Introduction:
Readmissions to acute care occur in a high number of critically ill patients within 90 days of hospital discharge [1]. Biomedical drivers such as frailty and pre-existing co-morbidities have been identified as drivers for readmission. However at present there is limited data on the influence of social problems on readmission.

Methods:
This study, using a grounded theory approach, sought to understand from a patient/caregiver perspective what the drivers for readmission to acute care were.

Ethical approval was granted from the West of Scotland Research Ethics Service (19/WS/0091). A grounded theory approach was used to explore from a patient and caregiver perspective what the drivers for readmission are. [2] Using a clinical database, we identified those patients who had an ICU admission ≥ 3 days who were readmitted to acute care within 90 days of hospital discharge. The researcher attended the ward and after discussion with the direct care team conducted a semi-structured interview with patient and/or caregiver. The interview was recorded and transcribed verbatim. The transcripts were analysed to generate initial codes, followed by the development categories and sub-categories. Theoretical sampling was undertaken.

Results:
15 participants were interviewed. 10(66.6%) were patients and 5 (33.3%) were caregivers. The themes that have emerged from the data were: Pain and polypharmacy; lack of social support and/or isolation; strained relationships with primary care providers and information provision across the patient journey. Subsequent theory development is underway to understand how this learning could help reduce readmissions in future.

Conclusion:
In conclusion, both social and biomedical drivers are likely to contribute to acute care readmission in this group. Future interventional work is required in order to identify modifiable factors to reduce this burden for patients and the healthcare service.

References:
1. Lone NI et al. Thorax 74:1046-1054, 2019