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Emergency Department Patient Flow

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November 2024

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Seen and heard: understanding frequent attendance at A&E: an analysis of linked data in Dorset

This report finds that those who frequently attended A&E in Dorset were 72% more likely to live in an area of deprivation. Other common issues included mental ill health and multiple long-term health conditions. Many of those frequently attending A&E had often tried to get other help, but this had not met their needs. This meant that when they reached A&E, they were often in need of more urgent care.

https://www.redcross.org.uk/-/media/documents-indexed/seenheardreport2024.pdf?sc_lang=en&hash=2DAFCDE05A5AB7C0DE56CCDF498316EC

What's going on with A&E waiting times?

The King's Fund; 2024.

[Waiting times in accident and emergency (A&E) departments are a key measure of how the NHS is performing. Here, we look at who is using A&E services, why people have been waiting longer in A&E in recent years, and what is being done nationally to address long waiting times.]

https://www.kingsfund.org.uk/insight-and-analysis/long-reads/whats-going-on-with-ae-waiting-times

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Same day emegency care: service specification

Same day emergency care (SDEC) allows specialists, where appropriate, to assess, diagnose and treat patients on the same day of arrival who would otherwise have been admitted to hospital. This specification defines what should be delivered as part of the SDEC service. It includes links to reference documents and metrics for measurement (the desired outcomes and outputs) so that safe, effective same day services are delivered across health care systems to deliver urgent and emergency care (UEC) services.

https://www.england.nhs.uk/long-read/same-day-emergency-care/

How ICBs are tackling delayed hospital discharge and improving patient flow

Healthcare Leader

More patients are experiencing delayed discharges from hospitals, but ICBs are working with system partners to develop new and innovative ways to address this. Learn about how Central London Community Healthcare Trust, The Royal Free London, Mid and South Essex ICB and Leeds Health and Care Partnership are approaching this longstanding issue. Kathy Oxtoby reports.

https://healthcareleadernews.com/insight-and-analysis/how-icbs-are-tackling-delayed-hospital-discharge-and-improving-patient-flow/#:~:text=Initiatives%20include%20virtual%20wards%2C%20allowing,timely%20discharge%2C%20says%20Ms%20Dodsworth.

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1. **Time from pain assessment to opioid treatment in the Danish emergency departments-A multicenter cohort study**

Authors: Gull, Katrine H.;Lisby, Marianne;Leth, Sara V. and Galili, Stine F.

Publication Date: 2025

Journal: Acta Anaesthesiologica Scandinavica 69(1)

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2. **Rapid disposition, emergency department flow and best practices in hospital mass casualty incident response**

Authors: Jackson, Laura Harwood and Masters, M. M.

Publication Date: 2025

Journal: Journal of Business Continuity & Emergency Planning 18(2), pp. 156–166

Abstract: This paper examines how Stanford Hospital, a Level I trauma centre serving the metropolitan

region of California's Bay Area, manages an acute surge of patients from a mass casualty incident, specifically within the context of the crowded and overburdened US emergency medicine system. The authors offer practical considerations for the rapid creation of space and bandwidth during an acute surge of injured patients as well as best practices for reorganising daily systems to care for those patients efficiently. The study also discusses how past mass casualty incidents were examined for lessons learned in order to build and refine the response plan at Stanford Hospital, with input from a multidisciplinary committee.

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3. **Social justice as nursing resistance: a foucauldian discourse analysis within emergency departments**

Authors: Slemon, Allie;Bungay, Vicky;Varcoe, Colleen and Blanchet Garneau, Amélie

Publication Date: 2025

Journal: Nursing Philosophy : An International Journal for Healthcare Professionals 26(1), pp. e12508

Abstract: Social justice is consistently upheld as a central value within the nursing profession, yet there are persistent inconsistencies in how this construct is conceptualized, further compounded by a lack of empirical inquiry into how nurses enact social justice in everyday practice. In the current context in which structural inequities are perpetuated throughout the health care system, and the emergency department in particular, it is crucial to understand how nurses understand and enact social justice as a disciplinary commitment. This research examines how nurses' talk and institutional texts discursively construct social justice within the institutional context of the emergency department, and how such discourses shape the enactment of social justice within nursing practice. Guided by Iris Marion Young's theorizing of distributive and systemic social justice paradigms, this Foucauldian discourse analysis draws on emergency department nurses' talk (N = 25 interviews) and institutional documents (N = 27) as key texts that visibilize dominant and excluded discourses of social justice within the institutional context of the emergency department, and implications for how social justice is enacted through nursing practices. This analysis identified one overarching discursive pattern, in which social justice was discursively constructed through a hegemonic distributive paradigm, yet also resisted through nurses' conceptualization and enactment of a systemic social justice paradigm that facilitated their recognition and remediation of inequities. This central discursive pattern is explored through three exemplars of nurses' enactment of social justice as resistance: triage, harm reduction, and care planning. Findings from this analysis demonstrate that while a hegemonic distributive paradigm has dominated conceptualizations of social justice within nursing, a re-construction of social justice through a systemic paradigm may guide nurses in enacting practices that remediate inequities in health and health care. (© 2024 The Author(s). Nursing Philosophy published by John Wiley & Sons Ltd.)

