Royal United Hospitals Bath
NHS Foundation Trust

Emergency Department Patient Flow

Current Awareness Bulletin

May 2025

Our Current Awareness Bulletins provide details of recently published articles in a given subject. They are a quick and easy way to keep up to date.

Please contact the Academy Library to request any articles:

ruh-tr.library@nhs.net

01225 82 4897/4898

Carry out basic searches using the Knowledge and Library Hub.

Sign up to NHS OpenAthens to access our subscriptions.

Contact us to receive our bulletins via email each month.

Get personalised alerts via our KnowledgeShare service.

ruh.nhs.uk/library

New training via MS Teams available from the Academy Library:

- **Bitesize searching databases for evidence: a quick guide to help you develop your literature searching skills**
  45 minutes. Learn how to transform a question into a search strategy, and how to find the best evidence in a database.

  Next sessions: 9th June @ 3pm, 22nd July @ 4pm & 27th August @ 1pm

- **Simple and painless evidence into practice (BMJ Best Practice and the LKS Hub)**
  30 minutes. Learn about quick and hassle-free ways to seamlessly incorporate evidence into your daily work.

  Next sessions: 3rd June @ 2pm, 9th July @1pm & 7th August @ 3pm

- **Quickfire health literacy: communicating with patients more effectively**
  30 minutes. Learn about the communication barriers patients may encounter, and ways to ensure they get the most from their care.

  Next sessions: 13th June @ 3pm, 7th July @ 4pm & 12th August @ 9am

Book a session today at https://forms.office.com/e/HyiSXfDaYV (these sessions will be held on a monthly basis)

Being a patient in a crowded emergency department: a qualitative service evaluation.

Craston AIP. *Emergency Medicine Journal* 2025;42(3):148-153.

A qualitative service evaluation was undertaken in a large UK ED. Seven patients and three accompanying partners participated. They were aged 24-87 with characteristics representing the catchment population. Participants' experiences were characterised by 'loss of autonomy', 'unmet expectations' and 'vulnerability'. Potential mitigating interventions centred around information provision and better identification of existing ED facilities for personal needs.

Realising the three shifts: preventing more people from reaching crisis point will be one measure of success

The King's Fund

Leila Morris sets out how prioritising non-clinical support for people who frequently attend A&E can contribute to the government's ambition to deliver three major shifts in health and care.

Read the article at www.kingsfund.org.uk/insight-and-analysis/blogs/three-shifts-preventing-more-people-from-reaching-crisis-point

Did the NHS experience record pressures this winter?

The Health Foundation

This is an analysis of routinely collected and publicly available data on health service performance and the possible contributing factors. The analysis covers three areas: an assessment of how urgent and emergency care performance for winter 2024/25 compares

with previous winters; an examination of data on winter pressures; and some of the wider factors that might contribute to problems in urgent and emergency care.

Read the report at www.health.org.uk/reports-and-analysis/analysis/did-the-nhs-experience-record-pressures-this-winter

Initiative to improve oxygen prescribing and oxygen delivery to patients in the emergency department of a national referral hospital.

Wangdi S. *BMJ Open Quality* 2025;14(1):e003132.

One of the common causes of the poor prescription of oxygen among health staff was the lack of knowledge and unavailability of appropriate oxygen devices. Simple interventions like education and sensitisation about oxygen prescription, providing appropriate oxygen devices and frequent reminders are effective in bringing changes and sustaining the quality initiatives.

Read the article at bmjopenquality.bmj.com/content/14/1/e003132

Developing a patient-focused discourse around hospital flow

NHS Confederation

How changing the language on hospital flow and discharge delays is leading to a cultural shift focused on improving patient safety and experience.

Read the case study at www.nhsconfed.org/case-studies/developing-patient-focused-discourse-around-hospital-flow

Impact of a Symptom Checker App on Patient-Physician Interaction Among Self-Referred Walk-In Patients in the Emergency Department: Multicenter, Parallel-Group, Randomized, Controlled Trial

Journal of Medical Internet Research;27:e64028, 2 April 2025

This randomized controlled trial examined the impact of a symptom checker app (SCA) on patient satisfaction in acute care settings. Conducted in Berlin, it found no significant differences in patient-physician interaction satisfaction, care satisfaction, or anxiety levels between SCA users and non-users. However, patients and physicians generally viewed the SCA positively, with no evidence of increased anxiety or diminished trust. The study suggests SCAs may be neutral or slightly beneficial in clinical encounters.

Read the article at www.jmir.org/2025/1/e64028

North Middlesex University Hospital launches virtual fracture clinic

Health Tech Newsletter (HTN), 6 March 2025

North Middlesex University Hospital has introduced a virtual fracture clinic to enhance patient experience and efficiency. The clinic supports patients after a fracture or minor injury scan, reducing the need for in-person follow-ups. According to Royal Free London NHS Foundation

Trust, some patients can now review their scans and receive treatment plans remotely. Information is provided within 72 hours via letter or phone. The hospital contacts patients if further consultation is required, offering recovery guidance at home. This initiative aims to improve waiting times for both virtual and in-person clinic patients.

Read the article at https://htn.co.uk/2025/03/06/north-middlesex-university-hospital-launches-virtual-fracture-clinic/

The complex reality of corridor care in emergency departments

Udberg L. *British Journal of Nursing* 2025;34(5):306.

Corridor care in emergency departments (EDs) remains a contentious issue, with the Royal College of Nursing (RCN) calling for its elimination. While acknowledging its challenges, we argue that corridor care, when managed appropriately, plays a vital role in patient flow and safety. Removing it without viable alternatives risks worsening ambulance delays and increasing ED pressures. Rather than outright abolition, policymakers must focus on improving best practices to ensure patient dignity.

One in four Brits seeking help from A&E due to GP pressures

A new nationally representative survey reveals more than one in four Brits (27 per cent) have visited emergency departments because of delays in accessing GP appointments.

Integrated Care Journal

New survey data reveals that more than a quarter (27 per cent) of the public have visited A&E recently because the waiting time to access a GP appointment was too long, despite 2024 seeing a record high (370 million) GP appointments delivered.

Conducted by Savanta and commissioned by digital-first healthcare provider Livi, the findings also revealed that delays are leading to worsening of conditions or prolonged recovery, along with increasing costs to the public system based on the cost of a GP consultation versus an A&E attendance.

Regional data reveals that 45 per cent of Londoners who responded to the survey have visited A&E rather than wait to see their GP, while 41 per cent of under-35s reported visiting A&E as an alternative to waiting for a GP appointment.

GPs and clinicians are also feeling the strain of the challenges facing the healthcare system.

Dr Dan Bunstone, Primary Care Network (PCN) clinical director for Warrington Innovation Network and lead GP said: “As GPs, we see first-hand the strain on the system every day. We’re working in a landscape of chronic underfunding for innovation, severe staff shortages, and an ageing population with increasingly complex health needs. Demand is rising, and the resources to meet it simply aren’t there.”

Last month, the Government outlined its priorities for the NHS in 2025 and 2026 – including an objective to improve access to primary care services, and to invest in data and digital to improve productivity in primary care. On 28 February, the Government and BMA also announced a new contract for general practice

The results of this new survey demonstrate how urgently this action is needed, to tackle patient access, GP workload and workforce shortages to avoid pressures and rising costs reaching into other parts of the public system.

Dr Bunstone explained that GPs are delivering more appointments than ever but need alternative solutions to help them to tackle the pressures of long waiting lists and workforce shortages: “Patients deserve timely care, and GPs are constantly looking for ways that allow us to deliver care more effectively and empower our patients. Against all odds we are still delivering more appointments than ever. By embracing digital tools and integrating digital and physical care settings with services across primary and secondary care, we need continued investment in innovative solutions and system-wide coordination.”

Dr Kalle Conneryd Lundgren, Chief Executive Officer at Livi, who commissioned the research, commented on the findings: “The Government needs to act now. These findings confirm what we have long known: the crisis in A&E, hospital backlogs, and ‘corridor care’ all stem from a fundamental failure to provide timely, accessible care in the community. Patients are being left with nowhere else to turn, forcing them into inappropriate care settings and overwhelming an already stretched system and leading to increased costs.

“This isn’t just about more resources, nor is it about capacity. It’s about smarter solutions to boost efficiency and get more patients seen cost effectively. The Government must act now to invest in digital, empower ICSs to scale primary care, and fund proven solutions. By integrating digital and physical care, we can streamline referrals, optimise patient pathways, lower costs and improve access. Working together, we can build a system that works better for both patients and the workforce.”

Read the online article at https://integratedcarejournal.com/one-in-four-brits-seeking-help-ae-gp-pressures/

Patients’ safety at risk from missed medication while in A&E

Royal College of Emergency Medicine

Patient safety is being put at risk in Emergency Departments due to missed doses of vital prescription medicines.

That is one of the findings of a study being carried out by the Royal College of Emergency Medicine (RCEM) which revealed that many patients who rely on prescription medication to manage chronic conditions such as Diabetes and Parkinson’s, aren’t always getting these vital drugs when in A&E.

These types of drugs are known as ‘Time Critical Medication’ (TCM) and, as the name suggests, it is important they are taken at specific times.

If a dose is delayed or missed, it can cause a person’s health to worsen. And if this delay is prolonged, the consequences can be severe.

Read the article at https://rcem.ac.uk/patients-safety-at-risk-from-missed-medication-while-in-ae/

Emergency Department Programs to Support Medication Safety in Older Adults: A Systematic Review and Meta-Analysis.

Skains RM. *JAMA Network Open* 2025;8(3):e250814.

In this systematic review and meta-analysis of ED-based geriatric medication safety programs, a multidisciplinary team, including clinical pharmacists and/or geriatricians, was associated with improved PIM deprescribing. Furthermore, computerized CDSS, alone or in combination with ED clinician education, was associated with enhanced geriatric ordering and prescribing practices.

