
Avoiding Emergency Hospital Admissions



A new study has identified a series of innovations that can help address the problem of unnecessary emergency admissions. The study is published in the *Health Services and Delivery Research* journal.

Hospital admissions in the UK increased by 47 percent between 1998 and 2013. Recently hospitals have been put on black alert because pressures from emergency admissions have a negative impact on bed occupancy and planned elective treatments.

Evidence shows that a large majority of acute hospital admissions can be avoided. While some hospitals across the country have introduced innovative initiatives to address this issue, there has been no research to investigate how these measures work in practice and whether they are able to meet the needs of patients.

Researchers from Plymouth University and experts from the University of the West of England, University of Bristol and the University of Exeter conducted this study to investigate how the emergency departments of four major hospitals in the south west of England respond to emergency care pressures.

Findings show that the decision to admit a patient was not solely determined by diagnosis and perceived risk but was also influenced by the seniority and experience of the clinical staff, the patient's social circumstances, access to certain investigations, proximity of the four-hour target and availability of time to arrange alternatives.

However, the study showed that the approaches used by the four hospitals were considerably different and had been developed according to local need. Some of the key innovations used included a hospital based acute GP service, ambulatory care units, a range of discharge assessment procedures and teams for elderly patients, the availability of rapid access outpatient clinics, the use of observation areas where patients were not subject to the four-hour target - allowing more time to gather vital medical and social information, observe, investigate and make arrangements that could avoid hospital admission.

The study also reports that patients were overall happy with their experience of hospital emergency care. However, medical and nursing staff had certain concerns regarding pressure of work, retention of staff, and use of locum staff.

Professor Jonathan Pinkney from Plymouth University Peninsula Schools of Medicine and Dentistry, who led the study, explains that hospitals and their staff are under tremendous pressure to ensure each patient receives the best treatment. He said that the methods implemented by the four hospitals were quite impressive and were put in place after considering local knowledge and need. However, he points out that the fundamental problem may be high demand for hospital treatment but at the same time, the pressure on staff, recruitment difficulties and reliance of temporary staff also contribute to admissions. Also, the four-hour rule does expedite treatment decisions but it also may result in rushed decisions.

Source: [University of Plymouth](#)

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