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Unscheduled care

March 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.

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References

Abugroun A., et al. (2025) '[Development of an Emergency Department Triage Tool to Predict Admission Or Discharge for Older Adults.](#)' *International Journal of Emergency Medicine* 18(1) (pagination), Article Number: 26. Date of Publication: 01 Dec 2025.

Background: Older adults present to Emergency Departments (ED) with complex conditions, requiring triage models that support effective disposition decisions. While existing models perform well in the general population, they often fall short for older patients. This study introduces a triage model aimed at improving early risk stratification and disposition planning in this population.

BaanKooman E.C.M., et al. (2025) '[Emergency Department Crowding in the Netherlands; Evaluation of a Real-Time Ambulance Diversion Dashboard.](#)' *International Journal of Emergency Medicine* 18(1) (pagination), Article Number: 18. Date of Publication: 01 Dec 2025.

Background: Emergency department (ED) crowding is a growing concern worldwide and associated with negative effects. In 2013, 68% of Dutch ED-managers experienced crowding on several days of the week. This resulted into the introduction in phases of an ambulance diversion dashboard, in order to influence ED input. Increasing numbers of Dutch EDs have implemented this dashboard, visualizing regional ambulance diversions by means of a traffic light.

Brainard, J., et al. (2025) '[Service Evaluation of 'GP at Door' of Accident and Emergency Services in Eastern England.](#)' *Primary Health Care Research & Development* 26, e5.

AIM: We describe activity, outcomes, and benefits after streaming low urgency

attenders to **General practice services at Door of Accident and Emergency departments (GDAE).** **BACKGROUND:** Many attendances to A&Es are for non-urgent health problems that could be better met by primary care rather than urgent care clinicians. It is valuable to monitor service activity, outcomes, service user demographics, and potential benefits when primary care is co-located with A&E departments. **METHODS:** As a service evaluation, we describe and analyse GDAE users, reasons for presentation, wait times, outcomes, and co-located A&E wait times at two hospitals in eastern England. Distributions of outcomes, wait times, reasons for attendance, deprivation, and age groups were compared for GDAE and usual A&E attenders at each site using Pearson chi-square tests and accelerated time failure modelling. Performance in a four-hour key performance indicator was descriptively compared for co-located and similar emergency departments. **FINDINGS:** Each GDAE saw about 1025 patients per month. Wait times for usual accident and emergency (A&E) care are relatively short at only one site. Reattendances were common (about 11% of unique patients), 75% of GDAE attenders were seen within 1 hour of arrival, 7% of patients initially allocated to GDAE were referred back to A&E for further investigations, and 59% of GDAE patients were treated and discharged with no further treatment or referral required. Pain, injury, infection, or feeling generally unwell each comprised > 10% of primary reasons for attendance. At James Paget University Hospital, 4.3%, and at Queen Elizabeth Hospital, 16.1% of GDAE attendances led to referral to specialist health services. GDAE attenders were younger and more socially deprived than attenders to co-located A&Es. Patients were seen quickly at both GDAE sites, but there were differences in counts of specialist referrals and wait times. Process evaluation could illuminate reasons for differences between study sites.

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. **METHODS:** We conducted a retrospective observational cohort study of pediatric telephone calls to the Mayo Clinic Health System nurse triage line that were directed to the emergency department telemedicine physician from January 1, 2019, to December 31, 2019. Electronic medical records of patients whose care urgency was downgraded and presented to medical care within 72 hours of the triage call were reviewed. **RESULTS:** There were 8559 nurse line calls regarding pediatric patients, 882 of which were referred to the telemedicine physician. Among these, 396/882 (44.9%, 95% confidence interval 41.6-48.3) were downgraded. Of downgraded cases, 198 (50.0%) patients sought care within 72 hours of the original call, of which 193 (97.5%) patients were discharged home from that medical visit and 5 (2.5%) patients required admission. No patients were determined to have suffered harm due to the downgrade of visit urgency. **CONCLUSIONS:** Our data suggests that telemedicine physicians can safely downgrade nurse triage care recommendations for pediatric patients. Most downgraded patients sought outpatient care, avoiding

unnecessary utilization of the emergency department without evidence of associated harm. Copyright © 2024 Wolters Kluwer Health, Inc. All rights reserved.

