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Conference abstract

Designing integrated care pathways to facilitate acute hospital discharge: the role of routinely available statistics

R Beech, *Research Institute of Primary Care and Health Sciences, Keele University, UK*

B Roe, *Evidence-based Practice Research Centre, Edge Hill University, UK*

W Russell, *Previously Research Institute for Life Course Studies, Keele University, UK*

M Russell, *Previously Research Institute for Life Course Studies, Keele University, UK*

Correspondence to: Roger Beech, Dr., Reader in Health Services Research, Director NIHR Research Design Service West Midlands (Keele University Hub), Arthritis Research UK Primary Care Centre, Primary Care Sciences, Keele University, Keele, Staffordshire, ST5 5BG, UK, Phone: +44 1782 734844, Fax: +44 1782 583911, E-mail: r.beech@cphc.keele.ac.uk

Abstract

Purpose: Typically around 30% of acute beds used by older people deliver care that could be provided in 'non-acute' settings. Such 'avoidable' bed use results in 'delayed' hospital discharges. This study examined this problem using statistics that are routinely collected but not routinely used to support service development.

Methods: Daily, hospital staff document the number of patients who are 'clinically fit for discharge' (but still in hospital) and the reasons for their extended stay. These data were analysed over a 2-month period at two acute hospitals in England.

Results: At hospital one there were 164 delayed patients with discharge delays ranging from 1 to 72 days (at hospital 2, 113 patients, delayed by 1–18 days). At hospital 1, 59.8% of patients were delayed by ≤7 days, 87.5% at hospital 2.

Total delayed bed days were 1674 at hospital 1: patients delayed by ≥8 days (40.2%) accounted for 80.0% of this figure. Figures for hospital 2 were 378 delayed days: 12.5% of patients delayed by ≥8 days generated 48.0% of this total. Resolving long delays involved complex negotiations between health and social care professionals, patients and carers.

Conclusions: Routinely available statistics can support pathway design but they underestimate the true scale of discharge delays. These results suggest that the development of integrated care pathways that focus on clinical care for specific conditions will have most impact on the number of patients experiencing discharge delays. To reduce the number of delayed bed days, pathways also need to embrace a multi-morbidity, whole system focus.

Keywords

integrated care pathways, delayed hospital discharges, services for older people, health services research

PowerPoint available from: http://www.integratedcare.org/Portals/0/uploads/congresses/Beech%20Designing%20integrated%20care%20pathways.pdf