Explaining variation in avoidable emergency admissions: a mixed methods study of the emergency and urgent care system in England

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Potentially avoidable if...

14 conditions

- chest pain
- abdominal pain
- acute mental crisis
- COPD
- UTI
- Other

Calculated rate

SAAR standardised (age sex adjusted) avoidable admission rate 2008-2011

22%
‘Qualitative residual analysis’ to explain variation

Phase 1: Quantitative  Routine data on population (deprivation, health, geography), emergency and urgent care services, and system: regression of 150 systems

Phase 2: Qualitative  Case studies of 6 systems not predicted by regression. Data, documents, interviews with system stakeholders (n=82)

Phase 3: Quantitative  Return to regression
How does system work?

Pre-hospital
- GP
- WIC
- GPOOH
- 999
- Community
- Mental
- Nursing homes

Within-hospital
- Wards and ED

Post-hospital attendance
- Rapid Assessment Teams, Community, Mental, Social Services, GP
Deprivation

Integration

Proactive avoidance schemes

Emergency department: conversion rate, senior review

Resources

Non-conveyance

Geography

Complexity of system

GP access

Acute trust: coding, short stays
Emergency Admissions Study

“and often the easy option the safe option is to send people into hospital, although we know that’s not often the safest option ha! for patients to go into hospital these days”

(Commissioner)
Complexity of system (case studies)
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Dissemination


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