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. Copyright © Author(s) (or their employer(s)) 2025. No commercial re-use. See rights and permissions. Published by BMJ Group.

Curran, J., and McCulloch, H. (2025) '[Discharge Communication during Transitions from Emergency Care to Home.](#)' *Healthcare Management Forum* 38(2), 114–119.

The healthcare system in Canada is overwhelmed and requires reform. Good discharge communication is a cornerstone of patient safety and quality care. In the Emergency Department (ED), good discharge communication means that patients leave with a clear understanding of their health condition, and the steps they need to take to continue their recovery at home. The fragmented nature of communication in the ED coupled with long wait times and high noise levels pose significant risks to the continuity of information exchange. Additional communication barriers arise for many patients due to a lack of control, language differences, low health literacy, and feelings of fear and uncertainty. Multiple interventions have been evaluated to improve ED discharge communication, but further work is needed to engage all end users in a theory-based approach. Addressing challenges related to successful discharge communication requires a multifaceted approach that includes improving institutional policies, adopting innovative co-designed interventions, and leveraging technology.

Da'Costa A., et al. (2025) '[AI-Driven Triage in Emergency Departments: A Review of Benefits, Challenges, and Future Directions.](#)' *International Journal of Medical Informatics* 197(pagination), Article Number: 105838. Date of Publication: 01 May 2025.

Background: Emergency Departments (EDs) are critical in providing immediate care,

often under pressure from overcrowding, resource constraints, and variability in patient prioritization. Traditional triage systems, while structured, rely on subjective assessments, which can lack consistency during peak hours or mass casualty events. AI-driven triage systems present a promising solution, automating patient prioritization by analyzing real-time data, such as vital signs, medical history, and presenting symptoms. This narrative review examines the key components, benefits, limitations, and future directions of AI-driven triage systems in EDs.

Devia Jaramillo G., et al. (2025) ['Effective Strategies for Reducing Patient Length of Stay in the Emergency Department: A Systematic Review and Meta-Analysis.'](#) *BMC Emergency Medicine* 25(1) (pagination), Article Number: 25. Date of Publication: 01 Dec 2025.

Background: Overcrowding is a common issue in emergency departments worldwide. One condition associated with overcrowding is the Emergency Department Length of Stay (EDLOS). Prolonged EDLOS is linked to increased hospitalization costs, worsening clinical outcomes, and deterioration in patient-reported outcomes. Consequently, there is a need to reduce EDLOS, and the scientific literature reports multiple strategies aimed at this goal. Therefore, the objective of this study was to determine strategies statistically significant in reducing the EDLOS.

Eade C., et al. (2025) ['A Service Evaluation of the Clinical and Cost Effectiveness of a Home-Deployed Mobile X-Ray Imaging Service in a Regional Setting.'](#) *Radiography* 31(2) (pagination), Article Number: 102885. Date of Publication: 01 Mar 2025.

Introduction: Falls in older adults are common, leading to high rates of emergency admissions, extended hospital stays, and unnecessary use of healthcare resources. This service evaluation reports on a home-deployed imaging service using mobile X-ray equipment to explore the potential cost-effectiveness and patient benefits of facilitating imaging at the patient's place of residence.

Franklin C., et al. (2025) ['Neighbourhood Socioeconomic Conditions and Emergency Admissions for Ambulatory Care Sensitive Conditions in Children: A Longitudinal Ecological Analysis in England, 2012-2017.'](#) *BMJ Paediatrics Open* 9(1) (pagination), Article Number: e002991. Date of Publication: 19 Jan 2025.

