

# Emergency Department & Patient Flow

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**August 2026**

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### The longest wait to leave: tackling the delayed discharges that help to drive corridor care

This report examines how delayed discharges contribute to long waits in A&E; what is causing them; and what this means for the older people caught in the middle. It also looks at how this challenge can be tackled and why this issue needs to be given greater priority in debates about tackling 'corridor care'. It also includes case studies of places that have started to make a positive change.

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### Waiting to get in, waiting to get out: corridor care, delayed discharges and rising pressures on hospitals

King's Fund

Every day in hospitals across England, hundreds of patients wait for care in corridors while thousands wait in beds to go home.

If you were a patient in an emergency department waiting nearly an hour for treatment in an inappropriate and unsafe location, without privacy or dignity (now officially defined by the NHS as [corridor care](#)), it would be frustrating to know that there were people in hospital beds who would much rather be at home. New data from NHS England shows that [in May 2026 more than 2,000 patients](#) experienced corridor care each day.

Equally, if you were a patient in a hospital bed and medically well enough to leave (also referred to as a [delayed discharge patient](#)), it must be frustrating waiting to return to your life with friends and family, while knowing much sicker patients need your bed. On average, over the last four years there have been nearly 13,000 of these people in hospital beds in England every day, which is 10% of all hospital beds.

Thousands of patients are discharged from hospital beds every day. However, internal and external barriers mean that not enough people are being safely discharged to free up the resource needed to meet the incoming demand.

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### **Long waits for a hospital bed in an emergency: will urgent care policies make a difference for patients?**

Nuffield Trust

Stories and images of large numbers of people waiting in overcrowded A&E departments are sadly not new. There has been growing concern in recent years, however, about the number of patients who are being treated in areas that are not designed for clinical care. Sarah Scobie and Stuti Bagri assess whether this is affecting particular groups of patients more than others, and discuss whether current policies – including a new definition for corridor care – could make a difference.

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### **Beyond bed management: enabling whole-system patient flow through digital intelligence.**

Public Policy Projects; 2026.

[This report summarises the insights from a roundtable organised by Public Policy Projects in March 2026, exploring how patient flow can be improved across the whole care system. It finds that problems with patient flow can be linked to governance as well as technology. It looks at the potential of digital tools and makes various recommendations on how NHS organisations can improve patient flow.]

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### **What's the emergency when prisoners go to A&E? A&E attendances by people in prisons in England.**

Nuffield Trust; 2026.

[This new report is the first to offer an in-depth assessment of A&E use by people in prison and adds to mounting evidence that health care is harder for prisoners to access. It finds a higher-than-expected number of A&E attendances by prisoners due to paracetamol overdose, seizures, and acute coronary syndrome, with opportunities for targeted intervention in these areas to avoid health crises.

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### **The state of emergency medicine in England**

This report examines the scale of overcrowding in emergency departments and the impact this is having on patient safety and staff. Drawing on national data, research and frontline evidence from clinicians, it highlights how long waits, high bed occupancy and a lack of patient flow continue to lead to overcrowded emergency departments. Long waits are closely linked to an increased chance of death within the following 30 days. The analysis estimates that there were 15,860 excess deaths associated with long waiting times in English emergency departments in 2025. While the number of deaths is slightly lower than 2024 (16,644), further analysis reveals that the estimated mortality figure increased almost tenfold when compared to 2015 (1,657).

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### **AI-Assisted Documentation in Emergency Medicine.**

BestBETS; 2026. H

[Bottom line: While AI-assisted charting in the ED is promising, early data show some reduction in documentation time; however, these time savings have not yet been shown to translate into increased clinical productivity or throughput, and broader evidence comes mostly from non-ED settings.]

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### **Northwick Park Hospital introduces digital check-in service in A&E**

*Digital Health, 19 August 2026*

Patient Check-In includes a series of questions that support initial clinical triage, allowing staff to identify potentially unwell or high-risk patients before they are seen.

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### **Reporting same day emergency care activity in the admitted patient care data set**

Same day emergency care (SDEC) is the provision of same day specialist care for patients who would otherwise require an overnight admission to an inpatient bed. Under this care model, patients can be rapidly assessed, diagnosed, treated and followed up in an allocated SDEC setting and go home on

the same day. This guidance introduces a new reporting framework for SDEC activity. It aims to address variations in how trusts have reported SDEC data and establish a consistent approach across all organisations.

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### Model discharge pathway

This publication sets out the model needed to make timely, clinically-led discharge routine – so all patients receive the right care, at the right time, no matter when or where they are treated. The model applies to hospital and community bedded care and addresses: in hospital discharge planning and delivery; daily ward-based practices within the control of hospital teams; and standardising basic processes to reduce variation

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### 1. Forecasting emergency department overcrowding using the CEDOCS score - predictable, but not actionable?