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4. **Advancing Emergency Department Triage Prediction With Machine Learning to Optimize Triage for Abdominal Pain Surgery Patients**

Authors: Chai, Chen;Peng, Shu-Zhen;Zhang, Rui;Li, Cheng-Wei and Zhao, Yan

Publication Date: 2024

Journal: Surgical Innovation 31(6), pp. 583–597

Abstract: Background: The development of emergency department (ED) triage systems remains challenging in accurately differentiating patients with acute abdominal pain (AAP) who are critical and urgent for surgery due to subjectivity and limitations. We use machine learning models to predict emergency surgical abdominal pain patients in triage, and then compare their performance with conventional Logistic regression models.; Methods: Using 38 214 patients presenting with acute abdominal pain at Zhongnan Hospital of Wuhan University between March 1, 2014, and March 1, 2022, we identified all adult patients (aged ≥18 years). We utilized routinely available triage data in electronic medical records as predictors, including structured data (eg, triage vital signs, gender, and age) and unstructured data (chief complaints and physical examinations in free-text format). The primary

outcome measure was whether emergency surgery was performed. The dataset was randomly sampled, with 80% assigned to the training set and 20% to the test set. We developed 5 machine learning models: Light Gradient Boosting Machine (Light GBM), eXtreme Gradient Boosting (XGBoost), Deep Neural Network (DNN), and Random Forest (RF). Logistic regression (LR) served as the reference model. Model performance was calculated for each model, including the area under the receiver-work characteristic curve (AUC) and net benefit (decision curve), as well as the confusion matrix.; Results: Of all the 38 214 acute abdominal pain patients, 4208 underwent emergency abdominal surgery while 34 006 received non-surgical treatment. In the surgery outcome prediction, all 4 machine learning models outperformed the reference model (eg, AUC, 0.899 95%CI 0.891-0.903] in the Light GBM vs. 0.885 95%CI 0.876-0.891] in the reference model), Similarly, most machine learning models exhibited significant improvements in net reclassification compared to the reference model (eg, NRIs of 0.081295%CI, 0.055-0.1105] in the XGBoost), with the exception of the RF model. Decision curve analysis shows that across the entire range of thresholds, the net benefits of the XGBoost and the Light GBM models were higher than the reference model. In particular, the Light GBM model performed well in predicting the need for emergency abdominal surgery with higher sensitivity, specificity, and accuracy.; Conclusions: Machine learning models have demonstrated superior performance in predicting emergency abdominal pain surgery compared to traditional models. Modern machine learning improves clinical triage decisions and ensures that critically needy patients receive priority for emergency resources and timely, effective treatment.; Competing Interests: Declaration of Conflicting InterestsThe author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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5. **"What Matters" in the Emergency Department: A Prospective Analysis of Older Adults' Concerns and Desired Outcomes**

Authors: Chera, Tonya;Tinetti, Mary;Travers, Jasmine;Galske, James;Venkatesh, Arjun K.;Southerland, Lauren;Dresden, Scott M.;McQuown, Colleen and Gettel, Cameron J.

Publication Date: 2024

Journal: Medical Care 62(12), pp. S50–S56

Abstract: Objective: To describe "What Matters" to older adults seeking emergency department (ED) care and to identify patient characteristics associated with meeting desired outcomes.; Background: As part of the 4Ms framework, identifying "What Matters" has been captured across healthcare settings, yet limited attention has been directed to older adults in the ED.; Methods: We performed a secondary analysis of a multicenter prospective observational study. The study enrolled 1013 patients aged 65 and older during an ED encounter and performed 90-day follow-up interviews. The primary outcome was the quantification of "What Matters" (concerns and desired outcomes) to older adults during emergency care. As secondary outcomes, we assessed concerns at day 90, if desired outcomes were met at follow-up, and patient characteristics associated with outcome achievement by estimating multivariable logistic regression models.; Results: Older adults reported specific concerns at the time of the ED visit including: (1) symptom identification and/or persistence (31.4%), (2) ability to take care of oneself (19.4%), and (3) end-of-life (17.8%). Desired outcomes expressed by participants included: (1) getting well and symptom resolution (72.0%), (2) obtaining a diagnosis (25.7%), and (3) functional independence (19.5%). At day 90 follow-up, concerns remained similar to the initial ED visit, and the majority of participants (66.2%) achieved their desired outcome. Frailty (adjusted odds ratio = 0.56, 95% CI: 0.38-0.83, P < 0.01) was associated with older adults not meeting their desired outcomes.; Conclusions: Older adults identified a variety of concerns during emergency care, and two-thirds reported that desired outcomes were met at longitudinal day 90 follow-up.; Competing Interests: C.J.G. is a Pepper Scholar with support from the Claude D. Pepper Older Americans Independence Center at Yale School of Medicine (P30AG021342), the National Institute on Aging (NIA) of the National Institutes of Health (NIH; R03AG073988, R33AG058926), and the West Health Institute. M.T. receives funding from the John. A. Hartford Foundation. J.T. is supported by awards from the NIA (K76AG074922; 1R01AG080630-01A1) and Robert Wood Johnson Foundation (77872). A.K.V. reports support by the American Board of Emergency Medicine National Academy of Medicine Anniversary fellowship during this work and prior support from the Yale Center for Clinical Investigation grant KL2

TR000140 from the National Center for Advancing Translational Science (NCATS/NIH). L.S. has funding from the National Institute of Health (K23 AG061284). S.M.D. receives funding from the National Institute on Aging (R33AG058926, R33AG069822, U54AG063546), and the Agency for Healthcare Quality and Research (R01HS026489). C.J.G. and A.K.V. receive support for contracted work from the Centers for Medicare and Medicaid Services to develop hospital and healthcare outcome and efficiency quality measures and rating systems. The remaining authors declare no conflict of interest.

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6. **Workplace Violence in a Large Urban Emergency Department**

Authors: Doehring, Marla C.;Palmer, Megan;Satorius, Ashley;Vaughn, Tabitha;Mulat, Bruck;Beckman, Andrew;Reed, Kyra;Spech dos Santos, Theresa and Hunter, Benton R.

