patient being cared for in that setting.

Barriers preventing patients from being in the most appropriate care setting

- 7.4 The audit indicates that there were a range of services which could have helped patients move through the system quicker, had a discharge date been assigned. The 2009-10 winter pressures report specifically recommended improvements in assigning discharge dates to patients on admission so that staff have a goal to focus on and can put the necessary services in place in good time. Of all patients, 284 were fit to leave their current setting on the day of the audit and had apparently been in that bed for at least one day longer than they needed to be. Commissioners should review whether this “inactive capacity” is in the best interests of patients or of the NHS.

Recommendations

- 7.5 This report recommends that commissioners and providers use these findings to reduce pressure on NHS beds, remove delays in the patient pathway, improve patient care and achieve cost reductions as part of the NHS Quality, Innovation, Productivity and Prevention (QIPP) programme.

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APPENDIX B – AUDIT LOCATIONS

	Devon audit	South Devon audit
Acute Trusts	Royal Devon & Exeter NHS Foundation Trust	South Devon Healthcare NHS Foundation Trust
	North Devon Healthcare NHS Trust	
	Plymouth Hospitals, NHS Trust	
Community Hospitals	Axminster	Ashburton
	Bideford	Bovey Tracey
	Budleigh Salterton	Brixham
	Crediton	Dawlish
	Exmouth	Dartmouth
	Holsworthy	Kingsbridge
	Honiton	Newton Abbot
	Moretonhampstead	Paignton
	Okehampton	Tavistock
	Ottery St Marys	Teignmouth
	Seaton	Totnes
	Sidmouth	
	South Molton	
	Tiverton	
	Torrington	
	Tyrell	
	Whipton	
Intermediate Care settings	Alphin House	St Edmunds
	Bodley	St Kildas
	Butterpark Residential Home	Crisis Intermediate care beds
	Charlton Lodge	
	Exebank	
	Green Close	
	Oakwell	
	Wardhayes	