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Unscheduled care

April 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

Akbasli I.T., et al. (2025) '[Artificial Intelligence-Driven Forecasting and Shift Optimization for Pediatric Emergency Department Crowding.](#)' *JAMIA Open* 8(2) (pagination), Article Number: ooae138. Date of Publication: 01 Ar 2025.

Objective: This study aimed to develop and evaluate an artificial intelligence (AI)-driven system for forecasting Pediatric Emergency Department (PED) overcrowding and optimizing physician shift schedules using machine learning operations (MLOps).

Andreani L., et al. (2025) '[Impact of Weather and Holidays on Orthopedic Emergency Room Crowding, Fractures, and Polytraumas in a Third-Level Referral Trauma Center in Europe.](#)' *Advances in Orthopedics* 2025(1) (pagination), Article Number: 2970626. Date of Publication: 2025.

Background: Orthopedic trauma is a significant component of emergency department workloads worldwide. The relationship between weather conditions and injury rates is controversial in modern literature. Even less has been written to investigate bank holidays' influence on contusions, dislocations, fractures, and even polytrauma. Our study aimed to assess whether meteorological factors and national holidays could vary the workloads in the orthopedic ER of a European third-level trauma center.

Azizoglu F., et al. (2025) '[Bibliometric Analysis on Examining Triage and Digital Triage Results in Emergency Departments.](#)' *Journal of Emergency Nursing* 51(2), 282–293.

INTRODUCTION: New technologies developed for triage systems can have positive effects on health care professionals. The research was conducted to identify and

visualize the studies conducted between 2001 and 2024 on triage and digital triage systems in emergency departments and reveals global trends on this subject.

Brown D.E., et al. (2025) '[Postdischarge Mental Health Care and Emergency General Surgery Readmission for Patients with Serious Mental Illness.](#)' *Annals of Surgery* 281(3), 508–513.

OBJECTIVE: To determine the association between postdischarge mental health care and odds of readmission after emergency general surgery (EGS) hospitalization for patients with serious mental illness (SMI). BACKGROUND: A mental health visit (MHV) after medical hospitalization is associated with decreased readmissions for patients with SMI. The impact of a MHV after surgical hospitalization is unknown.

Cain M.R., et al. (2025) '[Use of Emergency Telemedicine Physicians for Telephone Triage Disposition of Pediatric Patients.](#)' *Pediatric Emergency Care* 41(3), 190–194.

Objectives: Telemedicine is a growing field, with limited data around its utility supporting pediatric emergency care telephone triage. We instituted telemedicine physician support for nurse telephone triage decisions. When the nursing protocols recommended urgent or emergent care, a telemedicine physician reviewed and modified care urgency if appropriate. Our primary study objectives were to evaluate the proportion of patients who were downgraded to less urgent care and assess for potential harm related to the downgrade in care urgency.

Ching M.Z., et al. (2025) '[A Retrospective Analysis of Visit Durations and Referral Attendance for Pediatric Ocular Conditions seen in Emergency and Urgent Care Settings.](#)' *Inquiry : A Journal of Medical Care Organization, Provision and Financing* 62, 469580251326319.

Outpatient clinic access for patients diagnosed with non-emergent ocular conditions has been shown to decrease patient load in the Emergency Department (ED)/Urgent Care and improve patient satisfaction with care. We sought to quantify referral completion rates and ED/Urgent Care visit durations at a pediatric tertiary care center and analyze how demographic factors may influence these quality indicators. We discuss an overarching strategy to improve access to subspecialty care through a same-day access program. We retrospectively reviewed ED/Urgent Care patient encounters from 2019 to 2024. Patients diagnosed with conjunctivitis, vision loss, corneal abrasion, or iritis referred for follow-up care were included in this report. Visit duration in the ED/Urgent Care, referral completion rates, and patient demographics were analyzed. Seven hundred six patient encounters met the initial inclusion criteria. The average visit duration in the ED/Urgent Care per month was 3.36 hours (median, 3.45; IQR, 2.84-3.81), the average proportion of incomplete referrals per month was 21.9% (median, 20%; IQR, 10.6%-30%), and average proportion of ED/Urgent Care visits over 4 hours per month was 33.1% (median, 33.3%; IQR, 21.3%-43.5%). Demographic subgroup analysis (n = 411) revealed a relationship between age, insurance status, zip code, and race with completed referral rates and visit duration in the ED/Urgent Care. Our results indicate long visit durations in the ED/Urgent Care and a large proportion of incomplete referrals for patients with non-emergent ocular issues. A same-day access program could streamline access to subspecialty care by moving patients directly to the ophthalmology department from the ED/Urgent Care.

Craston A.I.P., et al. (2025) '[Being a Patient in a Crowded Emergency Department: A Qualitative Service Evaluation.](#)' *Emergency Medicine*

Journal 42(3), 148–153.

Background Emergency department (ED) crowding causes increased mortality. Professionals working in crowded departments feel unable to provide high-quality care and are predisposed to burnout. Awareness of the impact on patients, however, is limited to metrics and surveys rather than understanding perspectives. This project investigated patients' experiences and identified mitigating interventions. Methods A qualitative service evaluation was undertaken in a large UK ED. Adults were recruited during periods of high occupancy or delayed transfers. Semi-structured interviews explored experience during these attendances. Participants shared potential mitigating interventions. Analysis was based on the interpretative phenomenological approach. Verbatim transcripts were read, checked for accuracy, re-read and discussed during interviewer debriefing. Reflections about positionality informed the interpretative process. Results 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. Conclusion Participants attending a crowded ED experienced uncertainty, helplessness and discomfort. Recommendations included process and environmental orientation.