**Authors:** Born, Cornelius;Hein, Andreas;Kämmerling, Lilly;Kittelmann, Luca;Schmauch, Martin;Berger, Alexander;Gottwald, Martin;Friedhoff, Nicola;Dommasch, Michael and Krcmar, Helmut

**Publication Date:** 2026

**Journal:** International Journal of Medical Informatics 220, pp. 106606

**Abstract:** Objective This study aims to develop an explainable machine learning (ML) model to predict emergency department (ED) overcrowding using the CEDOCS score and evaluate its perceived actionability in clinical practice. Methods We retrospectively analyzed all 300,000 visits to two German EDs between 2019 and 2023. We derived electronic health records (EHR), calendar and ambulance features to predict the CEDOCS score in the next three hours. We used SHAP values to analyze feature attributions. In a six-month intervention study, we introduced the ML model at one of the EDs and assessed perceived tool accuracy, actions taken based on the system's predictions, and stress. Results The best-performing models achieved RMSEs of 11.76, 15.92, and 18.34 at Hospital 1 and 16.04, 21.38, and 22.91 at Hospital 2 for the one-, two- and three-hour forecasts, respectively. The current CEDOCS score, time of day, and ambulance diversion by the intensive care units had the strongest correlation with overcrowding. In the intervention study, clinician stress showed a small-to-moderate association with CEDOCS ( $r = 0.24$ ,  $p = 0.03$ ). Actions taken were unrelated to CEDOCS ( $p = 0.18$ ) and model error ( $p = 0.21$ ) but positively associated with perceived tool accuracy ( $r = 0.38$ ,  $p < 0.01$ ). Conclusion Our ML model demonstrates good predictive performance in forecasting ED overcrowding using the CEDOCS score. The SHAP analysis aligns with known causes of overcrowding. However, our intervention study suggests that accurate prediction of CEDOCS alone may be insufficient for actionable clinical decision support, as occupancy-based metrics may not fully capture the frontline resource demands that drive clinicians' operational decisions.

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### 2. Nursing students' experiences in learning and caring for dying or brought-in-dead persons and their relatives in emergency departments - A qualitative study

**Authors:** Bove, D. G.;Helsø, H. M.;Timm, H. and Herling, S. F.

**Publication Date:** 2026

**Journal:** Nurse Education Today 166, pp. 107223

**Abstract:** Background Although palliative and end-of-life care are increasingly integrated into nursing curricula, little attention is paid to how students experience and learn to care for dying or deceased persons and their relatives in emergency care settings. This lack of focus leaves students underprepared to navigate emotionally and ethically complex situations involving death. Aim The aim was to explore nursing students' experiences in learning and providing care for dying or deceased persons and their relatives in emergency care settings. Design A qualitative study using the methodology Interpretive Description. Methods Semi-structured interviews with 18 nursing students were conducted between March 2024 and August 2024. The participants had been in clinical practice

and had experience from five different Danish EDs. Results Through interpretive analysis, three key themes were developed: (1) Death is minimized and often concealed from students in the ED. (2) Facing Death: Emotional Impact and the Absence of Support. (3) Caring in the Absence of Guidance and Rituals. Conclusions This study highlights how nursing students encounter death in emergency settings with little or no educational support. The findings reveal a significant gap in nursing education, where care for dying or deceased persons and their relatives remains marginalized despite its clinical relevance. Addressing this gap requires the integration of structured and supportive learning opportunities into nursing curricula, including simulations, supervised practice, and emotional debriefing, to help students develop the knowledge, skills, and emotional resilience needed to provide high-quality care for dying individuals and their bereaved relatives in emergency settings.

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### 3. Drivers of avoidable emergency department visits in older adults with multiple long-term conditions and palliative care needs: a qualitative survey across six care providers

**Authors:** Bring, Hanna;Bergqvist, Monica;Modig, Karin;Bastholm-Rahmner, Pia and Schmidt-Mende, Katharina

**Publication Date:** 2026

**Journal:** Scandinavian Journal of Primary Health Care 44(1), pp. 2709432

**Abstract:** Objectives Emergency department (ED) visits remain common among older adults with multiple long-term conditions, many of whom have palliative care needs. However, the ED environment is burdensome for these patients and often misaligned with their goals. This study explores experiences of shortcomings in outpatient care that drive ED use in this population to inform a primary care intervention. Method Qualitative content analysis of free-text responses from a survey of 100 physicians, registered nurses and nurse assistants working across primary care practices, home healthcare, EDs, geriatrics, ambulance services and advanced home healthcare in Stockholm. Results The analysis distinguished one overarching theme: 'Delayed, fragmented palliative care in primary care settings contributes to ED visits'. This theme comprised two categories: (1) Palliative decision-making in primary care, including subcategories *Recognizing palliative care needs and initiating care*, and *Including patients and families in shared decision-making*; and (2) Delivery of palliative care at home, including sub-categories *Care planning and symptom management at home*, and *Ensuring information transfer regarding patients' preferences*. Respondents described how these shortcomings led to crisis-driven ED visits that often conflicted with patients' wishes to remain and die at home. Conclusion Delayed recognition of palliative care needs and the resulting delay in action are perceived as important drivers of avoidable ED visits in older adults with multiple long-term conditions. Strengthening generalist palliative care in primary care through targeted education, adequate resources, and access to specialist support are potential important components of an intervention aiming to reduce ED use and enable more proactive, person-centred, end-of-life care

