



Harrogate and Rural District  
Clinical Commissioning Group

# Admissions to Hospital from Care Homes in HaRD CCG



# Care Homes in HARD CCG

- Total number of homes = 44
  - Total number of beds = 1982
- = 1.2% HARD population

# Hospital Admissions to HDFT in 2011 - 12

• Total unplanned admissions = 13,507

• Total from Care Homes = 746

= 5.5% of all unplanned admissions

# Hospital Admissions to HDFT in 2011 - 12

- Total cost of unplanned admissions to HDFT  
= £24, 858, 161
- Average cost per admission = £1, 840
- Total cost of admissions from Care Homes  
= £2, 193, 316  
= 8.8% of total cost
- Average cost per admission = £2, 940

# Brief Admissions to Hospital

'brief' = admissions for 0-3 days

Total admissions reviewed = 703

Of these

0 – 3 day admissions = 161 (22.9%)



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# Brief Admissions to Hospital

Cost of 0 – 3 day admissions = £252,537

= £1,568 per admission

= 10.8% total spend on

Care Home admissions

# Brief Admissions to Hospital

## Source of 0 – 3 day admissions

A and E	=	78.9%
GP/OOH	=	21.1%

## Source of admissions >3 days

A and E	=	68.2%
GP/OOH	=	32.8%

# Brief Admissions to Hospital

Day of the week admitted

Mon	31	19.3%
Tue	24	14.9%
Wed	23	14.3%
Thu	20	12.4%
Fri	25	15.5%
Sat	11	6.8%
Sun	27	16.8%





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# Brief Admissions to Hospital

Reason for admission

Chest infection	23
UTI	20
Faint	14
Head injury	12
Senility	10
D and V	10
Fit/convulsion	9
Confused	6
COPD	5
Hypotension	4
Abdominal pain	4
Catheter problems	3
MSK pain	4
AF/palpitations	4
Minor injury	3
Other	30

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# Brief Admissions



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Home	Boys	Admissions/bed	% of total days	% of total bed	Discharge/bed
NH	45	0.24	27.3	100	1
RH	29	0.21	0.0	0.0	1
NH	85	0.31	15.4	75	0.85
NH	50	0.62	12.9	75	0.48
RH	23	0.74	23.5	75	0.47
RH	37	0.49	44.4	100	0.44
NH	26	1.04	11.1	100	0.44
NH	44	0.75	15.2	100	0.42
NH	67	0.79	13.2	100	0.42
NH	68	0.78	24.5	76.9	0.42
RH	62	0.85	12.2	100	0.41
NH	25	0.90	13.3	50	0.40
NH	50	0.76	15.8	50	0.39
RH	52	0.62	31.3	80	0.38
NH	42	0.86	16.7	83	0.36
NH	17	0.35	16.7	100	0.33
RH	25	0.72	11.1	100	0.33
NH	45	0.82	13.5	80	0.32
NH	40	0.55	9.1	100	0.32
NH	76	0.99	18.7	79	0.29

Home	Boys	Admissions/bed	% of total days	% of total bed	Discharge/bed
NH	114	0.50	29.8	76.5	0.28
RH	76	0.25	21.1	100	0.26
RH	21	0.38	12.5	100	0.25
RH	31	0.65	20.0	75.0	0.25
RH	36	1.03	24.3	55.6	0.24
RH	62	0.78	24.4	81.8	0.23
NH	106	0.66	26.1	72.2	0.22
RH	47	0.81	21.1	75.0	0.21
RH	31	0.32	20.0	100	0.20
NH	33	1.21	9.8	50.0	0.20
NH	49	0.35	52.9	66.7	0.18
NH	66	0.27	22.2	100	0.17
NH	31	0.61	42.1	62.5	0.16
RH	24	0.17	25.0	100	0
RH	85	0.13	27.3	66.7	0
RH	28	0.36	30.0	33.3	0
RH	23	0.22	0.0	0.0	0
RH	14	0.21	0.0	0.0	0
NH	36	0.00			0