Read the article at https://pmc.ncbi.nlm.nih.gov/articles/PMC11897843/

---

1. **"I don't know": An uncertainty-aware machine learning model for predicting patient disposition at emergency department triage**

Authors: Abdulai, Abubakar Sadiq Bouda;Storm, Jean and Ehrlich, Michael

Publication Date: 2025

Journal: International Journal of Medical Informatics 201, pp. 105957

Abstract: 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.; Background: Machine learning (ML) models are widely used for predicting patient disposition at emergency department (ED) triage. However, these models generate predictions regardless of the level of uncertainty, potentially leading to overconfident outputs that can compromise clinical decision-making.; Objective: To develop a conformal prediction model for ED triage that provides uncertainty-aware patient disposition predictions.; Methods: This retrospective study analyzed 560,486 adult ED visits (March 2014 - July 2017) from one academic and two community hospitals. An extreme gradient boosting (XGBoost) model was trained, validated, and conformalized to introduce a "Don't know" prediction for high-uncertainty cases. The model was tested on a random sample of 56,000 ED cases.; Results: The standard XGBoost model achieved an AUC of 0.9307 (95% CI: 0.9285 - 0.9329), with sensitivity of 0.72 and specificity of 0.94. With conformal prediction at a lower confidence threshold of 60%, the model indicated "Don't know" in 4.9% of cases while returning sensitivity and specificity values of 0.74 and 0.95, respectively. As confidence thresholds increased, the model returned more "Don't know" predictions and fewer misclassifications. At 90% confidence, the model returned "Don't know" in 34.5% of cases while returning sensitivity and specificity values of 0.88 and 0.99, respectively. This trade-off highlights a balance between model confidence and prediction accuracy.; Conclusion: Incorporating uncertainty-awareness in ML models improves reliability in ED triage. By acknowledging uncertainty, clinicians receive more interpretable insights, reducing the risk of overconfident predictions and enhancing patient safety.

2. **Association between lactate determined at emergency department arrival and the probability of inhospital mortality and intensive care admission in elderly patients**

Authors: Alquézar-Arbé, Aitor;Pérez-Baena, Sergio;Fernández, Cesáreo;Aguiló, Sira;Burillo, Guillermo;Jacob, Javier;Llorens, Pere;Santianes Patiño, Jesús;Queizán García, Paula;Rosendo Mesino, Diana;Troiano Ungerer, Osvaldo Jorge;Vaswani-Bulchand, Aarati;Rodríguez-Cabrera, Montserrat;Suárez Pineda, Mabel Coromoto;Gantes Nieto, Patricia;Alemany González, Francesc Xavier;Puche Alcaraz, Ana;Bóveda García, María;Veguillas Benito, Mónica;Chamorro, Francisco, et al

Publication Date: 2025

Journal: European Journal of Emergency Medicine : Official Journal of the European Society for Emergency Medicine 32(3), pp. 171–179

Abstract: Background and Importance: Elderly patients often have atypical clinical presentations. Lactate measurement on arrival at the Emergency Department (ED) could be useful to identify elderly patients with a bad prognosis.; Objective: The study aimed to investigate the relationship between serum lactate determined at ED arrival and the probability of inhospital mortality and intensive care (ICU) admission in elderly patients.; Design: Retrospective multipurpose registry. Secondary analysis of the EDEN cohort (Elderly Department and Elder Needs).; Settings and Participants: All patients ≥65 years attending 52 Spanish EDs during 2 week and in whom serum lactate was determined at ED arrival.; Outcome Measures and Analysis: The relationship between serum lactate values and the risk of inhospital all-cause death and transfer from the ED to the ICU was assessed by unadjusted and adjusted logistic regression assuming linearity and restricted cubic spline models assuming nonlinearity.; Results: The cohort included 25 557 patients. The 3024 patients in whom lactate was measured were analyzed. The median age was 81 years (74-87), 1506 (27.2%) were women, 591 (19.5%) had serious comorbidities, 475 (15.7%) severe dependency, and 648 (21.4%) dementia. Death occurred during hospitalization in 217 patients (7.2%) and 53 patients (1.75%) were admitted to the ICU. Serum lactate values were nonlinear related to inhospital mortality and ICU admission. Serum lactate >3.1 mmol/L odds ratio (OR): 1.60, 95% confidence interval (CI): 1.02-2.50] for inhospital mortality and 3.2 mmol/L (OR: 2.83, 95% CI: 1.03-6.79) for ICU admission were associated with significantly increased ORs in the adjusted models.; Conclusion: Serum lactate measured at ED arrival has a significant and exponential relationship with inhospital mortality and ICU admission in elderly patients.

---

3. **Mitigating conflict between emergency department and inpatient staff due to access block**

Authors: Aston, Benjamin;de Jong, Gideon and Tillott, Sarah

Publication Date: 2025

Journal: Australasian Emergency Care 28(2), pp. 73–75

Abstract: Competing Interests: Declaration of Competing Interest The authors declare that

they have no conflicts of interest.; Since the outbreak of the COVID-crisis almost five years ago, Emergency Departments (EDs) in Australian hospitals have increasingly been confronted with the phenomenon of "access block" in which the flow of patients to inpatient units is delayed or obstructed. This creates tension between ED staff and health professionals employed in inpatient units. With the current political discourse, there is little reason to hope that this problem will be solved in the short term. As long as no radical changes are made at the political level to combat the issue of access block, the hands of individual clinicians are tied to existing models of care. In this letter to the editor, we outline how the problem of access block occurs in the ED of a Queensland-based hospital and the impact it generates. But also how healthcare leaders can adequately manage the tension between ED and inpatient staff, underscoring the crucial role of emotional intelligence.

---

4. **Atrial fibrillation patients presenting to an emergency department successfully managed with a next-day community follow-up pathway: A before-and-after cohort study**

Authors: Brokenshire, Finn;Pickering, John W.;Al-Busaidi, Ibrahim;Than, Martin;Troughton, Richard;Addy, Kaleb and Joyce, Laura R.

Publication Date: 2025

Journal: Emergency Medicine Australasia : EMA 37(3), pp. e70049

Abstract: Objectives: To assess the effectiveness and safety of the new clinical pathway for patients presenting to an ED with AF, incorporating community next-working-day follow-up and more specific clinician guidance around medication prescribing.; Methods: A before-and-after, retrospective cohort study comparing patients presenting to Christchurch ED with acute uncomplicated AF in the year before ('hospital-based' follow-up) and after ('community-based' follow-up) implementation of a new AF management approach. The 'community' pathway replaced hospital-based review with a next-day community follow-up and introduced more specific anticoagulation recommendations.; Results: A total of 1065 patients met inclusion criteria, with 531 presenting during the 'hospital-based' pathway period and 534 during the 'community' pathway period. The spontaneous reversion rate was approximately 61% in both cohorts. Following the implementation of the community pathway, there was no increase in cardioversions (16.6% vs 20%, difference 3.5% 95% CI -1.4 to 8.3]), admission rates (32.8% vs 32.2%, difference - 0.6% 95% CI -6.4 to 5.3]), or AEs (60-day all-cause mortality 1.3% vs 0.9%, difference - 0.7% 95% CI -2.3 to 1]). Attendance at a follow-up AF clinic improved from 92.9% to 98.1% (difference 5.2% 95% CI 0.7-9.7]). Clinician adherence to anticoagulation guidelines increased by 7% (95% CI 1.6-12.4).; Conclusions: A 'rate-and-wait' strategy for managing acute uncomplicated AF continues to allow a significant proportion of patients to self-revert to sinus rhythm, without requiring hospital admission or cardioversion procedures. Transitioning to an off-site, community AF clinic is both safe and effective, demonstrating increased clinic attendance and improved adherence to anticoagulation guidelines. (© 2025 The Author(s). Emergency Medicine Australasia published by John Wiley & Sons Australia, Ltd on behalf of Australasian College for Emergency Medicine.)

5. **Emergency department care experiences among 2SLGBTQQIA+ patients: a mixed methods study**

Authors: Chard, Sidonie;Karabelas-Pittman, Sawyer;Martin, Kel;Chapple, Elliot;Messenger, David;Bartels, Susan A. and Walker, Melanie

Publication Date: 2025

Journal: BMC Health Services Research 25(1), pp. 751

Abstract: Competing Interests: Declarations. Ethics approval and consent to participate: All participants provided informed consent prior to participation and no identifying information was collected. This study was approved by the Queen's University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board (protocol # 6035357). All methods were performed as approved by the Queen's University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board, in accordance with the Declaration of Helsinki. Consent for publication: N/A. Competing interests: The authors declare no competing interests.; Background: Equity-deserving groups (EDG), including those who identify as two-spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex, and/or asexual (2SLGBTQQIA+), are disproportionately treated in the Emergency Department (ED). This study aimed to understand ED care experiences of 2SLGBTQQIA+ individuals compared to those who do not identify with an equity-deserving group in Kingston, Canada, ultimately aiming to enhance inclusivity and better meet healthcare needs.; Methods: Data were collected through a mixed qualitative/quantitative cross-sectional study using a novel electronic survey tool (Spryng.io), which purposely integrates qualitative and quantitative data, while minimising researcher bias. A community-based participatory approach was employed to involve community stakeholders. Participants were recruited from the Kingston Health Sciences Centre's ED, Urgent Care Centre, and at community-based organisations. Quantitative data were analysed using chi-squared tests, while qualitative data underwent thematic analysis. Results were triangulated. Focus group discussions with community partners were then undertaken to contextualise findings.; Results: Compared to persons who did not identify as belonging to an EDG (n = 949), 2SLGBTQQIA+ individuals (n = 118) felt their identity had a more negative impact on their care ($p < 0.0001$) and experienced more judgment and disrespect from healthcare providers (HCPs) ($p < 0.0001$). Four themes emerged from triangulation of qualitative and quantitative data: (1) mixed emotions regarding ED care; (2) transgender and non-binary health care considerations; (3) unmet mental health needs; and (4) lack of patient-centred care for 2SLGBTQQIA+ patients.; Conclusions: 2SLGBTQQIA+ individuals often face unmet mental health care needs, requiring tailored mental health care provision in the ED. Intersectionality within the 2SLGBTQQIA+ population underscores the importance of trauma-informed care. Strategies to improve 2SLGBTQQIA+ healthcare include implementing safer spaces, clear feedback mechanisms, referrals to gender-affirming specialists, and privacy in triage. Further research should assess the impact of educational interventions on HCP knowledge and patient experiences in the ED. (© 2025. The Author(s).)

