

ED Patient Flow

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Paediatric Same Day Emergency Care

Guidance for system leaders, commissioners and providers for developing or improving paediatric same day emergency care (SDEC) services.

This guidance is for system leaders, commissioners and providers who are developing or improving paediatric SDEC services to reduce reliance on overnight admissions for patients who can safely be discharged home on the same day as arrival. It highlights the key principles and minimum standards for this service, including considerations for physical infrastructure, referral and access, workforce, diagnostics, discharge, counting and coding, and patient experience.

Summary

Paediatric same day emergency care (SDEC) aims to minimise and remove delays in the paediatric emergency patient pathway, allowing services to assess, investigate and diagnose patients on the same day of arrival, as an alternative to hospital admission.

While paediatric SDEC is not a new concept or model of care and is among the most established of all the specialty SDECs, this guidance outlines key standards and considerations for system leaders, commissioners and providers to improve existing services or support implementation of a newly established service.

This guidance signposts to other important guidelines, quality standards and key performance metrics throughout and should be read in conjunction with the [SAMEDAY strategy](#).

Frailty-ACE service supports elderly frail people in Bristol, North Somerset and South Gloucestershire

This service provides a multi-professional, person-centred assessment for older people living with frailty. Paramedics who are called out to a frail older person can contact the Frailty-Assessment and Coordination for Emergency and Urgent Care (ACE) team who then manage the person's needs instead of going to the emergency department.

Frequent Attendance in the Emergency Department: Delivering Interventions and Services for High Intensity Use

Long Waits and Excess Deaths

NHS Rollout of Same Day Emergency Care Allows Hundreds of Thousands to Return Home Quicker

Delivery Plan for Recovering Urgent And Emergency Care: Progress Update And Next Steps

The Delivery plan for recovering urgent and emergency care was published in January 2023. Setting out a two-year action plan from April 2023, it is backed by a £1 billion improvement package and £200 million ambulance fund, with the ambition of reducing the time people spend in A&E or waiting for ambulances to arrive. This update highlights the progress made over 2023/24 in delivering the actions set out in the delivery plan.

1. Impact of the COVID-19 Pandemic on Regular Emergency Department Users

Authors: Baker, Olesya;Galbraith, Alison;Thomas, Ann;LeCates, Robert F. and Wharam, J. F.

Publication Date: /05// ,2024

Journal: American Journal of Managed Care 30(5), pp. 230-236

Abstract: OBJECTIVES: Regular users of the emergency department (ED) include both patients who could be better served in lower-acuity settings and those with high-severity conditions. ED use decreased during the COVID-19 pandemic, but patterns among regular ED users are unknown. To

determine the impact of the COVID-19 pandemic on this population, we examined quarterly postpandemic ED utilization among prepandemic regular ED users. Key subgroups included prepandemic ED users with regular visits for (1) low-severity conditions and (2) high-severity conditions. STUDY DESIGN: An event study design with COVID-19 and historic controls cohorts. METHODS: We identified 4710 regular ED users at baseline and followed their ED utilization for 7 quarters. We used a generalized estimating equations model to compare the relative quarterly percent difference in ED visit rates between the COVID-19 and historic controls cohorts. RESULTS: The first postpandemic quarter was associated with the largest decline in ED visits, at --36.0% (95% CI, --42.0% to --29.3%) per regular ED user overall, --52.2% (95% CI, --69.4% to --25.3%) among high-severity users, and --29.6% (95% CI, --39.8% to --17.8%) among low-severity users. However, use did not statistically differ from expected levels after 5 quarters among all regular ED users, 1 quarter among high-severity users, and 3 quarters among regular low-severity users. CONCLUSIONS: Initial reductions among regular high-severity ED users raise concern for harm from delayed or missed care but did not result in increased high-severity visits later. Nonsustained declines among regular low-severity ED users suggest barriers to and opportunities for redirecting nonurgent ED use to lower-acuity settings.

2. The work of patient flow management: A grounded theory study of emergency nurses

Authors: Benjamin, Ellen

Publication Date: /06// ,2024

Journal: International Emergency Nursing 74, pp. 101457

Abstract: Introduction: The current crisis of emergency department overcrowding demands novel approaches. Despite a growing body of patient flow literature, there is little understanding of the work of emergency nurses. This study explored how emergency nurses perform patient flow management.; Methods: Constructivist grounded theory and situational analysis methodologies were used to examine the work of emergency nurses. Twenty-nine focus groups and interviews of 27 participants and 64 hours of participant observation across four emergency departments were conducted between August 2022 and February 2023. Data were analyzed using coding, constant comparative analysis, and memo-writing to identify emergent themes and develop a substantive theory.; Findings: Patient flow management is the work of balancing department resources and patient care to promote collective patient safety. Patient safety arises when care is ethical, efficient, and appropriately weighs care timeliness and comprehensiveness. Emergency nurses use numerous patient flow management strategies that can be organized into five tasks: information gathering, continuous triage, resource management, throughput management, and care oversight.; Conclusion: Patient flow management is complex, cognitively demanding work. The central contribution of this paper is a theoretical model that reflects emergency nurses' conceptualizations, discourse, and priorities. This model lays the foundation for knowledge sharing, training, and practice improvement.; Competing Interests: Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. (Copyright © 2024 The Author. Published by Elsevier Ltd.. All rights reserved.)

3. Evaluating the impact of a discharge pharmacy in the emergency department on emergency department revisits and admissions

Authors: Chen, Thomas; Spiegel, Thomas; Zhang, Hui; Celmins, Laura; Bickley, Daniel and Scarpelli, Denise

Publication Date: /05// ,2024

Journal: American Journal of Emergency Medicine 79, pp. 116-121

4. A Dedicated Outpatient Pharmacy Improves Access to Discharge Medications in a Pediatric Emergency Department: A Quality Improvement Study

Authors: Choi, Jason Hyunjoon;Barrett, Michelle Caruso;Michel, Nicholas;Bouvay, Kamali;Schwartz, Hamilton and Vukovic, Adam Alexander

