The Transforming Care Agenda: A Service Evaluation of Risk Ratings and Hospital Admissions using a Dynamic Support Database Support Tool

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ABSTRACT

Aims: This evaluation aims to explore ratings made on a Dynamic Support Database (DSD) clinical support tool held in relation to people with an intellectual disability (PWID) at risk of hospital admission. It particularly aims to examine how many cases were rated as at risk of admission, how many of those were admitted to hospital and where, and how long patients were rated as 'at risk' prior to admission.

Background: The Transforming Care (TC) agenda to move PWID and/or autism out of inappropriate hospital placements and into the community provided a number of guidelines by which to meet this aim. One of these was to develop a service model, part of which included the creation of local databases identifying individuals at risk of hospital admission. Whilst the TC and Commissioning Steering Group (TCCSG) highlighted the need for ongoing data collection at local and national levels, there remains insufficient investment in research regarding many aspects of the TC agenda. This evaluation sought to address this at a local level in order to inform care planning and implementation of TC guidance in the region.

Method: Ratings made on the DSD clinical support tool between 30th November 2017 and 1st December 2018 were analysed retrospectively and supplemented and cross-checked by information from the electronic patient notes system.

Results: It is estimated that at any one time there are approximately 1,600 people open to the Trust's community ID teams. A total of 227 risk ratings were made during the time period analysed. There were 81 ratings indicating a patient was at risk of hospitalisation, 17 of which resulted in admission. These patients were rated as an admission risk for approximately 51 days prior to being admitted. 59% of admissions were to ID specific units. Other admission locations were older adult/dementia wards (18%), and adult mental health/ acute assessment units (23%).

Conclusions: The evaluation demonstrated the utility of the DSD clinical support tool in identifying patients at risk of admission. Approximately 11% of individuals open to community ID teams were rated as at risk of hospital admission. Admission was avoided in 79% of cases. There was a significant range in how long individuals were rated as at risk of admission prior to being admitted. Just over 40% of individuals were admitted to Assessment & Treatment Units for PWID. The next most prevalent admission locations were adult mental health wards and older adult/dementia wards.

BACKGROUND

In line with the national guidance under Transforming Care on Care and Treatment Reviews (CTR), Clinical Commissioning Groups are required to keep a register of individuals with Intellectual Disability (ID) and / or autism at risk of hospital admission. In Cheshire and Wirral Partnership NHS Foundation Trust this register is called the 'Dynamic Support Database' (DSD). The DSD is populated through the use of a DSD clinical support tool which was designed to support clinicians in identifying individual clients at risk of hospital admission due to escalating behaviours that are challenging for services to manage in the community, and/or a significant deterioration in mental health. The DSD clinical support tool comprises 19 questions, each of which allocate the person a score between 1 and 3. The scores are weighted to reflect the extent to which each question is an indicator of increased risk of admission. It provides an overall 'RAG' (Red, Amber, or Green) rating which reflects the individual's current level of risk of admission to inpatient services. For those allocated a 'Green' rating, it is advised that therapeutic/risk interventions continue as usual, and a lead professional monitors person-centred care plans and convenes regular MDT meetings. For those allocated an 'Amber' rating, it is advised that this is an indication that further support is needed, and formulation-based interventions plus initiation of the Care Programme Approach (CPA) may be appropriate. Introduction of support from the Intensive Support Team (IST) may also be appropriate at this stage, and therefore where available the IST is also notified. For those allocated a 'Red' rating, previous stages outlined are actioned, and a CTR meeting should be held. Inpatient services should also be made aware of the individual's risk of admission. Individuals allocated a 'Green' rating who experience no changes in presentation are required to be re-rated on an annual basis. Those allocated an 'Amber' rating are reviewed on a weekly basis and re-rated if necessary, and for those rated as 'Red', the above outlined procedure is implemented until such time as the risk has reduced and a re-rating can be made. It was hoped that the tool would help services develop a shared language in relation to people at risk of admission and help standardise the RAG ratings used with commissioners.

AIMS

Whilst the TCCSG highlight the need for ongoing data collection at local and national levels, there remains insufficient investment in research regarding many aspects of the TC agenda. Cheshire and Wirral Partnership NHS Trust actively seek to address this at a local level in order to inform care planning and implementation of TC guidance in the region.

The evaluation aimed to examine numbers and trends in risk ratings and hospital admissions for the period 1st December 2017 – 30th November 2018. The following questions were addressed:

1. How many red ratings were there in the time period?

2. How many amber ratings were there in the time period?

3. How many red ratings were admitted and how many admissions were avoided (i.e., rated as red on the DSD but not admitted to hospital)?

4. How long were admissions rated as red before they went into hospital?

5. Of those red ratings who were admitted, where were they admitted to?

METHOD

The evaluation was conducted retrospectively. Initial data relating to the number of red and amber ratings were collated into a Microsoft Excel database from the DSD clinical support tool. This data was further supplemented by information from the electronic patient notes system relating to trust ID numbers, admissions and admission locations, and the number of days between being rated as red on the DSD clinical support tool and being admitted to hospital.