6. **Ageism in emergency departments: impact and solutions**

Authors: Colantoni, Alessandra;Belletti, Irene;Carini, Cristina and Bertini, Alessio

Publication Date: 2025

Journal: European Journal of Emergency Medicine : Official Journal of the European Society for Emergency Medicine 32(3), pp. 155–157

---

7. **Understanding the psychosocial well-being of people older than 65 years during emergency department admissions: A qualitative analysis of patients' accounts of their experiences**

Authors: Davison, Neve;Hammarberg, Karin;Tran, Thach;Collyer, Taya A.;Lowthian, Judy;Kirkman, Maggie;Fisher, Jane;Dwyer, Rosamond and Layton, Natasha

Publication Date: 2025

Journal: Australasian Journal on Ageing 44(2), pp. e70033

Abstract: Objective: Little is known about the psychosocial care of older people presenting to the emergency department (ED), or whether their psychosocial well-being during and after an ED admission can be enhanced. People over the age of 65 years experiencing psychosocial distress and mental health concerns have higher rates of ED admission than those without. As part of a larger mixed-methods study investigating the relationships between older people's psychosocial well-being and emergency care, this study aimed to explore the experiences of older people in ED and their influence on patient psychosocial well-being.; Methods: Participants aged 65 years or older receiving care in a large Australian public hospital ED were invited to participate in a telephone interview soon after discharge. Interviews were audio recorded and transcribed. Transcripts were analysed thematically.; Results: Eleven people (five women) aged 68-87 years participated in semi-structured interviews. Analyses revealed three overarching themes: 'interpersonal interactions', 'quality of care' and 'physical environment'. The theme 'interpersonal interactions' had two subthemes: 'communication' and 'human contact'. The three subthemes of 'quality of care' were 'appropriate care', 'psychological care' and 'unmet needs'. Physical environment referred to participant impressions of the ED setting.; Conclusions: We found that staff sensitivity in their interactions with patients and their efforts to promote patients' physical comfort and protect their privacy influenced the psychosocial well-being of older adults in the ED. Based on the findings, we present a set of recommendations for enhancing the psychosocial care of older adults during ED admission. (© 2025 The Author(s). Australasian Journal on Ageing published by John Wiley & Sons Australia, Ltd on behalf of AJA Inc.)

---

8. **Nurse-Administered Screening Tools for Detecting Elder Abuse in Emergency Departments: A Scoping Review**

Authors: El Hussein, Mohamed and Sheehan, Dawson

Publication Date: 2025

Journal: Journal of Advanced Nursing 81(6), pp. 2946–2963

Abstract: Aim: Identify and describe nurse-administered screening tools used in emergency departments (ED) to detect elder abuse.; Design: A scoping review of literature published between 1999 and 2024 was conducted following the guidance of the Joanna Briggs Institute Manual for Evidence Synthesis and a methodological framework for scoping studies.; Methods: Two reviewers, an academic faculty member and a senior undergraduate, conducted the screening and data extraction, aiming to identify studies using a nurse-administered screening tool in the ED to detect elder abuse.; Data Sources: The final search was conducted on 24 April 2024, using the CINAHL, MEDLINE, PsycINFO, and Cochrane Review databases.; Results: Ten studies out of 145 met the inclusion criteria, identifying six screening tools that assist healthcare providers, such as nurses, in detecting elder abuse in EDs. The results were summarised and presented according to each screening tool.; Implications for the Profession: Nurses in EDs are well-positioned to identify elder abuse due to the significant time spent observing and interacting with patients. The implementation of a screening tool can support nurses in detecting elder abuse and initiating appropriate interventions.; Impact: Elder abuse is a widespread public health issue projected to increase continuously with the rapidly ageing population. Incorporating nurse-administered screening tool into EDs has demonstrated practicality and usefulness in identifying elder abuse cases. Various tools exist; however, these instruments are underutilised due to limited reliability and feasibility testing, with no definitive screening tool identified as the "gold standard" for elder abuse detection. Without formal screening, elder abuse is likely to remain undetected, leaving victims vulnerable to harmful consequences. Due to the limited testing and evaluation of a reliable ED screening tool for elder abuse, future research should focus on developing and validating a new screening tool intended specifically for use by nurses in EDs.; Reporting Method: The EQUATOR guidelines for PRISMA were met.; Patient or Public Contribution: No patient or public contributions. (© 2024 The Author(s). Journal of Advanced Nursing published by John Wiley & Sons Ltd.)

---

9. **Evaluating utilization and satisfaction of a pilot video-interpretation service in the emergency department**

Authors: Eltayeb, Nadine;Woods, Nicolas and Yau, Lawrence

Publication Date: 2025

Journal: CJEM

Abstract: Competing Interests: Declarations. Conflict of interest: The authors declare there are no conflicts of interest to disclose.; Introduction: Language barriers in healthcare settings have been associated with medical errors, increased resource utilization, re-admissions, poor health outcomes, and decreased patient satisfaction. There is considerable variability in how interpretation services are delivered in emergency departments (ED) and healthcare institutions across Canada. This study is one of the first to examine healthcare providers' utilization and satisfaction of these services.; Methods: We administered cross-sectional surveys to ED physicians prior to, and to both physicians and nurses after the implementation of a pilot video-based interpretation service. Likert scales were used to examine utilization and satisfaction. Descriptive statistics were used to summarize characteristics. Mann-Whitney U

tests and Wilcoxon-Signed Rank tests were used to compare utilization and satisfaction between phone and video interpretation services. Thematic analysis was performed on open-ended questions to examine barriers, improvements and suggestions described by healthcare providers.; Results: 46/112 physicians responded to the phone-based interpretation survey, and 32/113 physicians and 48/272 nurses responded to the video-based interpretation survey. Video-based interpretation was rated significantly higher than phone interpretation amongst healthcare providers across all domains including reliability, accuracy, ease of use, efficiency and satisfaction ($p < 0.05$). Nurses used video-based interpretation services significantly more often than phone-based interpretation services ($p < 0.05$). Thematic analysis revealed that healthcare providers described an improvement in accessibility of interpretation services and improved quality with the implementation of the video-based interpretation services; healthcare providers also felt that there should be better access to interpretation devices and more education surrounding the use of such devices.; Conclusion: This study suggests that healthcare providers were more satisfied with video-based interpretation services and utilized it more often when compared to the phone-based interpretation service available in the ED. This study will help guide effective ED interpretation programs and promote equitable outcomes for patients with limited English proficiency across Canada. (© 2025. The Author(s), under exclusive licence to the Canadian Association of Emergency Physicians (CAEP)/ Association Canadienne de Médecine d'Urgence (ACMU).)

---

10. **RESCUE - Rapid, Effective, Safe Communication in Emergency Departments: A cross-sectional e-survey**

Authors: Freeman-Sanderson, Amy;Clayton, Nicola;Fry, Margaret;Sullivan, Rebecca and Hemsley, Bronwyn

Publication Date: 2025

Journal: Australasian Emergency Care 28(2), pp. 123–128

Abstract: Competing Interests: Declaration of Competing Interest Professor Margaret Fry is a former Senior Editor of Australasian Emergency Care but had no role to play whatsoever in the peer review or editorial decision-making of this manuscript. The other authors declare no interests.; Background: Effective staff-to-staff and patient-provider communication in the Emergency Department (ED) is essential for safe, quality care. Routine wearing of Personal-Protective-Equipment (PPE) has introduced new challenges to communication. We aimed to understand the perspectives of ED staff about communicating while wearing PPE, and to identify factors contributing to communication success, breakdown, and repair.; Methods: Study design was a descriptive cross-sectional online survey with convenience sampling. Categorical data were analysed using descriptive statistics and qualitative data analysed using content thematic analysis.; Results: Across nursing, medical and allied health, 78 staff responded with mean age= 38.8 years and mean ED clinical experience= 8.8 years). Respondents reported PPE impacted communication with patients/family members (81 %) and staff (61 %), with almost three-quarters of patient interactions rated as "somewhat difficult" or "extremely difficult". Content themes were: (i) impacts of mask-wearing on communication, (ii) impacts of mask-wearing on patient care quality and safety, and (iii) strategies for repairing communication breakdown. Health impacts of communicating in PPE (50 %) included voice fatigue, skin irritation, and throat dryness.; Conclusion: ED staff perceived that wearing PPE

impacted communication and compromised safe and efficient quality care delivery. Staff reported using increased voice volume, repetition, gestures, increased proximity, and emphasised facial movements to enhance their communication.

---

11. **A Physiotherapy-Led Emergency Department Guideline (PLEDGE) for Patients Presenting With Low Back Pain: Pre- and Post-Implementation Study**

Authors: Gan, Rosalie;Farmer, Caitlin;da Silva, Alisha;Drummond, Katharine;Marr, Lucinda;Moi, John H. Y. and Putland, Mark

Publication Date: 2025

Journal: Emergency Medicine Australasia : EMA 37(3), pp. e70057

Abstract: Objective: We evaluated guideline adherence and healthcare utilisation in an emergency department (ED) pre- and post-implementation of a physiotherapy-led low back pain (LBP) guideline and rapid outpatient follow-up service (collectively termed PLEDGE model).; Methods: The PLEDGE model was implemented in a metropolitan tertiary hospital. Data from LBP ED presentations were extracted from electronic medical records for 1 year pre- and post-PLEDGE model implementation. To evaluate guideline-adherent care, the primary outcome was the incidence of any opioid analgesia use. Requests for imaging and pathology were secondary outcomes. To evaluate healthcare utilisation, the primary outcome was the ED National Emergency Access Target (NEAT). Secondary outcomes included ED re-presentations within 28 days, short stay unit (SSU) admissions and ED length of stay (LOS).; Results: Overall, 2732 patients were included (1384 post-implementation). For guideline-adherent care, opioid analgesia (χ 2 (1, N = 2732) = 17.406, p < 0.001) and pathology ordering (χ 2 (1, N = 2732) = 6.363, p = 0.012) significantly reduced post-implementation; however, there was no reduction in imaging requests (χ 2 (1, N = 2732) = 1.859, p = 0.173). With respect to healthcare utilisation, measures of ED NEAT and ED LOS worsened. Patients were significantly less likely to be admitted to SSU (χ 2 (1, N = 2732) = 6.356, p = 0.012) or re-present to ED (χ 2 (1, N = 2732) = 4.098, p = 0.043).; Conclusion: Implementation of the PLEDGE model reduced opioid analgesia use, pathology ordering, SSU admissions and ED re-presentations and provided a valuable safety net. ED NEAT worsened, ED LOS increased and imaging requests remained unchanged. (© 2025 Australasian College for Emergency Medicine.)

