

Emergency Department Patient Flow

Current Awareness Bulletin

February 2026

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: 2nd March @ 4pm & 7th April @ 9am
- **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: 10th March @ 12 noon & 29th April @ 1pm
- **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: 27th March @ 4pm & 13th April @ 9am

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

Is there a quick route to reducing health care costs or visits to A&E?

The King's Fund

A recent US study showed one simple intervention resulted in 27% fewer visits to emergency services. Could it work in the UK too?

The Model ED

NHS England

Today we have published a suite of guidance and resources to help local teams drive improvement in care processes for people presenting in emergency departments (The Model ED) and those who are seriously unwell in their first 72 hours in hospital (the Model Acute Pathway). See links in the Urgent Guidance section.

RCEM publishes new guidance on Extended Emergency Medicine Ambulatory Care (EEMAC)

Royal College of Emergency Nursing

New guidelines on Extended Emergency Medicine Ambulatory Care (EEMAC) have been published by the Royal College of Emergency Medicine.

AI forecasting to cut A&E waiting times across the NHS | UK Healthcare News

National Health Executive, 02 January 2026

Patients across England could be seen more quickly this winter as hospitals increasingly rely on artificial intelligence to predict when A&E departments will face the most pressure. The technology, known as the A&E demand forecasting tool, is now available to all NHS Trusts and is already being used by 50 NHS organisations nationwide

Bracing for winter: a close look at NHS emergency and elective care in England and its implications for corridor care

This report examines the increasing pressures on the NHS in England and its implications for corridor care as the winter period begins. It explores how rising demand, pressures, and challenges with patient

flow for emergency and elective services has contributed to the persistence of corridor care, and why winter pressures risk making the situation worse.

Patient care in temporary care environments

Health Service Safety Investigation Body

This investigation explores the management of patient safety risks associated with using temporary care environments, often referred to as 'corridor care' and 'temporary escalation spaces'. These are spaces not originally designed, staffed, or equipped for patient care (such as corridors, waiting rooms and chairs on wards). The investigation specifically looked at acute hospitals in England, focusing on the patient safety aspects associated with the use of temporary care environments and how patient safety was being mitigated. The report explores how, where, when and why temporary care environments are used, what the associated patient safety risks are, and the impact on patients and staff.

National Qualitative Insight – Urgent and Emergency Care 2024

NHS England

This report, produced by Solutions Research and NHS England, shares national insights from qualitative thematic analysis of written responses to the NHS Patient Survey Programme, coordinated by the Care Quality Commission and Picker. The [programme](#) includes five surveys, with this report focusing on the 2024 Urgent and Emergency Care Survey.

Delayed discharges from hospital: comparing performance this year and last

The Health Foundation

This analysis uses publicly available data to compare delayed discharge performance last summer (July to September 2024) with this summer (July to September 2025). It outlines national trends in discharge performance in England and identifies trusts that have achieved the greatest reductions in hospital bed days used for patients with delayed discharges. Finally, it analyses two main drivers: hospital bed occupancy and staffing numbers. Notably, it was not possible to examine changes in several other important likely drivers, including the organisation of discharge care (such as discharge hubs and improved use of digital tools) and capacity in social care and intermediate care.

Faster treatments and support for health workers as AI tackles A&E bottlenecks

GOV.UK

A digital tool is helping 50 NHS organisations predict A&E demand this winter, speeding up patient care as government delivers on building an NHS fit for the future.

What's going on with A&E waiting times?

The King's Fund

The four-hour accident and emergency waiting time standard has been missed every month since July 2015 at a national level. Performance has only seen limited improvement in recent years.

Our updated explainer delves into the data and answers a few key questions:

- Are waits for emergency admissions increasing?
 - Is demand for A&E services increasing?
-

Charity partnership helping to ease pressure on A&E

BBC News

BBC Shropshire highlighted how a local charity-led support scheme is improving patient flow and providing additional non-clinical support for those attending A&E across two emergency departments.

Hospitals deploy AI tool to predict demand for A&E

Say, Mark. UKAuthority News, 29 Dec 2025

<https://www.ukauthority.com/articles/hospitals-deploy-ai-tool-to-predict-demand-forae>

[An AI tool for forecasting demand for accident and emergency services is being deployed around hospitals in England this winter. The Department for Science, Innovation and Technology (DSIT) said the tool – which has been developed under the AI Exemplars programme – is now in use in 50 NHS organisations. These include NHS Coventry and Warwickshire Integrated Care Board, as well as NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board.]

Management of patients with Haemophilia in Emergency Departments: Best practice Guideline RCEM

This guidance applies to adult patients with haemophilia and similar heritable bleeding disorders presenting to emergency departments (ED).

1. Barriers and Facilitators in Implementing Clinical Practice Guidelines Among Nurses in Emergency Departments and Critical Care Units: A Systematic Review

Authors: Alrashdi, Mona Hamdi;Quinn, Barry and Clarke, Susan A.

Publication Date: 2026

Journal: Journal of Clinical Nursing 35(3), pp. 1060–1078

Abstract: Aim: This systematic review explored the barriers and facilitators to the implementation of clinical practice guidelines (CPGs) among nurses in emergency departments (EDs) and critical care units (CCUs).; Design: Systematic review.; Method: A systematic review was performed using both qualitative and quantitative studies from five databases (CINAHL, Web of Science, Embase, Scopus and PubMed). The literature search was conducted in May 2024. The PRISMA framework was used to guide the review process. Findings were subject to a narrative, thematic analysis and critical appraisal.; Results: Eighteen studies were identified that met the inclusion criteria, yielding three themes related to barriers and facilitators of guideline implementation: individual-level, guideline-level and organisational-level. Key barriers included lack of awareness of guidelines, lack of knowledge and skills, attitudes towards guidelines, resource limitations, lack of perceived support, complexity of guidelines and lack of training. Facilitators to guideline use included colleague support, adequate training, effective leadership and refinement of guidelines to ensure relevance, local adaptation and user-friendly content.; Discussion: Numerous barriers to nurse implementation of CPGs exist in ED and CCU settings, reflecting a complex interplay of individual, CPG-related and organisational factors. To facilitate CPG implementation, it is important for staff to be educated and trained in their use, supported to implement (including resource allocation) and that CPGs are designed to be easily implemented in practice.; Conclusion: This systematic review highlights risk factors for poor CPG implementation and highlights the importance of addressing awareness, knowledge, resources and support for CPG use through targeted training, leadership and CPG design.; Relevance to Clinical Practice: An analysis of barriers and facilitators to CPG implementation among nurses in ED and CCU settings provides an important opportunity to address a gap in the literature, facilitating the development of strategies to promote CPG use and enhance care quality among nurses in these specific contexts. (© 2025 The Author(s). Journal of Clinical Nursing published by John Wiley & Sons Ltd.)

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

Authors: Batool, Syeda Kashaf and Naqvi, Syed Sarim

Publication Date: 2026

Journal: Australasian Emergency Care 29(1), pp. 1

3. Burnout, compassion satisfaction and fatigue: Is professional quality of life linked with resilience in emergency departments?

Authors: Bildik, Busra;Atis, Seref Emre and Cekmen, Bora

Publication Date: 2026

Journal: The National Medical Journal of India 39(2), pp. 82–87

Abstract: Background We examined the relationship between resilience and professional quality of life (ProQoL) through specifically developed surveys and identified the correlation with sociodemographic characteristics that may affect both concepts. Methods The study was done among physicians working in different emergency departments. An online questionnaire with 3 parts was used. (i) 10 questions on the demographic characteristics and working conditions of the participating physicians; (ii) The 'Connor-Davidson Resilience Scale' (CDRS), a 10-item scale, which measures the psychological resilience of physicians; and (iii) The 'Professional Quality of Life Scale' (ProQoL scale) a 30-item questionnaire which measures physicians' compassion satisfaction (CS), burnout (BO) and compassion fatigue (CF). Scores for the subscales of ProQoL were categorized as follows: 42 high levels. Results The questionnaire was completed by 290 participants (99.3%). The median age was 30 (26-37) years, and 40.7% (118) of the participants were females. For the BO subscale, the median CDRS score of participants with high BO scores (18 15-20]) was found to be lower than the median score of participants with low and moderate BO scores (p values 0.013 and 0.009, respectively). For CS subscale, the median scores of all 3 groups were statistically different, and the highest median score belonged to the high group (29 27-34]) ($p < 0.001$ for all 3 groups). For the CF subscale, the median CDRS score for participants with high CF scores (13 9-16]) was found to be significantly lower than the CDRS score of participants with low and moderate CF scores ($p < 0.017$ and < 0.032 , respectively). The median CDRS score of men was significantly higher than that of women ($p < 0.001$). Conclusion The concept of resilience is associated with BO, CS and CF, which constitute ProQoL. Physicians who have high scores for BO and CF, which are negative sub-factors of the ProQoL scale, have lower resilience; on the contrary, those who have high scores for CS, which is a positive indicator of the quality of life, have higher resilience. Female gender can be considered a risk factor for low resilience.

4. Predictive modeling of hospital emergency department demand using artificial intelligence: A systematic review

Authors: Blanco, Jorge;Ferrerias, Marina and Cosido, Oscar

Publication Date: 2026

Journal: International Journal of Medical Informatics 207, pp. 106215

Abstract: Background: Accurately forecasting patient arrivals in hospital emergency departments (EDs) is critical for hospital capacity and planning and clinical decision-making. Artificial intelligence (AI), particularly machine learning (ML) and deep learning (DL), has shown promising performance over traditional time series approaches. However, the extent to which these models are validated and generalizable remains uncertain.; Objective: To systematically review the literature on predictive models for hospital ED demand forecasting, focusing on algorithms used, internal and external variables, validation strategies and limitations pre- and post-pandemic developments.; Methods: A systematic literature review (SLR) was conducted following PRISMA guidelines. Five databases (PubMed, IEEE, Springer, ScienceDirect, ACM) were searched for peer-reviewed articles published between January 2019 and July 2025. Eligible studies applied predictive algorithms - excluding those focused on COVID-19 - to forecast ED visits. Extracted data included modeling approaches, feature types, evaluation metrics, and validation methods.; Results: Eleven studies met the inclusion criteria. Classical models such as ARIMA and SARIMA remain in use, but ML (e.g., XGBoost, Random Forest) and DL (e.g., LSTM, CNN) showed higher predictive accuracy, especially with high-dimensional, nonlinear data. Incorporating external variables-such as weather (temperature, humidity, wind), air quality, and calendar events-consistently improved performance. Common metrics included Mean

Absolute Error (MAE), Root Mean Squared Error (RMSE), and Mean Absolute Percentage Error (MAPE), with MAPE ranging from 3 % to 18 %. Few studies performed external validation, and only a minority employed explainable AI methods (e.g., SHAP) to address interpretability.; Conclusions: AI-based models offer strong potential for ED demand forecasting, particularly when integrating environmental and temporal features. However, limited external validation and lack of interpretability remain significant barriers to clinical adoption. Future research should prioritize multicenter validation, standardized evaluation, and explainable AI to support reliable, transparent, and scalable use in hospital emergency departments. (Copyright © 2025. Published by Elsevier B.V.)

5. Acute oncology: the care of older patients in the emergency department

Authors: den Duijn, Jason;Nickel, Christian H. and Cooksley, Tim

Publication Date: 2026

Journal: Current Opinion in Supportive and Palliative Care 20(1), pp. 11–17

Abstract: Purpose of Review: There has been a notable rise in cancer-related emergencies, especially in older patients, due to an increase in those undergoing complex therapies. In this review, we consider the management and clinical workup of the older cancer patient in the emergency department (ED). We will reflect on clinical features of older patients with cancer, as well as fall, delirium, febrile neutropenia (FN), and immune checkpoint inhibitor toxicity.; Recent Findings: Older patients with cancer are more likely to require admission to hospital following ED attendance. The most common emergency presentations are fever, pain and gastrointestinal symptoms. The complexity of common presentations, such as falls and delirium, is often overlooked in older cancer patients. FN in older patients is associated with increased mortality and a higher likelihood of requiring inpatient care. Despite their therapeutic benefits in older patients, the broad spectrum of immune-related toxicities even at lower grades, can lead to functional decline and the need to discontinue therapy.; Summary: The number of older people with cancer presenting to emergency care is expected to rise. In response to this growing and complex demand, a comprehensive, individualised, and multi-disciplinary approach is essential. Clinicians need to be aware of the increasingly broad spectrum of diagnoses in this population and tailor their assessment and management strategies accordingly. (Copyright © 2025 Wolters Kluwer Health, Inc. All rights reserved.)

6. What is said, meant, heard: Practitioner-patient understanding during delivery of diagnoses in the emergency department

Authors: Fuller, Sarah N.;Kelly, Lourah M.;McNaboe, Lukas A.;Bradley, Xenia G.;Winkler, Charlotte J.;Wolek, Caroline E.;Wilkes, Amber L.;Bogui, Patrick C.;Taylor, Perpetual E.;Nichanametla, Geetha R.;Patrick, David P. and Babcock, Matthew

Publication Date: 2026

Journal: Patient Education & Counseling 145, pp. N.PAG

7. Diagnosis and treatment of sexually transmitted infections among emergency department patients

Authors: Gottlieb, Michael;Moyer, Eric;Buell, Kevin G.;Fleegler, Melissa;Mehta, Supriya;Popovich, Kyle J.;Rothman, Richard E.;Hsieh, Yu-Hsiang;Bernard, Kyle and Haukoos, Jason

Publication Date: 2026

Journal: American Journal of Emergency Medicine 101, pp. 124–128

8. Redesigning emergency department processes: a nurse-led, portal-based flow model to optimise resource use and patient care

Authors: McCullum, Marilyn

Publication Date: 2026

Journal: Emergency Nurse : The Journal of the RCN Accident and Emergency Nursing Association

Abstract: Emergency departments (EDs) face ongoing challenges such as overcrowding, long waiting times and patient dissatisfaction. Traditional triage-to-bed models of ED care tend to delay diagnostic tests and treatment for moderate-acuity and low-acuity patients. This article describes the redesign of patient flow in one ED in California, in the US, through the creation of portal rooms for early diagnostic tests and QuickPass rooms for low-acuity encounters, with the goal of reducing delays and improving throughput. Early feedback from patients and staff was positive, including improved patient perceptions of receiving timely care. The use of portal rooms and QuickPass rooms represents a practical, low-cost strategy for addressing overcrowding. While formal outcome data are needed, this initiative highlights how lean, resource-conscious ED redesign can meaningfully address long-standing challenges in emergency care. By redefining the use of their physical space and initiating diagnostic tests earlier, EDs can improve patient experience and staff efficiency. (© Royal College of Nursing of the United Kingdom (The) 2026. All rights reserved. Not to be copied, transmitted or recorded in any way, in whole or part, without prior permission of the publishers.)

9. Frequency and factors related to very early return of older persons to the emergency department: A separate analysis of men and women (EDEN-26 study)

Authors: Miró, Òscar;Miota, Natalia;Bellido, Andrea;Rangel, Carolina;Arce, Anette;Aguiló, Sira;García-Martínez, Ana;Polyzogopoulou, Effie;Parissis, John;González Del Castillo, Juan and Coll-Vinent, Blanca

Publication Date: 2026

Journal: Maturitas 206, pp. 108853

Abstract: Objectives: Discharge from acute care assumes adequate medical and social conditions. Very early return to the emergency department (i.e. within 72 h) may reflect a failure to ensure a safe discharge. Older persons are particularly vulnerable, yet sex-related disparities remain underexplored. We assessed the incidence and sex-specific predictors of very early returns to the emergency department.; Methods: We analyzed 23,962 consecutive individuals aged 65 years or more from the multicenter Spanish EDEN registry, including patients discharged home alive from 52 emergency departments, with post-discharge follow-up. The outcome was any emergency department return within 72 h after discharge either from the emergency department or following hospitalization. Candidate predictors included age, living arrangements, comorbidity, functional status, walking ability, previous falls, and prior diagnoses of depression, dementia, or delirium. Multivariable logistic regression models were stratified by sex, adjusted for all candidate predictors, and included interaction terms to assess sex-specific effects.; Results: The overall incidence of very early emergency department return was 6.6% (7.1% in men and 6.2% in women). In men, comorbidity was independently associated with return. In women, comorbidity, functional dependence, previous falls, and depression were independent predictors. Significant sex-by-predictor interactions indicated a stronger association for previous falls in women in the overall cohort, for depression in women discharged directly from the emergency department, and for prior delirium in women discharged after hospitalization. Male sex was independently associated with a higher adjusted risk of very early emergency department return (adjusted odds ratio 1.12).; Conclusions: Predictors of very early emergency department return differ by sex in older persons. Previous falls and depression have a stronger impact in women, while male sex is independently associated with a higher baseline risk. Sex-sensitive discharge planning may help reduce avoidable early revisits and improve transitional care. (Copyright © 2026 Elsevier B.V. All rights reserved.)

10. Therapeutic mechanisms of acupuncture therapy for acute pain in the emergency

department

Authors: Nielsen, Arya;Dyer, Natalie L.;Faryar, Kiran and Dusek, Jeffery A.

Publication Date: 2026

Journal: Integrative Medicine Research 15(2), pp. 101283

Abstract: Acupuncture has been used for millennia to treat pain and in recent decades included as an evidence-based strategy for comprehensive pain care. More recently, acupuncture has also been used to treat acute peri-operative pain and acute pain in the Emergency department (ED). While there are models of acupuncture's effect on chronic pain, the lack of application of those models for acute pain represents a gap in our scientific understanding. Acupuncture in the ED is a single-session dose intervention. In the context of clarifying significant details of an acupuncture intervention including needle insertion, needle perturbation (to obtain de qi), and needle retention, point specificity, adequate dose using local and distal acupoints, and functional MRI (fMRI) brain studies of acupuncture treatment for pain, a body and auricular model of acupuncture's specific effects in acute pain reduction is presented. The biomechanisms of body acupuncture are shown to be an interaction between local physiological responses at a needling site and peripheral and central analgesic responses. An auricular model conceptualizes how stimulation of the auricular branch of the vagus nerve also modulates autonomic and central nervous systems. Nonspecific effects of acupuncture are also discussed. The purpose of this review is to illustrate the biomechanisms of acupuncture for acute pain as a complex intervention that integrates patterns of change at physiological and molecular levels that can inform existing and future effectiveness research and facilitate assimilation of acupuncture in the ED. (© 2026 Korea Institute of Oriental Medicine. Published by Elsevier B.V.)

11. "In from the Beginning" – Evaluation of a framework to improve the experience of nurses commencing in the emergency department

Authors: O'Hare, Anna;Melville, Geoffrey;Ritchie, Brenton;Kloger, Ryan;Crawford, Barb and Curtis, Kate

Publication Date: 2026

Journal: Australasian Emergency Care 29(1), pp. 14–21

Abstract: Australia has a nursing shortage. Emergency Departments (EDs) are particularly affected, necessitating interventions to support and retain new emergency nurses. This study evaluates "In from the Beginning," a framework designed to improve the experience of new emergency nurses. A 12-month longitudinal study was conducted in 2023–2024 at three Australian EDs with 72 nurses. Surveys administered at baseline, six and 12 months were used to assess ascent to competence and belonging. Differences between groups were assessed using nonparametric tests, changes over time with linear mixed-effects models and content analysis for free text. All 72 nurses participated, 15 received the intervention, 50 (70 %) completed 12 m follow-up. Participants reported high levels of feeling welcomed (median 26.5/30). The intervention group reported lower baseline self-confidence, but greater rate of improvement compared to control group ($\beta=8.95$, $SE=3.75$, $p = 0.019$). There were no differences in belonging, learning and competency. Qualitative data emphasised importance of mentorship. Retention at 12 months was 87 % in the intervention group and 65 % in control group ($X^2(1) = 1.72$, $p = 0.19$). The "In from the Beginning" framework provided support to new emergency nurses and resulted in improved self-confidence. Future research will explore long-term impacts on retention.

12. Prospective evaluation of flexible bronchoscopy in the emergency department: Indications, findings, and complications. A cohort study

Authors: Pelagatti, Lorenzo;Vanni, Simone;Corbetta, Lorenzo and Nazerian, Peiman

Publication Date: 2026

Journal: American Journal of Emergency Medicine 102, pp. 190–197

13. A work systems approach to characterizing emergency department disposition decision-making under low and high demand

Authors: Rutkowski, Rachel A.;Pulia, Michael S.;Salwei, Megan E.;Loveless, Emma;Jaeger, Lily;Rawson, Michael;Wust, Kathryn L.;Hoonakker, Peter L. T.;King, Barbara J.;Shah, Manish N.;Patterson, Brian W.;Dáil, Paula vW;Smith, Maureen;Carayon, Pascale and Werner, Nicole E.

Publication Date: 2026

Journal: Applied Ergonomics 134, pp. N.PAG

14. Association Between Emergency Department Undertriage or Overtriage With Timeliness of Care and Patient Outcomes

Authors: Sax, Dana R.;Warton, E. M.;Mark, Dustin G.;Vitale-McDowell, Tina;DiLena, Daniel D.;Rauchwerger, Adina S. and Reed, Mary E.

Publication Date: 2026

Journal: Annals of Emergency Medicine

Abstract: Study Objective: Assess how emergency department (ED) mistriage is associated with timeliness of ED care and patient outcomes.; Methods: This was a retrospective cohort study of ED encounters from 2016 to 2020, across 21 EDs. Using operational measures of triage accuracy, we assessed how assigned Emergency Severity Index (ESI) matched downstream intensity of care and resource use. Patients with a mismatch between ESI assignment and downstream resource use were classified as undertriaged high-acuity or overtriaged low acuity, whereas those with no mismatch were classified as true low-, mid-, or high-acuity. The primary outcome was delay in care; secondary outcomes included ED length of stay, intensive care unit admission (ICU), and short-term mortality.; Results: Among 5,315,081 adult ED encounters, mean age was 51.7 years, 2,962,827 (56%) were women, and 590,566 (11.1%), 800,966 (15.1%), 2,336,012 (44.0%), 1,137,444 (21.4%), and 450,093 (8.5%) were Asian, Black, Non-Hispanic White, Hispanic, and other, unknown or multi-race, respectively. Undertriaged high-acuity patients had higher comorbidity burdens, high-risk medication use, and recent health care use compared with true mid- and high-acuity patients. In adjusted analyses, mistriage, both under- and overtriage, was associated with small delays in care. Undertriaged high-acuity patients had an 8-minute delay in care compared with true high-acuity patients. Overtriaged low-acuity patients had a 3-minute delay in care and a 42-minute longer total ED length of stay compared with true low-acuity patients.; Conclusion: Mistriage was associated with small delays in care. Early identification of critically ill patients remains a triage priority, and the use of patient history data may help support accurate triage. (Copyright © 2025 American College of Emergency Physicians. Published by Elsevier Inc. All rights reserved.)

15. Discharge Time From the Emergency Department and the Frequency of Revisits.

Authors: Roos A.

Publication Date: 2026;87(2):270-274.

Journal: Annals of Emergency Medicine

Abstract: [Early revisits to the emergency department (ED) are a significant concern in emergency

health care and recognized as an indicator of the quality of care provided. Although evidence is mixed regarding the association between unscheduled ED revisits and patient outcomes, frequent revisits may contribute to ED crowding—a major global health care challenge associated with increased medical risks, including higher mortality rates, delayed treatment times, and prolonged hospital stays.]

16. Lived experience of tactical command in NHS hospitals during sudden-onset critical and major incidents: a qualitative study.

Authors: Dodd M.

Publication Date: 2025;31(12):1-13.