Mathews K., et al. (2025) ['Is there an Association between Emergency Department Overcrowding and Emergency Medical Services Redirection?.'](#) *Journal of Emergency Medicine* 70, 80–86.

Background: Emergency Medical Systems (EMS) has developed policies to manage patient flow. In New York City, these practices include both diversion and redirection. Currently, gaps in the literature exist regarding the correlation between emergency department (ED) operational metrics and EMS redirection triggers.

McKenzie A.C., et al. (2025) ['Critical Interventions, Diagnosis, and Mortality in Children Treated by a Physician-Manned Mobile Emergency Care Unit.'](#) *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine* 33(1), 30.

BACKGROUND: The purpose of this study was to clarify the potentially life-saving critical interventions performed on children below the age of seven by the physician-manned mobile emergency care unit (MECU) in Odense, Denmark. We investigated critical interventions in relation to morbidity and mortality.

NHS Scotland. (2025) [NHS Scotland operational improvement plan.](https://www.gov.scot/publications/nhs-scotland-operational-improvement-plan/pages/4/)

Northern Ireland. Department of Health and Social Care. (2025) [Getting It Right First Time Review \(GIRFT\) of Emergency Medicine in Northern Ireland.](https://www.health-ni.gov.uk/publications/getting-it-right-first-time-review-girft-emergency-medicine-northern-ireland)

Rasoul D., et al. (2025) ['Economic Evaluation of the Liverpool Heart Failure Virtual Ward Model.'](#) *European Heart Journal - Quality of Care and Clinical Outcomes* 11(2), 197–205.

Background: A virtual ward (VW) supports patients who would otherwise need hospitalization by providing acute care, remote monitoring, investigations, and

treatment at home. By March 2024, the VW programme had treated 10 950 patients across six speciality VWs, including heart failure (HF). This evaluation presents the economic assessment of the Liverpool HF VW. Method and results: A comprehensive economic cost comparison model was developed by the York Health Economics Consortium (University of York) to compare the costs of the VW to standard hospital inpatient care [standard care (SC)]. The model included direct VW costs and additional costs across the care pathway. Costs and resource use for 648 patients admitted to the HF VW were calculated for 30 days post-discharge and total cohort costs were extrapolated to a full year. Primary outcomes included costs related to length of stay, readmissions, and NHS 111 contact. The total cost for the HF VW pathway, including set-up costs, was 467 524. This results in an incremental net cost benefit of 735 512 compared with the total SC cost of 1 203 036, indicating a substantial net cost benefit of 1135 per patient per episode (PPPE). This advantage remains despite initial setup expenses and ongoing costs such as home visits, virtual consultations, point-of-care testing, and home monitoring equipment.

Saario E., et al. (2025) '[Risk Screening by the Emergency Medical Services Identifies Older Patients at Risk of Emergency Department Readmission: A Retrospective Observational Study.](#)' *Aging Clinical and Experimental Research* 37(1) (pagination), Article Number: 59. Date of Publication: 01 Dec 2025.

Background: Malnutrition, falls, and cognitive impairment are common in older patients visiting the emergency department (ED). Early recognition of these conditions could trigger interventions to improve outcomes following ED visits.

Scottish Government. Director General - Health and Social Care. (2025) '[Socioeconomic inequality and barriers to primary care in Scotland: A literature review.](#)'

<https://www.gov.scot/publications/socioeconomic-inequality-barriers-primary-care-scotland-literature-review/documents/>

Sumner J., et al. (2025) '[Through the Lens: A Qualitative Exploration of Nurses' Experiences of Smart Glasses in Urgent Care.](#)' *Journal of Clinical Nursing* 34(3), 948–958.

AIM: To investigate the real-world experiences of nurses' using smart glasses to triage patients in an urgent care centre. DESIGN: A parallel convergent mixed-method design.

Taules Y., et al. (2025) '[Use of Artificial Intelligence for Reverse Referral between a Hospital Emergency Department and a Primary Urgent Care Center.](#)' *Frontiers in Digital Health* 7(pagination), Article Number: 1546467. Date of Publication: 2025.

Background: The demand for immediate care in emergency departments (EDs) has risen since the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic.

Thomson K.L., et al. (2025) '[Exploring the Benefits and Limitations of using Telemedicine in Unscheduled Care.](#)' *Emergency Nurse : The Journal of the RCN Accident and Emergency Nursing Association* 33(2), 28–34.

Telemedicine is increasingly used in healthcare settings, including in unscheduled care. This article details the findings of a literature review that aimed to determine the benefits and limitations of using telemedicine in unscheduled care. The findings

suggest that the use of telemedicine can be cost-effective for patients and healthcare providers and may reduce hospital transfer and admission rates. However, patients' digital literacy and communication needs, as well as technical issues, were identified as limitations. Further research is needed on the use of telemedicine in unscheduled care to determine how it affects patient care.

Wattana M.K., et al. (2025) '[Perceived Gaps in Oncologic Emergency Care for Patients with Cancer: A Qualitative Comparison of Emergency Medicine and Oncologist Physician Perspectives.](#)' *Cancers* 17(5) (pagination), Article Number: 828. Date of Publication: 01 Mar 2025.

Objective: Providing high-quality, safe, and consistent care for patients with cancer in the emergency department (ED) poses unique challenges. To better understand these challenges, we surveyed oncologists and emergency medicine (EM) physicians across five institutions to identify key areas for improvement in oncologic EM.

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