---

12. **Are EDs the Only Option? Hospital-Based Alternatives to the Emergency Department for Mental Health Crises: A Scoping Review**

Authors: Hudson, Carly;Bowman, Candice and Randall, Marcus

Publication Date: 2025

Journal: International Journal of Mental Health Nursing 34(3), pp. e70060

Abstract: Mental health continues to have a significant negative impact on global health. Hospital emergency departments (EDs) serve as a first entry point for individuals in crisis, with

the number of presentations to EDs for mental health continuing to increase. However, EDs remain problematic environments for patients receiving emergency psychiatric care, due to the lack of suitable space, resources and specialised staff training. The World Health Organization has acknowledged the need to restructure mental health services to prioritise accessibility and person-centred care. To address this need, a number of alternative crisis care services have been established, which provide short-term emergency psychiatric care. This scoping review aims to provide an overview of the types of crisis services available within or adjacent to a hospital service. A systematic search of CINAHL, Medline, SocIndex and PsycINFO was conducted, returning 1213 results. Following title and abstract, and full text screening, 17 sources were included in the final review. Alternative crisis care services situated within or near existing hospital sites were broadly grouped into four categories: psychiatric emergency services, crisis stabilisation or observation units, specialised services for specific populations and non-clinical crisis services. Of the included articles, 13 reported some form of service evaluation, examining a range of patient-, staff- and service-factors. Alternative crisis care services to the ED play a crucial role in providing accessible, localised support for individuals experiencing mental health crisis, potentially reducing the reliance on hospital-based services. However, to date, there is a lack of consistency in service descriptions, and comprehensiveness of service evaluations. Standardised and more thorough reporting of crisis care services is required to better understand what services are available, and the impact they are having on mental health crisis care. (© 2025 The Author(s). International Journal of Mental Health Nursing published by John Wiley & Sons Australia, Ltd.)

---

13. **Availability of primary care and avoidable attendance at English emergency departments: A regression analysis**

Authors: Jamieson, Timothy;Gravelle, Hugh and Santos, Rita

Publication Date: 2025

Journal: Health Policy (Amsterdam, Netherlands) 157, pp. 105330

Abstract: Competing Interests: Declarations of interest None.; Attendances at emergency departments (EDs) by patients who could have been treated in primary care increase waiting times and costs in EDs and may reduce quality of care. This study examines whether the probability that a patient's ED attendance is avoidable is associated with their characteristics and the quality, staffing, and availability of their general practice, particularly its extended hours provision. We estimate ED attendance level linear probability and logistic regressions using data on 10.16 M attendances at 144 major EDs by patients aged 16 or over from 6668 English practices. We use two definitions of avoidable ED attendance: the NHS definition (non-urgent) and a new wider definition (clinically inappropriate). 9.3 % of attendances were avoidable according to the NHS definition and 21.8 % with our definition. The probability of avoidable attendance was lower for older, female patients, those living in more socioeconomically deprived or sparsely populated areas, or those closer to their practice than to the ED attended. Attendances from practices where a higher proportion of patients get same-day GP appointments, or were aware of early morning extended hours, were less likely to be avoidable. The probability that an ED attendance was clinically inappropriate was about 0.5 % smaller during weekends or evenings when the practice had extended hours but was not associated with the overall provision of extended hours by the practice. (Copyright © 2025

Elsevier B.V. All rights reserved.)

---

14. **Evaluation of a virtual emergency care service to avoid unnecessary emergency department presentations and provide specialist-led definitive care**

Authors: Joyce, Laura R.;Gutenstein, Marc;Gilbert, Mark;Weaver, James;Pearson, Scott;Pickering, John W. and Than, Martin

Publication Date: 2025

Journal: Emergency Medicine Australasia : EMA 37(3), pp. e70048

Abstract: Objective: A quantitative and qualitative evaluation of the impact of a peer-to-peer telehealth service called Specialist Telehealth Aotearoa (STAR) on transfers to the ED.; Methods: This mixed-methods study reviewed STAR between 31 July 2023 and 31 October 2023. Reasons for presentation and outcomes were analysed. Thematic analysis was used to examine responses to an electronic survey from referrers to the STAR service, exploring the benefits and barriers to engagement with the service.; Results: Eight hundred and sixty-seven consultations occurred, with hospital transfer avoided for 500 (58%) patients. Fifty-one patients (10.2%) re-presented to Christchurch Hospital within 7 days with the same/related issue, similar to the overall hospital 7-day re-presentation rate of 9.5%. Survey responses were received from 130 ambulance staff and rural practitioners, with 97% reporting a 'very good' or 'excellent' experience with STAR. Thematic analysis of responses from referrers identified four main benefits: local FACEMs who understand the local context, mutual trust built on pre-existing relationships, empowering pre-hospital and rural clinicians and putting the patient first: providing right care-right place-right time.; Conclusions: STAR prevented unnecessary transfers to ED with a 7-day representation rate comparable to the wider hospital. Referrers reported a number of benefits to the service, as well as identifying potential barriers to engagement. The integration of a specialist emergency care telehealth service into the health system could alleviate pressure on EDs in Aotearoa New Zealand. (© 2025 The Author(s). Emergency Medicine Australasia published by John Wiley & Sons Australia, Ltd on behalf of Australasian College for Emergency Medicine.)

---

15. **Evaluation of Disinfection Methods for Autonomous Mobile Robots Used in Hospital Logistics in Emergency Departments**

Authors: Kardas, Przemysław;Bielec, Filip;Brauncajs, Małgorzata;Lewek, Paweł;Timler, Dariusz;Łojewska, Ewelina;Chiurazzi, Marcello;Dei, Neri Niccolò;Ciuti, Gastone;Ros, Raquel Juliá;Estevan, Víctor Solaz;Maccaro, Alessia;Pecchia, Leandro;Merino, Beatriz;Medrano, Alejandro;Penzel, Thomas and Fico, Giuseppe

Publication Date: 2025

Journal: The Journal of Hospital Infection

Abstract: Competing Interests: Declaration of Competing Interest PK has received speaker honoraria from P&G; all other authors declare no conflicts of interest.; Background: Autonomous Mobile Robots (AMRs) have been increasingly used in hospital logistics, particularly in high-risk areas, such as Emergency Departments (EDs), to streamline

operations, reduce staff fatigue, and minimize infection risks. However, their effective disinfection remains a critical concern, especially when it comes to solutions aimed at preventing spread of multi-drug-resistant organisms.; Objective: This study evaluated the microbiological cleanliness and effectiveness of various disinfection methods for AMRs in real-life hospital logistics settings, with a particular focus on their application in EDs.; Methods: The HOSBOT, an AMR designed for hospital logistics, was deployed in a tertiary hospital for two weeks and validated for transport of biological samples. Microbiological contamination was assessed at multiple robot sites before and after disinfection, using two methods, i.e. manual wiping with a standard disinfectant and non-contact fumigation with low temperature vaporized hydrogen peroxide. Contamination levels were evaluated using quantitative and qualitative microbiological techniques, and a threshold of <2.5 colony-forming units/cm 2 for critical environments, recommended by the Centers for Disease Control and Prevention (CDC), was considered as proof of success.; Results: Bacterial contamination exceeded thresholds at all sites. Both disinfection methods significantly decreased contamination. Manual wiping reduced bacterial counts below thresholds and eradicated fungal growth, while fumigation was effective for bacterial but not fungal contamination. Fumigation also failed to meet CDC cleanliness standards in hard-to-reach areas.; Conclusions: Both manual wiping and fumigation effectively reduced bacterial contamination, however, wiping showed better results in fungal eradication. Improvements to fumigation methods are necessary, such as application of higher disinfectant concentrations or alternative chemicals. The aforementioned findings not only support the use of AMRs in clinical settings but also emphasize the importance of effective disinfection for safety and efficacy.

---

16. **Reducing pathology testing in emergency departments: A scoping review**

Authors: Kazda, Luise;Pickles, Kristen;Colagiuri, Philomena;Bell, Katy;O'Connell, Brian and Mathieu, Erin

Publication Date: 2025

Journal: Australasian Emergency Care

Abstract: Competing Interests: Declaration of Competing Interest BOC is an unpaid board member of the Climate and Health Alliance Australia and unpaid executive member of the Sustainable Emergency Medicine and Climate Advocacy Network, Australasian College for Emergency Medicine. All other authors declare no conflict of interest.; Background: Pathology testing in emergency departments (EDs) is often unnecessary, leading to avoidable financial and environmental costs without improving clinical care. This overview summarises interventions to reduce pathology testing in EDs, their effectiveness, and any resulting financial, environmental, patient, or staff impacts.; Methods: We searched multiple databases up to February 2025 and conducted citation searches. Eligible studies included intervention and aetiological observational studies of pathology tests in EDs. Secondary studies and conference abstracts were excluded.; Results: Of 1,755 records, 34 studies met inclusion criteria: 32 quality improvement studies, one cohort study, and one randomised controlled trial. Interventions included ordering system changes, education, audit & feedback, guideline development, penalties, and alternative care models. Significant reductions ranging from 1.5% to 99% (median: 29%) in targeted pathology tests were reported in 33 of 34 studies. All 25

studies reporting financial impacts found cost reductions, with potential savings up to AUS$1 million in one Australian ED over 18 months (median:US$247,000 per year for nine studies reporting annual savings in US$). No adverse patient or staff impacts were found. No studies reported on environmental impacts.; Conclusion: Nearly all interventions reduced test frequency with beneficial or no impacts on patient care and staff efficiency, along with notable cost savings. Future studies should include environmental impacts and assess clinical care co-benefits of reducing unnecessary pathology testing.

---

17. **Re-engineering the clinical approach to suspected cardiac chest pain assessment in the emergency department by expediting research evidence to practice using artificial intelligence. (RAPIDx AI)-a cluster randomized study design**

Authors: Khan, Ehsan;Lambrakis, Kristina;Briffa, Tom;Cullen, Louise A.;Karnon, Jonathon;Papendick, Cynthia;Quinn, Stephen;Tideman, Phil;Hengel, Anton Van Den;Verjans, Johan and Chew, Derek P.

Publication Date: 2025

Journal: American Heart Journal 285, pp. 106–118

Abstract: Competing Interests: Conflicts of interest None reported.; Background: Clinical work-up for suspected cardiac chest pain is resource intensive. Despite expectations, high-sensitivity cardiac troponin assays have not made decision making easier. The impact of recently validated rapid triage protocols including the 0-hour/1-hour hs-cTn protocols on care and outcomes may be limited by the heterogeneity in interpretation of troponin profiles by clinicians. We have developed machine learning (ML) models which digitally phenotype myocardial injury and infarction with a high predictive performance and provide accurate risk assessment among patients presenting to EDs with suspected cardiac symptoms. The use of these models may support clinical decision-making and allow the synthesis of an evidence base particularly in non-T1MI patients however prospective validation is required.; Objective: We propose that integrating validated real-time artificial intelligence (AI) methods into clinical care may better support clinical decision-making and establish the foundation for a self-learning health system.; Design: This prospective, multicenter, open-label, cluster-randomized clinical trial within blinded endpoint adjudication across 12 hospitals (n = 20,000) will randomize sites to the clinical decision-support tool or continue current standard of care. The clinical decision support tool will utilize ML models to provide objective patient-specific diagnostic probabilities (ie, likelihood for Type 1 myocardial infarction MI] versus Type 2 MI/Acute Myocardial Injury versus Chronic Myocardial Injury etc.) and prognostic assessments. The primary outcome is the composite of cardiovascular mortality, new or recurrent MI and unplanned hospital re-admission at 12 months post index presentation.; Summary: Supporting clinicians with a decision support tool that utilizes AI has the potential to provide better diagnostic and prognostic assessment thereby improving clinical efficiency and establish a self-learning health system continually improving risk assessment, quality and safety.; Trial Registration: ANZCTR, Registration Number: ACTRN12620001319965, https://www.anzctr.org.au/. (Copyright © 2025 The Authors. Published by Elsevier Inc. All rights reserved.)