Publication Date: 2024

Journal: JAMA Network Open 7(11), pp. e2443160

Abstract: Key Points: Question: How frequently do health care workers (HCWs) in the emergency department (ED) experience workplace violence (WPV), and are there HCW demographics associated with increased odds of experiencing WPV? Findings: In this cross-sectional study of 72 HCWs in a large urban ED, HCWs experienced WPV once every 3.7 shifts, 25% of which involved physical violence. The odds of experiencing WPV were independently associated with the nursing role and younger age, and participants reported being affected moderately or severely in 24% of events. Meaning: Results of this study suggest that there is an urgent need to identify interventions to support and protect HCWs, especially those at highest risk. Importance: Workplace violence (WPV) against health care workers (HCWs) is common and likely underreported. Reliable data on the incidence of WPV and its impact on victims are lacking. Objective: To prospectively define the frequency of WPV against HCWs in the emergency department (ED), examine whether HCW demographics are associated with increased risk, and explore the impact of these events on HCWs. Design, Setting, and Participants: This cross-sectional study was conducted over 2 months in 2023 (August 28 to October 22, 2023) in the ED of a large, urban, academic safety net hospital in the US. Participants included ED physicians, nurses, and other HCWs, who were asked to complete a brief so-called shift sheet for every ED shift worked during the study period. Exposure: WPV as recorded on shift sheets. Main Outcomes and Measures: The primary outcome was the number of events per shift. Events were coded for severity (types 1-5) and gender- or race and ethnicity–related bias. Shift sheets asked for the participant's demographics and whether they experienced verbal or physical abuse during the shift. If so, they were asked to provide a description; rate the impact the event had on them; and indicate whether they felt the event was sexist, racist, or otherwise biased. Perceived impact was recorded, and demographic characteristics associated with the likelihood of experiencing WPV were explored using multivariable logistic regression analysis. Results: Among 72 HCWs who participated in the study, 52 were female (72%). A total of 575 shift sheets were returned of an estimated 1250 possible (46%), with 155 events, including 77 type 1 events (50%; shouting, yelling, or insults), 29 type 2 events (19%; threats of physical or sexual violence, death threats, or use of slurs), and 39 type 3 events (25%; physical violence); there was a mean (SD) of 3.7 (1.9) shifts per 1 event. No type 4 or 5 events, which involve physical violence causing grievous injuries requiring medical attention and, in the case of type 5 events, permanent disability or death, were recorded. Ten events could not be coded. Sexist or racist bias occurred in 38 events (25%) and 11 events (7%), respectively. Participants reported how the event impacted them in 133 events. Of those, moderate or severe impact was reported in 32 (24%) and mild to no effect in 101 (76%). There was no association between self-reported impact and coded severity of events. In a multivariable logistic regression analysis, a higher likelihood of experiencing WPV on any given shift was independently associated with being in the nursing role (odds ratio, 3.1; 95% CI, 1.9-5.0) and being age 40 years or younger (odds ratio, 2.0; 95% CI, 1.2-3.5). Conclusions and Relevance: In this cross-sectional study of HCWs in the ED, participants experienced WPV once every 3.7 shifts. The nursing role and younger age were associated with increased risk. These results highlight an urgent need to identify interventions to support and protect HCWs. This cross-sectional study examines how frequently health care workers in the emergency department experience workplace violence and whether their demographic characteristics may be associated with increased

odds of experiencing it.

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7. **Antibiotic stewardship in the emergency department setting: Focus on oral antibiotic selection for adults with skin and soft tissue infections**

Authors: Draper, Heather M.;Rybak, Michael J.;LaPlante, Kerry L.;Lodise, Thomas;Sakoulas, George;Burk, Muriel and Cunningham, Francesca E.

Publication Date: 2024

Journal: American Journal of Health-System Pharmacy 81(21), pp. e677–e683

Abstract: Purpose An advisory panel of experts was convened by the ASHP Foundation as a part of its Medication-Use Evaluation Resources initiative to provide commentary on an approach to antibiotic stewardship in the treatment of skin and soft tissue infections (SSTIs), with a focus on oral antibiotics in the emergency department (ED) setting for patients who will be treated as outpatients. Considerations include a need to update existing guidelines to reflect new antibiotics and susceptibility patterns, patient-specific criteria impacting antibiotic selection, and logistics unique to the ED setting. Summary While national guidelines serve as the gold standard on which to base SSTI treatment decisions, our advisory panel stressed that institutional guidelines must be regularly updated and grounded in local antimicrobial resistance patterns, patient-specific factors, and logistical considerations. Convening a team of experts locally to establish institution-specific guidelines as part of a comprehensive antibiotic stewardship program can ensure patients receive the most appropriate oral therapy for the outpatient treatment of SSTIs in patients visiting the ED. Conclusion SSTI treatment considerations for antibiotic selection in the ED supported by current, evidence-based guidelines, including guidance on optimal oral antibiotic selection for patients discharged for outpatient treatment, are a useful tool to improve the quality and efficiency of care, enhance patient-centric outcomes and satisfaction, decrease healthcare costs, and reduce overuse of antibiotics.