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### 4. The Impact of Emergency Department Initiated Palliative Care for Heart Failure Patients

**Authors:** Dixon, Madison;Dyer, Kevin;Harrington, Meghan;Peoples, Emily;Wu, Wen-Chih;Jiang, Lan;Vellozzi-Averhoff, Cristina;Stafford, Ma Jensy and Wice, Mitchell

**Publication Date:** 2026

**Journal:** The Journal of Emergency Medicine 88, pp. 152–163

**Abstract:** Background The Emergency Department (ED) frequently cares for patients with heart failure (HF). There is a paucity of literature evaluating the effect of Palliative Care (PC) on ED utilization amongst patients with HF. Objectives Evaluate the effects of early PC consults on subsequent ED utilization after discharge for patients with HF. Methods We evaluated Veterans admitted to Veterans Administration (VA) hospitals for HF exacerbation between 2010 and 2024. We compared early versus standard versus no PC. Early PC is defined as completion of consultation within 24 h of ED presentation. Standard PC is defined as PC involvement after 24 h of presentation. Our primary

outcome is defined as ED visit or rehospitalization within 180 d of discharge. Results Among 126,775 HF Veterans with 207,364 ED visits, 1669 (0.8%) veterans received early PC, 7101 (3.4%) received standard PC and 198,594 (95.8%) received no PC. Proportional hazard modeling with facility fixed effects and competing risk adjustment found that early PC regardless of timing was associated with a significant reduction in time to ED use or readmission compared to those without PC. Conclusion Patients admitted with diagnosis of HF exacerbation have less subsequent ED utilization when receiving PC. This presents a unique opportunity for ED initiated PC involvement for a patient cohort known to have high hospital resource utilization.

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## 5. Association Between Primary Care Access and Emergency Department Utilization

**Authors:** Gaffney, Lukas K.;Lyons, Todd W.;Monuteaux, Michael C. and Hudgins, Joel

**Publication Date:** 2026

**Journal:** The Journal of Pediatrics 296, pp. 115188

**Abstract:** Objectives To examine the association between primary care pediatrician (PCP) access and emergency department (ED) utilization and reliance for children, and to determine whether lack of PCP, limited after hour availability, and greater distance to care would be associated with higher ED utilization and reliance. Study Design We performed a retrospective, cross-sectional study of nonelective visits for children 2 emergency visits annually) and high ED reliance (one-third or more of all medical visits occurring in the ED). We assessed the relationship between PCP access and the outcomes using logistic regression, adjusting for age, sex, race and ethnicity, and special health care need. Results We included 9878 surveyed children, who were representative of 72 549 476 children nationally. A total of 60 353 592 (83.2%) children had identified PCP. Lack of PCP was associated with high ED reliance (aOR 1.78, 95% CI 1.26-2.50) but showed no significant association with frequent ED utilization (aOR 0.60, 95% CI 0.34-1.08). Among children with identified PCP, neither travel time to PCP, ease of contact with phone or email, ease of contact after hours, nor night-time and weekend availability was associated with either outcome. Conclusions Lack of PCP is strongly associated with greater reliance on the ED as a source of medical care, but not with frequent ED utilization. Policymakers can use these data to tailor programs to the needs of specific groups that would most benefit from improved access to care.

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## 6. Ambient Artificial Intelligence Scribes in the Emergency Department: A Scoping Review of Current Evidence

**Authors:** Gancz, Leah;Duffy, Erin I.;Mathies, Ian;Schmidt, Jonathan;English, Bryan;Chale, Stuart and Heslin, Samita

**Publication Date:** 2026

**Journal:** The Journal of Emergency Medicine 88, pp. 235–243

**Abstract:** Background Burnout affects nearly half of physicians in the United States, with emergency physicians (EPs) at particularly high risk. Documentation burden contributes to burnout. Artificial intelligence (AI) ambient scribes have emerged as a potential strategy to reduce documentation workload. While benefits have been reported in outpatient and inpatient settings, impact in the emergency department (ED) remains poorly characterized. Objective This scoping review aimed to identify reports of ambient AI scribe use in the ED, assess effects on documentation time, and evaluate implementation challenges and physician workload. Methods A scoping review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR). Cochrane Library, PubMed, Embase, Web of Science, and MEDLINE Complete were searched. Data was retrieved on August 31, 2025. Two reviewers independently screened studies, with disagreements resolved by a third reviewer. Results Of 521 nonduplicate records screened, six studies met inclusion criteria, with EP sample sizes ranging from 6 to 24. Outcomes included improved cognitive workload, shorter time to first note, and increased patient

throughput. One study reported longer charting time with AI scribes compared to human scribes. Reported challenges included fragmented ED workflows, environmental noise, note accuracy, electronic health record integration, and clinician distrust. Despite mixed documentation time effects, several studies reported improvements in perceived workload and provider wellness. Conclusions Evidence on ambient AI scribes in the ED remains limited. Early findings suggest potential benefits in workload and throughput despite technical and workflow barriers. Further studies are needed.