Background Ambulatory care sensitive conditions (ACSCs) are those for which hospital admission could be prevented by interventions in primary care. Children living in socioeconomic disadvantage have higher rates of emergency admissions for ACSCs than their more affluent counterparts. Emergency admissions for ACSCs have been increasing, but few studies have assessed how changing socioeconomic conditions (SECs) have impacted this. This study investigates the association between local SECs and emergency ACS hospital admissions in children in England. Methods We examined longitudinal trends in emergency admission rates for ACSCs and investigate the association between local SECs and these admissions in children over time in England, using time-varying neighbourhood unemployment as a proxy for SECs. Fixed-effect regression models assessed the relationship between changes in neighbourhood unemployment and admission rates, controlling for unmeasured time-invariant confounding of each neighbourhood. We also explore the extent to which this relationship differs by acute and chronic ACSCs and is explained by access to primary and secondary care. Results Between 2012 and 2017,

paediatric emergency admissions for acute ACSCs increased, while admissions for chronic ACSCs decreased. At the neighbourhood level, each 1% point increase in unemployment was associated with a 3.9% and 2.7% increase in the rate of emergency admissions for acute ACSCs, for children aged 0-9 years and 10-19 years, respectively. A 2.6% increase in admission rates for chronic ACSCs was observed, driven by an association in 0-9 years old. Adjustment for primary and secondary care access did not meaningfully attenuate the magnitude of this association. Conclusions Increasing trends in neighbourhood unemployment were associated with increases in paediatric emergency admission rates for ACSCs in England. This was not explained by available measures of differential access to care, suggesting policy interventions should address the causes of unemployment and poverty in addition to health system factors to reduce emergency admissions for ACSCs.

Hinson J.S., et al. (2025) ['Enhancing Emergency Department Triage Equity with Artificial Intelligence: Outcomes from a Multisite Implementation.'](#) *Annals of Emergency Medicine* 85(3), 288–290.

Holodinsky J.K., et al. (2025) ['Busier Emergency Departments: Same Triage Systems-can AI Solve the "Next-to-be-seen" Problem?.'](#) *CJEM* 27(1), 5–6.

Lindsay R.K., et al. (2025) ['Why is Implementing Remote Monitoring in Virtual Wards \(Hospital at Home\) for People Living with Frailty so Hard? Qualitative Interview Study.'](#) *Age and Ageing* 54(1) (pagination), Article Number: afaf003. Date of Publication: 01 Jan 2025.

Background: There is relatively low uptake of remote monitoring on frailty virtual wards (Hospital at Home) compared to virtual wards caring for people with other medical conditions. However, reasons for low uptake are poorly understood.

Mackowiak A., et al. (2025) ['Impact of an Algorithm to Triage Patients Discharged from the Emergency Department with Blood Cultures Positive for Staphylococcus Aureus Or Coagulase-Negative Staphylococcus.'](#) *JACEP Open* 6(1) (pagination), Article Number: 100010. Date of Publication: 01 Feb 2025.

Objectives: Blood cultures obtained in the emergency department (ED) may become positive after discharge. Healthcare professionals must determine if these results represent true infection or a likely contaminant. An institutional algorithm was developed to assist with healthcare professional response to positive blood cultures for *S. aureus* and coagulase-negative staphylococci (CoNS) in these situations.

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 & 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. **METHODS:** A retrospective cohort study of all MECU missions involving children below the age of seven. The study period was from October 1 2007 to December 31 2020. Data sources were the MECU Odense database, the Danish National Patient Registry, and the Danish Civil Registration System. Variables were critical interventions, the

severity of injury/illness, MECU on-scene time, in-hospital diagnosis and 7-day, 30-day, and 90-day mortality. **RESULTS:** The MECU carried out 4,032 missions to children below 7 years. 88 patients (2.2%) received at least one critical prehospital intervention. Upper airway suction was performed in 39 cases (1.0%), endotracheal intubation (all causes) in 36 cases (0.9%), and intraosseous access in 21 cases (0.5%). General anaesthesia was induced in 29 cases (0.7%). Seventeen patients (0.4%) received cardiopulmonary resuscitation and two patients received manual defibrillation (: The MECU carried out 4,032 missions to children below 7 years. 88 patients (2.2%) received at least one critical prehospital intervention. Upper airway suction was performed in 39 cases (1.0%), endotracheal intubation (all causes) in 36 cases (0.9%), and intraosseous access in 21 cases (0.5%). General anaesthesia was induced in 29 cases (0.7%). Seventeen patients (0.4%) received cardiopulmonary resuscitation and two patients received manual defibrillation (**CONCLUSION:** Prehospital critical interventions are rarely performed in children under the age of 7 years. The low frequency of these interventions may have implications for maintaining the clinical routine of the prehospital care providers. Copyright © 2025. The Author(s).