Descriptive statistics via Microsoft Excel were applied to analyse and interpret the data gathered.

RESULTS

1. How many red ratings were there?

There were 81 red ratings in the time period. This equates to a mean number of 6.8 ratings per month. The ratings related to 69 individuals (5.8 per month), which is 4.3% of individuals supported by ID services in the trust. This information is depicted in Table 1.

No. of red ratings	Mean no. of red ratings per month	No. of individuals rated red	Mean no. of patients rated red per month
81	6.8	69 (4.3%)	5.8

Table 1. Descriptive statistics of red ratings & individuals rated red

2. How many amber ratings were there?

There were 146 amber ratings in the time period. This equates to a mean number of 12.2 ratings per month. The ratings related to 117 individuals (9.8 per month), which is 7.3% of individuals supported by ID services in the trust. This information is depicted in Table 2.

No. of amber ratings	Mean no. of amber ratings per month	No. of individuals rated amber	Mean no. of patients rated amber per month
146	12.2	117 (7.3%)	9.8

Table 2. Descriptive statistics of amber ratings & individuals rated amber

3. How many red ratings were admitted and how many admission were avoided?

17 (20.9%) of the red ratings resulted in hospital admission. For the remaining 64 red ratings admission was avoided. This information is shown in Figure 1.
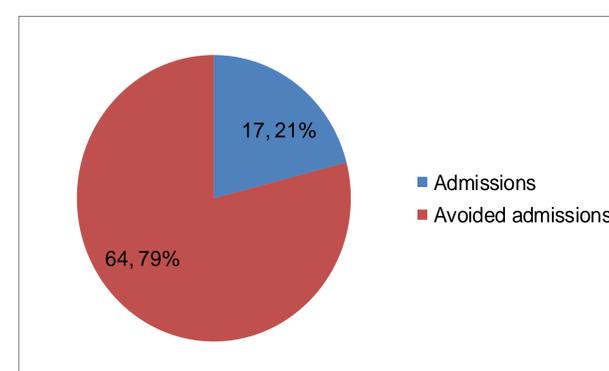

Figure 1. Number of admissions and admissions avoided (n = 81)

4. How long were admissions rated as red before they went into hospital?

Of the 17 admissions, the mean length of time an individual was rated as at risk was 51.8 days. This information is depicted in Table 3.

No. of admissions	Red length		
	Mean	Standard deviation	Range
17	51.8	61.9	0 - 173

Table 3. Descriptive statistics of rating length before admission

RESULTS

5. Of those red ratings who were admitted, where were they admitted to?

41.2% of admissions were to an Assessment and Treatment Unit for individuals with ID. Remaining admissions were to adult mental health units, older adult/dementia wards, or alternative ID provision (forensic unit/respite). This information is shown in Figure 2.
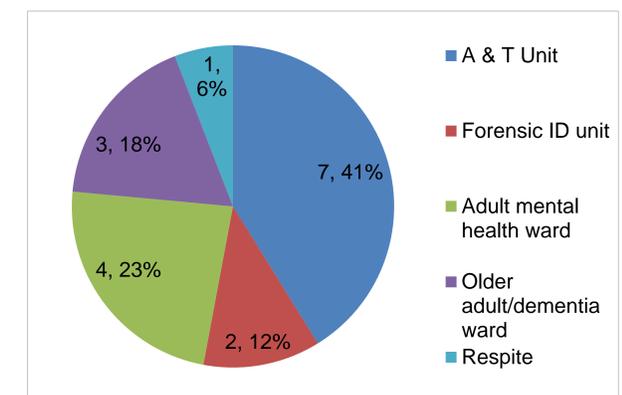

Figure 2. Admission locations (n = 17)

CONCLUSIONS

- Approximately 11% of individuals open to the community ID teams were rated as at risk of hospital admission during the time period.

- Admission was avoided in 79% of cases rated as at red risk of hospital admission.

- There was a significant range in how long individuals were rated as at risk of admission prior to being admitted to hospital.

- Just over 40% of individuals were admitted to Assessment & Treatment units for PWID.

- The next most prevalent admission locations were adult mental health wards and older adult/dementia wards.

FUTURE RESEARCH

- It would be helpful to examine the factors which prevented admission in the 79% of avoided admissions. This would provide further insight into the early intervention strategies that need to be in place to ensure hospital admissions continue to decrease for individuals with ID.

- Given that 23% of individuals were admitted to adult mental health wards, it would be helpful to explore the implementation and application of the green light toolkit.

- It would be helpful to examine which actions under the TC agenda impact admission length e.g. CTRs, and which aspects of the CTR facilitate decreased admission length.

References

- Care and Treatment Reviews (CTRs): Policy and Guidance; https://www.england.nhs.uk/wp-content/uploads/2017/03/ctr-policy-v2.pdf

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