18. **Emergency department's patient safety culture perceived by healthcare workers: A scoping review protocol**

Authors: Kim, Min Ji

Publication Date: 2025

Journal: PloS One 20(5), pp. e0325049

Abstract: Competing Interests: The author has declared that no competing interests exist.; A strong patient safety culture is critical for ensuring effective healthcare systems, particularly in high-risk environments such as emergency departments. Assessing patient safety culture requires the identification of strengths and weaknesses within clinical departments to enable targeted improvement. Patient safety in emergency departments is especially vulnerable due to overcrowding, necessity for rapid decision-making, and high pressure. However, the existing literature has not been systematically mapped to understand how healthcare workers perceive the patient safety culture in these settings. This scoping review aims to synthesize and map available evidence on patient safety culture as perceived by healthcare workers in emergency departments. This review will be conducted following the Joanna Briggs Institute methodology designed explicitly for scoping reviews, and the results will be reported following the Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for Scoping Reviews (PRISMA-ScR). The inclusion criteria will be based on the Population (healthcare workers), Concept (patient safety culture), and Context (emergency department settings) framework. A comprehensive search will be conducted in PubMed, CINAHL (EBSCOhost), Web of Science, Embase, Cochrane Library, KISS, and grey literature sources, such as ProQuest Dissertation & Theses Global and Google Scholar. Study selection and data extraction will be performed independently by two researchers, with a third researcher resolving discrepancies. Descriptive analysis will summarize the study characteristics, while content and thematic analyses will identify key themes related to patient safety culture. The findings will be presented at academic conferences and published in a peer-reviewed journal. (Copyright: © 2025 Min Ji Kim. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.)

---

19. **Safety and Efficacy of Digital Check-in and Triage Kiosks in Emergency Departments: Systematic Review**

Authors: Lammila-Escalera, Elena;Greenfield, Geva;Aldakhil, Reham;Mak, Hei Ming;Sehgal, Himani;Neves, Ana Luisa;Harmon, Mark J.;Majeed, Azeem and Hayhoe, Benedict

Publication Date: 2025

Journal: Journal of Medical Internet Research 27, pp. e69528

Abstract: Background: Emergency departments (EDs) globally face unprecedented pressures due to aging populations, multimorbidity, and staff shortages. In response, health systems are adopting technological solutions such as digital kiosks to reduce wait times, improve patient flow, and alleviate overcrowding. These tools can automate patient check-in and assist with

triage, helping to reduce variability in assessments and identify individuals with urgent needs sooner. However, it remains unclear whether the potential time-saving benefits of these innovations translate into improved patient outcomes and safety.; Objective: This systematic review aims to summarize the safety and efficacy impacts of digital check-in and triage kiosks compared with traditional nurse-led triage methods in EDs.; Methods: Comprehensive searches were conducted in MEDLINE, EMBASE, and Web of Science. A narrative synthesis was carried out to evaluate the impact on patient safety (eg, agreement rate, accuracy, sensitivity, and specificity) and efficacy (eg, operational efficiency and patient flow). The quality of the studies was assessed using the National Heart, Lung, and Blood Institute quality assessment tools.; Results: A total of 5 studies, comprising 47,778 patients and 310,249 ED visits, were included. Out of these 5 studies, 3 focused on self-check-in kiosks, one on self-triage kiosks, and another on technology combining both. Among 5 studies, 2 evaluated safety, reporting high sensitivity for predicting high-acuity outcomes (up to 88.5%) and low under-triage rates (8.0%-10.1%) but poor agreement with nurse-assigned triage scores (27.0%-30.7%). Specificity for low-acuity cases was variable, with one study reporting as low as 27.2% accuracy. Of the 5 studies, 4 examined efficacy, reporting high over-triage rates (59.2%-65.0%) and mixed impacts on waiting times. While 2 studies found significant reductions in time-to-physician and time-to-triage, others reported no significant improvements following adjustments. Kiosks demonstrated high usability, with one study reporting 97% uptake among ED attendees.; Conclusions: Evidence on the safety and efficacy of digital check-in and triage kiosks remains sparse. Based on the limited number of studies available, digital kiosks appear effective in accurately identifying high-acuity patients; however, their impact on operational efficiency measures is unclear. High over-triage rates and poor concordance with nurse-assigned triage scores may limit their practical application in busy ED settings. Further research is required to evaluate long-term outcomes, implementation across diverse health care contexts, and integration into ED workflows to better understand how digital kiosks can safely and effectively help address the growing demand for EDs.; Trial Registration: PROSPERO CRD42024481506; https://www.crd.york.ac.uk/PROSPERO/view/CRD42024481506.; International Registered Report Identifier (irrid): RR2-10.1136/bmjopen-2024-084506. (©Elena Lammila-Escalera, Geva Greenfield, Reham Aldakhil, Hei Ming Mak, Himani Sehgal, Ana Luisa Neves, Mark J Harmon, Azeem Majeed, Benedict Hayhoe. Originally published in the Journal of Medical Internet Research (https://www.jmir.org), 21.05.2025.)

---

20. **Reasons to Access the Emergency Department by Patients Who Receive Palliative Home Care: A Scoping Review**

Authors: Longhini, Jessica;Ambrosi, Elisa;Raber, Chiara;Mezzalira, Elisabetta and Canzan, Federica

Publication Date: 2025

Journal: Dimensions of Critical Care Nursing : DCCN 44(4), pp. 186–195

Abstract: Background: The progressive aging of society has increased the prevalence of chronic, incurable diseases, creating a critical need for palliative care programs. Palliative home care services are essential for patients facing severe symptoms and barriers to accessing health care facilities. Despite this, many patients receiving palliative home care

services still access emergency departments (EDs).; Objectives: This scoping review aimed to investigate ED visits among patients under palliative home care services, examining factors influencing access, patient characteristics, and leading reasons for ED visits.; Methods: A scoping review was conducted by performing a systematic search of Scopus, PubMed, CINAHL, and PsycINFO between 2013 and 2024. Studies focusing on emergency access among adult patients older than 18 years cared for by a palliative home care service were included.; Results: Eight retrospective studies across Italy, China, Canada, Australia, and Ireland were included. The studies revealed significant variability in ED visit rates, ranging from 8.6% to 69.15%, with cancer as the predominant diagnosis among patients. Dyspnea, pain, and fever were commonly cited reasons for ED visits, indicating potential gaps in symptom management at home.; Discussion: The review highlights the importance of early enrollment in palliative home care services, multidisciplinary care, and better caregiver education to reduce unnecessary ED visits. The findings underscore the need for further research on predictive factors, avoidable versus unavoidable ED visits, and strategies for optimizing home-based palliative care to enhance patient outcomes and quality of life.

---

21. **Changes in emergency healthcare use following intervention by Navigator, an emergency department social support programme: a multi-centre retrospective before-and-after study**

Authors: McHenry, Ryan D. and Goodall, Christine A.

Publication Date: 2025

Journal: European Journal of Emergency Medicine : Official Journal of the European Society for Emergency Medicine 32(3), pp. 188–193

Abstract: Background and Importance: Patients living with social deprivation, and those with experiences of violence, substance misuse, mental ill-health and homelessness are known to use emergency departments (EDs) more often. It is not known whether a programme of social support initiated during ED attendance may lead to a reduction in healthcare use.; Objectives: The objective of this study is to determine the change in emergency, inpatient and outpatient healthcare use following a social support programme, Navigator, initiated during an ED attendance.; Design: Retrospective before-and-after study.; Settings and Participants: Adult patients ≥16 years, attending EDs in the West of Scotland from 14 th September 2016 to 10 th March 2023, with a Navigator programme encounter.; Intervention or Exposure If Any: The Navigator social support programme, delivered by trained support workers, initiated during ED attendance, and targeting patients affected by issues including violence, substance misuse, mental ill-health, domestic abuse and homelessness.; Outcome Measures and Analysis: Healthcare use rates in the 365 days following intervention, as change compared to those in the 365 days prior to the intervention. The primary outcome was the number of ED attendances in the year following intervention compared with the year prior to intervention. Secondary outcomes included inpatient admissions, inpatient bed days, outpatient appointments and outpatient appointments where the patient did not attend. Changes in use rates were analysed with negative binomial regression and reported as incidence rate ratios for interpretation as percentage change. Analysis was repeated for a subgroup of frequent attenders to the ED.; Main Results: Of 1421 Navigator programme encounters, 1056 were

included for analysis. Median attendance in the year prior to intervention was 3 interquartile range (IQR) 1-5], and in the year following intervention was 2 (IQR 0-4). Negative binomial regression demonstrated that in the year following Navigator intervention, there was a 29% (95% confidence interval: 24-33%) reduction in ED attendances.; Conclusion: The Navigator programme was associated with reduced emergency and acute healthcare use in the year following intervention, with increased scheduled outpatient care. There is the potential for a social support programme, delivered from the ED, to change patterns of healthcare use, and future work should consider prospectively assessing the impact of such an intervention.

