

## Avoidable Acute Admissions



The Avoidable Acute Admissions (AAA) study examined the interplay of factors influencing decision-making for emergency admissions and how the medical assessment process is experienced by patients, carers and practitioners in emergency departments (EDs).

Emergency admissions to UK hospitals have been rising annually, increasing pressures on EDs and acute medical admission units (MAUs) – potentially affecting patient experience. Evidence suggests that a significant proportion of acute hospital admissions are avoidable and in response, a variety of innovations have been developed.

PenCLAHRC colleagues from the universities of Plymouth and Exeter, in collaboration with experts from the universities of the West of England and Bristol, conducted research alongside patients and carers to investigate how the emergency departments and staff of four major hospitals in the South West responded to emergency care pressures and the experience of patients.

*Professor Richard Byng, Deputy Director of PenCLAHRC and study lead:*

*“A range of innovations have been developed to reduce numbers of avoidable hospital admissions and improve patient care. However, careful consideration is required in design and implementation to ensure such resources are easily accessible to busy practitioners.”*

## What Happened Next?

To inform the research, data was collected from 173 patients, 30 carers and 282 practitioners of different specialities and levels. The system as a whole was then analysed and key components of patient pathways were measured.

While, on the whole, patients were happy with their experience of hospital emergency care, they were well aware of the severe pressures on practitioners.

The team showed that the approaches taken to reducing unnecessary admissions varied considerably across the four hospitals despite similar pressures from targets on practitioners – waits and senior involvement at different stages also varied. Innovations introduced to help reduce admissions included flexible roles for senior clinicians, multi-disciplinary discharge teams, and the use of new 'spaces' to observe and plan discharge. Key to their success was the accessibility of these resources to medical decision makers.

This research provides those redesigning services with the evidence to support implementation of these innovative solutions, which could improve NHS performance and patient experience.

**For further information visit:**

**[www.clahrc-peninsula.nihr.ac.uk](http://www.clahrc-peninsula.nihr.ac.uk)**



## References:

Pinkney J, Rance S, Bengier J, Brant H, Joel-Edgar S, Swancutt D, Westlake D, Pearson M, Thomas D, Holme I, Endacott R, Anderson R, Allen M, Purdy S, Campbell J, Sheaff R, Byng R. 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. *Health Services and Delivery Research* 2016;4(3)

## Useful Links:

[clahrc-peninsula.nihr.ac.uk/research/avoidable-acute-admissions-aaa](http://clahrc-peninsula.nihr.ac.uk/research/avoidable-acute-admissions-aaa)

## Acknowledgement:

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