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8. **Lidocaine patch for treatment of acute localized pain in the emergency department: a systematic review and meta-analysis**

Authors: Felemban, Abdullah;Allan, Salsabeel;Youssef, Elias;Verma, Rajesh and Zehtabchi, Shahriar

Publication Date: 2024

Journal: European Journal of Emergency Medicine : Official Journal of the European Society for Emergency Medicine 31(6), pp. 413–422

Abstract: Lidocaine patches are commonly prescribed for acute localized pain. Most of the existing evidence is, however, derived from postoperative or chronic pain. The objective of this study is to assess the efficacy and safety of lidocaine patch compared to placebo patch or nonsteroidal anti-inflammatory drugs (NSAIDs) for acute localized pain. This was a systematic review and meta-analysis of trials randomizing patients with acute localized pain to lidocaine patch versus placebo patch or NSAIDs. The outcomes were change in pain score (any validated scale) from baseline to a specific time endpoint (primary efficacy); adverse events (primary harm), and time to exit the study due to reaching a pain relief target (secondary). We used Cochrane revised tool to assess the risk of bias and GRADE to rate the quality of evidence. The meta-analysis was performed using a random-effects model and Cochrane Q test for heterogeneity. Data were summarized as risk ratios and weighted mean differences with 95% confidence interval (CI). We conducted a comprehensive search of MEDLINE, EMBASE, and other major databases, identifying 10 randomized controlled trials with a total of 523 patients. These trials collectively found that lidocaine patches were more effective in controlling both musculoskeletal and neuropathic pain compared to placebo patches. Due to heterogeneity among the studies, we did not pool the efficacy data. The risk of adverse events was similar between the groups (risk ratio: 0.90; 95% CI: 0.48-1.67; moderate-quality evidence). In the two trials comparing lidocaine patches with NSAIDs, there was no statistically significant difference in pain relief between the treatments. Low to moderate-quality evidence from small trials supports the efficacy and safety of

lidocaine patch for the treatment of acute localized pain. (Copyright © 2024 Wolters Kluwer Health, Inc. All rights reserved.)

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9. **Online Mental Health Assessment in a psychiatry emergency department in adults using touchscreen mobile devices: A randomised controlled trial**

Authors: Fernando, Irosh;Hinwood, Madeleine;Carey, Mariko;Gupta, Rahul;Conrad, Agatha;Heard, Todd and Lampe, Lisa

Publication Date: 2024

Journal: The Australian and New Zealand Journal of Psychiatry 58(12), pp. 1062–1069

Abstract: Objective: To determine whether completion of an online mental health self-assessment by patients who are waiting in the emergency department can save clinician time taken to complete clinical assessment and documentation.; Methods: Patients presenting to a psychiatric emergency department for a period of 6 months were allocated by week of presentation to either the intervention arm (online mental health self-assessment, followed by a clinical interview) or the control arm (usual assessment) arm on a random basis. Time at the beginning and end of the interview was recorded and used to derive interview time. Similarly, time at the beginning and end of the clinical documentation was recorded and used to derive the time to complete clinical documentation.; Results: Of 168 patients who presented during the study period, 69 (38.55%) agreed to participate, 33 completed the usual assessment and 30 completed the online mental health self-assessment followed by a clinical interview. Patients receiving usual care had a statistically significant, t (61) = 2.15, p = 0.035, longer interview duration (M = 48.7 minutes, SD = 19.8) compared with those in the online mental health self-assessment arm (M = 38.9 minutes, SD = 15.9). There was no statistically significant difference between groups for documentation time, t (61) = -0.64, p = 0.52.; Conclusion: Online mental health self-assessment was associated with a statistically significant reduction in interview time by approximately 10 minutes without increasing documentation time. While online mental health self-assessment is not appropriate for all patients in the emergency department setting, it is likely to yield greater benefits in less acute settings.; Competing Interests: Declaration of Conflicting InterestsThe author(s) declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

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10. **Discharge instruction comprehension by older adults in the emergency department: A systematic review and meta-analysis**

Authors: Haimovich, Adrian D.;Mulqueen, Sydney;Carreras-Tartak, Jossie;Gettel, Cameron;Schonberg, Mara A.;Hastings, Susan N.;Carpenter, Christopher;Liu, Shan W. and Thomas, Stephen H.

Publication Date: 2024

Journal: Academic Emergency Medicine 31(11), pp. 1165–1172

Abstract: Introduction: Older adults are at high risk of adverse health outcomes in the post–emergency department (ED) discharge period. Prior work has shown that discharged older adults have variable understanding of their discharge instructions which may contribute to these outcomes. To identify discharge comprehension gaps amenable to future interventions, we utilize meta-analysis to determine patient comprehension across five domains of discharge instructions: diagnosis, medications, self-care, routine follow-up, and return precautions. Methods: Using Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines, two reviewers sourced evidence from databases including Medline (PubMed), EMBASE, Web of Science, CINAHL, and Google Scholar (for gray literature). Publications or preprints appearing before April 2024 were included if they focused on geriatric ED discharge instructions and reported a proportion of patients with comprehension of at least one of five predefined discharge components. Meta-analysis of eligible studies for each component was executed using random-effects modeling to describe the proportion of geriatric ED cases understanding the

discharge instructions; where appropriate we calculated pooled estimates, reported as percentages with 95% confidence interval (CI). Results: Of initial records returned (N = 2898), exclusions based on title or abstract assessment left 51 studies for full-text review; of these, seven constituted the study set. Acceptable heterogeneity and absence of indication of publication bias supported pooled estimates for proportions comprehending instructions on medications (41%, 95% CI 31%–50%, I2 = 43%), self-care (81%, 95% CI 76%–85%, I2 = 43%), and routine follow-up (76%, 95% CI 72%–79%, I2 = 25%). Key findings included marked heterogeneity with respect to comprehending two discharge parameters: diagnosis (I2 = 73%) and return precautions (I2 = 95%). Conclusions: Older patients discharged from the ED had greater comprehension of self-care and follow-up instructions than about their medications. These findings suggest that medication instructions may be a priority domain for future interventions.

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11. **Geriatric screening in the emergency department increases consultations to geriatric medicine and physical and occupational therapy: A pre/post cohort study**

Authors: Hunold, Katherine M.;Caterino, Jeffrey M.;Carpenter, Christopher R.;Mion, Lorraine C. and Southerland, Lauren T.