Publication Date: /06// ,2024

Journal: Annals of Emergency Medicine 83(6), pp. 552-561

Abstract: Study Objective: Following discharge from a pediatric emergency department (ED) or urgent care, many families do not pick up their prescribed medications. The aim of this quality improvement study was to increase the percentage of patients discharged home with medications in-hand from 6% to 30% within 6 months.; Methods: Due to the planned construction of a new ED, urgent care, and dedicated pharmacy, a multidisciplinary team was formed to increase access to discharge medications. We performed a pilot study in the urgent care to improve the discharge prescription process and expanded its scope to the ED. We evaluated the effect of our interventions on the percentage of patients discharged with medications in-hand through statistical process control charts. Process measures included the percentage of prescriptions electronically prescribed and directed to an on-site pharmacy.; Results: Between June 21, 2021 and March 27, 2022, 7,678 patients were discharged with at least 1 medication in-hand. The percentage of patients discharged with medications in-hand increased from 6.2% to 60.6%. The percentage of prescriptions e-prescribed and directed to an on-site pharmacy increased to 94.6% and 65.6% respectively.; Conclusions: In this study, the availability of a 24-hour on-site pharmacy appears to be the most impactful intervention increasing access to discharge medications for families. Other interventions, such as a pilot study in the urgent care and implementing default electronic prescribing, may have potentiated the effect of the new pharmacy. (Copyright © 2023 American College of Emergency Physicians. Published by Elsevier Inc. All rights reserved.)

5. An emergency department intervention to improve earlier detection of community-onset bloodstream infection among hospitalized patients

Authors: Cohen, Regev;Tannous, Elias;Natan, Orna Ben;Vaknin, Aliza;Ganayem, Mohammed;Reisfeld, Sharon;Lipman-Arens, Shelly;Mahamid, Lamis;Ishay, Linor;Karisi, Erez;Melnik, Noa;Leibel, Mira;Ashkar, Jalal and Freimann, Sarit

Publication Date: /06// ,2024

Journal: American Journal of Infection Control 52(6), pp. 664-669

Abstract: Blood cultures (BCs) are essential microbiologic tests, but blood culturing diagnostic stewardship is frequently poor. We aimed to study the process-related failures and to evaluate the effect of an emergency department (ED) intervention on BCs collection practices and yield. We implemented an ED-quality improvement intervention including educational sessions, phlebotomists addition, promoting single-site strategy for BC-collection and preanalytical data feedback. BC-bottles collected, positive BCs, blood volumes and documentation of collection times were measured, before (December 2021-August 2022) and after (September 2022-July 2023) intervention. Results were corrected to hospitalizations admissions or days. We used interrupted-time series analyses for comparisons. A total of 64,295 BC bottles were evaluated, 26,261 before and 38,034 postintervention. The median ED-BCs collected per week increased from 88 to 105 BCs ($P < .0001$), resulting from increased early sampling ($P = .0001$). Solitary BCs decreased (95%-28%), documented times increased (2.8%-25%), and average blood volume increased (3 mL to 4.5 mL) postintervention. Community-onset Bloodstream infections (BSIs) increased (39.6-52 bottles/1,000 admissions, $P = .0001$), while Health care-associated BSIs decreased (39-27 bottles/10,000 days, $P = .0042$). Contamination rates did not change. An ED-focused intervention based on the education sessions and single-site strategy improved culturing stewardship and facilitated the early identification of BSI without an increase in contamination. • Diagnostic stewardship of blood cultures is frequently poor. • ED intervention was based on switching to single-site strategy for blood culturing. • Admission blood cultures number increased, and solitary blood cultures reduced. • Community-onset bloodstream infections detection increased after the intervention. • There was no increase in blood-culture contamination rates.

6. Boarding in the emergency department: challenges and mitigation strategies

Authors: da Silva Ramos, Fernando,J.;Freitas, Flavio G. R. and Machado, Flavia R.

Publication Date: /06/01/ ,2024

Journal: Current Opinion in Critical Care 30(3), pp. 239-245

Abstract: Purpose of Review: Herein, we conducted a review of the literature to better understand the issue of prolonged emergency department (ED) boarding by providing an overview of the current evidence on the available causes, consequences, and mitigation strategies.; Recent Findings: Severely ill patients awaiting transfer to intensive care units (ICU) imposes additional burdens on the emergency care team from both a clinical and management perspective. The reasons for prolonged ED boarding are multifactorial. ED boarding compromises patients' safety and outcomes, and is associated with increased team burnout and dissatisfaction. Mitigation strategies include the optimization of patients' flow, the establishment of resuscitative care units, deployment of mobile critical care teams, and improvements in training. Staffing adjustments, changes in hospital operations, and quality improvement initiatives are required to improve this situation, while active bed management and implementation of capacity command centers may also help.; Summary: Considering the characteristics of healthcare systems, such as funding mechanisms, organizational structures, delivery models, access and quality of care, the challenge of ED boarding of critically ill patients requires a nuanced and adaptable approach. Solutions are complex but must involve the entirety of the hospital system, emergency department, staff adjustment, and education. (Copyright © 2024 Wolters Kluwer Health, Inc. All rights reserved.)

7. A concept analysis of person-centred handover practices: The meaning in emergency departments

Authors: de Lange, Santel;Heyns, Tanya and Filmalter, Celia

Publication Date: /06// ,2024

Journal: International Emergency Nursing 74, pp. 101446

Abstract: Background: Transfer of patients from the prehospital to the in-hospital environment is a frequent occurrence requiring a handover process. Habitually, emergency care practitioners and healthcare professionals focus on patient care activities, not prioritising person-centred handover practices and not initiating person-centred care.; Aim: The aim of this concept analysis was to define the concept person centred handover practices.; Methods: The eight steps for Walker and Avant's method of concept analysis.; Results: Thirty-one articles were included for final review including qualitative and quantitative studies, literature reviews and audits. This concept analysis guided the development of an concept definition of person-centred handover practices between emergency care practitioners and healthcare professionals in the emergency department as person- centred handover practices are those handovers being performed while including all identified defining attributes such as structure, verbal, and written information transfer, interprofessional process, inclusion of the patient and/ or family, occurs at the bedside, without interruption.; Conclusions: Results suggested that person-centred handover practices involve verbal and non- verbal interprofessional communication within a specific location in the emergency department. It requires mutual respect from all professionals involved, experience and training, and the participation of the patient and / or family to improve patient outcomes and quality patient care. A definition for the concept may encourage the implementation of person-centred handover practices in emergency departments.; Competing Interests: Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. (Copyright © 2024 The Author(s). Published by Elsevier Ltd.. All rights reserved.)