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.

Office for National Statistics. (2025) '[Association between Time Spent in Emergency Care and 30-Day Post-Discharge Mortality, England: March 2021 to April 2022.](#)'

Relationship between time spent in A&E and the odds of 30-day, post-discharge, all cause mortality, controlling for other factors.

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/bulletins/associationbetweentimespentinemergencycareand30daypostdischargemortalityengland/march2021toapril2022> <https://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=hmic&AN=152531> <https://libkey.io/libraries/3071/openurl?genre=article&aulast=&issn=&title=&atitle=Association+between+time+spent+in+emergency+care+and+30-day+post-discharge+mortality%2C+England%3A+March+2021+to+April+2022&volume=&issue=&spage=&epage=&date=2025&doi=&pmid=&sid=OVID:hmicdb>

Pelaez-Sanchez, C. A., et al. (2025) '[Cost Analysis of Oncological Outpatient Neurosurgery Under General Anesthesia with Hospital-at-Home-Based](#)

Postoperative Care.' *World Neurosurgery* 193, 1002–1007.

OBJECTIVE: This study evaluates the efficiency and cost-effectiveness of an oncological outpatient neurosurgery protocol using enhanced recovery after surgery principles in a European healthcare setting. Additionally, it assesses the impact of incorporating hospital at home (HaH) for perioperative follow-up on program efficiency and costs. **METHODS:** We analyzed a case cohort of patients who underwent oncological outpatient neurosurgery with HaH-based postoperative follow-up for tumor removal or biopsy at a tertiary care center since 2019. A control cohort treated under standard inpatient care was also examined. Costs associated with surgery and postoperative care were meticulously calculated for both groups. **RESULTS:** The case (n = 17) and control (n = 38) cohorts had comparable demographics and clinical profiles. Surgical costs, including operating room, anesthesia, and surgeon fees, were similar across groups. However, postoperative monitoring was significantly shorter for the outpatient cohort, leading to reduced observation costs (P : The case (n = 17) and control (n = 38) cohorts had comparable demographics and clinical profiles. Surgical costs, including operating room, anesthesia, and surgeon fees, were similar across groups. However, postoperative monitoring was significantly shorter for the outpatient cohort, leading to reduced observation costs (P : The case (n = 17) and control (n = 38) cohorts had comparable demographics and clinical profiles. Surgical costs, including operating room, anesthesia, and surgeon fees, were similar across groups. However, postoperative monitoring was significantly shorter for the outpatient cohort, leading to reduced observation costs (P **CONCLUSIONS:** Outpatient neurosurgery with HaH follow-up offers substantial cost savings without compromising care quality in a public health setting. Inpatient care's higher costs are largely due to bed utilization, while the integration of HaH does not add significant costs, making it a viable alternative for postoperative management. Copyright © 2024 The Authors. Published by Elsevier Inc. All rights reserved.

Pospyelova D., et al. (2025) A Surgical Remote Monitoring Virtual Ward (RMVW); A One Year Experience (*British Journal of Surgery*.

Conference: ASGBI Emergency General Surgery Symposium 2024. Manchester United Kingdom. 112(Supplement 1) (pp i2i6-i27); Oxford University Press). Published in: *The British journal of surgery*

Background: Virtual wards are becoming an integral part of NHS service delivery, offering hospital-level care at patients' usual place of residence. They aim to reduce hospital bed occupancy and pressure on hospital resources. In September 2023 a tertiary teaching hospital introduced a RMVW accessible to acute surgical patients, and offering novel digitally supported healthcare solutions. Aims & Methods: This study aimed to evaluate the effectiveness of the RMVW in managing acute surgical patients. Prospective data was collected of all patients admitted to the RMVW on any of four bespoke pathways from October 2023. Data was collected using the local electronic patient record and organised in Excel before analysis by two clinical professionals.

