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Who knows best? Older people's and practitioner contribution to understanding and preventing avoidable hospital admissions

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Document Version Peer reviewed version

Citation for published version (Harvard):

Glasby, J, Littlechild, R, Le Mesurier, N & Thwaites, R 2019, 'Who knows best? Older people's and practitioner contribution to understanding and preventing avoidable hospital admissions' Health economics, policy, and law.

Link to publication on Research at Birmingham portal

Publisher Rights Statement: Checked for eligibility 08/02/2019

© Cambridge University Press 2019 Glasby, J., Littlechild, R., Le Mesurier, N., & Thwaites, R. (n.d.). Who knows best? Older people's and practitioner contributions to understanding and preventing avoidable hospital admissions. Health Economics, Policy and Law, 1-22. doi:10.1017/S1744133118000518

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Box 1: Google image search for 'NHS crisis headlines' (December 2016)

"Third world A&E"

"Our NHS is dying"

"Crisis as NHS cancels 3000 ops"

"NHS crisis deepens"

"A&E crisis worst for ten years"

"NHS hits breaking point"

"Hospitals just can't cope"

Box 2: GP and hospital doctor preventative suggestions

- GP 1: "Availability of social support and care, but needed to be available at short notice."
- GP 2: "Emergency outpatient clinic on the same day."
- GP 3: "If the medical team had an access to the patient's blood test results done in the community or discussed admission with the patient's GP."
- GP 4: "Better community care with management of COPD."
- GP 5: "Live-in carer or a move to a nursing home (which is now taking place)."
- HD 1: "I know this [person] very well, having seen [them] frequently in outpatients. If we had the resources/capacity it may potentially help to reduce admissions if such complex patients who are already very well known to a service could contact us directly with any deterioration and be seen on the same or next day by the team that already know them."
- HD 2: "GP home visit would have avoided ED admission and possibly having family lend support while [they] recovered from migraine."
- HD 3: "If GP had telephoned the patient's infectious diseases consultant for advice rather than just sending [them] directly to AMU [Acute Medical Unit]."

Table 1: Codes used in analysis of interviews and focus groups with professionals

Telephone Interviews	Focus Groups		
Codes relating to interview questions: • Emergency admissions of older people as an issue • Proportion of emergency admissions that might be preventable • Policies/services to help reduce emergency admissions • Ease of access for professionals and public • Recommendations to improve practice Emerging themes: • Advance care plans • Assessment • Communication • Community alternatives (or lack) • Hospital as default option • Internalisation • Residential and nursing homes • Risk • Roles of patients • Social admissions	Codes relating to interview questions: Appropriateness of admission What could have prevented admission Quality of health and social care experience. Emerging themes: Initial response to call Who assesses in A and E Day and time of arrival Admission avoidance Length of stay Discharge/care planning/follow up Communication between professionals Communication with patient Cultural expectations 'Professionals know best' 		

Table 2: Codes used in analysis of interviews with older people

Deductive Codes	Inductive Codes
• Sex	Time and day of admission
• Age	 First action after incident to seek help
Personal circumstances	• Time elapsed between crisis/seeking help
Pre-existing conditions	
Reason for admission	
Contact with health and social care	
professional in the four weeks leading up	
to admission	
 Most significant factors leading to 	
admission (medical/living	
conditions/informal care/formal care)	
• Previous emergency admissions (up to 12	
months before)	
 Appropriateness of admission 	
Alternatives to acute care considered	
Prevention solutions	
• Quality of experience: room for	
improvement or different/better action	

Table 3: Interviewees

Professional background/role	Site 1	Site 2	Site 3	Number
Consultant geriatrician	2	2	1	5
Occupational therapist	1	3	1	5
Physiotherapist	1	1	1	3
Senior nurse		3		3
Head of a voluntary organisation	1	2		3
GP	1	1	1	3
A&E/Emergency Department (ED) consultant	2		1	3
Matron (hospital)	2			2
Matron (community)	2			2
Service navigation team leader		1		1
Admissions avoidance team leader			1	1
Consultant surgeon (elderly care)		1		1
Senior mental health practitioner (social care)		1		1
Dementia nurse consultant	1			1
Consultant (acute medical unit)	1			1
ED therapies team leader	1			1
Community nurse practitioner (located in hospital)			1	1
Falls sister			1	1
Strategic manager			1	1
Deputy medical director			1	1
TOTAL				40

