

Health: Acute medical admissions

Downloaded from <https://www.canterburywellbeing.org.nz/our-wellbeing/health/acute-medical-admissions/> on 21/04/2021 5:24 PM

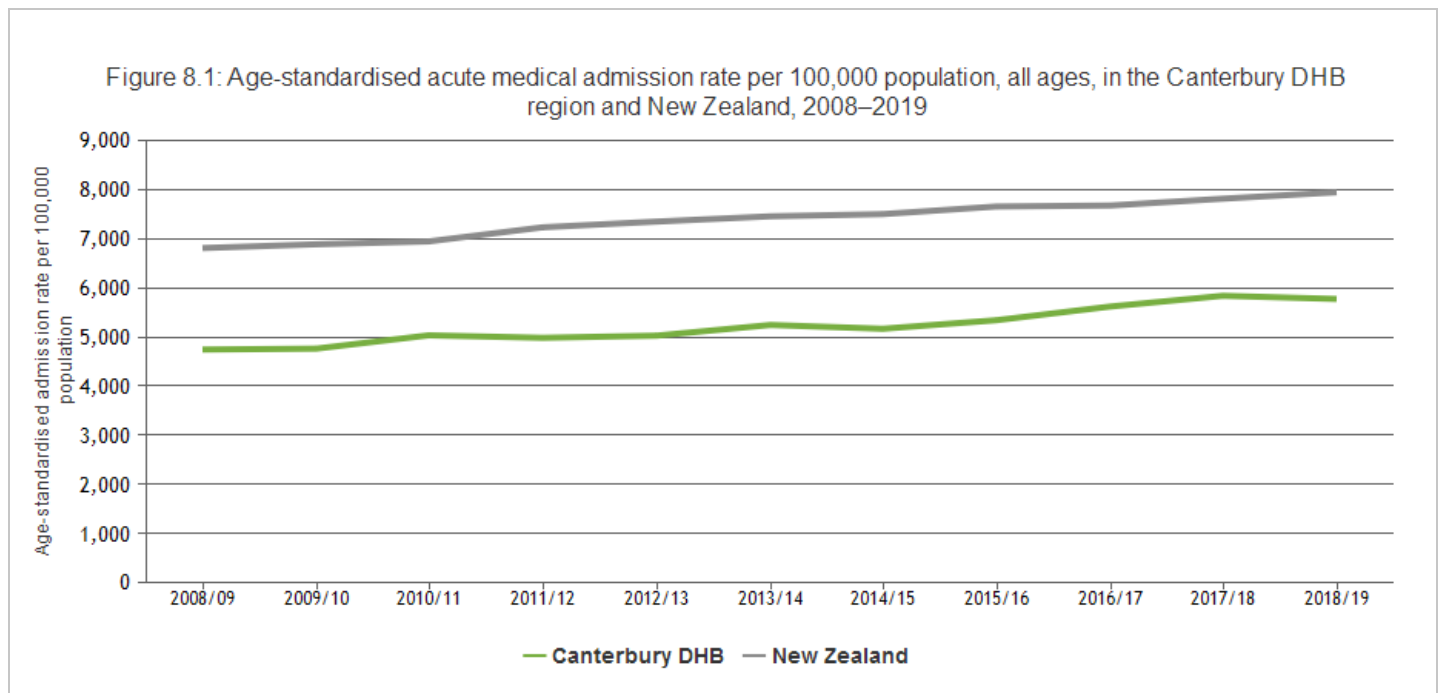
In an acute medical admission, a person is admitted to a hospital because they require urgent specialist attention, for any of a wide range of medical or frailty-related conditions.

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 34,000 people were managed in the community in 2018/19 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, 2008–2019.



The figure shows that the age-standardised rate of acute medical admissions has been steadily increasing over time in Canterbury DHB, 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). During the period 2008/09 to

2018/19, Canterbury DHB has maintained a lower age-standardised acute medical admission rate than New Zealand overall (\approx 30% difference).

Data Sources

Source: 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>

REFERENCES

This is the full reference list for **Health**.