---

22. **Risk factors for emergency department visits and readmissions for postpartum hypertension**

Authors: Mei, Jenny Y.;Alexander, Sabrina;Muñoz, Hector,E. and Murphy, Aisling

Publication Date: 2025

Journal: The Journal of Maternal-Fetal & Neonatal Medicine : The Official Journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians 38(1), pp. 2451662

Abstract: Objective: Postpartum hypertension accounts for 15 to 20% of postpartum Emergency Department (ED) visits and readmissions in the United States. Postpartum readmission is a quality metric and target of quality improvement as it indicates poor control of hypertension and can portend increased morbidity. We aim to evaluate risk factors for postpartum ED visits and readmissions for hypertension.; Methods: This was a retrospective cohort study of all birthing patients with peripartum hypertension at a single tertiary care center over a 5-year period (2017-2022). Inclusion criteria were age 18 years or above, existing diagnosis of chronic hypertension or hypertensive disease of pregnancy diagnosed during the intrapartum or postpartum course, and both delivery and ED visit or readmission at the study institution. Maternal baseline and intrapartum characteristics were chart abstracted. Primary outcome was ED visit or readmission (EDR) for postpartum hypertension. Patients who had EDR within 42 days of delivery were compared to those who underwent routine outpatient surveillance. For all analyses, p values were two-way, and the level of statistical significance was set at p 50% elevated blood pressures within the 24 h prior to discharge (16.5% vs 11.9%, p = 0.046). In a multivariable logistic regression controlling for prenatal aspirin use, mode of delivery, postpartum hemorrhage, and chorioamnionitis, a higher risk of EDR remained for maternal age ≥40 years (aOR, 1.56; 95% confidence interval (CI), 1.11-2.20; p = 0.011), PO anti-hypertensives at discharge (aOR, 4.05; 95% CI, 2.86-5.73; p < 0.001), preeclampsia with severe features (aOR, 2.50; 95% CI, 1.83-3.42; p < 0.001), and history of IV anti-hypertensive exposure (aOR, 9.30; 95% CI, 6.20-13.95; p < 0.001).; Conclusions: Maternal age of 40 years and above, chronic hypertension, preeclampsia with severe features, prescription of anti-hypertensives on discharge, and elevated blood pressures leading up to discharge are associated with postpartum ED visits or readmissions for hypertension. Risk factor identification can aid in the development of predictive tools to determine high risk groups and interventions to reduce ED visits and readmissions.

23. **Deep learning modelling to forecast emergency department visits using calendar, meteorological, internet search data and stock market price**

Authors: Ming, Chua;Lee, Geraldine Jw;Teo, Yao Neng;Teo, Yao Hao;Zhou, Xinyan;Ho, Elizabeth Sy;Toh, Emma Ms;Ong, Marcus Eng Hock;Tan, Benjamin Yq and Ho, Andrew Fw

Publication Date: 2025

Journal: Computer Methods and Programs in Biomedicine 267, pp. 108808

Abstract: Competing Interests: Declaration of competing interest The authors of the manuscript declare no conflicts of interest and no competing interests. None of the authors have a financial or personal relationship with the journal.; Background: Accurate prediction of hospital emergency department (ED) patient visits and acuity levels have potential to improve resource allocation including manpower planning and hospital bed allocation. Internet search data have been used in medical applications like disease pattern prediction and forecasting ED volume. Past studies have also found stock market price positively correlated with ED volume.; Objective: To determine whether incorporating Internet search data and stock market price to calendar and meteorological data can improve deep learning prediction of ED patient volumes, and whether hybrid deep learning architectures are better in prediction.; Methods: Permutations of various input variables namely calendar, meteorological, Google Trends online search data, Standard and Poor's (S&P) 500 index, and Straits Times Index (STI) data were incorporated into deep learning models long short-term memory (LSTM), one-dimensional convolutional neural network (1D CNN), stacked 1D CNN-LSTM, and five CNN-LSTM hybrid modules to predict daily Singapore General Hospital ED patient volume from 2010-2012.; Results: Incorporating STI to calendar and meteorological data improved performance of CNN-LSTM hybrid models. Addition of queried absolute Google Trends search terms to calendar and meteorological data improved performance of two out of five hybrid models. The best LSTM model across all predictor permutations had mean absolute percentage error of 4.8672 %.; Conclusion: LSTM provides strong predictive ability for daily ED patient volume. Local stock market index has potential to predict ED visits. Amongst predictors evaluated, calendar and meteorological data was sufficient for a relatively accurate prediction.

---

24. **The experiences of trans (binary and non-binary) people accessing emergency department care in Australia: A grounded theory study**

Authors: Muller, Jake A.;Forster, Elizabeth M.;Corones-Watkins, Katina and Chaplin, Belinda

Publication Date: 2025

Journal: Australasian Emergency Care 28(2), pp. 96–102

Abstract: Competing Interests: Declaration of Competing Interest There are no conflicts of interest to disclose.; Background: This study aimed to explore the experiences of trans (binary and non-binary) people accessing emergency department care in Australia.; Method: This qualitative descriptive study utilised a grounded theory approach. Seven people who identified as trans were recruited through social media and trans support groups. Individuals participated

in an in-depth narrative interview. Interview transcriptions were analysed using a constant comparative approach.; Results: Following thematic analysis, four key themes were identified: 1. identity; 2. clinical care; 3. communication; and 4. perceptions of health professional education, beliefs and experience in caring for trans people.; Conclusion: This study is the first in Australia to explore the experiences of trans people utilising emergency department services. The findings of this study are similar to international data whereby the delivery of gender affirming care in emergency departments is inconsistent, health professionals are perceived as poorly educated and gender identity is inadequately recognised.

---

25. **A process improvement study on patient flow from emergency department to intensive care unit**

Authors: Nikita, Nikita and Singh, Ankit

Publication Date: 2025

Journal: International Journal of Health Care Quality Assurance

Abstract: Purpose: This study aimed to improve the efficiency and effectiveness of patient flow from the emergency department (ED) to the intensive care unit (ICU) in a super specialty hospital.; Design/methodology/approach: The study was conducted in the emergency department of a super-specialized hospital, focusing on inpatients requiring subsequent admission to the intensive care unit (ICU). It employed a cross-sectional observational design, utilizing primary data collected through first-hand observations via a data tracking sheet. Data analysis encompassed pre- and post-intervention phases, with 232 patients, including 108 patients in the pre-intervention phase and 124 patients in the post-intervention phase, to ensure statistically meaningful results. The study has also utilized tools such as Project Charter, Microsoft Excel, SIPOC, CTC and CTQ, DPMO, Six Sigma, Value Stream Mapping and Root Cause Analysis.; Findings: Reduced turnaround time (TAT) by 81%, increased value-added activity percentage from 24.4 to 37.2%, improved sigma level from 2.25 to 2.82 and decreased DPMO (defects per million opportunities) from 226,852 to 92,742.; Originality/value: This study focuses on a specific aspect of healthcare process improvement within a super-specialty hospital, employs a comprehensive Six Sigma methodology and statistical analysis to identify bottlenecks and improve efficiency, and focuses on TAT reduction and defect elimination. (© Emerald Publishing Limited.)

---

26. **Emergency department visits and hospitalizations after a diagnosis of angina with no obstructive coronary artery disease (ANOCA)**

Authors: Patel, Shubh;Fung, Marinda;Prasai, Shuvam;Butalia, Sonia and Anderson, Todd J.

Publication Date: 2025

Journal: American Heart Journal 285, pp. 82–92

Abstract: Competing Interests: Conflict of interest The authors have no conflicts of interest to disclose.; Background: Angina with no obstructive coronary artery disease (ANOCA) presents

diagnostic and treatment challenges, significantly burdening healthcare resources. This study assessed emergency department (ED) visits and hospitalizations and factors associated with these outcomes following ANOCA and stable angina (SA) with obstructive coronary artery disease (CAD) diagnoses.; Methods: A retrospective cohort of individuals who had their first invasive cardiac catheterization for chest pain in Alberta from 2002 to 2017 was extracted retrospectively from the Alberta Provincial Project for Outcome Assessment in Coronary Heart Disease (APPROACH) database. Incidence rates (IRs) were calculated for ED visits and hospitalizations, while factors associated with these outcomes were analyzed using Cox models.; Results: Our analysis included 28,881 individuals (ANOCA, 36%). Two-year postcatheterization IRs of ED visits were 100.3-119.3 per 1,000 person-years for ANOCA and increased over time (unstandardized beta coefficient b] = 2.19 per biennium 95% CI 0.83-3.55]; P = .008); for SA with obstructive CAD the IRs were 209.3-240.2 per 1,000 person-years and remained stable (b = -1.83 per biennium 95% CI -5.73 to 1.70]; P = .25). IRs of hospitalizations were 12.4-25.8 per 1,000 person-years and stable for ANOCA (b = -0.93 per biennium 95% CI -2.49 to 0.64]; P = .20); for SA with obstructive CAD, they were 106.4-171.4 per 1,000 person-years and decreased over time (b = -9.02 per biennium 95% CI -13.27 to -4.77; P = .002). A previous history of heart failure was most associated with ED visits (HR = 1.74 95% CI 1.41-2.14]; P < .001) and hospitalizations (HR = 2.40 95% CI 1.82-3.18]; P < .001) for ANOCA.; Conclusions: ED visits for ANOCA have risen over time while hospitalizations remain stable, indicating a growing burden despite generally lower rates than SA with obstructive CAD. These findings underscore the need for more effective management strategies to address the significant morbidity and resource utilization in ANOCA.

---

27. **Cost-effectiveness of the transition from conventional to high-sensitivity troponin assay for the investigation and management of suspected acute coronary syndrome in the emergency department**

Authors: Pincombe, Aubyn;Gray, Jodi;Hickling, Siobhan;Sanfilippo, Frank;Briffa, Tom;Cullen, Louise;Chew, Derek;Hillis, Graham;Fatovich, Daniel;Rankin, Jamie;Nedkoff, Lee;Scanlan, Samuel;Hickman, Peter E.;Stapleton, Stuart;Parsonage, William;Mitra, Biswadev;Schneider, Hans G.;Wilkes, Garry;Robinson, Teagan and Karnon, Jonathan

Publication Date: 2025

Journal: American Heart Journal 287, pp. 107–118

Abstract: Background: Switching from conventional to high-sensitivity cardiac troponin (hs-cTn) assays with sex-specific reference rates for threshold troponin levels enables detection of smaller amounts of myocardial damage. However, the real-world impact of these assays on patient outcomes and health service costs is poorly understood. We investigated the cost-effectiveness of switching to hs-cTn assays for patients presenting to Australian Emergency Departments (EDs) with suspected acute coronary syndrome (ACS) with a 12-month follow-up period.; Methods: Using linked administrative data from 9 tertiary hospitals for patients aged 20 and above who presented to ED with suspected ACS between March 2011 and November 2015, we applied a difference-in-differences methodology to compare costs and major adverse cardiac events between hospitals switching to hs-cTn assays and hospitals continuing to use conventional assays.; Results: We identified 179,681 consecutive patients, of whom 87,019

presented during the preperiod and 92,662 the postperiod. Switching to hs-cTn was associated with a reduction in the cost of the index event (-$1,022, 95% CI: -$1,034, -$1,009), a reduction in total costs at 12 months (-$1,373, 95% CI: -$1,387, -$1,360) and a reduction in the percentage of patients experiencing a MACE outcome within 12-months (-0.55%, 95% CI: -0.88%, -0.21%). The reduction in MACE outcomes was larger for female patients (-1.17%, 95% CI: -1.19%, -1.14%) than for all patients and for males.; Conclusions: The switch to hs-cTn is highly cost-effective across all patients and for each sex. The reduction in MACE outcomes and costs within 12 months are greater for females than for males.

---

28. **Effect of involving physiotherapists in the management of low back pain at emergency departments: a systematic review**

Authors: Rolving, N.;Kræmmer, J.;Rafaelsen, C.;Jørgensen, C. K.;Andersen, E. D.;Sauer, A. T. and Riis, A.

Publication Date: 2025

Journal: Physiotherapy 127, pp. 101454

Abstract: Competing Interests: Conflict of Interest The authors have no conflicts of interest to declare.; Objectives: To conduct a systematic review investigating the effects of physiotherapy in emergency departments (EDs) on health care use and patient-reported outcomes for patients referred to EDs due to low back pain (LBP), compared with usual care.; Methods: A search was conducted in PubMed, Cinahl and Embase in April 2023, and rerun in September 2024. Randomised and quasi-randomised trials and observational studies including adult patients referred to an ED due to LBP were eligible. Study quality was assessed using ROBINS-I and PEDro, and the strength of the evidence was assessed using GRADE.; Results: Included studies were three retrospective cohorts, two prospective cohorts and two randomised controlled trials, totalling 4,057 patients. Four of six studies were rated as serious risk of bias, primarily due to limitations in the study design, two studies were rated as moderate risk, and one as low risk. Overall, the studies indicated a positive effect of ED physiotherapy in comparison with usual care in relation to length of stay, imaging and patient satisfaction. For the remaining outcomes on health-care use and patient-reported outcomes, findings were inconclusive. For all outcomes, the certainty of the evidence was considered very low or low.; Conclusions: The present review indicates that there may be beneficial effects of involving PTs in the management of patients with LBP in EDs. However, given the very low certainty of evidence the findings should be interpreted with great caution. Future high level evidence studies in the field should therefore be a priority.; Registration Number Prospero: CRD42023420107. CONTRIBUTION OF THE PAPER.

---

29. **"A banana in the tailpipe": a qualitative study of patient flow in the healthcare system**

Authors: Samadbeik, Mahnaz;Staib, Andrew;Boyle, Justin;Khanna, Sankalp;Bosley, Emma;McCourt, Elizabeth;Bodnar, Daniel;Lind, James;Austin, Jodie A. and Sullivan, Clair

Publication Date: 2025

Journal: BMC Health Services Research 25(1), pp. 745

Abstract: Competing Interests: Declarations. Ethics approval and consent to participate: Our study was submitted to and approved by the ethics committees. Ethics approval for healthcare workers was granted under HREC/2023/MNHB/91304 by the Metro North Health Human Research Ethics Committee (HREC) B (EC00168). Additionally, ethics approval for patient participants was granted under Project Number 2023/HE001623 by Medicine LNR at The University of Queensland. Informed consent to participate was obtained from all participants. Participants provided consent by completing an informed consent form and verbally confirming their agreement. Verbal consent and permission to record audio and video were obtained before and during the sessions. Consent for publication: Not applicable. Competing interests: The authors declare no competing interests.; Background: Suboptimal patient flow and impaired hospital access can lead to adverse outcomes, including lower care quality, higher mortality risk, and patient dissatisfaction. Despite awareness, optimizing patient flow remains an area requiring further development. This study aimed to comprehensively identify factors hindering patient flow in a large healthcare system and explore potential solutions, using a qualitative approach for context-specific insights.; Methods: This qualitative study followed COREQ guidelines. We conducted four focus group discussions (FGDs) involving 23 healthcare workers (HCWs) and patients selected through purposive sampling. The data were analysed using the directed content analysis method, ensuring rigor through methods such as credibility, dependability, authenticity, and transferability. The study also mapped qualitative findings to outcomes from our recent umbrella review (UR) to enhance comprehensiveness.; Results: Patient flow challenges were categorized into population (patients and providers), capacity, and process. Population challenges included community-based care, staffing issues, and inequities in access. The capacity challenges involved inefficient resource allocation, resource constraints, and patient volume growth. The process challenges included bed management, modernization struggles, private hospital issues, funding model problems, information sharing gaps, coordination challenges, transition issues, particularly delayed discharges from inpatient wards, and problems in healthcare management and patient communication. The solutions focused on human factors, infrastructure, and management, organization, and policy. FGDs identified new challenges and solutions were not covered in the recent UR.; Discussion: The participants' insights highlight the critical necessity for systemic improvements, which include enhancing infrastructure, communication, and collaboration. These improvements include early identification of discharge barriers, facilitating community discharge, addressing diverse patient needs, optimizing prehospital services, and improving patient communication. Shifting the focus from traditional emergency department processes to a system-wide approach is crucial. The comparative mapping between FGDs and the UR insights into both common and specific challenges and solutions enriches discussions on healthcare reform. (© 2025. The Author(s).)

---

30. **Urgent care centres for reducing the demand on emergency departments: a scoping review of published quantitative and qualitative studies**

Authors: Savira, Feby;Frith, Madison;Aditya, Clarissa J.;Randall, Sean;White, Naomi;Giddy, Andrew;Spark, Lauren;Swann, Jamie and Robinson, Suzanne

Publication Date: 2025

Journal: The Medical Journal of Australia 222(9), pp. 450–461

Abstract: Objectives: To identify published studies that examined the impact of urgent care centres on the numbers of presentations to emergency departments (EDs), or explored the experiences and views of patients and practitioners regarding urgent care centres as alternative sources of health care and advice.; Study Design: Scoping review of qualitative and quantitative studies published to 28 August 2024.; Data Sources: MEDLINE, Embase, Cochrane Central Register of Controlled Trials (CENTRAL), PsycINFO, and CINAHL databases; grey literature searches.; Data Synthesis: Of 2698 potentially relevant publications, 51 met our inclusion criteria (30 quantitative studies; 21 qualitative studies). Urgent care centres of various types were led by general practitioners in 41 of 51 studies, primarily managed people with non-urgent conditions or minor illnesses in 34 studies and non-emergency but urgent conditions in eight, and nine of the 22 studies that discussed funding indicated that access to the centres was free of charge. The effect of urgent care centres on ED presentation numbers was mixed; all seven studies of after-hours clinics, one of two studies of 24-hour clinics, and four of five studies of walk-in centres reported reduced ED visit numbers; in eleven studies that reported effects on hospital admissions from the ED, they were lower in seven (studies of an urgent cancer care centre, four community health centres, and a general practitioner cooperative). Patient satisfaction with urgent care centres is generally as high as with other primary care services; they preferred them to EDs, and preferred personal triage to telephone triage. Reasons for people choosing urgent care centres included easier access and the unavailability of doctors or appointments elsewhere. Clinicians reported increased workload, mixed experiences with the coordination of care, concerns about unregistered or undocumented people using the services, and protocol confusion, particularly with respect to triage. Continuity of care was a concern for both clinicians and patients.; Conclusions: Urgent care centres, especially walk-in and after-hours clinics, can help reduce the number of ED presentations and reduce health care costs. Patient satisfaction with such clinics is high, but public health education could guide people to appropriate care for non-urgent health problems. Training in the management of conditions frequently seen in urgent care centres is needed to ensure consistent, effective care. (© 2025 The Author(s). Medical Journal of Australia published by John Wiley & Sons Australia, Ltd on behalf of AMPCo Pty Ltd.)

---

31. **Consumer experiences of emergency department pre-triage waiting period: A mixed-methods study**

Authors: Sedgman, Rebecca;Pallot, Noah;Peart, Annette;Wrobel, Sebastian;Miller, Joseph;Hackett, Liam;Maybury, Katrina;Aldridge, Emogene;Owen, Patrick J. and Buntine, Paul

Publication Date: 2025

Journal: Australasian Emergency Care 28(2), pp. 136–141

Abstract: Competing Interests: Declaration of Competing Interest The authors declare no conflicts.; Background: Emergency department pre-triage waiting periods have received limited

attention. We aimed to explore the pre-triage experiences and perspectives of consumers attending emergency departments.; Methods: This mixed-methods cross-sectional study included 92 participants (patients, carers, and guardians) who attended one of three public hospital emergency departments in metropolitan Melbourne (Victoria, Australia). Quantitative self-report outcomes were waiting time (minutes) and number of previous emergency department visits. Qualitative outcomes (explored through content analysis) were consumer experiences and perspectives of emergency departments in general and the pre-triage waiting period specifically.; Results: Participants reported a median (IQR) waiting time since triage of 45 (100) minutes and 65 % (n = 60) experienced a pre-triage waiting time of 3-90 minutes. The most common perception of the pre-triage waiting period was an expectation to wait (n = 16, 17 %), yet 46 % (n = 42) reported difficulties during this period, such as other patients cutting in queue (n = 6, 6.5 %). Few positives were associated with the pre-triage waiting period and suggestions to improve this period tended to focus on facilitating a queuing system (n = 18, 20 %).; Conclusion: Consumers expected and understood triage, yet reported various difficulties and few positives during the pre-triage waiting period and suggested improvements to the current system, warranting investigation of interventions to improve queuing. (Copyright © 2025. Published by Elsevier Ltd.)

---

32. **Steps Towards an Emergency Department Scheduling System**

Authors: Tetz, Lukas;Thirunavukkarasu, Thenuja;Sirin, Semih;Otten, Hubert and Roos, Dirk

Publication Date: 2025

Journal: Studies in Health Technology and Informatics 327, pp. 239–240

Abstract: Most Emergency Departments (ED) are suffering from staff shortage in Germany. To reduce the strain on the Emergency Departments there is a need to improve the efficiency of resource use. Project NotPASS seeks to improve patient scheduling in EDs to decrease the burden on medical staff by reducing the time to process patient treatment needs.

---

33. **Electronic Health (eHealth) and Artificial Intelligence-based Tools to Optimize In-hospital Patient Flow: A Scoping Review**

Authors: Thomas, Abigail C. R.;Giroux, Emily E.;Soril, Lesley J. J. and Sauro, Khara M.