8. The Effect of a Quality Improvement Project on Improving Patients' Willingness to Receive an Influenza Vaccination in the Emergency Department

Authors: German, Paola H.;Lazenby, Mark;Phillips, Susanne and Jun, Angela

Publication Date: /06// ,2024

Journal: Journal of Immigrant & Minority Health 26(3), pp. 474-481

Abstract: The aim of this project was to increase willingness to receive the influenza vaccine to the optimal rate of $\geq 70\%$. Low acuity adult patients who visited an Emergency Department (ED) were assessed regarding their willingness to receive the influenza vaccine before and after an educational intervention that included a provider recommendation and an educational handout. A total of seventy-six patients ($n = 76$) were assessed. Patients' willingness to receive the influenza vaccine rose from 29% pre-intervention to 72% post-intervention without disrupting the clinical flow in a busy ED. Similar vaccine educational strategies can be applied to influenza and other vaccines in EDs to increase vaccination willingness in patients, including those who use the ED as a primary point of contact for healthcare, decreasing the burden of influenza illness in the community.

9. Managing emergency department patients with opioid use disorder

Authors: Hazekamp, Corey S. and Sacco, Dana

Publication Date: /06/01/ ,2024

Journal: Emergency Medicine Practice 26(6), pp. 1-24

Abstract: As the United States continues to grapple with the opioid crisis, emergency clinicians are on the front lines of managing patients with opioid use disorder. This issue reviews tools and best practices in emergency department management of patients with opioid overdose and opioid withdrawal, and how substance use history will inform treatment planning and disposition. As growing evidence shows that medications for opioid use disorder (MOUD)- buprenorphine, methadone, and naltrexone-can have lasting impacts on patients' addiction recovery, strategies for assessing patient readiness for MOUD and overcoming barriers to emergency department initiation of these medications are reviewed. Newer approaches to buprenorphine dosing (high-dose, low-dose, home induction, and long-acting injectable dosing) are also reviewed.

10. Emergency department Nurses' narratives of burnout: Changing roles and boundaries

Authors: Hetherington, Debbie;Wilson, Nathan J.;Dixon, Kathleen and Murphy, Gillian

Publication Date: /06// ,2024

Journal: International Emergency Nursing 74, pp. 101439

Abstract: Purpose: Emergency department nurses work in rapidly changing environments, which can contribute to occupational stress. Emergency department nurses utilise diverse strategies to mediate the impact of stress on their daily lives. There is a paucity of qualitative research which explores emergency department nurses' experiences and perspectives of burnout. This study aimed to explore emergency department nurses' experiences of burnout. Further, the study considered how emergency nurses conceptualised burnout and the strategies they used to manage the professional and personal effects of burnout.; Procedures: The COREQ research guidelines were used throughout the study from the design stage through to dissemination. Narrative inquiry was used as the underpinning theoretical framework. The researcher met individually with eight emergency department nurses from NSW hospitals to undertake a face-to-face semi-structured interview. An inductive approach was used to establish major themes within the narrative.; Findings: Two major themes were established: experiencing conflicting emotions and trying to establish a personal sense of control. Emergency nurses felt passionate about their professional roles, yet encountered difficulties due to management structures, time constraints and a sense of underappreciation. The misalignment between their

expectations and the reality of emergency department nursing, resulted in experiences of burnout such as dissatisfaction and frustrations at work. Consequently, these nurses adopted diverse strategies within both their professional and personal domains.; Principal Conclusions: The conclusions of this study are transferable to a variety of acute health services. Health service management have a role to promote a positive workplace culture for nurses, which advocates for home life balance. This will support nurses to construct clear boundaries between professional identity and their personal lives.; Competing Interests: Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. (Copyright © 2024 The Author(s). Published by Elsevier Ltd.. All rights reserved.)

11. An evaluation of the effectiveness of an advanced practice physiotherapist in the emergency department setting in Ireland

Authors: Howland, David;Cunniffe, Gráinne;Morris, Seamus and Staunton, Paul

Publication Date: /06// ,2024

Journal: Irish Journal of Medical Science 193(3), pp. 1533-1538

Abstract: Background: One of the means of easing increased pressure on emergency care worldwide has been the development of advanced musculoskeletal physiotherapy practice in the emergency department setting. This model of care is in its infancy in Ireland.; Aims: To evaluate the effectiveness of an advanced practice physiotherapist working as a primary contact clinician in the emergency department at St. James's Hospital, Dublin.; Methods: A three-month retrospective chart review was undertaken for patients assigned the advanced practice physiotherapist as their primary clinician during their emergency department attendance. Three widely accepted measures of quality in emergency medicine were used to evaluate effectiveness, namely, time from attendance to discharge, time from triage to assessment, and unplanned reattendance within seven days.; Results: A total of 129 patients were included in this study. Time from attendance to discharge was significantly less in the APP group (mean 208.5 min, standard deviation 122.4 min) than in the ED group (mean 377.1 min, standard deviation 314.7 min) (mean difference - 168.61 (95% C.I - 191.24- - 145.98)) ($p < 0.001$). Time from triage to assessment was significantly less in the APP group (mean 72.1 min, standard deviation 51.9 min) than in the ED group (mean 94.1 min, standard deviation 96.5 min) (mean difference - 22.08 (95% C.I - 31.28- - 12.89)) ($p < 0.001$). The unplanned reattendance rate was 3.9%. No adverse events were identified.; Conclusions: The findings of this study indicate that an advanced practice physiotherapist can provide a timely, effective, and safe service for patients attending the emergency department with musculoskeletal complaints in Ireland. (© 2023. The Author(s), under exclusive licence to Royal Academy of Medicine in Ireland.)