Publication Date: 2024

Journal: Academic Emergency Medicine 31(11), pp. 1121–1129

Abstract: Background: The Geriatric Emergency Department (ED) Guidelines recommend screening older patients for need for evaluation by geriatric medicine, physical therapy (PT), and occupational therapy (OT), but explicit evidence that geriatric screening changes care compared to physician gestalt is lacking. We assessed changes in multidisciplinary consultation after implementation of standardized geriatric screening in the ED. Methods: Retrospective single-site observational cohort of older adult ED patients from 2019 to 2023 with three time periods: (1) preimplementation, (2) implementation of geriatric screening, and (3) postimplementation. Geriatric, PT, and OT consultations/referrals were available during all time periods. Descriptive analysis was stratified by disposition: discharged, observation and discharged, observation and hospital admission, and hospital admission. The independent variable was completion of three geriatric screening tools by ED nurses. The dependent variable was consultation and/or referral to geriatrics, PT, and OT. Secondary outcomes were disposition, ED revisits, and 30-day rehospitalizations. Results: There were 57,775 qualifying ED visits of patients age ≥ 65 years during the time periods: implementation increased geriatric screening from 0.5% to 63.2%; postimplementation, discharge patients who received screening had more consultations/referrals to geriatrics (1.5% vs. 0.4%), PT (7.9% vs. 1.9%), and OT (6.5% vs. 1.2%) compared to unscreened patients. Patients observed and then discharged had more consultations/referrals to geriatrics (15.1% vs. 11.3%), PT (74.1% vs. 64.5%), and OT (65.7% vs. 56.5%). Admitted patients had no change in consultation rates. Geriatric screening was not associated with a change in 7-day ED revisits for discharged patients but was associated with decreased revisits for patients discharged from observation (11.6% vs. 42.9%, $p < 0.001$). Conclusion: Geriatric screening was associated with increased consultations/referrals to geriatrics, PT, and OT in the ED and ED observation unit. This suggests that geriatric screening changes ED care for older adults.

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12. **Variation in attendance at emergency departments in England across local areas: A system under unequal pressure**

Authors: Jacob, Nikita;Chalkley, Martin;Santos, Rita and Siciliani, Luigi

Publication Date: 2024

Journal: Health Policy (Amsterdam, Netherlands) 150, pp. 105186

Abstract: Background: Crowding in Accident and Emergency Departments (AEDs) and long waiting times are critical issues contributing to adverse patient outcomes and system inefficiencies. These challenges are exacerbated by varying levels of AED attendance across different local areas, which may reflect underlying disparities in primary care provision and population characteristics.; Method: We

used regression analysis to determine how much variation across local areas in England of attendance at emergency departments remained after controlling for population risk factors and alternative urgent care provision.; Findings: There is substantial residual variation of the order of 3 to 1 (highest to lowest) in per person attendance rate across different areas. This is not related to in-hospital capacity as proxied by the per person number of hospital emergency doctors in an area.; Conclusion: Some areas in England have emergency departments that are under much greater pressure than others, and this cannot be explained in terms of their population characteristics or the availability of alternative treatment options. It is imperative to better understand the drivers of this variation so that effective interventions to address utilisation can be designed.; Competing Interests: Declaration of competing interest None. (Copyright © 2024. Published by Elsevier B.V.

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13. **Emergency department management of dental trauma: recommendations for improved outcomes in pediatric patients**

Authors: Li, Joyce

Publication Date: 2024

Journal: Pediatric Emergency Medicine Practice 26, pp. 1–42

Abstract: Over 40% of children will experience dental trauma by the age of 4 years. Timely and effective care is important in the management of dental injuries, as several studies have shown poor outcomes with delayed treatment. The current evidence in the management of dental injuries is primarily from a dentist's perspective, with limited evidence specific to management in the emergency department. The goal of pediatric dental injury management is dictated largely by whether the dentition is primary or permanent. This issue provides a systematic emergency medicine-based approach to address pediatric dental injuries, along with a review of basic dental procedures that will lead to improved dental outcomes.

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14. **An exploration of person-centredness among emergency department physiotherapists: a mixed methods study**

Authors: Naylor, John;Killingback, Clare and Green, Angela

Publication Date: 2024

Journal: Disability & Rehabilitation 46(23), pp. 5562–5575

Abstract: Purpose: There is a growing number of primary contact physiotherapists based in United Kingdom emergency departments (ED) who are expected to deliver person-centred practices. Perceptions of physiotherapists working in these high-pressure environments on person-centredness are currently unknown. A mixed methods exploration of person-centredness among ED physiotherapists targeted this knowledge gap to inform future clinical practice. Methods: Online survey and semi-structured interviews followed a convergent mixed methods design with sequential explanatory features. Data sets were analysed separately using descriptive statistics and thematic analysis, respectively, before merged analysis using joint display. Results: Twenty-six surveys and 11 in-depth interviews were completed. The three overarching themes of ED patients, ED physiotherapists, and ED environment were generated. Themes were integrated and analysed alongside quantitative survey findings. This produced three novel contributions that further our understanding of person-centred practices among ED physiotherapists. Conclusion: ED physiotherapists were mindful of an apparent, yet unspoken struggle between the competing philosophies of biomedicine and person-centredness. The results here support entering a patient's world as a person-centred approach to help navigate the line between what an ED attender wants and the clinical need of their visit. Implications for rehabilitation: Most primary contact physiotherapists believe in the possibility of achieving person-centred practices within emergency departments (ED) and endorse attempts to deliver on this. Any idealised visions of delivering person-centred practice in ED must be adapted to local operational limitations and the acuity of the presenting case in question. ED

physiotherapist could consider the notion of 'entering a patient's world' as a route to the meaning of a patient's problems to them by using a more narrative approach to assessment. A framework to support an ED-specific version of person-centred practice is currently lacking.