Table 4: Estimates of the proportion of emergency admissions of older people to acute hospital that might have been avoided had alternatives been available

Estimated proportion	Number of respondents
Don't know/not specified	11
1-2 admissions a day	1
1-10%	4
11-20%	7
21-30%	8
31-40%	3
41-50%	4
"Lots"	4
TOTAL	40

Table 5: Focus group participants

Professional background/role	Site 1	Site 2	Site 3	Number
Consultant geriatrician	4	2	1	7
Consultant (palliative care)	1			1
Consultant (acute medical unit)	1			1
Matron/ward sister	1	1	1	3
OT manager/OT	2	1	2	5
GP		1		1
Service navigation team leader		1		1
Senior mental health practitioner (social care)		1		1
Community nurse practitioner			1	1
Falls sister			1	1
TOTAL				22

Table 6: Age range of participants

		Number	Percent
Valid	65 - 74	31	29.8
	75 - 84	32	30.8
	85 - 94	26	25.0
	95 - 104	4	3.8
	Unknown/refused	11	10.6
	Total	104	100.0

Table 7: Pre-existing conditions and contact in 4 weeks prior to admission

			Contact in 4 weeks prior to event			
			Regular contact with health	One-off or		
		No	and/or social care	unusual		
		contact	professionals	contact	Unclear	Total
Pre-existing	Heart condition/problem	4	5	1	1	11
conditions	Diabetes	0	1	0	0	1
	Dementia	0	3	0	0	3
	Cancer	1	1	0	0	2
	Musculoskeletal issue	7	1	2	0	10
	Blood pressure too high/too low	0	0	1	0	1
	Multiple concerns	13	24	6	1	44
	None	7	0	0	0	7
	Unclear	4	2	0	0	6
	Loss of balance/mobility	1	4	0	0	5
	Other	9	4	1	0	14
Total		46	45	11	2	104

Table 8: First action after the event to seek help

	Number	Percent
Called 999	24	23.1
Called 111	12	11.5
Referred to daytime GP	23	22.1
Referred to out-of-hours GP	4	3.8
Used call centre help system	10	9.6
Self-referral to A&E	3	2.9
Family/friends/neighbours took to A&E	3	2.9
Admitted after planned appointment with or visit from a professional	6	5.8
Friends/family/neighbour called 999	12	11.5
Friends/family/neighbour dialled 111	2	1.9
Unsure or unclear	1	1.0
Spoke to care home/residential home/sheltered accommodation staff	2	1.9
Went to a walk-in centre	1	1.0
Called consultant	1	1.0
Total	104	100.0

Table 9: Participants' living arrangements and time elapsed before seeking help

		Time elapsed between event and seeking help					
		Sought	Waited to see if	Waited to	Waited to	Unclear	
		immediate	family/friends/neighbours	see if it	see if it		
		help	could help	improved	improved		
				itself (1 day	itself (more		
				or 1	than 1 day		
				overnight)	or 1		
	_				overnight)		Total
Participant's	Lives with	45	3	4	6	2	60
living	spouse	45	3		O	2	00
arrangements	Lives with						
	family member	5	0	0	1	0	6
	(other than	3	U	0	1	0	0
	spouse)					0	
	Lives alone	16	4	1	5	1	27
	Lives in						
	sheltered	7	0	1	0	0	8
	accommodation	ļ					
	Lives in care						
	home	2	0	0	0	0	2
	Lives with live-			0	0	1	,
	in carer	0	0	0	0	1	1
Total		75	7	6	12	4	104

Table 10: Whether patients felt hospital was the best and most appropriate place for them to be at the time of admission

		Number	Percent
Valid	Yes	91	87.5
	Unsure	4	3.8
	No	9	8.7
	Total	104	100.0

Table 11: What could have prevented the admission (cross-tabulated with whether participants felt hospital was the best place for them

		Whether participants felt hospital was the best place for them at the time			
		Yes	Unsure	No	Total
What could have prevented the	Nothing	57	1	1	59
admission	Better response earlier	8	0	4	12
	Individual action	8	1	2	11
	Easier access to GP or other community services	4	1	0	5
	Review of medications	3	0	0	3
	More proactive GP	2	0	0	2
	Access to advice	2	0	0	2
	Better or different care package	1	0	0	1
	Better response from care home staff	0	0	1	1
	Being given choice to stay at home and recover	0	0	1	1
	Unsure/unclear	6	1	0	7
Total		91 4 9			104

Figure 1: Day of the week and time of admission