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## **7. Emergency Department-Initiated Palliative Care Consultations for Patients with Cancer: Utilization Patterns, Clinical Characteristics, and Longitudinal Trends**

**Authors:** Gunaga, Satheesh;Buchheister, Alyssa;Neelam, Harish;Al-Hage, Abe;Welchans, Michael;Swan, Kirby;Corcoran, Jessica;Banerjee, Chandana;Miller, Joseph B. and Mowbray, Fabrice I.

**Publication Date:** 2026

**Journal:** The Journal of Emergency Medicine 88, pp. 58–70

**Abstract:** Background Early integration of palliative care is recommended for patients with cancer, yet little is known about how these recommendations translate into routine clinical practice in emergency departments (EDs). Objectives To evaluate trends in ED-initiated hospice and palliative care (HPC) consultations among patients with cancer and characterize utilization patterns and clinical profiles. Methods We conducted a retrospective cohort study using electronic medical record data from January 1, 2016, to December 31, 2023, across five hospitals within a large integrated health system in the United States. Adult patients ( $\geq 18$  years) with cancer-related ED diagnoses who received an ED-initiated hospice or palliative care consultation were included. Primary outcomes included annual consultation trends, clinical characteristics, and patterns of inpatient utilization. Results The cohort included 2639 unique patients across 2894 cancer-related ED encounters, with a total of 3407 HPC consultations. Mean (standard deviations) age was 72.7 (13.8) years. Hospital admission occurred in 92.4% of encounters, with 53.3% resulting in in-hospital death. ED-initiated consultations increased 388% from 2016 to 2023 and 86.3% following the onset of the COVID-19 pandemic. The proportion of hospital-wide cancer-related consultations originating in the ED increased from 6.7% in 2016 to 12.9% in 2023. Conclusion ED-initiated HPC consultations for patients with cancer increased substantially over 8 years, suggesting growing integration of specialty palliative care services within emergency care for oncology patients.

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## **8. An Initiative to Reduce Ambulance Offload Delays in an Australian Emergency Department-A Time Series Analysis**

**Authors:** Kim-Blackmore, Jeniffer;Jenkins, Morgan and Lim, Andy

**Publication Date:** 2026

**Journal:** The Journal of Emergency Medicine 88, pp. 71–76

**Abstract:** Background Ambulance offload delays result in poorer patient-level outcomes and decreased availability of emergency medical services for the community. Objective This study aims to measure the effect of a dedicated intervention to improve ambulance offload. Methods This study is an improvement initiative from November 2024 that streamlines offload based on agreed criteria, in-person physician review, and early treatment room access. Dynamic regression techniques were used to measure the postintervention change. The intervention was defined as commencing on November 1, 2024. Results A total of 187, 301 patients presented between December 27, 2021, and March 17, 2025, of which 55,802 (29.8%) were ambulance arrivals. Overall, 39.7% (95% CI 39.3, 40.1) of patients were offloaded within 40 min of arrival. The intervention period was associated with a 16.4% (95% CI 12.0, 20.7,  $p < 0.0001$ ) increase in the proportion of ambulance patients who were offloaded within the recommended 40-min timeframe. Conclusion Empowering triage staff with predetermined offload criteria and access to early in-person physician review increases the proportion of ambulance patients being offloaded within 40 min.

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## 9. Validation of a machine learning model for predicting early deterioration in the emergency department

