



# The place of ethnography in a study on Avoidable Acute Admissions

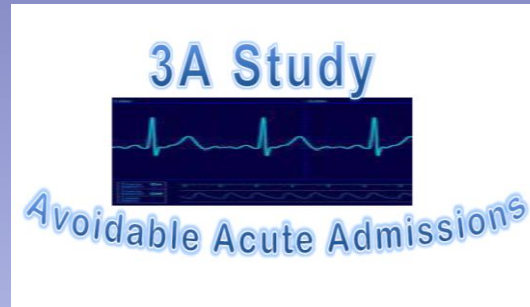
Susanna Rance PhD

Senior Research Fellow

Centre for Clinical Trials and Population Studies

Plymouth University Peninsula Schools of Medicine and Dentistry

Institute of Health and Community, Plymouth University  
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- ❖ How do patients' and families' concerns and expectations affect decisions on admission and discharge?
- ❖ How do practitioners contribute to decision-making, and how do organisational factors and early senior input affect decisions?
- ❖ How is the admissions process experienced by patients and staff?



Jo Spence 1995. "The patient's perspective". In *Cultural Sniping: The Art of Transgression*.

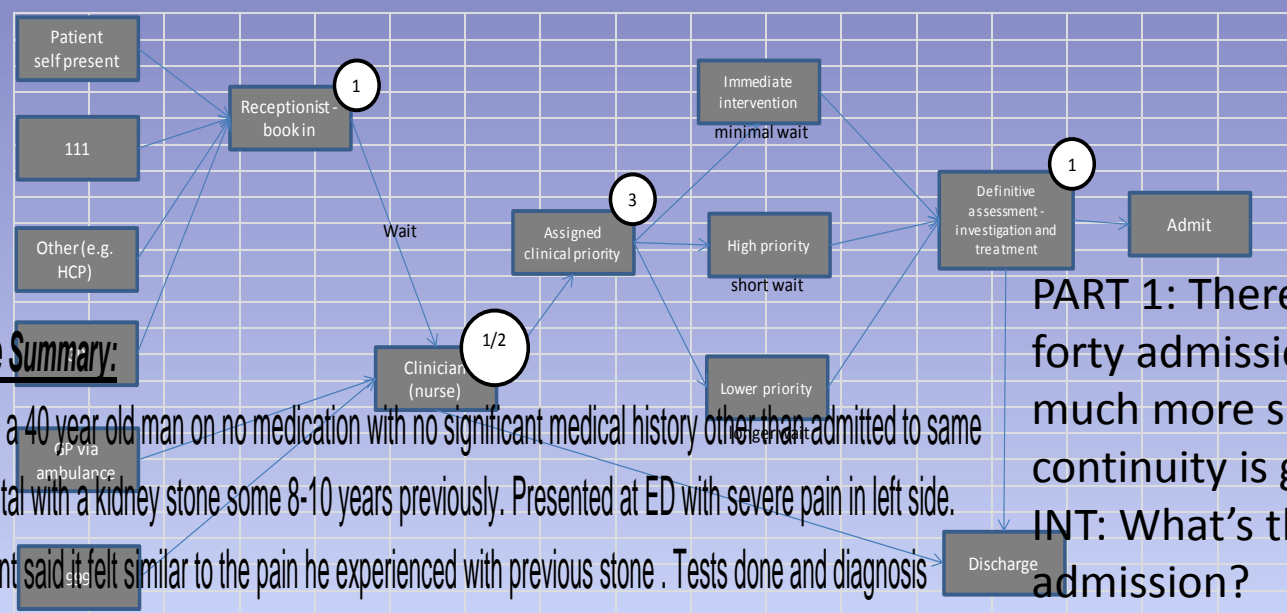
# Data dialogues

## Case Summary:

AA is a 40 year old man on no medication with no significant medical history other than admitted to same hospital with a kidney stone some 8-10 years previously. Presented at ED with severe pain in left side. Patient said it felt similar to the pain he experienced with previous stone. Tests done and diagnosis confirmed of a small kidney stone in the ureter, likely to be passed spontaneously. Surgical admission sought early but due to lack of beds AA stayed on ED for 7 hours, pending a possible decision to discharge if pain was controlled. He was then admitted to surgical ward for a further 5 hours, again pending a decision before being discharged the same day at 10pm (Total time in hospital 12.5 hours).

## Patient summary of the experience:

'Great start, started to worry at the end, would be a good way to sum it up...like I was saying it was a really positive start but they (ED staff)...Lost their way in the communication sense. But they're all really attentive and what not..'



PART 1: There used to be thirty or forty admissions a day. Now, there's a much more shift-based system. The continuity is gone.

INT: What's the definition of an admission?

PART 1: A patient who ends up in a bed... has been admitted to hospital.

PART 2: "Hitting a horizontal surface in a ward base". If you lie down in a corridor...

INT: On a trolley?

PART 2: Or on the floor... Is that an admission? It probably is. What counts as an admission... Up in the Short Stay unit – a "day case admission".

# Troubling questions

**In what ways do patients collaborate with practitioners' enactments of busyness?**

**What is meant by shared decision-making?**

**How do practitioners understand avoidability?**

**How do staff work around targets and breaches?**

**Who is a senior?**

**What happens when relatives oppose a patient's move to avoid admission?**

**What contributes to difficulty with staff recruitment and retention?**

**How do patients experience "crowding" in the emergency department?**

# How can frontline expertise and new models of care best contribute to safely reducing avoidable acute admissions?

Susanna Rance [1], Heather Brant [3], Dawn Swancutt [1], Debra Westlake [1], Ingrid Holme [2], Jonathan Benger [3], Andrew Gibson [4], Siobhan Sharkey [5], Jonathan Pinkney [1]\*, Richard Byng\* [1]

\*Principal investigators

[1] Plymouth University Peninsula Schools of Medicine and Dentistry

[2] University of Ulster

[3] University of the West of England

[4] University of Exeter

[5] Independent Consultant

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## **Disclaimer:**

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