PTH-021

THE CLINICAL AND FINANCIAL BURDEN OF EMERGENCY READMISSIONS FOLLOWING ELECTIVE ENDOSCOPY IN A TEACHING HOSPITAL PRACTICE

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Introduction Endoscopy is a profitable day case service for most trusts through its income generation potential from PBR. Although on the whole, endoscopy is safe, it does potentially carry small but significant risk which can result in patient morbidity and even mortality. Readmission is monitored quality indicator within the NHS, but following elective endoscopy, is not only a safety concern but can potentially offset the income generation of the service.

Aims To explore the clinical and financial impact of emergency hospital readmission following elective endoscopy.

Methods Over 1 financial year (2008–2009), all emergency readmissions within 6 days of an elective GI endoscopy at the Royal Liverpool University Hospital – (provided by clinical information department from Dr Foster Intelligent Systems) were audited for clinical relevance and outcomes. The PBR income generation via the HRG4 grouper for the readmission (hospital Income) and the true cost (reference) of the hospital admission (ie, hospital expenditure) were independently calculated. A deficit between the two indicated either a net loss for a (–ve) or a net profit (+ve) for the trust.

Results Of the 8365 day-case GI endoscopies performed, 96 were CODED as readmission (1.4%). However, 26 were coding anomalies and were not readmissions making a REAL readmission rate of 0.83%. Of the remainder only 29 were related to endoscopy making and endoscopy related readmission rate of 0.34%. In these patients, the mean length of stay was 5.5 days (7.6 SD), with an overall surgical intervention rate 0.024% but 8.6% in the readmissions. The overall 30-day mortality was 0.012%, but in the readmission only group 4.3%.

Table 1 PTH-021 Shows the number of cases originally coded overall (CODED), the number of cases that were truly re-admitted (REAL) and the number of cases that could be attributed to endoscopy (ENDO) with the associated cost of admission (COST), the PBR Income generated by the admission and the overall balance to the hospital from the admission.

	Hospital costs (£)	Income (PBR) (£)	Hospital loss (deficit) (£)
CODED (n=96)	94 015	88 728	–5287
REAL (n=70)	74 018	69 390	–4658
ENDO (n=29)	41 528	36 931	–4597

The cost of readmissions for the all coded readmissions (CODED), actual readmission (REAL) and the endoscopic related readmissions (ENDO) are shown in table 1. The hospital costs from our clinical information services were suggested at £94, 015, but the true figure was 55% lower (£41 528).

Conclusion The clinical burden of emergency readmissions following elective endoscopy carries a significant LOS, surgical intervention rate and mortality. There are marked discrepancies within the data for readmissions attributed to elective endoscopy mainly through coding errors and unrelated causes. Despite PBR reimbursement the hospital always makes a loss in these cases. With the current financial climate it is ever more important for clinicians to engage with audit, coding and finance to improve not only quality of clinical information but also identify potential areas for optimising service safety and efficiency.

Competing interests None.

Keywords endoscopy; complexity; risk: upper endoscopy; colonoscopy; EUS; ERCP, finance, safety, readmission, outcomes.