

## Unscheduled care



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This monthly current awareness bulletin aims to highlight relevant reports and peer-reviewed literature in emergency and unscheduled care. The bulletin focuses on efforts to improve patient flow, reduce waiting times and alternative care models.

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### References

**Dutta S., et al. (2025) 'Result Push Notifications Improve Time to Emergency Department Disposition: A Pragmatic Observational Study.'** *Annals of Emergency Medicine* 85(1), 53–62.

Study objective: Emergency department (ED) crowding has multiple causative factors, including delayed patient throughput. Patient care efficiency may be improved by addressing delays in decisionmaking following diagnostic testing results. We examined the influence of sending subscribed result push notifications to ED clinicians' smartphones on reducing the time to disposition decision.

<https://libkey.io/libraries/3071/10.1016/j.annemergmed.2024.07.010>

**Haim G.B., et al. (2024) 'Evaluating Large Language Model-Assisted Emergency Triage: A Comparison of Acuity Assessments by GPT-4 and Medical Experts.'** *Journal of Clinical Nursing* (pagination), Date of Publication: 28 Nov 2024.

AIM: To evaluate the accuracy of the Emergency Severity Index (ESI) assignments by GPT-4, a large language model (LLM), compared to senior emergency department (ED) nurses and physicians.

<https://libkey.io/libraries/3071/10.1111/jocn.17490>

**Hinson J.S., et al. (2024) 'Enhancing Emergency Department Triage Equity with Artificial Intelligence: Outcomes from a Multisite Implementation.'** *Annals of Emergency Medicine* (pagination), Date of Publication: 2024.

<https://libkey.io/libraries/3071/10.1016/j.annemergmed.2024.10.014>

**Levine, D. M., et al. (2024) 'Hospital at Home Worldwide: Program and Clinician Characteristics from the World Hospital at Home Congress Survey.'** *Journal of the American Geriatrics Society* 72(12), 3824–3832.

**BACKGROUND:** Hospital at home (HaH) delivers hospital-level care to acutely ill patients at home as a substitute for brick-and-mortar hospital care. The clinician and program characteristics of HaH programs worldwide are relatively unknown. We sought to describe the world's HaH clinicians and their programs' characteristics. **METHODS:** We analyzed a survey administered to all attendees of the 2023 World Hospital at Home Congress. Clinician characteristics included age, years worked in HaH, profession, burnout, and experience. Program characteristics included location, daily census, types of care delivery, and clinical capabilities. **RESULTS:** Of 670 attendees, about 305 were clinicians and 129 responded (42% response rate for clinicians). The majority of clinicians were 30-49 years old (65.1%), new to the field (70.5% worked less than 10 years), and part-time (18% dedicated >74% effort to HaH). Clinicians reported overall satisfaction with their job and low burnout. About half of programs were in Europe (52.1%), newly operational (44.7% less than 5 years), mostly operated in urban environments (87.2%), and mostly had a daily census of less than 25 patients (62.8%). Most programs operated 7-days per week (88.3%), performed intermittent or continuous remote monitoring (81.4%), used video communication (63.8%), and had some advanced capabilities such as in-home imaging (47.9%) and advanced procedures (23.4%). Visit frequencies to the patient's home were variable: most programs had physicians visit the home, nearly all had nurses visit the home, and fewer performed virtual visits. **CONCLUSIONS:** HaH clinicians and programs have significant similarities but also a fair number of divergent practices, much like brick-and-mortar hospital care. Further standardization of the care model will help to unify the field across the globe. Copyright © 2024 The American Geriatrics Society.

<https://libkey.io/libraries/3071/10.1111/jgs.19149>

**McGowan L.J., et al. (2024) 'The Views and Experiences of Integrated Care System Commissioners about the Adoption and Implementation of Virtual Wards in England: Qualitative Exploration Study.'** *Journal of Medical Internet Research* 26(1) (pagination), Article Number: e56494. Date of Publication: 2024.

Background: Virtual wards (VWs) are being introduced within the National Health Service (NHS) in England as a new way of delivering care to patients who would otherwise be hospitalized. Using digital technologies, patients can receive acute care, remote monitoring, and treatment in their homes. Integrated care system commissioners are employees involved in the planning of, agreeing to, and monitoring of services within NHS England and have an important role in the adoption and implementation of VWs in clinical practice.

<https://libkey.io/libraries/3071/10.2196/56494>

**Pritchett R.V., et al. (2025) 'Emergency Maternal Hospital Readmissions in the Postnatal Period: A Population-Based Cohort Study.'** *BJOG: An International Journal of Obstetrics and Gynaecology* 132(2), 178–188.