- 1 Marmot M, Allen J, Bell R, Bloomer E, Goldblatt P (2012) WHO European review of social determinants of health and the health divide. *Lancet* 380: 1011-1029.
- 2 Keefe V, Reid P, Ormsby C, Robson B, Purdie G, et al. (2002) Serious health events following involuntary job loss in New Zealand meat processing workers. *International Journal of Epidemiology* 31: 1155-1161.
- 3 Howden-Chapman P, Matheson A, Crane J, Viggers H, Cunningham M, et al. (2007) Effect of insulating existing houses on health inequality: cluster randomised study in the community. *BMJ* 334: 460.
- 4 Ross CE, Wu C-I (1995) The Links Between Education and Health. *American Sociological Review* 60: 719-745.
- 5 McKee-Ryan F, Song Z, Wanberg CR, Kinicki AJ (2005) Psychological and physical well-being during unemployment: a meta-analytic study. *J Appl Psychol* 90: 53-76.
- 6 Cormack DM, Harris RB, Stanley J (2014) Investigating the Relationship between Socially-Assigned Ethnicity, Racial Discrimination and Health Advantage in New Zealand. *PLoS ONE* 8: e84039.
- 7 Robson B, Harris R (2007) *Hauora: Māori Standards of Health IV. A study of the years 2000–2005*; Robson B, Harris R, editors. Wellington: Te Rōpū Rangahau Hauora a Eru Pōmare.
- 8 Hider P (1998) *Acute medical admissions: a critical appraisal of the literature*. New Zealand Health Technology Assessment Clearing House.
- 9 Peter M. Fayers, Hays RD, editors (2005) *Assessing Quality of Life in Clinical Trials: Methods and Practice*. 2 ed. Oxford: UK: Oxford University Press. 467 p.
- 10 Idler EL, Benyamini Y (1997) Self-rated health and mortality: a review of twenty-seven community studies. *J Health Soc Behav* 38: 21-37.
- 11 CDHB (2017) *Canterbury Wellbeing Survey, June 2017: Report prepared by Nielsen for the Canterbury District Health Board and partnering agencies*. Christchurch: Canterbury District Health Board.
- 12 Health Promotion Agency (2016) Smokefree facts and figures. Retrieved from www.smokefree.org.nz/smoking-its-effects/facts-figures
- 13 Ministry of Health (2017) *Annual Update of Key Results 2016/17: New Zealand Health Survey*. Wellington: Ministry of Health.
- 14 National Center for Chronic Disease Prevention and Health Promotion (US) (2014) *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Patterns of Tobacco Use Among U.S. Youth, Young Adults, and Adults*. Atlanta (GA): Office on Smoking and Health, Centers for Disease Control and Prevention (US).
- 15 U.S. Department of Health and Human Services (USDHHS) (1994) *A report of the Surgeon General: Preventing tobacco use among young people*. Atlanta, GA: Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
- 16 U.S. Department of Health and Human Services (USDHHS) (2012) *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta (GA): Centers for Disease Control and Prevention (US).
- 17 Ministry of Health (2013) *Health Loss in New Zealand: A report from the New Zealand Burden of Diseases, Injuries and Risk Factors Study, 2006–2016*. Wellington: Ministry of Health.
- 18 Banks E, Joshy G, Weber MF, Liu B, Grenfell R, et al. (2015) Tobacco smoking and all-cause mortality in a large Australian cohort study: findings from a mature epidemic with current low smoking prevalence. *BMC Medicine* 13: 38.
- 19 World Health Organization (2008) *WHO report on the global tobacco epidemic, 2008: the MPOWER package*. Geneva: WHO.
- 20 Ministry of Health (2018) Regional Data Explorer 2014–17: New Zealand Health Survey [Data File].
- 21 Ministry of Health (2017) *Methodology Report 2016/17: New Zealand Health Survey*. Wellington: Ministry of Health.
- 22 WHO (2007) *Global Database on Body Mass Index*. Geneva: World Health Organization.
- 23 Ministry of Health (2017) *Clinical Guidelines for Weight Management in New Zealand Adults*. Wellington: Ministry of Health, Clinical Trials Research Unit.
- 24 Ministry of Health (2018) Obesity. Retrieved from www.health.govt.nz/our-work/diseases-and-conditions/obesity