12. Risk factors for violence in an emergency department: Nurses' perspectives

Authors: Ilarda, Elisa;Senz, Ainslie;Tynan, Anna and McIlveen, Peter

Publication Date: /06// ,2024

Journal: Emergency Medicine Australasia : EMA 36(3), pp. 459-465

Abstract: Objective: Work-related violence remains a significant problem in healthcare settings, including EDs. Violence risk assessment tools have been developed to improve risk mitigation in this setting; however, incorporation of these tools into standard hospital processes remains scarce. This research aimed to explore nurses' perspectives on the Bröset Violence Checklist used in routine violence risk assessment and their recommendations for additional items.; Methods: Thirty nursing staff who used the Bröset Violence Checklist (BVC) as standard practice for 5 years participated in two focus groups where 23 violence risk factors were presented. Using multiple methods, participants were asked to select and elaborate from a pre-determined list what they considered most useful in violence risk assessment in respect to descriptors and terminology.; Results: Quantitative data showed most risk

factors presented to the group were considered to be predictive of violence. Ten were regarded as associated with risk, and overt behaviours received the highest votes. The terms 'shouting and demanding' was preferred over 'boisterous', and 'cognitive impairment' over 'confusion'. Patient clinical characteristics and staff perceptions of harm, inability to observe subtle behaviour, imposed restrictions and interventions and environmental conditions and impact were also important considerations.; Conclusions: We recommend that violence risk assessment include: history of violence, cognitive impairment, psychotic symptoms, drug and alcohol influence, shouting and demanding, verbal abuse/hostility, impulsivity, agitation, irritability and imposed restrictions and interventions. These violence risk factors fit within the four categories of historical, clinical, behavioural and situational. (© 2024 The Authors. Emergency Medicine Australasia published by John Wiley & Sons Australia, Ltd on behalf of Australasian College for Emergency Medicine.)

13. Patient experience of emergency department triage: An integrative review

Authors: Janerka, Carrie;Leslie, Gavin D. and Gill, Fenella J.

Publication Date: /06// ,2024

Journal: International Emergency Nursing 74, pp. 101456

Abstract: Background: Emergency department (ED) triage is often patients' first contact with a health service and a critical point for patient experience. This review aimed to understand patient experience of ED triage and the waiting room.; Methods: A systematic six-stage approach guided the integrative review. Medline, CINAHL, EmCare, Scopus, ProQuest, Cochrane Library, and JBI database were systematically searched for primary research published between 2000-2022 that reported patient experience of ED triage and/or waiting room. Quality was assessed using established critical appraisal tools. Data were analysed for descriptive statistics and themes using the constant comparison method.; Results: Twenty-nine articles were included. Studies were mostly observational (n = 17), conducted at a single site (n = 23), and involved low-moderate acuity patients (n = 13). Nine interventions were identified. Five themes emerged: 'the who, what and how of triage', 'the patient as a person', 'to know or not to know', 'the waiting game', and 'to leave or not to leave'.; Conclusion: Wait times, initiation of assessment and treatment, information provision and interactions with triage staff appeared to have the most impact on patient experience, though patients' desires for each varied. A person-centred approach to triage is recommended.; Competing Interests: Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. (Copyright © 2024 The Author(s). Published by Elsevier Ltd.. All rights reserved.)

14. A streamlined Emergency Department approach to moderate risk chest pain in patients with no pre-existing coronary artery disease: A pilot study

Authors: Jones, Christopher L.;Gallagher, Robyn;Quinn, Paddy;Lan, Nick S. R.;Thomas, David-Raj;Wood, Christopher;Lau, Christopher;Chow, Weng Man Sofia;Raju, Vikram;Rankin, James M.;Ihdayhid, Abdul Rahman and Arendts, Glenn

Publication Date: /06// ,2024

Journal: Emergency Medicine Australasia : EMA 36(3), pp. 378-388

Abstract: Objective: Moderate risk patients with chest pain and no previously diagnosed coronary artery disease (CAD) who present to ED require further risk stratification. We hypothesise that management of these patients by ED physicians can decrease length of stay (LOS), without increasing patient harm.; Methods: A prospective pilot study with comparison to a pre-intervention control group was performed on patients presenting with chest pain to an ED in Perth, Australia between May and October 2021, following the introduction of a streamlined guideline consisting of ED led decision making and early follow up. Patients had no documented CAD and were at moderate risk of major adverse cardiac events (MACE). Electronic data was used for comparison. Primary outcomes were

total LOS and LOS following troponin.; Results: One hundred eighty-six patients were included. Median total LOS was reduced by 62 min, but this change was not statistically significant (482 360-795] vs 420 360-525] min, $P = 0.06$). However, a significant 60 min decrease in LOS was found following the final troponin (240 (120-571) vs 180 (135-270) min, $P = 0.02$). There was no difference in the rate of MACE (0% vs 2%, $P = 0.50$), with no myocardial infarction or death.; Conclusions: Our study suggests that patients with no pre-existing CAD can be safely managed by emergency physicians streamlining their ED management and decreasing LOS. This pathway could be used in other centres following confirmation of the results by a larger study. (© 2023 The Authors. Emergency Medicine Australasia published by John Wiley & Sons Australia, Ltd on behalf of Australasian College for Emergency Medicine.)

15. Association between physician resource utilization, throughput, and patient experience in the emergency department

Authors: Kal, James;Safapour, Cameron;Sok, Tha;Li, Angel;Stofferahn, Matt;Hazan, Alberto and Olivieri, Patrick

Publication Date: /07// ,2024

Journal: Journal of Emergency Medicine, Trauma & Acute Care 2024(3), pp. 1-6

16. Critical Care Delivery in the Emergency Department: Bringing the Intensive Care Unit to the Patient

Authors: Kuk, Won-Jun;Park, Jun Soo and Gunnerson, Kyle J.

Publication Date: /07// ,2024

Journal: Critical Care Clinics 40(3), pp. 497-506

Abstract: Boarding of critically ill patients in the Emergency Department (ED) has increased over the past 20 years, leading hospital systems to explore ED-focused models of critical care delivery. ED-critical care delivery models vary between health systems due to differences in hospital resources and the needs of the critically ill patients boarding in the ED. Three published systems include an ED critical care intensivist consultation model, a hybrid model, and an ED-intensive care unit model. Paraphrasing the Greek philosopher, Plato, "necessity is the mother of invention." This proverb rings true as EDs are facing an increasing challenge of caring for boarding patients, especially those who are critically ill.; Competing Interests: Disclosure No disclosure. (Copyright © 2024 Elsevier Inc. All rights reserved.)

