Reducing unplanned admissions to hospital from care homes

In 2015, North Staffordshire and Stoke-on-Trent Clinical Commissioning Group (CCG) identified a problem with unplanned hospital admissions from care homes. Care home staff suggested that delays in obtaining an early clinical review followed by rapid provision of wider interdisciplinary support were a key factor leading to avoidable hospital admissions. They also reported feeling disconnected from the wider health economy and being left to ‘just get on with it’, leading to frustration and reduced job satisfaction.

Staffordshire and Stoke-on-Trent Partnership Trust had an established intermediate care team (ICT) led by nurses and physiotherapists, who perform advanced roles such as health assessment and independent prescribing.

ICT practitioners reported that they played a reactive role in care homes, as only GPs could refer to the team and referrals often arrived too late for interventions, leading to potentially avoidable hospital admissions. They suggested that lack of confidence in managing deteriorating residents among care home staff, exacerbated by a lack of support from core NHS services, contributed to the number of hospital admissions.

We identified the 18 care homes with the highest number of non-elective hospital admissions by volume and proportional to the number of beds. Clinical audit of admissions confirmed that up to half of admissions from care homes into the local acute trust had the potential to be avoided with early ICT intervention.

**Outcomes**

During the pilot, there was an 11% reduction in non-elective admissions and by November 2015, the scheme had been extended to a further 17 homes. Between April 2015 and November 2016, there was a 26% (n=350) reduction in admissions. The average cost of each admission from local care homes is £2,265 so the approximate cost saving was £792,750. The mean length of stay for each admission from a care home is 6.7 days, so 2,345 bed days were saved over eight months.

In addition to its effect on healthcare costs and capacity, admission of care home residents to hospital is associated with a reduction in quality of life, functional deconditioning and increased mortality. This key message was relayed to care home staff to help them engage with the project and give them the necessary motivation to take all reasonable steps to prevent hospital admission.