- 25 Ministry of Health (2016) *Annual Update of Key Results 2015/16: New Zealand Health Survey*. Wellington: Ministry of Health.
- 26 Swinburn BA, Sacks G, Hall KD, McPherson K, Finegood DT, et al. (2011) The global obesity pandemic: shaped by global drivers and local environments. *Lancet* 378: 804-814.
- 27 Drewnowski A (2009) Obesity, diets, and social inequalities. *Nutr Rev* 67 Suppl 1: S36-39.
- 28 Physical Activity Guidelines Advisory Committee (2018) *2018 Physical Activity Guidelines Advisory Committee Scientific Report*. Washington, DC: U.S. Department of Health and Human Services.
- 29 McLean G, Tobias M (2004) *The New Zealand Physical Activity Questionnaire: Report on the validation of the NZPAQ-long and NZPAQ-short form physical activity questionnaires*. Wellington: Sport and Recreation New Zealand.
- 30 Craig CL, Marshall AL, Sjostrom M, Bauman AE, Booth ML, et al. (2003) International physical activity questionnaire: 12-country reliability and validity. *Med Sci Sports Exerc* 35: 1381-1395.
- 31 Ministry of Health (2018) Annual Data Explorer 2017/18: New Zealand Health Survey [Data File].
- 32 Babor TF, Higgins-Biddle JC, Saunders JB, Monteiro MG, World Health Organization (2001) *AUDIT: the alcohol use disorders identification test: guidelines for use in primary health care*. Geneva: World Health Organization.
- 33 Ministry of Health (2013) Hazardous drinking in 2011/12: Findings from the New Zealand Health Survey. Retrieved from [www.moh.govt.nz/NoteBook/nbbooks.nsf/0/81BF301BDCF63B94CC257B6C006ED8EC/\\$file/12-findings-from-the-new-zealand-health-survey.pdf](http://www.moh.govt.nz/NoteBook/nbbooks.nsf/0/81BF301BDCF63B94CC257B6C006ED8EC/$file/12-findings-from-the-new-zealand-health-survey.pdf)
- 34 Braillon A, Dubois G (2005) Alcohol and public health. *Lancet* 365: 1387.
- 35 Health Promotion Agency (2016) *Alcohol – the Body and Health Effects: A brief overview*. Wellington: Health Promotion Agency.
- 36 GBD 2016 Alcohol Collaborators (2018) Alcohol use and burden for 195 countries and territories, 1990-2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet* 392: 1015-1035.
- 37 Connor, J., Kydd, R., Shield, K., & Rehm, J. (2015). The burden of disease and injury attributable to alcohol in New Zealanders under 80 years of age: marked disparities by ethnicity and sex. *N Z Med J*, 128(1409), 15-28.
- 38 Hall JJ, Taylor R (2003) Health for all beyond 2000: the demise of the Alma-Ata Declaration and primary health care in developing countries. *Med J Aust* 178: 17-20.
- 39 Winnard D, Crampton P, Cumming J, Sheridan N, Neuwelt P, et al. (2008) *Population Health – Meaning in Aotearoa New Zealand? A discussion paper to support implementation of the Primary Health Care Strategy*. Auckland: Auckland Regional Public Health Service.
- 40 Neuwelt P, Matheson D, Arroll B, Dowell A, Winnard D, et al. (2009) Putting population health into practice through primary health care. *NZ Med J* 122: 98-104.
- 41 Schluter PJ, Hamilton GJ, Deely JM, Ardagh MW (2016) Impact of integrated health system changes, accelerated due to an earthquake, on emergency department attendances and acute admissions: a Bayesian change-point analysis. *BMJ Open* 6: e010709.
- 42 Galenkamp H, Deeg DJH, de Jongh RT, Kardaun JWPF, Huisman M (2016) Trend study on the association between hospital admissions and the health of Dutch older adults (1995–2009). *BMJ Open* 6: e011967.
- 43 Canning UP, Kennell-Webb SA, Marshall EJ, Wessely SC, Peters TJ (1999) Substance misuse in acute general medical admissions. *QJM: An International Journal of Medicine* 92: 319-326.
- 44 Kessler RC, Angermeyer M, Anthony JC, R DEG, Demyttenaere K, et al. (2007) Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry* 6: 168-176.
- 45 Ministry of Health (2017) *Office of the Director of Mental Health Annual Report 2016*. Wellington: Ministry of Health.
- 46 Ministry of Health (2018) PRIMHD: Mental health data. Retrieved from www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data
- 47 Oakley Browne MA (2006) Lifetime prevalence and lifetime risk of DSM-IV disorders. In: Oakley Browne MA, Wells JE, Scott KM, editors. *Te Rau Hinengaro: The New Zealand Mental Health Survey*. Wellington: Ministry of Health.
- 48 Kessler RC, Foster CL, Saunders WB, Stang PE (1995) Social consequences of psychiatric disorders, I: Educational attainment. *American Journal of Psychiatry* 152: 1026–1032.
- 49 The Mental Health Commission (1998) *Blueprint for Mental Health services in New Zealand. How things need to be*. Wellington: The Mental Health Commission.
- 50 The Mental Health Commission (2012) *Blueprint II Improving mental health and wellbeing for all New Zealanders. How things need to be*. Wellington: The Mental Health Commission.

- 51 Cerdá M, Tracy M, Galea S (2011) A prospective population based study of changes in alcohol use and binge drinking after a mass traumatic event. *Drug & Alcohol Dependence* 115: 1-8.
- 52 Fergusson DM, Horwood J, Boden JM, Mulder RT (2014) Impact of a Major Disaster on the Mental Health of a Well-Studied Cohort. *JAMA Psychiatry* 71: 1025-1031.
- 53 Galea S, Nandi A, Vlahov D (2005) The epidemiology of post-traumatic stress disorder after disasters. *Epidemiol Rev* 27: 78-91.
- 54 Gluckman P (2011) *The psychological consequences of the Canterbury earthquakes*. Wellington: Office of the Prime Minister's Science Advisory Committee.
- 55 Kessler RC, McLaughlin KA, Koenen KC, Petukhova M, Hill ED, et al. (2012) The importance of secondary trauma exposure for post-disaster mental disorder. *Epidemiology and Psychiatric Sciences* 21: 35-45.
- 56 Lock S, Rubin GJ, Murray V, Rogers MB, Amlot R, et al. (2012) Secondary stressors and extreme events and disasters: a systematic review of primary research from 2010-2011. *PLoS Curr* 4.
- 57 Kerdemelidis M, Reid MC. (2019) *Wellbeing recovery after mass shootings: information for the response to the Christchurch mosque attacks 2019. Rapid literature review*. Christchurch, New Zealand: Planning and Funding, Canterbury District Health Board.