17. Evaluation of Delirium Among Elders in the Emergency Department: A Cross-Sectional Study

Authors: Marcomini, Ilaria;Pisoni, Luca;Mellino, Antonio;Labaran, Raisa and Milani, Laura

Publication Date: /05//May/Jun ,2024

Journal: Dimensions of Critical Care Nursing 43(3), pp. 130-135

Abstract: Background: Health care professionals underestimate the recognition of delirium in emergency departments (EDs). In these settings, between 57% and 83% of cases of delirium go undetected. When delirium occurs, it causes an increase in the length of hospitalization, readmissions within 30 days, and mortality. No studies were carried out in Italy to assess the prevalence of delirium among elders in EDs. Objectives: The primary goal of the study was to evaluate the prevalence of the risk of delirium in people 65 years and older hospitalized in the ED for a minimum of 8 hours. The study's secondary goal was to identify the variables that influenced the risk of delirium. Method: A multicenter cross-sectional study was conducted in 2 EDs. The risk of delirium was assessed using the delirium screening tool 4 A's test. One hundred patients were enrolled. Data collection took place from June 28

to August 31, 2022. Results: The risk of delirium was detected in 29% of the sample, whereas the risk of cognitive impairment was 13%. The use of psychotropic drugs increased the risk of delirium by 11.8 times (odds ratio OR, 11.80; $P = .003$). Bed confinement increased the risk by 4.3 times (OR, 4.31; $P = .009$). Being dehydrated increased the risk of onset by 4.6 times (OR, 4.62; $P = .010$). Having dementia increased the risk of delirium manifestation by 4.4 times (OR, 4.35; $P = .021$). Discussion: The risk of delirium was detected in a considerable portion of the sample. The results of this study can be used by health care professionals to implement preventive measures as well as support clinical judgment and establish priorities of care for patients at risk of developing delirium.

18. Factors that contribute to turnover and retention amongst emergency department nurses: A scoping review

Authors: McIntyre, Nicholas; Crilly, Julia and Elder, Elizabeth

Publication Date: /06// ,2024

Journal: International Emergency Nursing 74, pp. 101437

Abstract: Background: Internationally, the emergency nursing workforce shortage is of critical concern.; Aim: To synthesise the evidence and assess the scope of literature regarding factors that contribute to turnover and retention amongst emergency nurses.; Method: A scoping review using the Joanna Briggs Institute approach was undertaken. Five databases (Embase, MEDLINE, PsycINFO, CINAHL, and Business Source Complete) were searched for papers published in English between January 2011 and June 2023 where the population was nurses, context was the emergency department, and the concept was turnover or retention. A quality appraisal was performed on included studies.; Results: A total of 31 articles met the inclusion criteria. Twenty-six studies focussed on turnover and five studies focussed on retention. Factors that contribute to ED nursing turnover included workplace violence, personal aspects (e.g., burnout or depression), organisational characteristics, and environmental/ job characteristics. Factors that contributed to ED nursing retention included mentoring programs, the advancement in nursing skills, and the transition to practice speciality (emergency) programs.; Conclusions: A large body of literature exists regarding ED nurses' reasons for leaving their area of practice, yet limited evidence exist on retention. Research exploring factors that promote retention of emergency nurses that leads to subsequent stability and growth in the emergency nursing workforce is needed.; Competing Interests: Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. (Copyright © 2024. Published by Elsevier Ltd.

19. Examining management plans for patients who frequently presented to the emergency department

Authors: Moon, Felicity; Knott, Jonathan and Feely, Siobhan

Publication Date: /06// ,2024

Journal: Australasian Emergency Care 27(2), pp. 114-118

Abstract: Patients who frequently present to Emergency Department (ED) experience complex health and social needs. While research has examined interventions that aim to decrease frequent ED attendances, there is a need to understand the types of interventions provided to patients by hospital clinicians during presentations. Using qualitative content analysis, 82 management plans were evaluated to understand the scope and type of interventions provided by clinicians for patients frequently presenting to the ED at the Royal Melbourne Hospital, Australia. Patients often presented to the ED due to mental and psychological distress, substance use and physical health concerns alongside psychosocial vulnerabilities. The goals of care documented in plans focussed on management of health issues, aggression within the ED, and coordinating care with community services. Recommended interventions addressed presenting needs with multi-disciplinary approach to respond to distress and aggression. Finally, the plans provided insight into service coordination

dynamics between the ED and community-based health and social care services. The plans recommended interventions that sought to provide holistic care for patients in collaboration with relevant community-based services. The findings suggest that clinicians in the ED can provide appropriate and meaningful care for patients who experience frequent presentations.

20. Patients' pathways to the emergency department: a scoping review

Authors: Nummedal, Målfrid Asheim;King, Sarah Elizabeth;Uleberg, Oddvar;Pedersen, Sindre Andre and Bjørnsen, Lars Petter

Publication Date: /05/03/ ,2024

Journal: International Journal of Emergency Medicine 17(1), pp. 1-7

Abstract: Background: Emergency department (ED) crowding is a common healthcare issue with multiple causes. One important knowledge area is understanding where patients arrived from and what care they received prior to ED admission. This information could be used to inform strategies to provide care for low acuity patients outside of the hospital and reduce unnecessary ED admissions. The aim of this scoping review was to provide a comprehensive overview of global published research examining the acute care trajectory of all ED patients. Methods: The scoping review was performed according to the JBI Manual for Evidence Synthesis and the PRISMA-SCR checklist. A comprehensive literature search was performed to identify studies describing where patients arrived from and/or whose pathway of care was before an ED visit. The search was conducted in MEDLINE, Embase, and the Cochrane Library from inception through December 5th, 2022. Two reviewers independently screened the records. Results: Out of the 6,465 records screened, 14 studies from Australia, Canada, Haiti, Norway, Sweden, Switzerland, Belgium, Indonesia, and the UK met the inclusion criteria. Four studies reported on where patients physically arrived from, ten reported how patients were transported, six reported who referred them, and six reported whether medical care or advice was sought prior to visiting an ED. Conclusion: This scoping review revealed a lack of studies describing patients' pathways to the ED. However, studies from some countries indicate that a relatively large proportion of patients first seek care or guidance from a primary care physician (PCP) before visiting an ED. However, further research and published data are needed. To improve the situation, we recommend the development and implementation of a template for the uniform reporting of factors outside the ED, including where the patient journey began, which healthcare facilities they visited, who referred them to the ED, and how they arrived.

