Study identifies the most effective methods for reducing unplanned hospital admissions

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Unplanned admissions make up approximately 40 per cent of hospital admissions in England and can increase problems for health services as they are costly, disruptive, and lengthen waiting lists. New research, published today has evaluated several key interventions aimed at reducing unplanned admissions and identified those which are most effective.

The research team, led by academics from the Universities of Bristol, Cardiff and NHS Bristol with funding from the National Institute for Health Research (NIHR), undertook an evaluation of the effectiveness and cost-effectiveness of thirteen interventions to assess which were successful in the reduction of unplanned admission or re-admission to a

secondary care acute hospital.

Using data from 274 studies, the researchers carried out a systematic literature review which assessed interventions that included case management, specialist clinics, community interventions such as home visits, systematic reviews for patients, medication reviews, education and self management, exercise and rehabilitation, telemedicine, vaccine programmes, and hospital-at-home following early discharge.

The findings show that education and self management, exercise and rehabilitation and telemedicine in selected patient populations, and specialist heart failure interventions can help reduce unplanned admissions by up to 60 per cent. However, the evidence to date suggests that the majority of the remaining interventions included in this analysis do not help reduce unplanned admissions in a wide range of patients.

Dr Sarah Purdy, lead researcher from Bristol's School of Social and Community Medicine, said: "The results of this research are important for policy makers, clinicians and researchers as few studies include evaluation of system-wide approaches.

"The research shows which of the interventions are more effective. Some interventions that are shown to have no impact on rates of unplanned hospital admission may have impact in other areas, for example case management appears to reduce length of hospital stay."

Deborah Evans, the Chief Executive of NHS Bristol, added: "These findings are significant for the NHS as they highlight the importance of robust evaluation of interventions and we welcome having evidence of which interventions reduce unplanned hospital admissions which are often distressing for patients. We have to balance this against other interventions, which might not affect unplanned admissions, such as patients being allowed to go home from hospital with help which often

helps their recovery."

The study was funded under the NIHR Research for Patient Benefit programme and is entitled 'Interventions to reduce unplanned hospital admissions: a systematic review'.

More information: www.apcrc.nhs.uk/library/resea … h_reports/index.html

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