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15. **Review article: Strategies to improve emergency department care for adults living with disability: A systematic review**

Authors: Newman, Bronwyn;Cheek, Colleen;Richardson, Lieke;Gillies, Donna;Hutchinson, Karen;Austin, Elizabeth;Murphy, Margaret;Testa, Luke;Rojas, Christina;Raggett, Louise;Dominello, Amanda;Smith, Kylie and Clay-Williams, Robyn

Publication Date: 2024

Journal: Emergency Medicine Australasia : EMA 36(6), pp. 823–833

Abstract: Equitable access means that timely, sensitive and respectful treatment is offered to all people. Adults with disability access ED care more frequently than the general population. However, in Australia and internationally, people with disability experience poorer healthcare access and outcomes than the general population. There is acknowledgement that ED environments and processes of care could be better designed to promote equitable access, so as not to further disadvantage, disable and create vulnerability. This systematic review aimed to locate and describe evaluated strategies implemented to improve care for people with disability (aged 18-65 years) in the ED. Four databases were searched from inception to June 2024. 1936 peer-reviewed papers were reviewed by pairs of independent reviewers. Four studies met our inclusion criteria, demonstrating the limited peer-reviewed literature reporting on evaluated strategies to improve ED care for adults aged 18-65 years. Three studies focused on the needs of people with intellectual disability, and one created a specific treatment pathway for people experiencing status epilepticus. No studies evaluated across patient experience, patient outcomes, system performance and staff experience, with limited evaluation of patient outcomes and system performance measures. We have referenced helpful resources published elsewhere and drawn from our previous reviews of ED care to provide guidance for the development and evaluation of targeted initiatives. (© 2024 The Author(s). Emergency Medicine Australasia published by John Wiley & Sons Australia, Ltd on behalf of Australasian College for Emergency Medicine.)

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16. **Review article: A primer for clinical researchers in the emergency department: Part XIII. Strategies to engage staff and enhance participant recruitment in emergency department research**

Authors: O'Brien, Sharon;Wilson, Catherine;Duck, Megan;Nieva, Gaby;Rao, Medhawani P. and Haskell, Libby

Publication Date: 2024

Journal: Emergency Medicine Australasia : EMA 36(6), pp. 834–840

Abstract: Conducting research in ED is important and necessary to improve emergency care. Effective recruitment is an essential ingredient for the success of a research project and must be carefully monitored. Research coordinators are focused on optimising recruitment to research studies while also ensuring that the needs of participants and their families are met, and the research is acceptable to ED staff. In this paper, a group of experienced research coordinators from Australia and New Zealand have shared their strategies to engage staff and enhance recruitment of participants in emergency research. Although this paper is from a paediatric research network, the findings are applicable for EDs in general, both in Australasia and elsewhere. (© 2024 Australasian College for Emergency Medicine.)

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17. **Emergency department staff opinion on newly introduced phlebotomy services in the department. A cross-sectional study incorporating thematic analysis**

Authors: Osman, Abdi D.;Yeak, Daryl;Ben-Meir, Michael and Braitberg, George

Publication Date: 2024

Journal: Emergency Medicine Australasia : EMA 36(6), pp. 947–955

Abstract: Objectives: The demand for ED services, both in terms of patient numbers and complexity has risen over the past decades. According to reports, there has been an increase in the ED patient presentation rate from 330 per 1000 to 334 per 1000 between 2018-2019 and 2022-2023. Consequently, new care models have been introduced to address this surge in demand, mitigate associated risks and improve overall safety. Among these models is the concept of 'front loading' clinical care, involving the initiation of interventions at the point of arrival. The present study evaluates the impact of introducing phlebotomists at triage.; Methods: We conducted a cross-sectional survey using purposive sampling at a single quaternary metropolitan ED with an annual census of greater than 90 000, encompassing all clinical staff in the ED. The survey data were analysed quantitatively and complemented by a thematic analysis.; Results: The response rate for the questionnaire was 61% (n = 207), with good representation from all ED craft groups. Nearly all the staff (99.5%) reported being aware of the presence of phlebotomists in the ED, whereas only 57% of the staff reported working in triage (P = 0.05, 0.00 to 0.04). 'Valuable/vital resource' featured as a common response. Early decision-making, patient safety, staff and patient satisfaction emerged as consistent themes.; Conclusions: Staff expressed satisfaction that patient care now begins in the waiting room, especially after extended waiting periods prior to cubicle allocation. They assert that this improvement significantly enhances timely treatment and disposition decisions, as well as overall patient satisfaction. (© 2024 The Author(s). Emergency Medicine Australasia published by John Wiley & Sons Australia, Ltd on behalf of Australasian College for Emergency Medicine.

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18. **At End of Life, Patients With Neurologic Diseases Often Seek Care in the Emergency Department, Instead of Hospice: Neuropalliative Care Specialists on How to Discuss Best Options**

Authors: PETERSON, ERIC

Publication Date: 2024

Journal: Neurology Today 24(21), pp. 35–37

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19. **Recommendations for developing a comprehensive point-of-care ultrasound (POCUS) program in the emergency department: an Emergency Medicine Ultrasound Group advocacy statement**

Authors: Phillips, Luke;Maclean, Alastair;Monester, Josh;Douglas, Joanne;Davidson, Stacey and King, Gabriela