21. Quantifying emergency department nursing workload at the task level using NASA-TLX: An exploratory descriptive study

Authors: Park, Sookyung;Yoo, Junsang;Lee, Yerim;DeGuzman, Pamela Baker;Kang, Min-Jeoung;Dykes, Patricia C.;Shin, So Yeon and Cha, Won Chul

Publication Date: /06// ,2024

Journal: International Emergency Nursing 74, pp. 101424

Abstract: Background: Emergency departments (ED) nurses experience high mental workloads because of unpredictable work environments; however, research evaluating ED nursing workload using a tool incorporating nurses' perception is lacking. Quantify ED nursing subjective workload and explore the impact of work experience on perceived workload.; Methods: Thirty-two ED nurses at a tertiary academic hospital in the Republic of Korea were surveyed to assess their subjective workload for ED procedures using the National Aeronautics and Space Administration Task Load Index (NASA-TLX). Nonparametric statistical analysis was performed to describe the data, and linear regression analysis was conducted to estimate the impact of work experience on perceived workload.; Results: Cardiopulmonary resuscitation (CPR) had the highest median workload, followed by interruption from a patient and their family members. Although inexperienced nurses perceived the 'special care' procedures (CPR and defibrillation) as more challenging compared with other categories, analysis

revealed that nurses with more than 107 months of experience reported a significantly higher workload than those with less than 36 months of experience.; Conclusion: Addressing interruptions and customizing training can alleviate ED nursing workload. Quantified perceived workload is useful for identifying acceptable thresholds to maintain optimal workload, which ultimately contributes to predicting nursing staffing needs and ED crowding.; Competing Interests: Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. (Copyright © 2024. Published by Elsevier Ltd.)

22. Pilot intervention to increase uptake of lung cancer screening through the emergency department

Authors: Pettit, Nicholas R.;Horner, Diane;Freeman, Sara and Rieger, Karen

Publication Date: /05// ,2024

Journal: American Journal of Emergency Medicine 79, pp. 157-160

23. Power and politics of leading change in emergency departments: A qualitative study of Australasian emergency physicians

Authors: Rixon, Andrew;Judkins, Simon and Wilson, Samuel

Publication Date: /06// ,2024

Journal: Emergency Medicine Australasia 36(3), pp. 389-400

Abstract: Objective: The ability to lead change is well recognised as a core leadership competency for clinicians, including emergency physicians. However, little is known about how emergency physicians' think about change leadership. The present study explores Australasian emergency physicians' beliefs about the factors that help and hinder efforts to lead change in Australasian EDs. Methods: An online modified Delphi study was conducted with 19 Fellows of the Australasian College for Emergency Medicine. To structure the process, participants were sorted into four panels. Using a three-phase Delphi process, participants were guided through a process of brainstorming, narrowing down and ranking the factors that help and hinder attempts to lead change. Reflexive thematic analysis was used to code and interpret the qualitative data set emerging from participants' responses through the final ranking phase. Results: A wide array of self-, ED- and hospital-related enablers and barriers of leading change were identified, the relative importance of which varied as a function of panel. Five core themes characterised emergency physicians' conceptions of change leadership in hospitals: challenging environments of competing interests and tribalism; need for trust and psychological safety to sustain collaboration; challenges of navigating complex hierarchies; need to garner executive leadership support and; need to maintain a growth mindset and motivation to practice change leadership. Conclusion: The findings of our study provide new insight into emergency physicians' conceptions of the nature, barriers to and enablers of change and point to new directions in leadership development to support emergency physicians' aspirations in the context of quality, organisation and health systems improvement.

24. Health mediation does not reduce the readmission rate of frequent users of emergency departments living in precarious conditions: what lessons can be learned from this randomised controlled trial?

Authors: Rotily, Michel;Persico, Nicolas;Lamouroux, Aurore;Rojas-Vergara, Ana;Loundou, Anderson;Boucekine, Mohamed;Apostolidis, Themistoklis;Odena, Sophie;Chischportich, Celia and Auquier, Pascal

Publication Date: 2024

25. Patient flow modeling and simulation to study HAI incidence in an Emergency Department

Authors: Sara, Sarawat Murtaza;Thota, Ravi Chandra;Uddin, Yusuf Sarwar;Bani-Yaghoub, Majid;Sutkin, Gary and Abourraja, Mohamed Nezar

Publication Date: /06// ,2024

Journal: Smart Health : International Conference, ICSH ...ICSH (Conference : Smart Health) 32

Abstract: Healthcare-associated infections (HAIs), or nosocomial infections, refer to patients getting new infections while getting treatment for an existing condition in a healthcare facility. HAI poses a significant challenge in healthcare delivery that results in higher rates of mortality and morbidity as well as a longer duration of hospital stay. While the real cause of HAI in a hospital varies widely and in most cases untraceable, it is popularly believed that patient flow in a hospital-which hospital units patients visit and where they spend the most time since their admission into the hospital-can trace back to HAI incidence in the hospital. Based on this observation, we, in this paper, model and simulate patient flow in an emergency department of a hospital and then utilize the developed model to study HAI incidence therein. We obtain (a) a flowchart of patient movement (admission to discharge) and (b) anonymous patient data from University Health Medical Center for a duration of 11 months (Aug 2022-June 2023). Based on these data, we develop and validate the patient flow model. Our model captures patient movement in different areas of a typical emergency department, such as triage, waiting room, and minor procedure rooms. We employ the discrete-event simulation (DES) technique to model patient flow and associated HAI infections using the simulation software, Anylogic. Our simulation results show that the rates of HAI incidence are proportional to both the specific areas patients occupy and the duration of their stay. By utilizing our model, hospital administrators and infection control teams can implement targeted strategies to reduce the incidence of HAI and enhance patient safety, ultimately leading to improved healthcare outcomes and more efficient resource allocation.