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.' *Ageing-Clinical & Experimental Research* 37(1), 59.

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. **AIM:** To analyze whether a simple risk screening protocol in the emergency medical services (EMS) identifies older patients at risk of ED readmission. **METHODS:** The EMS screened the falls risk, nutritional risk, and cognition of 472 patients (age ≥ 70 years) transported to the ED of a Finnish secondary care hospital between November 2018 and July 2019. Data on the risk screening, comorbidities, and ED readmissions were collected from electronic patient records. Data were analyzed using negative binomial regression, and the results are presented as incidence rate ratios (IRRs). **RESULTS:** Altogether 312 patients (66%) experienced 880 ED readmissions during the 12-month follow-up. Nutritional risk was associated with an increased ED readmission rate across all time categories (= 6 months; IRRs 1.36-1.62, p-values = 6 months; IRRs 1.36-1.62, p-values 0.1). **CONCLUSIONS:** Patients with nutritional risk or falls risk, identified by the EMS, had a higher ED readmission rate independent of comorbidity. EMS risk screening could supplement the assessment in the ED to better identify older patients who might benefit from more detailed assessment of their health status and interventions to prevent ED readmission. Copyright © 2025. The Author(s).

Seo, W., et al. (2025) '[Designing Patient-Centered Interventions for Emergency Care: Participatory Design Study.](#)' *JMIR Formative Research* 9, e63610.

BACKGROUND: Emergency departments (EDs) are high-pressure environments where clinicians diagnose patients under significant constraints, including limited medical histories, severe time pressures, and frequent interruptions. Current ED care practices often inadequately support meaningful patient participation. Most interventions prioritize clinical workflow and health care provider communication, inadvertently overlooking patients' needs. Additionally, patient-facing technologies in EDs are typically developed without meaningful patient input, leading to solutions that may not effectively address patients' specific challenges. To enhance both patient-centered care practices and the diagnosis process in EDs, patient involvement in technology design is essential to ensure their needs during emergency care are understood and addressed. **OBJECTIVE:** This study aimed to invite ED patients to participatory design sessions, identify their needs during ED visits, and present potential design guidelines for technological interventions to address these needs. **METHODS:** We conducted 8 design sessions with 36 ED patients and caregivers to validate their needs and identify considerations for designing patient-centered interventions to improve diagnostic safety. We used 10 technological intervention ideas as probes for a needs evaluation of the study participants. Participants discussed the use cases of each intervention idea to assess their needs during the ED care process. We facilitated co-design activities with the participants to improve the technological intervention designs. We audio- and video-recorded the design sessions. We then analyzed session transcripts, field notes, and design sketches. **RESULTS:** On the basis of ED patients' feedback and evaluation of our intervention designs, we found the 3 most preferred intervention ideas that addressed the common challenges ED patients experience. We also identified 4 themes of ED patients' needs: a feeling of inclusion in the ED care process, access to sources of medical information to enhance patient comprehension, addressing patient anxiety related to information overload and privacy concerns, and ensuring continuity in care and information. We interpreted these as insights for designing technological interventions for ED patients. Therefore, on the basis of the findings, we present five considerations for designing better

patient-centered interventions in the ED care process: technology-based interventions should (1) address patients' dynamic needs to promote continuity in care; (2) consider the amount and timing of information that patients receive; (3) empower patients to be more active for better patient safety and care quality; (4) optimize human resources, depending on patients' needs; and (5) be designed with the consideration of patients' perspectives on implementation. **CONCLUSIONS:** This study provides unique insights for designing technological interventions to support ED diagnostic processes. By inviting ED patients into the design process, we present unique insights into the diagnostic process and design considerations for designing novel technological interventions to enhance patient safety. **INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID):** RR2-10.2196/55357. Copyright ©Woosuk Seo, Shruti Jain, Vivian Le, Jiaqi Li, Zhan Zhang, Hardeep Singh, Kalyan Pasupathy, Prashant Mahajan, Sun Young Park. Originally published in JMIR Formative Research (<https://formative.jmir.org>), 12.02.2025.