**Authors:** Lee, Yerin R.;Ruffolo, Ian;Mashouri, Pouria;Brudno, Michael and Ben-Yakov, Maxim

**Publication Date:** 2026

**Journal:** The American Journal of Emergency Medicine 107, pp. 77–82

**Abstract:** Early recognition of patients at risk for deterioration in the emergency department (ED) is critical for patient safety. Traditional early warning scores rely on structured triage data and often perform poorly in the dynamic ED environment. We developed and evaluated two machine learning models integrating structured triage data with transformer-based embeddings of free-text nursing triage notes to predict early clinical deterioration prior to initial physician assessment, designed as a risk-based prioritization tool to rank patients by predicted probability of adverse outcome. We analyzed 17,481 consecutive adult ED visits over six months. Structured variables (demographics, vital signs, eCTAS scores) were combined with BioClinicalBERT-derived embeddings from free-text nursing triage notes to form a multimodal feature representation. Two XGBoost models (A, B) were trained on the same binary classification task, predicting "early deterioration" (ICU admission or death within 7 days, prevalence 4.5%) versus all other outcomes, differing only in class weighting. Model A used standard class weighting; Model B applied increased weighting to the early deterioration class to prioritize identification of high-risk patients. Model A achieved a recall of 0.66 (95% CI: 0.59-0.73), precision of 0.17 (95% CI: 0.15-0.20), and ROC-AUC of 0.75 (95% CI: 0.72-0.79). Model B improved recall to 0.77 (95% CI: 0.72-0.84), precision to 0.22 (95% CI: 0.19-0.25), and ROC-AUC to 0.90 (95% CI: 0.88-0.92). While XGBoost's internal feature importance attributed the majority of predictive weight to free-text embeddings, SHAP analysis identified age, respiratory rate, and systolic blood pressure as the dominant individual contributors, with triage note embeddings providing meaningful incremental value confirmed by structured-variable ablation. These findings suggest that AI-driven risk prioritization may function as an adjunct layer of situational awareness in the ED, complementing clinical judgement rather than replacing it. Safe clinical adoption will require prospective shadow testing in real-time workflows to quantify ranking accuracy, assess operational feasibility, and evaluate impact on decision-making before any clinician-facing implementation

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## 10. Understanding the relationship between frequent users of emergency departments and primary care quality: A retrospective observational study in England

**Authors:** Mou, Liwei;Lau, Yiu-Shing and Whittaker, William

**Publication Date:** 2026

**Journal:** Health Policy (Amsterdam, Netherlands) 171, pp. 105654

**Abstract:** Background Emergency department (A&E) crowding is a growing issue in many countries, negatively affecting patient outcomes. While demand and supply constraints are known drivers, the link between primary care quality and frequent A&E use remains unclear. Objective To explore the relationship between primary care quality and frequent A&E users in England. Methods We conducted a retrospective observational study using national-level secondary data covering all major A&E attendances in England in 2016/17. We applied negative binomial regression to model the association between GP practice-level counts of frequent A&E users and nine primary care quality measures: the number of admissions with ambulatory care-sensitive conditions (ACSCs) per 1,000 registered patients, clinical performance under the Quality and Outcomes Framework (QOF), and seven GP Patient Survey-based experience indicators. Additional analyses examined total A&E users and total A&E attendances. Results Frequent A&E users were positively associated with admission rates for ACSCs and negatively associated with patient experience (the proportion of patients recommending their GP and the ability to get same-day appointments). In additional analyses, admission rates for ACSCs were similarly associated with increased total A&E users and total A&E attendance volumes.

The ability to see or speak with a preferred GP was associated with a reduction in the total volume of A&E users. Conclusions The findings highlight the varying aspects of primary care quality that influence frequent A&E users. Policies aiming to reduce A&E demand could focus on improving primary care quality by reducing admission rates for ACSCs and improving patient experience at GP practices.

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### **11. Trauma Visits Relating to E-Bikes and Non-E-Bikes at a London University Hospital Emergency Department Between 2022 and 2025: A Retrospective Cohort Study**

**Authors:** Siswick, James;Albert, Allen;Kotecha, Shaan and Stoneham, Adam

**Publication Date:** 2026

**Journal:** The Journal of Emergency Medicine 88, pp. 168–178

**Abstract:** Background Electric bicycle ("e-bike") use has increased rapidly in London and internationally. E-bike-related trauma ranges from minor injuries to major polytrauma, with a substantial long-term health care burden. Contemporary U.K. emergency department (ED) data comparing e-bike and conventional bicycle injuries remain limited. Study Objectives To quantify trends in e-bike-related ED visits in a 3-year period and compare demographics, injury patterns, alcohol involvement, helmet use, and markers of clinical severity with non-e-bike cycling injuries. Methods We conducted a retrospective cohort study of ED visits between September 2022 and August 2025. Cycling-related visits were identified from the electronic patient record using predefined search terms and categorized as "e-bike" or "non-e-bike." Data collected included demographics, time of presentation, injury type, admission, operative management, and documented alcohol and helmet use. Comparative statistical analysis was carried out using "R" software. Results Among 5529 cycling-related visits, 564 (10%) involved e-bikes. The proportion attributable to e-bikes increased from 3.8% in year 1 to 16.0% in year 3 ( $p < 0.001$ ). Compared with non-e-bike injuries, e-bike injuries were associated with an increased relative risk of head or neck injury (+41%) and lower limb injury (+33%) and a reduced risk of upper limb injury (-36%). Alcohol involvement was more frequent in e-bike cases (8.0% vs. 3.0%). Where documented, 81% of e-bike riders were not wearing helmets. A total of 17 e-bike patients (3%) required surgery. Conclusion E-bike-related ED visits increased substantially in the study period and were associated with distinct injury patterns and modifiable risk factors. These findings support targeted injury prevention and public health interventions as e-bike use continues to rise.

