

Information Governance

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25th August 2017

Dear

INFORMATION REQUEST UNDER THE FREEDOM OF INFORMATION ACT 2000

We are now pleased to respond to your request for information under the FOI Act.

I am writing to formally request the following information under the FOI Act 2000;

As you will be aware, emergency readmissions are currently recorded as any patient subject to an unplanned re-admittance within 30 days of being discharged. But to understand any impact fully this data needs to be broken down by each day within the 30 day period.

We understand that emergency readmissions are not solely down to problems with the discharge process itself or the availability of social care support. We are therefore also looking for any data held on the reasons behind emergency readmissions.

**Under the Freedom of Information Act 2000 please provide the data to fill out the tables below.
EMERGENCY READMISSIONS BROKEN DOWN BY DAY FOR THE LAST FIVE YEARS**

Number of days after discharge patient was readmitted	Number of patients subject to emergency readmission during 2012/13	Number of patients subject to emergency readmission during 2013/14	Number of patients subject to emergency readmission during 2014/15	Number of patients subject to emergency readmission during 2015/16	Number of patients subject to emergency readmission during 2016/17
*0		142	137	138	142
1		517	470	425	553
2		388	383	386	417
3		337	312	331	316

4		305	278	292	299
5		283	286	254	254
6		261	271	262	242
7		232	246	229	200
8		228	201	196	188
9		216	192	228	179
10		209	168	182	191
11		178	170	169	161
12		167	179	164	129
13		192	157	158	136
14		152	161	155	131
15		150	144	142	137
16		125	129	140	123
17		142	142	130	124
18		135	139	118	139
19		109	108	100	114
20		120	125	110	108
21		128	134	122	96
22		98	107	101	97
23		98	109	97	98
24		99	101	82	101
25		99	107	88	83
26		91	118	88	84
27		104	92	104	81
28		80	90	92	83
29		103	95	77	89
30		93	80	81	64

* Readmitted within less than 24 hours of discharge.

We do not have data readily available for 2012/13.

REASONS RECORDED FOR EMERGENCY READMISSION

Reason for emergency readmission*	Number of patients subject to an emergency readmission during 2012/13	Number of patients subject to an emergency readmission during 2013/14	Number of patients subject to an emergency readmission during 2014/15	Number of patients subject to an emergency readmission during 2015/16	Number of patients subject to an emergency readmission during 2016/17
Potentially preventable readmission					
Anticipated but unpredictable					

readmission					
Preference related readmission					
Artefact of data collection					
Readmission as a result of accident, coincidence or related to a different body system					
Broadly related readmission					

We are also unable to provide a summary of recorded reasons for the emergency admission as we don't have this data recorded electronically.

** [Definitions taken from a BMJ Journal of Emergency Medicine article on classification of emergency 30-day readmissions.](#)

1. **Potentially preventable**—Combinations of diagnosis and admission codes were used to indicate where altered care in a prior admission might potentially have prevented readmission

Category A1: Probable suboptimal care: primary readmission diagnosis of 'complications of surgical & medical care not elsewhere classified'

Category A2: Possible suboptimal care: readmission diagnosis of common avoidable complications; diagnoses of 'symptoms and signs' in the index admission and returned with a more specific diagnosis; patient with one recorded emergency readmission for the same condition within 30 days (excluding cancer and chronic conditions) in the 6-year study period; emergency readmission on the day of discharge

2. **Anticipated but unpredictable hospital care**—For some patients, frequent emergency admissions are common as part of an anticipated plan or pattern of care. Sometimes these will occur within 30 days of a previous discharge. Definitions for categories B1 and B2 drew on a previous categorisation¹³ and included readmission patterns for two or more admissions in 2 or more years, excluding those in category A (above)

Category B1: Ill but stable: individuals with two or more readmissions in 2 separate years but with relatively little variability over time

Category B2: Unstable deterioration: individuals with more than 10 readmissions in a single year or high variability over time

Category B3: Non-medical risk factors: individuals where substantial factors in their readmission may be beyond the control of the health service because of potential health hazards related to their socioeconomic and psychosocial circumstances or behavioral issues (eg, alcohol misuse)

3. **Preference**—This category covers both patient and staff preferences. It includes self-discharge and identifiable patterns of discharge and readmission around public holidays
4. **Artefact**—Readmissions in this category are likely to be planned/elective but have been mistakenly coded as an emergency readmission. This includes primary readmission diagnosis of 'follow-up' and excess readmissions observed on the 7th, 14th, 21st and 28th days after discharge
5. **Accident or coincidence related to different body system**—These readmissions were defined as emergency 30-day readmissions in a different ICD-10 chapter from the index admission. For these readmissions, coding does not indicate a common factor between index admission and readmission
6. **Broadly related (related to same body system)**—This residual category contains readmissions that are broadly related to the previous admission where index and readmission diagnoses match within ICD-10 chapter

I trust that this information is helpful to you, however if you are not entirely satisfied with this response please do not hesitate to contact the Information Governance Department on 01257 488271. If we do not hear from you within 28 days we will assume that we have been able to accommodate your request under the Freedom of Information Act 2000.

Yours sincerely,



Andrew Foster
Chief Executive

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If you are unhappy with the service you have received in relation to your request and wish to make a complaint or request a review of our decision, you should write to: Information Governance Department, Wrightington, Wigan and Leigh NHS Foundation Trust, Wrightington Hospital, Hall Lane, Appley Bridge, Wigan, WN6 9EP

If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a decision. Generally the ICO cannot make a decision unless you have exhausted the complaints procedure at: The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF