

Explaining variation in emergency admissions: a mixed-methods study of emergency and urgent care systems

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Declared competing interests of authors: Steve Goodacre is Deputy Chairperson of the National Institute for Health Research Health Technology Assessment Clinical Trials Evaluation and Trials Board.

Published December 2014

DOI: 10.3310/hsdr02480

Plain English summary

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Health Services and Delivery Research 2014; Vol. 2: No. 48

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Some emergency admissions to a hospital bed may be avoided if all services offering emergency and urgent care services work well. For example, an older person who falls may be looked after by community services in their own home.

We calculated a rate of 'avoidable admissions' for 150 areas in England, taking into account that some areas have more elderly people than others. We got data about the population and range of services in the 150 areas that might help people with health problems; for example ambulance services, accident and emergency departments, general practitioners (GPs), GP out-of-hours services, walk-in centres, community services (district nurses) and social services. We chose six of these areas and interviewed 82 managers and clinicians in them about what they did and did not do to avoid admitting people.

In some areas the rate of avoidable admissions was three times higher than others. Areas with high rates had high levels of deprivation. Many services contributed to the variation. For example, some emergency departments turned more attendances into admissions than others, and some ambulance services treated more people at home than other ambulance services. The people we interviewed described different practices for coding admissions, different levels of integration between health and social services in their areas, and how admissions were the easy or safe option.

Interventions are needed which are tailored to avoid admissions from deprived communities. Having standard coding practices would help to reduce variation.

Health Services and Delivery Research

ISSN 2050-4349 (Print)

ISSN 2050-4357 (Online)

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Editorial contact: nihredit@southampton.ac.uk

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The research reported in this issue of the journal was funded by the HS&DR programme or one of its proceeding programmes as project number 10/1010/08. The contractual start date was in August 2011. The final report began editorial review in February 2014 and was accepted for publication in July 2014. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HS&DR editors and production house have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

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