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### **12. Clinical Policy: A Critical Issue Related to Direct Oral Anticoagulants in Adult Patients Presenting to the Emergency Department**

**Authors:** Tomaszewski, Christian A.;Gottlieb, Michael;Trent, Stacy A.;Silvers, Scott M.;Silvers, Scott M.;Diercks, Deborah B.;Anderson, John D.;Brown, Michael D.;Byyny, Richard;Carpenter, Christopher R.;Freess, Daniel;Friedman, Benjamin W.;Gemme, Seth R.;Gerardo, Charles J.;Gibson, Joshua;Godwin, Steven A.;Hatten, Benjamin W.;Haukoos, Jason S.;Hickey, Sean M.;Kelen, Gabe, et al

**Publication Date:** 2026

**Journal:** Annals of Emergency Medicine 88(3), pp. e15–e33

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### **13. Overwhelmed, uncertain, or calm: Lessons from patients with acute infections in the emergency department. A qualitative interview study**

**Authors:** Tuinte, Renée A. M.;Hoogerwerf, Jacobien J.;Hendriks, Marianne M. C.;Moors, Marie Louise;Oever, Jaap Ten and Hulscher, Marlies E. J. L.

**Publication Date:** 2026

**Journal:** Patient Education and Counseling 150, pp. 109715

**Abstract:** Objectives There is limited understanding of how patients with acute infections experience the emergency department (ED) and how this relates to key aspects of person-centred care (PCC). Furthermore, the fast-paced and demanding nature of the ED presents challenges to the delivery of PCC. This study aims to explore the experiences of adult patients with acute infections in the ED and use these to identify strategies to better support healthcare providers in delivering PCC in the ED. Methods Qualitative in-depth interviews were performed with adult patients who presented to the ED with a (suspected) acute infection between March and May 2023 in an academic hospital in the Netherlands. Thematic content analysis was performed on the interview transcripts. Results Sixteen interviews were performed, and seven themes were identified: 1. Information and expectation management, 2. Person-centred communication and interactions, 3. Accessibility and coordination of care, 4. Decision-making and patient participation, 5. Timeliness of care, 6. ED context and comfort and 7. Emotional experience and coping. In the overarching theme 7, three patient typologies were identified, the 'uncertain and alone' participants, the 'overwhelmed' participants and the 'calm and unhurried' participants, all of whom would benefit from specific communication and care approaches. Conclusions This study highlighted several key aspects of PCC in the ED for patients with acute infections. While patients reported some unique experiences to infectious diseases, many were similar to those reported by patients with other conditions in the ED, as described in the literature. Three patient typologies were identified within the theme: 'emotional experience and coping'. Practice Implications Recognizing patient typologies can provide care providers with a practical framework to quickly tailor their care and communication strategies, enhancing the delivery of PCC in acute settings.

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#### **14. Introducing the Quality at Risk Instrument: A First-of-Its-Kind Solution to Prioritize Safety During Emergency Department Boarding**

**Authors:** Whitis, Jo M.;Dillman, Samantha and Davis, Jennifer

**Publication Date:** 2026

**Journal:** Journal of Emergency Nursing 52(5), pp. 1181–1189

**Abstract:** Introduction Emergency department boarding is a national crisis leading to overcrowding and adverse events, which have increased 78% over 4 years. Boarding leads to negative patient, team member, and system outcomes. Systems have developed process approaches, but no patient-centered method exists to objectively identify those most at risk of developing harm while boarding. This study aimed to describe the 5-phase development and execution of the quality at risk acuity risk instrument. Methods At a level 1 trauma center in the Midwest, an interprofessional team of emergency department leaders formed to create an objective instrument and process for escalating highest-risk patients to inpatient beds. The team identified current state gaps, developed an instrument, and created standard work to operationalize the instrument in alignment with the 2025 age-friendly measures. Nurse perceptions, throughput, and patient outcome data were evaluated. Results After quality at risk implementation, nurses reported improvements in their ability to identify and escalate high-risk patients and were more satisfied with the boarding process overall. Throughput outcomes such as length of stay in the emergency department and hospital were reduced. Mortality and adverse events decreased during the study period. Discussion The quality at risk instrument may be a feasible approach to prioritize patients for inpatient bed placement to reduce harm and improve throughput. Further research is warranted to evaluate instrument reliability and validity.

