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

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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 • Age • Personal circumstances • 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	• Time and day of admission • First action after incident to seek help • Time elapsed between crisis/seeking help

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				
		No contact	Regular contact with health and/or social care professionals	One-off or unusual contact	Unclear	Total
Pre-existing conditions	Heart condition/problem	4	5	1	1	11
	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 immediate help	Waited to see if family/friends/neighbours could help	Waited to see if it improved itself (1 day or 1 overnight)	Waited to see if it improved itself (more than 1 day or 1 overnight)	Unclear	**Total**
Participant's living arrangements	Lives with spouse	45	3	4	6	2	60
	Lives with family member (other than spouse)	5	0	0	1	0	6
	Lives alone	16	4	1	5	1	27
	Lives in sheltered accommodation	7	0	1	0	0	8
	Lives in care home	2	0	0	0	0	2
	Lives with live-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 admission	Nothing	57	1	1	59
	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