Publication Date: 2024

Journal: Emergency Medicine Australasia : EMA 36(6), pp. 956–963

Abstract: Objectives: Point-of-care ultrasound (POCUS) use is widespread in EDs and throughout those practising medicine. Between institutions and specialities, there is widespread variety and training. With this comes the risk of patient harm and backlash to a clinically useful modality. Our objective is to form a statement that encompasses current published and unpublished guidance for creating and maintaining robust POCUS programs in EDs.; Methods: Emergency Medicine Ultrasound Group (EMUG) identified this gap and volunteers from the group undertook a literature search of current best practice and institution guidelines relating to POCUS programs. They contacted colleagues from other specialities to find and get access to other countries and colleges' POCUS guidelines. EMUGs regularly run discussion forums (Collab-labs) and points from these were considered. Recommendations were then formed from these and recurrent unpublished obstacles the

group had encountered. The result was reviewed by clinical leaders in ultrasound and POCUS users in Australasia.; Results: The recommendations were organised under five pillars: Infrastructure, Governance, Administration, Education and Quality.; Conclusion: These recommendations complement existing guidelines and are not intended to replace them; however, we hope to promote discussion and provide reference support for those developing POCUS programs. Implementing a comprehensive and robust ED POCUS program will ensure safe, effective and standardised high-quality POCUS use, with the aim of improving patient care across Australia and New Zealand. Patient safety will be enhanced through effective risk management and quality assurance and there will be consistency in POCUS education, training and credentialing across institutions. (© 2024 The Author(s). Emergency Medicine Australasia published by John Wiley & Sons Australia, Ltd on behalf of Australasian College for Emergency Medicine.)

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20. **Improving triage performance in emergency departments using machine learning and natural language processing: a systematic review**

Authors: Porto, Bruno Matos

Publication Date: 2024

Journal: BMC Emergency Medicine 24(1), pp. 1–29

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21. **Risk factors for older people re-presenting to the emergency department with falls: A case-control analysis**

Authors: San Juan, Charlene;Appiah-Kubi, Linda;Mitropoulos, Joanna;Thomson, Lorne;Demosthenous, Athena and Kelly, Anne-Maree

Publication Date: 2024

Journal: Emergency Medicine Australasia : EMA 36(6), pp. 898–906

Abstract: Objective: Falls are a leading cause for ED presentations among older adults. Existing secondary falls prevention interventions have not been shown to decrease fall-related ED re-presentation, indicating a need to better understand contributing factors. Our aim was to evaluate risk factors for fall re-presentations among the older patient population presenting to the ED.; Methods: This is a single-centre case-control study. Cases were patients aged ≥65 years with two falls-related ED presentations within 6 months. Age- and sex-matched controls had a corresponding index, but no subsequent ED fall presentation. Data collected included falls risk factors and clinical features of the index presentation. Univariate and multivariate analyses were conducted to assess the relationship between potential exposures and fall re-presentation.; Results: A total of 300 patients (mean age 83.8 years) were studied. On univariate analysis, factors significantly associated with ED fall re-presentation included increasing multimorbidity ($P < 0.0001$), increasing number of medications ($P < 0.0001$) and residing in residential aged care facility (RACF) (odds ratio OR] 3.06, $P < 0.001$). No factors remained significant on multivariate analysis. Post-hoc analyses for the RACF subgroup showed that psychotropic medication use (OR 1.65, $P = 0.04$) and prior fall within 12 months (OR 2.68, $P < 0.001$) were significantly associated with re-presentation. Initial presentation with serious musculoskeletal injury was a significant protective factor (OR 0.21, $P = 0.02$).; Conclusion: The present study failed to identify factors independently associated with ED fall re-presentation, suggesting that the factors are complex and inter-related. Two high-risk populations were identified - those from RACF and those initially presenting with falls not resulting in serious injury. (© 2024 The Author(s). Emergency Medicine Australasia published by John Wiley & Sons Australia, Ltd on behalf of Australasian College for Emergency Medicine.)

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22. **What is the level of nutrition care provided to older adults attending emergency departments? A scoping review**

Authors: Sarier, Cerenay;Conneely, Mairéad;Bowers, Sheila;Dore, Liz;Galvin, Rose and Griffin, Anne

Publication Date: 2024

Journal: BMC Geriatrics 24(1), pp. 1–13

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23. **Impact of the Southeast Melbourne Virtual Emergency Department on reducing transfers from residential aged care facilities**

Authors: Sri-Ganeshan, Muhuntha;Mitra, Biswadev;Soldatos, Georgia;Rosler, Rachel;Goldie, Neil;Meek, Robert;Howard, Madeleine;Bertolucci, Michelle;Egerton-Warburton, Diana;Manderson, Rachel;Luzuriaga, Vince;McGee, Fergus;O'Reilly, Gerard,M. and Cameron, Peter A.

Publication Date: 2024

Journal: Emergency Medicine Australasia : EMA 36(6), pp. 979–982

Abstract: Objective: To evaluate the impact of the Southeast Melbourne Virtual Emergency Department (SEMVED) on transfers from residential aged care facilities (RACFs) to traditional EDs.; Methods: A cohort study of residents requesting transfer to the ED via ambulance within participating health networks' catchments from April to June 2022.; Results: Two hundred thirty-eight VED consultations occurred with 79% (188/238) avoiding transfer. This represented an avoidance of 12% (188/1511) of all requests for transfer during operating hours.; Conclusions: SEMVED prevented unnecessary transfers and enabled in-facility care. Integration into community outreach programmes could enhance care delivery. Patient safety outcomes were not formally assessed by our methodology.

