

Avoidable Acute Admissions study: exploring the contribution of patients and carers to innovative research designs

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How were patients and carers involved?

A Patient and Public Involvement group advised the project from the start. The group have, so far, been involved in five half day workshops. They have helped to ensure that study participants have given their full informed consent, they have helped to analyse the material from observations and interviews and to map the patient journey. They have raised important questions about how hospital admissions are made.



What is the 3A Research Project?

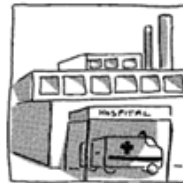
Reducing the number of acute hospital admissions is something that can benefit patients and the NHS. This is a mixed-methods, two-year research project on four acute hospital sites with contrasting models of care across South-West England.

Research questions

1. How do organisational factors and senior input influence decision-making about acute admission and discharge?
2. How is the acute admissions process experienced by patients, carers, managers and practitioners?

Methods

The study used ethnographic methods such as interviews and observations to gain a better understanding of how admission decisions are made in hospitals across South-West England. Observers noted all the activities that occurred and when they occurred, in order to understand the flow and organisation of work that leads to a decision. These will be combined into a model called a Value Stream Map (VSM). This may be used as the basis for designing an improved process.



What difference did PPI make: a researchers perspective

- The PPI group raised our awareness about what it is like to go through A&E if you have a disability.
- The group brought home to us something we had not anticipated: how many patients do not actually want to be admitted to hospital, and how they and their relatives made efforts to avoid admissions they felt to be unnecessary.
- One of the new understandings that the PPI group brought to the study, was that some patients learn to use the emergency system to get speedy checks and tests, another was that some participants mentioned "fear" that staff will go too much "by the book" rather than focusing on patients' needs.

What difference did PPI make: a lay perspective

- I particularly remember the extensive discussion we had about how the researchers could ensure they had appropriate consent. Given that people would be under considerable stress, or in pain or anxious this was felt by the PPI group to be particularly important. The recommendations of the PPI group were taken on board.
- Issues of communication between health professionals and patient and patients' supporters were a common theme. The group were particularly concerned that patient's might be left in A and E not even knowing whether they could eat or drink.
- The value stream mapping process was interesting as the patients all highlighted the waiting times whilst the professionals tended to note the points of assessment or treatment without acknowledging the wait.

What we learnt

PPI has, so far, made a positive impact on both quantitative and qualitative aspects of this project, helping to keep the research as a whole grounded in the concerns of the people who use hospitals. However, this work needs to be planned and fully costed into bids with someone responsible for leading the PPI activities if this potential is to be fully realised.



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