26. Triage-initiated intranasal fentanyl for hip fractures in an Emergency Department - Results from introduction of an analgesic guideline

Authors: Smith, Jennifer;Soo, Danny and Celenza, Antonio

Publication Date: /06// ,2024

Journal: International Emergency Nursing 74, pp. 101445

Abstract: Background: Pain relief is a priority for patients with hip fractures who present to Emergency Departments (EDs). Intranasal fentanyl (INF) is an ideal option for nurse initiated analgesia as it does not require intravenous access and can expedite care prior to examination by a physician.; Local Problem: Pain relief in patients with hip fractures is delayed during episodes of ED crowding.; Methods: A retrospective medical record review was conducted following introduction of an INF guideline in an adult ED in 2018. Patients were included over a 4-month period during which the guideline was introduced. Historical and concurrent control groups receiving usual care were compared to patients receiving INF.; Interventions: This quality improvement initiative investigated whether an INF analgesia at triage guideline would decrease time to analgesic administration in adults with hip fracture in ED.; Results: This study included 112 patients diagnosed with fractured hips of which 16 patients received INF. Background characteristics were similar between groups. Mean time to analgesic administration (53 v 110 minutes), time to x-ray (46 v 75 minutes), and ED length of stay (234 v 298 minutes) were significantly decreased in the intervention group. Inadequate documentation was a limiting factor in determining improved efficacy of analgesia.; Conclusion: Use of triage-initiated INF significantly decreased time to analgesic administration, time to imaging and overall length of stay in ED.; Competing Interests: Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. (Copyright © 2024 The Author(s). Published by Elsevier Ltd.. All rights

27. Impact of the presence of a mediator on patient violent or uncivil behaviours in emergency departments: a cluster randomised crossover trial

Authors: Touzet, Sandrine;Buchet-Poyau, Karine;Denis, Angélique;Occelli, Pauline;Jacquin, Laurent;Potinet, Véronique;Sigal, Alain;Delaroche-Gaudin, Marine;Fayard-Gonon, Florence;Tazarourte, Karim and Douplat, Marion

Publication Date: /06/01/ ,2024

Journal: European Journal of Emergency Medicine : Official Journal of the European Society for Emergency Medicine 31(3), pp. 201-207

Abstract: Background and Importance: Several studies reported that violent behaviours were committed by patients against healthcare professionals in emergency departments (EDs). The presence of mediators could prevent or resolve situations of tension.; Objective: To evaluate whether the presence of mediators in EDs would have an impact on violent behaviours committed by patients or their relatives against healthcare professionals. Design, settings and participants A 6-period cluster randomised crossover trial was performed in 4 EDs during 12 months. Patients aged ≥ 18 and their relatives were included.; Intervention: In order to prevent or resolve situations of tension and conflict, four mediators were recruited.Outcome measure and analysis Using a logistic regression mixed model, the rate of ED visits in which at least one act of violence was committed by a patient or their relatives, reported by healthcare professionals, was compared between the intervention group and the control group.; Results: A total of 50 429 ED visits were performed in the mediator intervention group and 50 851 in the control group. The mediators reported 1365 interventions; $>50\%$ of the interventions were to answer questions about clinical management or waiting time. In the intervention group, 173 acts of violence were committed during 129 ED visits, and there were 145 acts of violence committed during 106 ED visits in the control group. The rate of ED visits in which at least one act of violence was committed, was 0.26% in the intervention group and 0.21% in the control group (OR = 1.23; 95% CI 0.73-2.09)]; on a 4-level seriousness scale, 41.6% of the acts of violence were rated level-1 (acts of incivility or rudeness) in the intervention group and 40.0% in the control group.; Conclusion: The presence of mediators in the ED was not associated with a reduction in violent or uncivil behaviours committed by patients or their relatives. However, the study highlighted that patients had a major need for information regarding their care; improving communication between patients and healthcare professionals might reduce the violence in EDs.; Trial Registration: Clinicaltrials.gov (NCT03139110). (Copyright © 2024 The Author(s). Published by Wolters Kluwer Health, Inc.)

28. Real-Time Electronic Patient Portal Use Among Emergency Department Patients

Authors: Turer, Robert W.;McDonald, Samuel A.;Lehmann, Christoph U.;Thakur, Bhaskar;Dutta, Sayon;Taylor, Richard A.;Rose, Christian C.;Frisch, Adam;Feterik, Kristian;Norquist, Craig;Baker, Carrie K.;Nielson, Jeffrey A.;Cha, David;Kwan, Brian;Dameff, Christian;Killeen, James P.;Hall, Michael K.;Doerning, Robert C.;Rosenbloom, S. T. and Distaso, Casey

Publication Date: /05/03/ ,2024

Journal: JAMA Network Open 7(4), pp. e249831

Abstract: Key Points: Question: During emergency department (ED) visits, what proportion of patients actively accesses and views their health information in real time through the patient portal? Findings: In this cross-sectional study of 1 280 924 adult patients presenting at 36 EDs across the US between April 5, 2021, and April 4, 2022, 17.4% logged into the patient portal while in the ED. Although patients increasingly used the portal, lower odds of accessing the portal were observed among patients who were male, Black, or without commercial insurance. Meaning: These findings suggest opportunities for EDs to promote patient engagement in portal use during ED encounters. This cross-sectional study evaluates patients' portal usage trends while in the emergency department and compares demographic

and clinical characteristics between users and nonusers. Importance: Patients with inequitable access to patient portals frequently present to emergency departments (EDs) for care. Little is known about portal use patterns among ED patients. Objectives: To describe real-time patient portal usage trends among ED patients and compare demographic and clinical characteristics between portal users and nonusers. Design, Setting, and Participants: In this cross-sectional study of 12 teaching and 24 academic-affiliated EDs from 8 health systems in California, Connecticut, Massachusetts, Ohio, Tennessee, Texas, and Washington, patient portal access and usage data were evaluated for all ED patients 18 years or older between April 5, 2021, and April 4, 2022. Exposure: Use of the patient portal during ED visit. Main Outcomes and Measures: The primary outcomes were the weekly proportions of ED patients who logged into the portal, viewed test results, and viewed clinical notes in real time. Pooled random-effects models were used to evaluate temporal trends and demographic and clinical characteristics associated with real-time portal use. Results: The study included 1 280 924 unique patient encounters (53.5% female; 0.6% American Indian or Alaska Native, 3.7% Asian, 18.0% Black, 10.7% Hispanic, 0.4% Native Hawaiian or Pacific Islander, 66.5% White, 10.0% other race, and 4.0% with missing race or ethnicity; 91.2% English-speaking patients; mean SD] age, 51.9 19.2] years). During the study, 17.4% of patients logged into the portal while in the ED, whereas 14.1% viewed test results and 2.5% viewed clinical notes. The odds of accessing the portal (odds ratio OR], 1.36; 95% CI, 1.19-1.56), viewing test results (OR, 1.63; 95% CI, 1.30-2.04), and viewing clinical notes (OR, 1.60; 95% CI, 1.19-2.15) were higher at the end of the study vs the beginning. Patients with active portal accounts at ED arrival had a higher odds of logging into the portal (OR, 17.73; 95% CI, 9.37-33.56), viewing test results (OR, 18.50; 95% CI, 9.62-35.57), and viewing clinical notes (OR, 18.40; 95% CI, 10.31-32.86). Patients who were male, Black, or without commercial insurance had lower odds of logging into the portal, viewing results, and viewing clinical notes. Conclusions and Relevance: These findings suggest that real-time patient portal use during ED encounters has increased over time, but disparities exist in portal access that mirror trends in portal usage more generally. Given emergency medicine's role in caring for medically underserved patients, there are opportunities for EDs to enroll and train patients in using patient portals to promote engagement during and after their visits.