Publication Date: 2025

Journal: Journal of Patient Safety

Abstract: Competing Interests: The authors disclose no conflict of interest.; Objectives: Congested hospitals are increasingly common. Electronic health (eHealth) and artificial intelligence (AI)-based tools may improve in-hospital patient flow, however their implementation into practice varies. This study aims to identify and synthesize evidence on implementing eHealth and AI-based tools to manage in-hospital patient flow.; Methods: Structured language and keywords related to patient flow and eHealth or AI-based tools were searched in five databases. Studies were eligible if they reported barriers or facilitators (determinants) to implementing eHealth and/or AI-based tools, and/or key metrics for patient

flow. Study characteristics, tool characteristics, study population, setting, and outcome measures were abstracted. Information related to determinants of implementation were categorized using the Theoretical Domains Framework and interventions were mapped to the Expert Recommendations for Implementing Change Taxonomy.; Results: Twenty-five studies were included; 40% were quasiexperimental studies and most (n=19) were conducted in the United States. Four categories of tools were identified with imbedding eHealth or AI-based tools into an existing electronic medical or health record being the most common. Barriers to tool implementation were commonly linked to the environmental context and resources (n=5), while facilitators were linked to social influence (n=4).; Conclusions: This scoping review classified the reported barriers and facilitators to implementing eHealth and AI-based tools to improve in-hospital patient flow. Future research on in-hospital patient flow should adopt the identified measures when reporting tool effectiveness. To improve implementation efforts, more consistent reporting of determinants of tool implementation is needed.

---

34. **The promising use of an emergency department observation unit to manage patients with opioid use disorder**

Authors: Tran, Thai;Imperato, Nicholas;Dym, Akiva;Rosania, Anthony;Nelson, Lewis;Ramdin, Christine and Santos, Cynthia

Publication Date: 2025

Journal: The American Journal of Emergency Medicine 92, pp. 152–155

Abstract: 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.; Introduction: The opioid epidemic continues to grow, placing a significant strain on Emergency Departments (EDs), resulting in patients presenting daily with opioid-related concerns including intoxication, withdrawal, infections, injury, and death. Consequently, in recent years many EDs, including our own, have utilized Emergency Department Observation Units (EDOU) to not only manage withdrawal and overdose, but also initiate long-term treatment. This study aims to evaluate the outcomes of patients with opioid use disorder (OUD) who were managed in our EDOU.; Methods: This was a retrospective study of patients placed in an EDOU who had the primary diagnosis of OUD in a single large, urban, tertiary academic hospital from May to November 2021. Demographic data and factors related to the ED visit and EDOU actions (e.g., use of peer navigator services, buprenorphine dose and prescription, distribution of naloxone discharge kits, and addiction clinic referral) were analyzed. The primary outcome variables were complications after buprenorphine use (e.g., precipitated withdrawal), the number of repeat ED visits or subsequent hospitalizations within 30 days for both all causes and opioid-related causes, and fatalities within 30 days of EDOU discharge.; Results: Twenty-nine patients were identified for chart review. Of these, 59 % were male. The median age was 55 years. Additionally, 93 % of the patients were insured, 66 % had housing, 72 % possessed a phone, and none were employed. During EDOU stays, 48 % 95 % CI 0.2989, 0.6711] of patients received buprenorphine with a total mean dose of 19 mg (SD, 10.6 mg). Upon discharge from the EDOU, 48 % 95 % CI 0.2989, 0.6711] were prescribed buprenorphine, 14 % 95 % CI 0.0451, 0.3257] received a naloxone discharge kit, and 45 % 95 % CI 0.2696, 0.6402] received an

addiction clinic appointment. No patients had precipitated withdrawal, serious adverse events, or upgrades to inpatient care. Within 30-days of EDOU discharge, 38 % 95 % CI 0.213, 0.5764] of patients had a subsequent ED visit for any cause, and 6.9 % 95 % CI 1.2, 2.2] had a subsequent hospitalization for any cause. There were no fatalities within 30 days of EDOU discharge.; Conclusion: The EDOU can serve as a promising location to provide quality care for patients presenting to the ED with OUD, with minimal adverse effects. There were few subsequent hospitalizations following discharge from the EDOU. Further non-observational studies regarding OUD management in an EDOU setting should be performed to optimize care and improve clinical outcomes and healthcare utilization.

---

35. **The association between emergency department length of stay and hospital length of stay: an observational multi-centre cohort study**

Authors: van Dijk, Merel;Gaakeer, Menno I.;Jonker, Marianne;Baden, David N. and de Groot, Bas

Publication Date: 2025

Journal: Internal and Emergency Medicine

Abstract: Competing Interests: Declarations. Conflict of interest: All authors declare that they have no conflicts of interests. The authors have no relevant financial or non-financial interests to disclose. The authors have no conflicts of interest to declare that are relevant to the content of this article. All authors certify that they have no affiliations with or involvement in any organization or entity with any financial interest or non-financial interest in the subject matter or materials discussed in this manuscript. The authors have no financial or proprietary interests in any material discussed in this article. Ethical approval: The study was performed in accordance with the ethical standards as laid down in the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards. The medical ethics review committee of the Radboudumc (METC-Oost) declared that the research did not fall under the Medical Research Act, and waived the need for informed consent since this was an observational study (file no. 2023-16299). Human and animal rights: This article does not contain any studies directly involving human participants, as it is a study using data of an already existing database.; Prolonged emergency department (ED) length of stay (LOS) is associated with ED crowding which is linked to mortality in healthcare systems with relatively long ED LOS. We hypothesized that even in systems with shorter ED LOS, prolonged ED LOS is also associated with increased hospital LOS, particularly in older and urgently triaged patients. This study assesses the association between ED LOS and hospital LOS ≥ 3 days in patients older and younger than 70 years, categorized by triage urgency. Observational multicentre cohort study including all hospitalized ED patients from the Netherlands Emergency department Evaluation Database (NEED), stratified by age and triage category. The NEED contains data from seven EDs of two tertiary care centres and four urban hospitals. Multivariable logistic regression analyses were employed to calculate Adjusted Odds Ratios (AOR) for the association between ED LOS and hospital LOS ≥ 3 days, adjusting for confounders. Of the 718,358 patients 258,636 adults were hospitalized. Median ED LOS of hospitalized patients was 3.30 h (95% CI 3.30-3.31), while median hospital LOS was 3.0 (95% CI 2.98-3.02) days; 12,511 patients (2%) died. Patients with ED LOS of 4-8 and > 8 h had AORs for hospital LOS ≥ 3 days of 1.39 (95%

CI 1.36-1.41) and 1.58 (95% CI 1.50-1.66), respectively, compared to patients with ED LOS < 4 h. In the Dutch healthcare system, which has a relatively short ED LOS, prolonged ED LOS is associated with an increased hospital LOS. This association appears to be more pronounced in patients who are younger and triaged less urgent. (© 2025. The Author(s).)

---

36. **"Go and get it checked": Exploring the decision to attend the emergency department for low back pain**

Authors: Whitcomb, Holly;Roberts, Lisa C. and Ryan, Clare

Publication Date: 2025

Journal: Musculoskeletal Science & Practice 77, pp. 103325

Abstract: Competing Interests: Declaration of interest The authors report no conflicts of interest.; Purpose and Background: Low back pain affects individuals and society, straining Emergency Departments (EDs) and prolonging wait times. While personal factors influence ED visits, third-party advice's role is underexplored. Limited guidance for healthcare professionals emphasises the need for effective back pain management to ease system strain and improve patient outcomes. This study examines motivations for ED visits due to low back pain.; Methods and Results: This research utilised secondary analysis of qualitative data from a previous multisite study, adopting a subtle realist approach. From August to December 2021, 47 patients (26 M:21 F, aged 23-79) with back pain were sampled from four English EDs (2 Northern, 2 Southern) to capture diversity in sociodemographic and LBP characteristics. Eight patients had previously visited the ED for this back pain episode. During the pandemic, semi-structured interviews were conducted online, audio-recorded, transcribed, and analysed thematically. Three key themes influenced decisions to attend ED: Healthcare professionals, trusted others, and individuals. Healthcare professionals often dictated choices, making participants feel powerless. Trusted others offered varying support, acting as allies. Individuals wrestled with anxiety about pain severity and uncertainty regarding LBP.; Conclusion: This study emphasises the need for healthcare professionals to offer clear guidance on when individuals and their caregivers should visit the ED for back pain. Findings show that pain-related worries significantly drive ED visits, misaligning with practice guidelines. Healthcare providers must consider these issues when creating strategies to manage low back pain patients and optimise ED resources.

---

37. **The T2 nurse - A novel role to reduce time to treatment for critically ill patients in a metropolitan emergency department**

Authors: Zaouk, Helen;Piza, Michael;Naz, Sabrina;Santos, Aaron de Los;Fenech, Jordan;Bivona, Kelly;Cruceanu, Robbie and Kourouche, Sarah

Publication Date: 2025

Journal: Australasian Emergency Care

Abstract: Competing Interests: Declaration of Competing Interest Nil conflicts of interest are

declared.; Background: Delayed access to treatment in the Emergency Department for patients presenting with time-critical presentations leads to increased morbidity and mortality. This study aimed to determine if the introduction of a novel 'T2 Nurse' nursing role to initiate assessment and treatment for time-critical (category 2) patients reduces time to treatment (TTT).; Methods: This pre/post-implementation pilot study used routinely collected performance data from all category 2 patients presenting to an emergency department in NSW, Australia from January 2023 to July 2024 using regression analysis.; Results: 17,332 pre-implementation records and 16,989 post-implementation records were examined. The mean average TTT pre-implementation was 27 min compared to 12 min during the program, with a mean daily average TTT reduced by 15.4 min post-implementation. After adjusting for seasonal variation, the T2 program significantly reduced average waiting time by approximately 8 min. There was a sustained increase in performance targets with over 80 % of category 2 patients seen within the recommended time post-implementation (a 42 % increase).; Conclusion: The implementation of a T2 nurse role led to statistically and clinically significant sustained improvements in TTT particularly when the T2 Nurse initiates treatment, which may lead to improved health outcomes.

Sources Used:

A number of different databases and websites are used in the creation of this bulletin.

Disclaimer:

The results of your literature search are based on the request that you made, and consist of a list of references, some with abstracts. Royal United Hospital Bath Healthcare Library will endeavour to use the best, most appropriate and most recent sources available to it, but accepts no liability for the information retrieved, which is subject to the content and accuracy of databases, and the limitations of the search process. The library assumes no liability for the interpretation or application of these results, which are not intended to provide advice or recommendations on patient care.