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#### **15. Patient flow implications of delayed access to inpatient rehabilitation in Australian acute hospitals**

**Authors:** Wu, Jane;Watanabe, Yuriko;Shiner, Christine T.;Arulanandam, Abraham;Toh, Swee-Ling and Sellars, Louise

**Publication Date:** 2026

**Journal:** Australian Health Review : A Publication of the Australian Hospital Association 50(3)

**Abstract:** Objective Delays in transferring patients from acute care to inpatient rehabilitation contribute to hospital exit-block; however, the magnitude of rehabilitation-related delays is poorly quantified in contemporary health systems. This study aimed to quantify the time spent waiting for inpatient rehabilitation in Australian acute hospitals. Methods Secondary analysis of a prospective observational cohort study of consecutive adult patients accepted for inpatient rehabilitation across two metropolitan tertiary hospitals in Sydney, Australia, over a 4-month period was performed. The main outcome measures were the time from rehabilitation readiness to transfer, and the proportion of acute bed-days spent waiting for rehabilitation. Results Among the 373 patients accepted for inpatient rehabilitation, a total of 1499 acute bed-days were spent waiting for transfer. The overall acute length of stay for the cohort was 7953 days, indicating that 18.8% of all acute bed-days were occupied by patients waiting for rehabilitation transfer. The median wait time was 2 days (IQR 1-6). Although 40% of patients were transferred within 1 day of being deemed ready for rehabilitation, 42% waited  $\geq 4$  days, and 15.7% experienced delays exceeding 1 week. Conclusions Delayed access to inpatient rehabilitation makes a substantial contribution to acute bed occupancy. Nearly one-fifth of acute bed-days among patients requiring inpatient rehabilitation were spent waiting for transfer. Strategies such as earlier identification of rehabilitation needs, in-reach rehabilitation in acute care, and expansion of subacute capacity may help reduce delays and improve hospital throughput.

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#### **16. Early nutritional consultation after emergency department MNA-SF assessment in hospitalized malnourished older adults**

**Authors:** Yu, Chen;Liao, Po-Hsiang;Lin, Chia-Hung;Hsu, Chia-Hui;Chiu, Che-Lin;How, Chorng-Kuang and Huang, Hsien-Hao

**Publication Date:** 2026

**Journal:** Nutrition (Burbank, Los Angeles County, Calif.) 150, pp. 113310

**Abstract:** Background and Aims Malnutrition is highly prevalent among older adults in emergency settings and is associated with poor clinical outcomes. Delays in nutritional consultation after hospital admission may worsen prognosis. Objective To evaluate the impact of early nutritional consultation initiated in the emergency department (ED) for malnourished older adults identified through Mini Nutritional Assessment-Short Form (MNA-SF) nutritional assessment. Methods In this prospective quasi-experimental study (2021-2022), 1026 older adults (aged  $\geq 65$ ) with MNA-SF scores  $\leq 7$  were enrolled. In 2022, MNA-SF assessment was integrated into the electronic medical record system, and hospitalized patients identified as malnourished automatically received dietitian consultation orders upon admission for early nutritional intervention, whereas the 2021 control group received standard care. Results The mean age was  $81.0 \pm 8.7$  years in the 2021 control group and  $78.7 \pm 9.7$  years in the 2022 intervention group. Intervention group had significant lower days from ED admission to first consultation ( $P = 0.002$ ) and from hospital admission to first consultation ( $P < 0.001$ ). Intervention group showed significantly shorter days to achieve dietary adequacy (8.1 versus 15.5 days), increased consultation rates (77.6% versus 39.7%,  $P < 0.001$ ), and lower 30- and 90-day mortality and readmission rates ( $P < 0.001$ ). Conclusion Early nutritional intervention triggered by MNA-SF assessment in the EDOA was associated with improved short-term outcomes among hospitalized older adults with malnutrition. Integration of electronic medical record-based nutritional workflows may support timely nutritional intervention in the ED setting. Implications Integrating MNA-SF-based nutritional assessment and automated dietitian consultation workflows into emergency care practice may facilitate timely nutritional intervention and improve short-term outcomes among malnourished older adults

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#### **17. Reducing unnecessary bed days to optimise flow and improve demand-capacity mismatch: learning from a system-wide patient flow collaborative. [\[Abstract\]](#)**

**Authors:** Logrono KJ.

**Publication Date:** 2026

**Journal:** *BMJ Open Quality*, 2026;15(2):e003682.

**Abstract:** [Discharge delays and unnecessary bed days (UBDs) are known to cause increasing Emergency Department (ED) boarding and account for over 20% of inappropriate hospital bed use. The aim of this project is to reduce the number of UBDs by 25% (from 1500 days to 1100 days) and increase bed availability at 7 a.m. by 15% (from 0 to 1-2 beds) for medical inpatient beds over a year.]

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

**Authors:** Sax DR.

**Publication Date:** 2026

**Journal:** *Annals of Emergency Medicine*, 2026;87(6):723-734.

**Abstract:** [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. 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.]

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#### 19. DEDICATED ADMITTING SHIFT TO IMPROVE EMERGENCY DEPARTMENT THROUGHPUT AND HOSPITAL FLOW: A QUALITY IMPROVEMENT INITIATIVE.