29. Outcomes of an Emergency Department Program to Identify and Link Patients at Increased Risk for Acquiring HIV Infection to Outpatient HIV Prevention Services: The HIV PreventED Program

Authors: White, Douglas A. E.; Godoy, Ashley; Jewett, Montana; Burns, Molly; Pinto, Cinthya Mujica; Packel, Laura J.; Garcia-Chinn, Maria; Anderson, Erik S. and McCoy, Sandra I.

Publication Date: /06/01/ ,2024

Journal: Journal of Acquired Immune Deficiency Syndromes (1999) 96(2), pp. 147-155

Abstract: Background: Emergency departments (EDs) provide care to patients at increased risk for acquiring HIV, and for many of them, the ED serves as their sole point of entry into the healthcare system. We implemented the HIV PreventED Program to increase access to HIV prevention services for ED patients.; Setting: ED in Oakland, CA with an annual census of 57,000 visits.; Methods: This cross-sectional study evaluated the first 9 months of the HIV PreventED Program. In this program, a navigator surveyed adult ED patients who tested HIV negative to determine their risk for acquiring HIV infection, incorporating HIV prevention counseling into their assessments. Patients at higher risk for acquiring HIV were referred to outpatient prevention services, if interested. The primary outcome measure was the number and proportion of ED patients at higher risk for acquiring HIV who followed up for outpatient prevention services.; Results: In this study, 1233 patients who tested HIV negative were assessed by the navigator and received ED-based HIV prevention counseling. Of these, 193 (15.7%) were identified at higher risk and offered an outpatient referral for prevention services, of which 104 accepted (53.9%), 23 (11.9%) attended the referral, and 13 (6.7%) were prescribed preexposure prophylaxis (PrEP). The median time to linkage was 28 days (interquartile range 15-41 days).; Conclusion: A navigator focused on providing ED-based HIV prevention counseling and linkage to outpatient services is feasible. Strategies to more efficiently identify ED patients at higher risk for HIV acquisition, such as automated identification of risk data from the electronic health record, and policies to improve follow-up and the receipt of PrEP, such as same-day PrEP initiation, should be

30. Development of an Emergency Department Surge Plan Based on the NEDOCS score

Authors: Wilkins, Thad;Shiver, Stephen;Butler, Christa;Corcoran, Leanna;Marshall, Roslyn;Brody, Carol;Cliett, Kimberly;Nolan, Mary Anne;Sowinski, Tracie and Schreiber, Mark

Publication Date: /11/01/ ,2024

Journal: Annals of Family Medicine 21

Abstract: Context: Emergency Department (ED) overcrowding is a significant problem worldwide. Many factors contribute to ED overcrowding, including staffing shortages, diagnostic testing delays, and inadequate inpatient beds to meet the demand. ED overcrowding results in patient safety issues like higher inpatient mortality and other negative impacts, such as an increased length of stay (LOS) and an increased trend of leaving the ED before undergoing an evaluation and treatment. The National emergency department overcrowding study (NEDOCS) is a scoring system to detect ED overcrowding objectively. Objective: To determine the impact of implementing an ED adult surge plan on ED throughput. Study Design: Prospective single-site study of adults presenting to the ED from January to April 2023. Setting or Dataset: Academic medical center. Population studied: Adult ED patients. Outcome Measures: Mean adult ED hold times, mean ED LOS, left without seen rate, mean door-to-doctor exam time, mean NEDOCS scores. Results: This analysis included 16,701 ED visits and 12,269 patients. During this time, 3,751 (22.5%) patients were admitted to inpatient status, and 1,413 (8.5%) were admitted to observation status. Pre-implementation, the mean ED hold time was 9.9 hours which decreased to 5.7 hours post-implementation ($p=0.03$). Pre-implementation, the mean ED LOS was 15.4 hours which decreased to 14.1 hours post-implementation ($p=ns$). Pre-implementation, the left without being seen rate was 4.8%, which decreased to 4.0% post-implementation ($p=ns$). Pre-implementation, the mean door-to-doctor exam time was 57.6 minutes which decreased to 54.0 minutes postimplementation ($p=ns$). Pre-implementation, the mean NEDOCS score was 186.2, which decreased to 131.2 post-implementation ($p<0.0001$). Conclusions: Our study suggests that implementing an ED adult surge plan can significantly improve ED hold hours and NEDOCS scores. However, it is important to note that other important ED throughput metrics (mean ED LOS, left without seen rate, mean door-to-doctor exam time) did not significantly improve. Further research may be necessary to understand the factors contributing to these outcomes and identify additional interventions that may improve ED throughput.; Competing Interests: Authors report none. (2023 Annals of Family Medicine, Inc.)

31. Streamlining patient flow and enhancing operational efficiency through case management implementation.

Authors: Al Harbi S.

Journal: BMJ Open Quality:13(1):e002484.

Publication Date: 2024

Abstract: [Implementing a well-structured case management programme can enhance care coordination, streamline transitions, boost patient outcomes, and increase revenues within hospital settings.]

32. Programme theories to describe how different general practitioner service models work in different contexts in or alongside emergency departments (GP-ED): realist evaluation.

Authors: Cooper A.

Journal: *Emergency Medicine Journal* 2024;41(5):287-295.

Publication Date: 2024

Abstract: [Addressing increasing patient demand and improving ED patient flow is a key ambition for NHS England. Delivering general practitioner (GP) services in or alongside EDs (GP-ED) was advocated in 2017 for this reason, supported by £100 million (US\$130 million) of capital funding. Current evidence shows no overall improvement in addressing demand and reducing waiting times, but considerable variation in how different service models operate, subject to local context.]