Objective: To determine the change in English emergency postnatal maternal readmissions 2007-2017 (pre-COVID-19) and the association with maternal demographics, obstetric risk factors and postnatal length of stay (LOS).

<https://libkey.io/libraries/3071/10.1111/1471-0528.17955>

**Rao K.A., et al. (2024) 'Challenges and Perceived Impacts of Ambulance Diversions during Emergency Department Overcrowding: A Multi-Stakeholder Study.'** *Prehospital Emergency Care* , 1–32.

OBJECTIVES: Ambulance diversion has emerged as a strategy to address Emergency Department (ED) overcrowding, but the question of when or whether diversion should be triggered is widely debated. Although the positive and adverse impacts of diversion have been primarily studied using quantitative data, little is known about the experience and perceptions of key stakeholders involved in diversions. Our study aims to explore the challenges and impacts of ambulance diversion as experienced by key stakeholders and their suggestions for improving the diversion process.

<https://libkey.io/libraries/3071/10.1080/10903127.2024.2434615>

**Sankaranarayanan R., et al. (2024) 'Telehealth-Aided Outpatient Management of Acute Heart Failure in a Specialist Virtual Ward Compared with Standard Care.'** *ESC Heart Failure* 11(6), 4172–4184.

Aims: The aim of this propensity score matched cohort study was to assess the outcomes of telehealth-guided outpatient management of acute heart failure (HF) in our virtual ward (HFVW) compared with hospitalized acute HF patients.

<https://libkey.io/libraries/3071/10.1002/ehf2.15003>

**Siu, A. L., and Leff, B. (2024) 'Importance of Early Consideration of Scaling and Sustainability for Aging-Related Care Models: Case Study of Hospital at Home.'** *Journal of the American Geriatrics Society* 72(12), 3647–3655.

For aging-related research, there is a pressing need to attend to the dissemination and implementation of evidence-based interventions. Some aging-related interventions with established effectiveness may be poorly disseminated and implemented due to behavioral, organizational, payment, or other constraints. To provide insight into the beginning to end process of translation and implementation, we present a case history of the three-decade progression of Hospital at Home (HaH) now nearing national dissemination. We summarize research at various phases with particular attention to implementation considerations. Reviewing over three decades of HaH-related research dating from initial discovery to translation and implementation, we found that the content and importance of different constructs (e.g., inner practice vs. outer environmental setting) and the choice of implementation strategies differed depending on implementation context (testing of effectiveness, scaling, or sustainability). Early effectiveness studies mostly examined implementation issues related to the intervention, the practice setting, and the individuals involved. However, explicit and early consideration of scale and sustainment was not the primary focus. For example,

HaH program intake is primarily through hospital emergency departments (ED). Initial efforts would have benefited from incorporating strategies (e.g., incorporating ED leadership into program leadership) to address night and weekend admissions. Many regulatory barriers did not surface during initial considerations. Considering implementation issues late may contribute to delay in bringing discoveries to population impact. The experience with HaH suggests that scale and sustainability bear earlier consideration because barriers and facilitators to implementation are likely to be different in content and importance at different phases of implementation. Copyright © 2024 The American Geriatrics Society. This article has been contributed to by U.S. Government employees and their work is in the public domain in the USA. <https://libkey.io/libraries/3071/10.1111/jgs.19042>

**Story L., et al. (2025) 'The Role of Virtual Wards in Maternity in the United Kingdom.' *European Journal of Obstetrics and Gynecology and Reproductive Biology* 305, 228–231.**

Virtual wards are an initiative which aims to provide hospital care from the comfort of the patient's own home. Monitoring and additional services, such as intravenous drugs and fluids and blood tests can be undertaken through this system. Although virtual wards have been used in the UK since 2005 in specialties such as General Medicine, General Surgery and Paediatrics, their use in maternity has been more limited. This article aims to review their current use in the UK and beyond as well as to discuss some of the advantages and challenges they may pose to a maternity population. <https://libkey.io/libraries/3071/10.1016/j.ejogrb.2024.12.038>

**Tortum F., and Kasali, K. (2024) 'Exploring the Potential of Artificial Intelligence Models for Triage in the Emergency Department.' *Postgraduate Medicine* 136(8), 841–846.**

Objective: To perform a comparative analysis of the three-level triage protocol conducted by triage nurses and emergency medicine doctors with the use of ChatGPT, Gemini, and Pi, which are recognized artificial intelligence (AI) models widely used in the daily life <https://libkey.io/libraries/3071/10.1080/00325481.2024.2418806>