Dansk Tidsskrift for Akutmedicin
Vol. 9, No. 1
Accepted: 22 June 2026 | Published: 31 July 2026
DOI: 10.7146/akut.v9i1.168713

Defended:
May 9, 2025

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Summary of dissertation

Potentially Preventable Hospitalisations – Insights from Registries and Frontline care

Background

Potentially preventable hospitalisations, often defined through ambulatory care-sensitive conditions (ACSCs), serve as an indicator of healthcare system performance. However, understanding the mechanisms behind these admissions requires a multi-level perspective, incorporating micro (individual), meso (organisational), and macro (policy) factors.

Aim

This thesis aims to provide a comprehensive understanding of potentially preventable hospitalisations by examining their underlying mechanisms across system levels.

Methods

The thesis comprises three studies: two register-based studies investigating the characteristics of older persons hospitalised with ACSCs and the impact of multimorbidity on readmissions and mortality, and an ethnographic study exploring healthcare aides' practices in supporting older persons with chronic obstructive pulmonary disease at risk of ACSC-related admissions.

WHAT DOES THE PAPER ADD?

This thesis demonstrates that multimorbidity substantially increases the risk of readmission and mortality and shows how healthcare aides in the home care setting play a key role in preventing admissions, although their impact is conditioned by organisational constraints and interprofessional dynamics.

Findings

The findings highlight that ACSC-related admissions are influenced by a complex interplay of patient characteristics, healthcare structures, and system-level factors. The register-based studies show that multimorbidity significantly affects the risk of readmission and mortality, underscoring the need for tailored interventions. The ethnographic study reveals that healthcare aides play a crucial role in bridging gaps in care, but their ability to prevent hospitalisations is shaped by organisational constraints and professional relationships.

WHAT DO WE KNOW?

Potentially preventable hospitalisations, particularly those related to ACSCs, are widely used as an indicator of healthcare system performance and are influenced by individual health status as well as organisational and policy-level factors

Conclusion

Preventing ACSC-related admissions requires a system-wide approach that acknowledges the interdependence of micro-, meso-, and macro-level factors. The knowledge generated in this thesis can inform clinicians, managers, and policymakers in developing targeted strategies that consider the contextual and structural dimensions of ambulatory care sensitive conditions.

Conflict of Interest

The author declares that they have no conflicts of interest.

Funding

None.

CLINICAL IMPACT

Potentially preventable hospitalisations, particularly those related to ACSCs, are widely used as an indicator of healthcare system performance and are influenced by individual health status as well as organisational and policy-level factors.