Health: Acute medical admissions

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In an acute medical admission, a person is admitted to a hospital because they require urgent specialist attention, for any of a wide range of medical or frailty-related conditions.

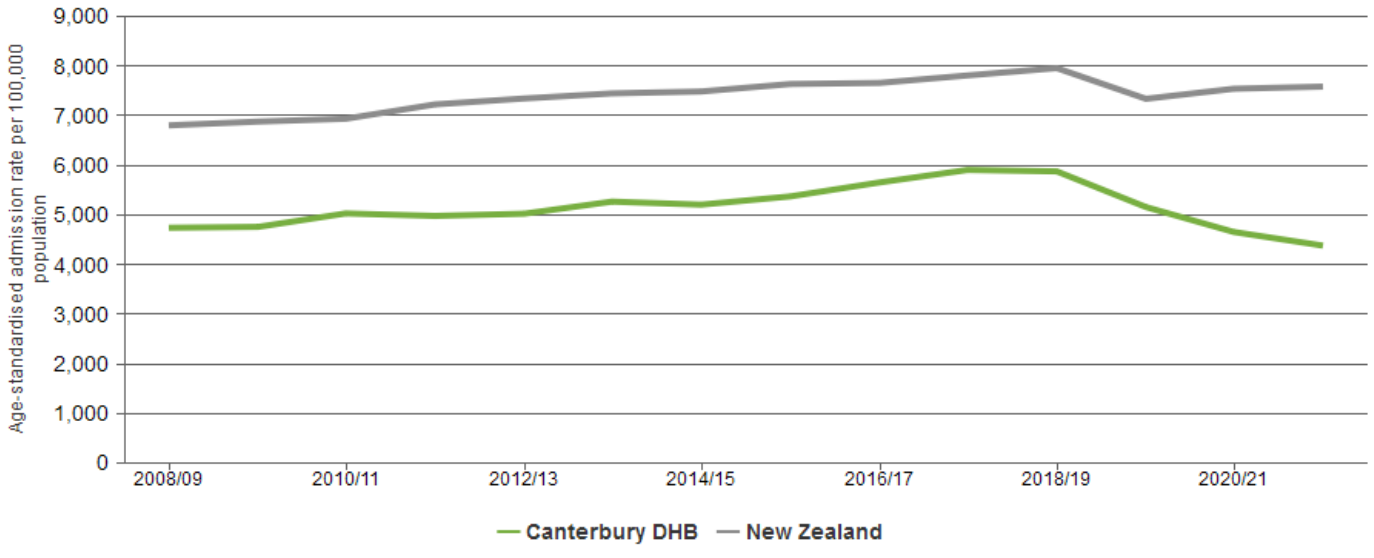
An increase in acute medical admission rates may reflect improved access to health care but is more likely to represent a deterioration in the health status of the population and/or lost or underexplored opportunities to both protect against risk factors for developing long-term conditions and support people to manage those conditions by providing good care in the community (mainly through organised general practice) [8].

The most likely drivers of change in acute medical admission rates include: changes to provision of primary and community health care services [41]; demographic changes (for example an ageing population or changes in the proportions in different ethnic groups); shifts in the socioeconomic status of the population; changes in the prevalence of disease [42], including due to changes in risk factors such as smoking and alcohol consumption [43]; changes in the social context, such as increased expectations from patients; and other unknown factors [8].

Canterbury has had a long-standing primary care-led acute demand programme (Acute Demand Management Services, ADMS) that has focused on hospital admission avoidance, and approximately 30,000 people were managed in the community in 2019/20 via the ADMS. The impact of this programme has been to enable a lower level of hospital admissions in Canterbury.

This indicator presents the age-standardised rate of acute medical admissions per 100,000 population, for all ages, in the Canterbury DHB region and New Zealand, 2008–2022.

