

# How can frontline expertise and new models of care best contribute to safely reducing avoidable acute admissions? A mixed-methods study of four acute hospitals

Jonathan Pinkney,<sup>1\*</sup> Susanna Rance,<sup>1,2</sup>  
Jonathan Benger,<sup>3</sup> Heather Brant,<sup>4</sup> Sian Joel-Edgar,<sup>5</sup>  
Dawn Swancutt,<sup>1</sup> Debra Westlake,<sup>1</sup> Mark Pearson,<sup>6</sup>  
Daniel Thomas,<sup>1</sup> Ingrid Holme,<sup>7</sup> Ruth Endacott,<sup>8</sup>  
Rob Anderson,<sup>6</sup> Michael Allen,<sup>6</sup> Sarah Purdy,<sup>4</sup>  
John Campbell,<sup>6</sup> Rod Sheaff<sup>9</sup> and Richard Byng<sup>1</sup>

<sup>1</sup>Centre for Clinical Trials and Population Studies, Plymouth University Peninsula Schools of Medicine and Dentistry, Plymouth, UK

<sup>2</sup>Institute for Health and Human Development, University of East London, London, UK

<sup>3</sup>Department of Nursing and Midwifery, University of the West of England, Bristol, UK

<sup>4</sup>School of Social and Community Medicine, University of Bristol, Bristol, UK

<sup>5</sup>University of Exeter Business School, Exeter, UK

<sup>6</sup>University of Exeter Medical School, Exeter, UK

<sup>7</sup>Faculty of Social Sciences, University of Ulster, Londonderry, UK

<sup>8</sup>Faculty of Health and Human Sciences, Plymouth University, Plymouth, UK

<sup>9</sup>School of Government, Faculty of Business, Plymouth University, Plymouth, UK

\*Corresponding author

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## Plain English summary

### **The safe reduction of avoidable acute admissions**

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## Plain English summary

Hospital emergency departments are becoming more crowded every year, with higher numbers of accident and emergency (A&E) visits, and pressures on staff and beds. The Avoidable Acute Admissions (3A) study looked at four hospitals in South West England, focusing on how decisions were made about admission and discharge. Researchers observed ways of working, measured patients' waiting times and talked to professionals, patients and carers about their experiences. Most patients reported positive experiences overall. Relatives were more critical about limitations in nursing care. Some wanted patients to be admitted because of difficulties with their home care. A common complaint at all sites was the lack of explanation about long waits and delays in discharge. Influences on decision-making included pressure on staff to keep within the 4-hour target for moving patients out of A&E; professionals' ability to balance risk and safety; and patients' home care situations. The four hospitals were trying new ways to prevent unnecessary admissions. Some of the most effective were observation wards where patients could stay for several hours without 4-hour target pressure; ambulatory units where staff and patients did not have the expectation of overnight admission; a hospital service communicating with general practitioners about patients they wished to send to A&E; teams linking patients with community services; and specialist teams finding care outside hospital for elderly patients. Senior doctors may play important parts in avoiding admissions, not just by supporting decision-making at the A&E.



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