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24. **Adverse Events in Patients Transitioning From the Emergency Department to the Inpatient Setting**

Authors: Tsilimingras, Dennis;Schnipper, Jeffrey;Zhang, Liying;Levy, Phillip;Korzeniewski, Steven and Paxton, James

Publication Date: 2024

Journal: Journal of Patient Safety 20(8), pp. 564–570

Abstract: Objectives: The objective of this study was to determine the incidence and types of adverse events (AEs), including preventable and ameliorable AEs, in patients transitioning from the emergency department (ED) to the inpatient setting. A second objective was to examine the risk factors for patients with AEs. Methods: This was a prospective cohort study of patients at risk for AEs in 2 urban academic hospitals from August 2020 to January 2022. Eighty-one eligible patients who were being admitted to any internal medicine or hospitalist service were recruited from the ED of these hospitals by a trained nurse. The nurse conducted a structured interview during admission and referred possible AEs for adjudication. Two blinded trained physicians using a previously established methodology adjudicated AEs. Results: Over 22% of 81 patients experienced AEs from the ED to the inpatient setting. The most common AEs were adverse drug events (42%), followed by management (38%), and diagnostic errors (21%). Of these AEs, 75% were considered preventable. Patients who stayed in the ED longer were more likely to experience an AE (adjusted odds ratio = 1.99, 95% confidence interval = 1.19–3.32, P = 0.01). Conclusions: AEs were common for patients transitioning from the ED to the inpatient setting. Further research is needed to understand the underlying causes of AEs that occur when patients transition from the ED to the inpatient setting. Understanding the contribution of factors such as length of stay in the ED will significantly help efforts to develop targeted interventions to improve this crucial transition of care.

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25. **Emergency department visit frequency and health care costs following implementation of an integrated practice unit for frequent utilizers**

Authors: Wang, Ruixuan;Lukose, Kiran;Ensz, Olga S.;Revere, Lee and Hammarlund, Noah

Publication Date: 2024

Journal: Academic Emergency Medicine 31(11), pp. 1112–1120

Abstract: Objectives: The integrated practice unit (IPU) aims to improve care for patients with complex medical and social needs through care coordination, medication reconciliation, and connection to community resources. This study examined the effects of IPU enrollment on emergency department (ED) utilization and health care costs among frequent ED utilizers with complex needs. Methods: We extracted electronic health records (EHR) data from patients in a large health care system who had at least four distinct ED visits within any 6-month period between March 1, 2018, and May 30, 2021. Interrupted time series (ITS) analyses were performed to evaluate the impact of IPU enrollment on monthly ED visits and health care costs. A control group was matched to IPU patients using a propensity score at a 3:1 ratio. Results: We analyzed EHRs of 775 IPU patients with a control group of 2325 patients (mean ±SD] age 43.6 ±17]; 45.8% female; 50.9% White, 42.3% Black). In the single ITS analysis, IPU enrollment was associated with a decrease of 0.24 ED visits ($p < 0.001$) and a cost reduction of $466.37 ($p = 0.040$) in the first month, followed by decreases of 0.11 ED visits ($p < 0.001$) and $417.61 in costs ($p < 0.001$) each month over the subsequent year. Our main results showed that, compared to the matched control group, IPU patients experienced 0.20 more ED visits ($p < 0.001$) after their fourth ED visit within 6 months, offset by a reduction of 0.02 visits ($p < 0.001$) each month over the next year. No significant immediate or sustained increase in costs was observed for IPU-enrolled patients compared to the control group. Conclusions: This quasi-experimental study of frequent ED utilizers demonstrated an initial increase in ED visits following IPU enrollment, followed by a reduction in ED utilization over subsequent 12 months without increasing costs, supporting IPU's effectiveness in managing patients with complex needs and limited access to care.

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26. **Diagnosing patient flow issues in the emergency department: an Australasian hospital case study.**

Authors: Boehme T.

Publication Date: 2024

Journal: *Journal of Health Organization and Management*

Abstract: Purpose: This study investigates how a hospital can increase the flow of patients through its emergency department by using benchmarking and process improvement techniques borrowed from the manufacturing sector.

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27 **Early ward discharge clinic: facilitating discharges and prompt follow-up for medical inpatients in a district general hospital.**

Authors: Galloway GK

Publication Date: 2024

Journal: *BMJ Open Quality,* 13(4

Abstract: This study provides an example of a service which has provided significant opportunity for review of patients recently discharged from hospital.

Interventions shared in the study have improved service utilisation, reduced missed attendances and provided training opportunities.

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28. **Root causes behind patient safety incidents in the emergency department and suggestions for improving patient safety – an analysis in a Finnish teaching hospital.**

Authors: Halinen, Minna; Tiirinki, Hanna; Rauhala, Auvo; Kiili, Sanna; Ikonen, Tuija

Publication Date: 2024

Journal: BMC Emergency Medicine

Abstract: Adverse events occur frequently at emergency departments (ED) because of several risk factors related to varying conditions. It is still unclear, which factors lead to patient safety incident reports.The aim of this study was to explore the root causes behind ED-associated patient safety incidents reported by personnel, and based on the findings, to suggest learning objectives for improving patient safety.

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29. **Improving role allocation for cardiopulmonary resuscitation (CPR) in the emergency department: a quality improvement project. [Abstract]**

Authors: Giri S.

Publication Date: 2024

Journal: BMJ Open Quality

Abstract: Our results underscore the importance of patience and teamwork in achieving project objectives. It serves as a good example of the efficiency of simple and cost-effective interventions, one that can be replicated and implemented in other EDs.

30**. Interventions to minimise hospital winter pressures related to discharge planning and integrated care: a rapid mapping review of UK evidence.**

Authors: Cantrell A.

Publication Date: 2024

Journal: Health and Social Care Delivery Research

Abstract: Few initiatives identified were specifically identified as a response to winter pressures. Discharge to assess and hospital at home interventions are heavily used and well supported by the evidence but other responses, while also heavily used, were based on limited evidence. There is a lack of studies considering patient, family and provider needs. Additionally, there is a shortage of studies that measure the longer-term impact of interventions.