**Item Type:** Journal Article

**Authors:** Patel N.;Hyun L. and Janoyan, J. J.

**Publication Date:** 2026

**Journal:** *British Journal of Hospital Medicine Conference*, pp. Society

**Abstract:** Background: Emergency Department (ED) boarding and delayed admissions contribute to overcrowding, prolonged inpatient stays, adverse clinical outcomes, and physician burnout. At our large tertiary care, Level I trauma center, hospitalists traditionally managed both inpatient rounding and new ED admissions. This dual responsibility often resulted in delayed consult-to-bed request times, care fragmentation, and workflow inefficiencies, collectively prolonging ED throughput. Recognizing the need for a sustainable, system-level intervention, we developed a dedicated "Admitting Shift" to streamline admissions and optimize patient flow.

Purpose(s): To improve admission efficiency, reduce length of stay (LOS), and enhance hospitalist satisfaction through a structured, dedicated "Admitting Shift" model within the hospitalist service. Description: In January 2025, a dedicated Admitting Shift was implemented, staffed by one physician (7 AM-7 PM) and one nurse practitioner (6 AM-6 PM) focused exclusively on ED admissions. The design emphasized transparency in workload distribution, alignment with hospital volume trends, and equitable scheduling. No new positions were created; existing shifts were restructured. Although not entirely budget-neutral, modest institutional support was provided in the form of incentives for physicians assuming Admitting Shifts, reflecting the demonstrated value and long-term sustainability of the model. Performance metrics demonstrated (2024 vs YTD through October 31, 2025): ED consult-to-bed request time: reduced from 88 -> 65 minutes (26% improvement) Patients admitted within 90 minutes: increased from 70% -> 77% Hospitalist LOS: improved from 6.1 -> 5.7 days (6.6% reduction) across 15,264 vs 13,811 inpatient admissions Hospital-wide LOS: decreased from 5.4 -> 5.13 days (5% improvement) Estimated financial impact: A 0.4-day reduction in hospitalist LOS across 13,811 inpatient admissions from 2024 to YTD October 31, 2025 (annualized to ~6,600 freed bed-days) corresponds to approximately \$6.6 million in annual value, assuming a conservative \$1,000 marginal

value per inpatient day in a 710-bed hospital. Post-implementation survey: 96% hospitalist satisfaction, reflecting improved workflow balance, reduced interruptions during rounds, and greater role variety; ED leaders similarly reported enhanced throughput and reduced congestion during peak hours

Conclusion(s): The dedicated Admitting Shift improved ED throughput, reduced LOS, and enhanced hospitalist satisfaction with only modest financial investment and without additional full-time staffing. By delineating admitting and rounding responsibilities, the model minimized interruptions, improved responsiveness to ED consults, and alleviated ED crowding through continuous, dedicated coverage. This initiative demonstrates that targeted workflow redesign can produce substantial operational and financial benefits in large hospitalist programs. The Admitting Shift model provides a scalable and reproducible framework for hospitalist services seeking to improve patient flow, reduce burnout, and enhance system performance. Key Takeaway: Beyond immediate efficiency gains, this initiative showed that a thoughtfully designed, collaborative admitting model can align physician well-being, patient safety, and hospital performance, creating a durable "win-win-win" framework for system-level improvement.

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## **20. Comparing Patient-Centered Approaches to Social Care in the Emergency Department: A Mixed-Method Randomized Controlled Trial.**

**Authors:** Brown R

**Publication Date:** 2026

**Journal:** *Annals of Emergency Medicine* 2026;88(1):16-25

**Abstract:** [This study compares ED social care approaches and elucidates caregiver perspectives on social care delivery. Findings support offering resources rather than screening for risk and a tiered social care structure that prioritizes preferences: electronic resources provided to all, tailored resources for those requesting assistance, and resource navigation for those who desire it.]

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## **21. Reducing unnecessary bed days to optimise flow and improve demand-capacity mismatch: learning from a system-wide patient flow collaborative.**

**Authors:** Logrono KJ.

**Publication Date:** 2026

**Journal:** *BMJ Open Quality*, 2026;15(2):e003682.

**Abstract:** [Discharge delays and unnecessary bed days (UBDs) are known to cause increasing Emergency Department (ED) boarding and account for over 20% of inappropriate hospital bed use. The aim of this project is to reduce the number of UBDs by 25% (from 1500 days to 1100 days) and increase bed availability at 7 a.m. by 15% (from 0 to 1-2 beds) for medical inpatient beds over a year.]

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## **22. Independence and interdependence of non-medical practitioners in the emergency care skill-mix (SKILLMix-ED): a multi-method study to develop a measurement tool.**

**Authors:** Taylor F.

**Publication Date:** 2026

**Journal:** *Health and Social Care Delivery Research* 2026;;DOI: 10.3310/GJMH1818

**Abstract:** [In addressing the many challenges that face them, some emergency departments are changing their staffing to include new roles, such as nurse practitioners and physician associates. As part of a larger study investigating the impact of these staff skill-mix changes, the authors sought to measure quantitatively how such staff work independently or with supervision.]