Unscheduled care

Date – May 2025

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.

If you require specific information, please contact us via email.

References

Alarilla A et al. *Did the NHS Experience Record Pressures this Winter?[online]*

Cheung, C. R., et al. (2025) **'Are Virtual Wards for Children Safe and Effective? A 3-Year Retrospective Service Evaluation of an Urban Hospital at Home Service for Children and Young People.'** *Archives of Disease in Childhood* **110**(5), 369–376.
OBJECTIVE: Service evaluation of an urban 'Hospital at Home' service which provides care in patients' homes that would traditionally be delivered in the hospital setting. **DESIGN**: Retrospective longitudinal review of routinely collected data recorded contemporaneously for clinical use, analysed to elicit utilisation patterns and service impact. **SETTING**: A paediatric 'Hospital at Home' service delivered across two large acute hospitals, treating a total of 4427 patients across both primary and secondary care in South London from January 2018 to June 2022. **PATIENTS**: Children managed by the Hospital at Home service, aged 0-16 years MAIN OUTCOME MEASURES: We describe patient outcomes and service performance including data on demographics, diagnoses, referral sources, hospital reattendances and bed day savings. **RESULTS**: Over the evaluation period, 11 092 bed days were saved as a direct result of this service at a cost of 1.09-1.25 nursing contacts required per bed day. Reattendance to hospital was 11.1% over the study period, however, parent/carer-initiated reattendance resulting in hospital admission was only 2.7%. **CONCLUSION**: Hospital at Home services are a policy priority for the English National Health Service because of their potential to reduce admissions to and enable early discharge from hospital. This evaluation provides insight into an urban population of children managed under Hospital at Home care and demonstrates its

feasibility and effectiveness. Our novel approach to the analysis of hospital reattendance data may have the potential as a template for future performance analysis of similar services. Copyright © Author(s) (or their employer(s)) 2025. No commercial re-use. See rights and permissions. Published by BMJ Group.

LeonJustel A., et al. (2025) 'Point-of-Care Testing Improves Care Timeliness in the Emergency Department. A Multicenter Randomized Clinical Trial (Study POCTUR).' *Clinical Chemistry and Laboratory Medicine 63*(5), 942–951.
Objectives: Emergency department (ED) crowding is a widespread problem that positions patients at risk. The desire to improve the ED throughput requires novel approaches. Point-of-care testing (POCT) has emerged as useful technology that could contribute to create more efficient patient flow and better timeliness in the ED. The main objective of our study is to demonstrate, in a multicenter study, that POCT benefits care timeliness in the ED.

Lindner G., and Ravioli, S. (2025) 'Performance of the Artificial Intelligence-Based Swiss Medical Assessment System Versus Manchester Triage System in the Emergency Department: A Retrospective Analysis.' *American Journal of Emergency Medicine 94*, 46–49.
Background: The emergence of artificial intelligence (AI) offers new opportunities for applications in emergency medicine, including patient triage. This study evaluates the performance of the Swiss Medical Assessment System (SMASS), an AI-based decision-support tool for rapid patient assessment, in comparison with the well-established Manchester Triage System (MTS).

Nasser L., et al. (2025) 'Considerations for Emergency Department Virtual Triage.' *Healthcare Management Forum 38*(2), 108–113.
Health leaders are increasingly interested in harnessing Artificial Intelligence (AI) to remotely conduct virtual triage for Emergency Department (ED) patients. This study explores equity considerations and patient attitudes to virtual triage in a Canadian ED. A cross-sectional study surveyed 150 ED patients, with 32 additional patients interviewed in-depth. Descriptive statistics and qualitative descriptive methodology were employed: 84.7% of patients would consider virtual triage, 71.3% were comfortable following advice to seek alternate care, including their General Practitioner or virtual ED. Approximately 38.2% of patients >60 years would require assistance using virtual triage, with confidence in using technology to direct care decreasing with age. Thematic analysis revealed five key themes: value of decision support; care access expectations; technological literacy demographics; trust in AI; and confidentiality. In conclusion, virtual triage is a viable and promising tool if barriers to technological literacy are addressed, and tools are endorsed by health providers and patients.

Pugmire J., et al. (2025) 'A 2-Year Retrospective Clinical Evaluation of a Novel Virtual Ward Model.' *Journal of Primary Care & Community Health 16*, 21501319251326750.
OBJECTIVE: The Wrightington, Wigan, and Leigh NHS Teaching Hospitals Foundation Trust (WWL) developed a novel virtual ward (VW) service that integrated with community and primary care, supported healthcare throughout a patient's journey, and had a clinical workflow that could step-up or step-down care as needed. We described their VW and evaluated clinical outcomes, adherence, safety, and patient satisfaction.

RiveraKoberstein N., et al. (2025) ['Demographic Perspectives and De-Escalation Challenges in Pediatric Emergency Care for Children with Special Health Care Needs.'](#) *Journal of Emergencies, Trauma and Shock 18*(1), 26–31.
Introduction: Medical literature on emergency care for children with special healthcare needs (SHCNs) reports the inherent challenges in the managing of these children, like limited history, distress for patients and families, and unique management requirements for healthcare teams. This study analyzed the demographic data on children with SHCNs to explore de-escalation strategies, the effectiveness of chemical de-escalation, and clinical management strategies used and compared the length of stay in the emergency department (ED) between patients who received medications and those who did not.

Sunkara P., et al. (2025) ['A Time-Series Analysis Examining Implementation Strategies to Increase use of an Early-Supported Discharge Hospital at Home Model.'](#) *Journal of Hospital Medicine 20*(4), 344–351.
Background: Early-supported discharge (ESD) hospital-at-home (HaH) programs facilitate hospitalized patients to receive ongoing acute-level care at home, thereby promoting patient-centeredness while improving hospital throughput.

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