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Unplanned readmissions in oncology patients – a retrospective data analysis

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Introduction

The inpatient service in the public sector in Hong Kong is heavily strained. The unplanned readmission rate is one of the quality indicators in the Hospital Authority. Lowering the unplanned readmission rate can relieve part of the burden. Cancer is the leading cause of death in Hong Kong. The rate and causes of unplanned readmission in oncology patients have not been evaluated in any local studies.

Objectives

To determine the prevalence of unplanned readmissions in wards under the care of the Department of Clinical Oncology in Queen Elizabeth Hospital and investigate the patient characteristics of episodes with unplanned readmission.

Methodology

Episodes of admission to, hospitalisation in and discharge from the target wards in February 2013 were retrieved from the Clinical Data Analysis and Reporting System (CDARS). Every episode was studied in the Electronic Patient Record (EPR) and assessed as either planned or unplanned and either a readmission or a non-readmission, using a 30-day time frame. Episodes classified as unplanned readmissions were further categorised according to the source of admission, source of last discharge and type of oncological treatment. In the estimation of the unplanned readmission rate, episodes that were admitted through a transfer or associated with a previous discharge against medical advice would be excluded.

Result

In February 2013, 1,613 episodes were identified, including 387 inpatient and 1,226 day patient episodes, and 121 were classified as unplanned readmissions. Among these 121 episodes, 60 (49.6%) were directly admitted at the Department of Accident and Emergency, 59 (48.8%) were assessed at the outpatient clinics of the Department of Clinical Oncology before admission and 2 (1.7%) were transferred in from the Hong

Kong Buddhist Hospital. Within 30 days before admission, 82 (67.8%) episodes were associated with a discharge from the Department of Clinical Oncology and 39 (32.2%) from other departments or institutions. Concerning the type of oncological treatment, patients in 62 (51.2%) episodes were receiving systemic anticancer therapy, including chemotherapy, targeted therapy and/or hormonal therapy, with or without radiotherapy. Patients in 55 (45.5%) episodes were not on active treatment and those in three (2.5%) were on radiotherapy alone. The remaining one (0.8%) episode was a new case. The overall unplanned readmission rate was 7.5% (121 of 1,613). The rate of unplanned readmission of those associated with a previous discharge from the Department of Clinical Oncology was 5.1% (82 of 1,613). This study has shed light on the unplanned readmission situation in oncology patients at a major acute hospital in Hong Kong. Further studies on the causes of unplanned readmissions in stratified patient groups and individual cancer types may assist in the identification of risk factors.