Journal: British Journal of Healthcare Management

Abstract: [There is a lack of literature on the experiences of those in tactical command during major or critical incidents in the NHS. This study explored sudden-onset incidents in NHS hospitals, seeking to understand the lived experience of individuals in tactical command roles during these incidents, the concerns that they had and how they addressed them.]

17. Predictive model for managing the clinical risk of emergency department patients: protocol for a systematic review.

Authors: Rente MJB.

Publication Date: 2025;32(1)

Journal: *BMJ Health & Care Informatics*

Abstract: The growing volume and complexity of cases presented to emergency departments underline the urgent need for effective clinical-risk-management strategies. Increasing demands for quality and safety in healthcare highlight the importance of predictive tools in supporting timely and informed clinical decision-making. This study aims to evaluate the performance and usefulness of predictive models for managing the clinical risk of people who visit the emergency department.

18. Collaborative Working to Address Inappropriate ED Attendances by Nursing Home Residents.

Authors: McCarthy M.

Publication Date: 2025;14(4):e003683.

Journal: *BMJ Open Quality*

Abstract: [Increase in life expectancy in Ireland and social isolation has led to an increasing number of people living in residential care facilities (RCFs). Residents are frequently transferred to emergency departments (ED) for a variety of reasons. Studies found that up to 40% of these hospital admissions were deemed inappropriate.]

19. How is same day emergency care (SDEC) being implemented across England?

Authors: Wren J..

Publication Date: 2025;43(1):33-40

Journal: Emergency Medicine Journal

Abstract: In 2019, the National Health Service (NHS) England announced the implementation of same day emergency care (SDEC) in every hospital with a type 1 emergency department (ED). SDEC aims to provide timely and appropriate specialist care to patients on the same day, expediting their investigations and avoiding unnecessary hospitalisation. There is limited evidence for SDEC adoption and its effectiveness. This mixed-method study identifies and analyses SDEC implementation methods and describes subjective workforce views through both surveys and interviews.

20. Evidence for digital health tools designed to support the triage of musculoskeletal conditions in primary, urgent, and emergency care settings: scoping review.

Authors: Truong LK, et al.

Publication Date: 2026;28:e81578.

Journal: Journal of Medical Internet Research

Abstract: [The digital health research field is growing rapidly, and a summary of the available digital tools for triaging musculoskeletal conditions is needed. Effective and safe digital triage tools for musculoskeletal conditions could support patients and clinicians in making informed care decisions and may contribute to reducing emergency department overcrowding and health care costs. The aim of the study is to identify and describe digital health tools for use by adults to triage musculoskeletal conditions across primary, urgent, or emergency care settings.]

21. Management of patients with suspected but unidentified poisoning in the emergency department (Royal College of Emergency Medicine Best Practice Guideline 2025).

Authors: Reynolds S et al.

Publication Date: 2026 Jan 06

Journal: *Archives of disease in childhood. Education and practice edition;*

Abstract: Poisoning can present with a variety of symptoms and should be considered as a cause in perplexing presentations. In general, deliberate self-harm with known substances is commoner than exposure to an unknown substance. However, children are at higher risk of accidental ingestion of inadequately secured medications or household products. They are also at increased risk of transdermal and respiratory absorption of toxins due to their different anatomy (higher body surface area to volume ratio) and physiology (increased respiratory rate).<https://doi.org/10.1136/archdischild-2025-329469>

22. A systematic review of interventions for persons living with dementia: The Geriatric ED Guidelines 2.0.

Authors: Lee S et al.

Publication Date: 2026 Jan

Journal: *Academic emergency medicine: official journal of the Society for Academic Emergency Medicine*

Abstract: The increasing prevalence of dementia poses significant challenges for emergency department (ED) care, as persons living with dementia (PLWD) more frequently experience adverse outcomes such as delirium, prolonged stays, and higher mortality rates. Despite advancements in care strategies, a critical gap remains in understanding how ED interventions impact outcomes in this vulnerable population. This systematic review aims to identify evidence-based ED care interventions tailored to PLWD to improve outcomes. <https://doi.org/10.1111/acem.70074>