# Ambulance Calls to Care Homes

Period of time studied March 2010 – August 2011

Total ambulance calls to Care Homes = 1783

Total 999 calls to Care Homes = 1260

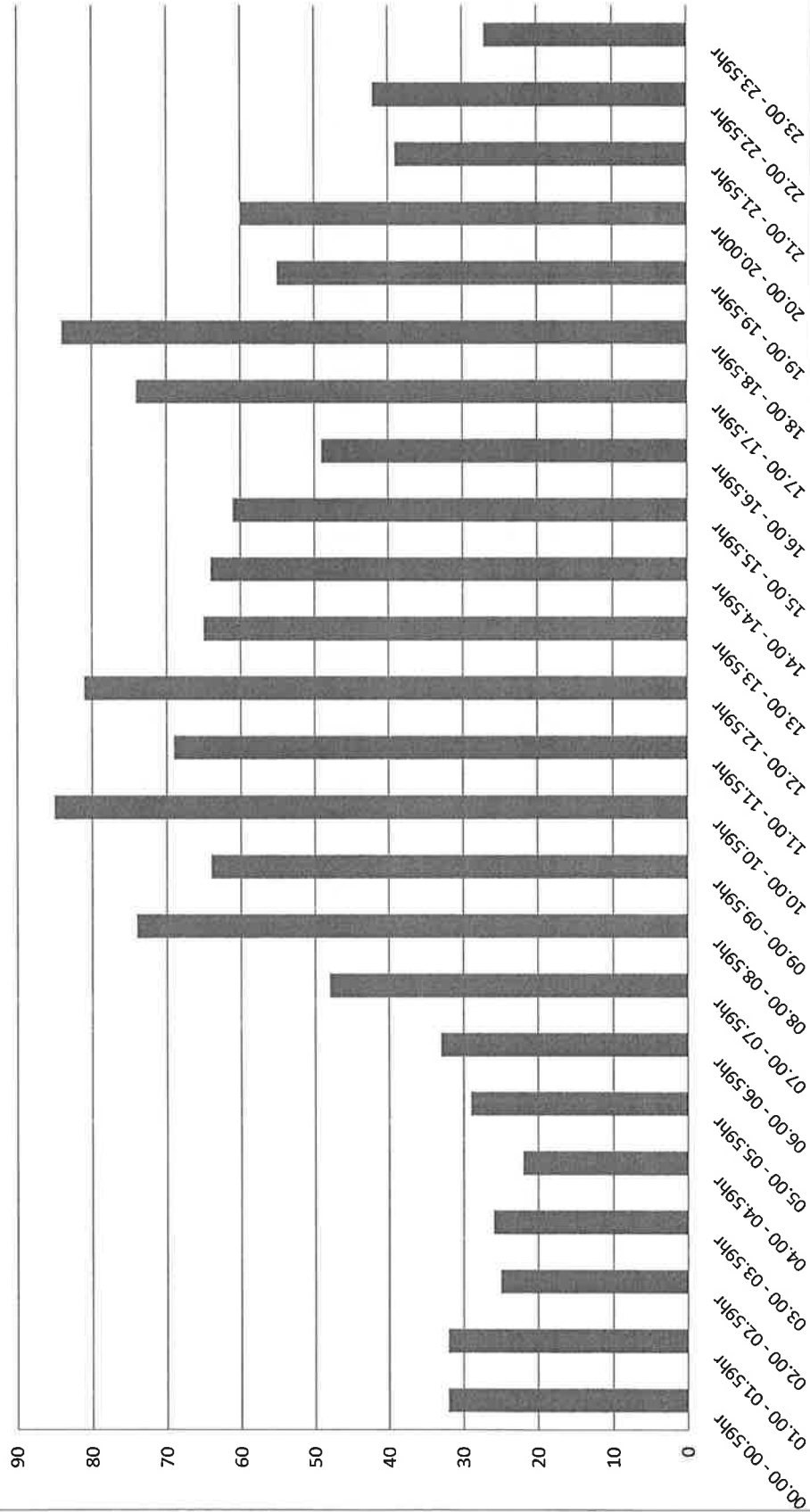
71% of calls are for 999 emergency



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# Time of 999 Calls to Care Homes