Story L. Nana M. Hall M. (2025) 'The Role of Virtual Wards in Maternity in the United Kingdom.' *European Journal of Obstetrics & Gynecology and Reproductive Biology*

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. (Author)

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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. **METHODS:** We collected data through twelve in-depth interviews with nurses using the device and a survey. Recruitment continued until no new themes emerged. We coded the data using a deductive-thematic approach. Qualitative and survey data were coded and then mapped to the most dominant dimension of the sociotechnical framework. Both the qualitative and quantitative findings were triangulated within each dimension of the framework to gain a comprehensive understanding of user experiences. **RESULTS:** Overall, nurses were satisfied with using smart glasses in urgent care and would recommend them to others. Nurses rated the device highly on ease of use, facilitation of training and development, nursing empowerment and communication. Qualitatively, nurses generally felt the device improved workflows and saved staff time. Conversely, technological challenges limited its use, and users questioned its sustainability if

inadequate staffing could not be resolved. **CONCLUSION:** Smart glasses enhanced urgent care practices by improving workflows, fostering staff communication, and empowering healthcare professionals, notably providing development opportunities for nurses. While smart glasses offered transformative benefits in the urgent care setting, challenges, including technological constraints and insufficient organisational support, were barriers to sustained integration. **IMPLICATIONS FOR PRACTICE:** These real-world insights encompass both the benefits and challenges of smart glass utilisation in the context of urgent care. The findings will help inform greater workflow optimisation and future technological developments. Moreover, by sharing these experiences, other healthcare institutions looking to implement smart glass technology can learn from the successes and barriers encountered, facilitating smoother adoption, and maximising the potential benefits for patient care. **REPORTING METHOD:** COREQ checklist (consolidated criteria for reporting qualitative research). **PATIENT OR PUBLIC CONTRIBUTION:** No patient or public contribution. Copyright © 2024 The Author(s). Journal of Clinical Nursing published by John Wiley & Sons Ltd.

Thomson, K. L., et al. (2025) '[Exploring the Benefits and Limitations of using Telemedicine in Unscheduled Care.](#)' *Emergency Nurse* 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. Copyright © 2024 RCN Publishing Company Ltd. All rights reserved. Not to be copied, transmitted or recorded in any way, in whole or part, without prior permission of the publishers.

Wong A., et al. (2025) '[Supporting Older People through Hospital at Home Care: A Systematic Review of Patient, Carer and Healthcare Professionals' Perspectives.](#)' *Age and Ageing* 54(2) (pagination), Article Number: afaf033. Date of Publication: 01 Feb 2025.

Introduction: Hospital at Home provides hospital-level type care at home, both remote and face-to-face by a multidisciplinary team of healthcare professionals. In practice, various different models are employed, but we do not know what older people, their family carers (carers) and healthcare professionals think of what works best for them. This review aimed to describe the various Hospital at Home models and synthesise literature exploring patient, carer and staff perspectives of Hospital at Home care for older people. Methods and analysis: A systematic review of UK studies. Medline, Embase and CINAHL and grey literature were searched from 1991 to 2024, using predetermined inclusion and exclusion criteria; data were extracted from included papers. Tabulation, thematic grouping and concept mapping of themes were used to narratively synthesise the literature.

Yi N., et al. (2025) '[The Effects of Applying Artificial Intelligence to Triage in the Emergency Department: A Systematic Review of Prospective Studies.](#)' *Journal of Nursing Scholarship : An Official Publication of Sigma Theta Tau International Honor Society of Nursing* 57(1), 105–118.

INTRODUCTION: Accurate and rapid triage can reduce undertriage and overtriage,

which may improve emergency department flow. This study aimed to identify the effects of a prospective study applying artificial intelligence-based triage in the clinical field. DESIGN: Systematic review of prospective studies.

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