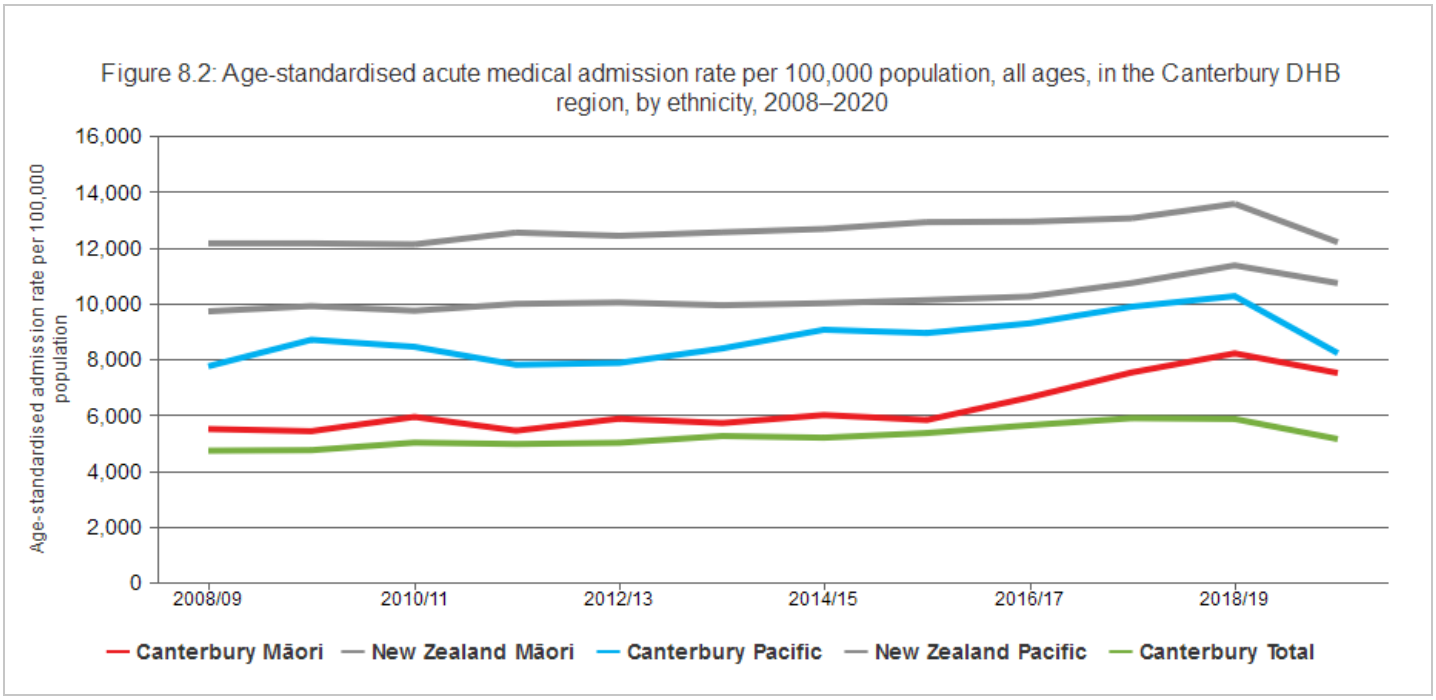
Figure 8.1: Age-standardised acute medical admission rate per 100,000 population, all ages, in the Canterbury DHB region and New Zealand, 2008–2022



The figure shows that the age-standardised rate of acute medical admissions has been steadily increasing over time in the Canterbury DHB region and in New Zealand overall (Canterbury DHB 4,743/100,000 and New Zealand 6,809/100,000 in 2008/09 compared with Canterbury DHB 5,772/100,000 and New Zealand 7,945/100,000 in 2018/19). The Canterbury DHB

region has maintained a lower age-standardised acute medical admission rate than New Zealand overall during the period 2008/09 to 2021/22 (4,381/100,000 and 7,575/100,000 respectively in 2021/22). Acute medical admissions have declined notably in the Canterbury DHB from 2018/19 and it is likely that the period 2018/19 – 2021/22 was influenced by COVID-19 restrictions.

Breakdown by ethncity



The figure shows that the age-standardised rate of acute medical admissions for Pacific peoples has been substantially higher than for all people in the Canterbury DHB region, over the time series shown (Note: the 2020/21 time-point is not available by ethnicity). The rate for Māori has been similar to that of all people in the Canterbury DHB region from 2008 to approximately 2016, however the rate has increased noticeably since 2016. The figure shows substantial difference for both Māori and Pacific peoples from 2017/18 (Māori, 7525/100,000; Pacific, 8235/100,000; Canterbury DHB overall, 5163/100,000 in 2019/20). The general pattern shown for age-standardised rates of acute medical admissions, by ethnicity, is similar to New Zealand overall (data not shown).

Data Sources

Source: Te Whatu Ora Waitaha Canterbury - formerly the Canterbury District Health Board.
Survey/dataset: National Minimum Dataset, NZ Statistics population projections for population based funding.
Source data frequency: Annually.

Metadata for this indicator is available at https://www.canterburywellbeing.org.nz/our-wellbeing/index-data

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