TIME OF 999 CALLS TO CARE HOMES



# Calls to 'Nursing' Homes

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Home	Grade 1	Called	% Called	ave called
	106	1.14	70	0.80
	85	1.05	57	0.60
	76	1.55	63	0.97
	68	0.75	75	0.56
	67	0.97	83	0.81
	66	0.50	94	0.47
	62	0.97	82	0.79
	52	0.96	78	0.75
	50	0.54	63	0.34
	50	0.42	62	0.26
	45	0.80	69	0.56
	45	0.64	76	0.49
	42	0.57	50	0.29
	41	0.49	65	0.32
	36	0.25	67	0.17
	33	1.03	62	0.64
	32	0.84	70	0.59
	31	0.48	60	0.29
	26	0.46	58	0.27
	25	0.04	100	0.04
	17	0.06	0	0.00

# Calls to 'Residential' Homes



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Home	Perf	Call/bed	% of total 995	Per 1000 bed/bed
	85	0.52	75	0.39
	76	1.33	83	1.11
	62	1.08	61	0.66
	48	1.50	81	1.21
	47	1.36	67	0.91
	44	1.05	52	0.55
	40	1.65	64	1.05
	40	1.28	73	0.93
	37	1.16	84	0.97
	36	1.58	77	1.22
	31	0.65	90	0.58
	31	0.58	61	0.35
	30	1.80	54	0.97
	29	1.69	71	1.21
	28	0.96	81	0.79
	25	1.20	73	0.88
	25	1.04	73	0.76
	24	0.54	77	0.42
	24	0.54	69	0.38
	23	1.83	71	1.30
	23	0.57	92	0.52
	21	0.86	61	0.52
	14	0.36	60	0.21

# Summary

- 1.2% of the HaRD population live in Care Homes
- People living in care homes account for 5.5% of the number and 8.8% of the total cost of unplanned admissions
- 22.9% of all admissions from Care Homes stay in hospital for 3 days or less (and a high proportion are potentially avoidable?)
- Admission from care homes of 3 days or less cost 0.95% of the total spend on unplanned admissions (£236,828 per year)
- 70% of admissions from Care Homes follow a 999 call and dispatch to A and E rather than Primary Care assessment and direct admission to a ward
- A greater proportion of 0-3 day admissions occur after 999 call and A and E assessment



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# Summary Continued

- There is wide variation in the number of admissions from Care Homes not entirely accounted for by the morbidity of the residents in the Home
- The timing of 999 calls from Care Homes may be influenced by factors other than the medical condition of the patient
- Homes without qualified nursing staff on duty, and large Nursing Homes are more likely to call generate ambulance calls and more likely to call a 999 ambulance than smaller Nursing Homes. This is not related to the morbidity of the people in their care.



## WHEN TO CALL AN AMBULANCE

**A 999 AMBULANCE SHOULD BE CALLED ONLY IN A  
LIFE THREATENING EMERGENCY, IF SOMEONE IS  
ILL OR INJURED  
AND  
THEIR LIFE IS AT RISK**

### WHAT IS A LIFE THREATENING EMERGENCY?

- **Unconscious person** – doesn't wake or respond with shaken
- **Heart attack** – crushing pain in the chest, possibly radiating to the arms and jaw and lasting more than 5 minutes
- **Breathing difficulty** – unable to speak a whole sentence or has blue lips
- **Bleeding** – major uncontrolled bleeding
- **Choking** – if unable to talk or breathe
- **Convulsions or fitting** – if no previous history of epilepsy or fits
- **Stroke** – numbness or loss of use of arm or leg, slurred speech or facial droop
- **Injury or fall** – which is severe (eg knocked out or severe pain after a fall)
- **Allergic reaction** – with difficulty breathing or loss of consciousness

**IF THE PERSON HAS A DO NOT ATTEMPT RESUSCITATION (DNAR) FORM**

OR

**IF YOU ARE UNSURE WHAT TO DO**

OR

**IF YOU ARE WORRIED ABOUT ANY OTHER CHANGE TO THE PERSON'S  
HEALTH**

**THEN PHONE THEIR GP'S SURGERY  
OUT OF HOURS YOU WILL BE AUTOMATICALLY PUT  
THROUGH TO THE DUTY GP  
AND ASK FOR URGENT ADVICE.**

