Integrating AI into EHRs: Addressing Common Challenges in Emergency Departments

¹Ahmed Azharuddin*, ²Suriyakala Perumal Chandran

1,2 Faculty of Medicine, Lincoln University College, Wisma Lincoln, Petaling Jaya, Selangor DarulEhsan, Malaysia

> Corresponding Author: Ahmed Azharuddin ¹orcid.org/0000-0001-8797-3523; ²orcid.org/0000-0001-6904-7980

Abstract

Objectives: This study aims to analyze the common challenges faced in Emergency Departments (EDs) and explore how artificial intelligence (AI) can be effectively integrated into Electronic Health Records (EHRs) to enhance patient safety outcomes. Methods: Utilizing quantitative techniques, the research involved a survey of 242 healthcare professionals in the Indian context, selected through purposive sampling. Descriptive statistics were employed to analyze the data, incorporating various statistical methods such as mean and median calculations to evaluate the findings. **Results:** The analysis identified key issues in EDs, particularly overcrowding, which was acknowledged by 57.44% of respondents as a significant challenge. The study demonstrated that integrating AI into EHRs offers substantial opportunities to improve treatment quality and patient safety. More than half of the participants expressed strong support for AI integration in EHRs, highlighting its potential to optimize patient care processes, enhance decision-making, and streamline workflows. **Conclusions:** The findings reveal that addressing common problems in healthcare, such as patient overcrowding and communication barriers among staff, is crucial for improving patient care. The integration of AI and EHRs not only enhances healthcare services but also significantly contributes to better patient safety outcomes. This research underscores the importance of technological advancements in healthcare and provides insights from stakeholders on the effective implementation of AI in EDs.

Keywords: Artificial Intelligence, Emergency Departments, Healthcare Delivery, Information Technology, Electronic Health Records.

Introduction:

Emergency Care and its Importance

Emergency care involves immediate interventions for acute illnesses or injuries that threaten a person's life. Timely and effective treatment is crucial, as severe conditions can lead to lifelong issues. The WHO highlights the global prevalence of these emergencies, emphasizing the need for prompt care to prevent future complications [22]. Frontline healthcare providers typically manage both children and adults through immediate medical treatment, surgical procedures (when necessary), and occasionally obstetric emergencies. Prioritizing an integrated approach with early detection of diseases or complications, along with timely resuscitation, can significantly reduce the severity of illnesses or injuries [29].

Upon identifying the critical nature of a condition through early detection and diagnosis, healthcare professionals can effectively manage the underlying emergency, potentially saving lives and preventing irreversible consequences [18]. Various medical emergencies may include acute asthma, myocardial infarction, coma due to hypoglycemia, anaphylactic shock, accidental head injuries, and other traumatic conditions. Medical practitioners, particularly general practitioners or primary care professionals, frequently encounter these situations. Common assessments during interventions include evaluating breathing, blood circulation, disabilities, and exposures [23]. These evaluations are crucial for determining patients' health conditions and are typically addressed in primary care with immediate assessment and treatment of critically ill patients. The importance of emergency care is underscored as a vital intervention process by practitioners to help patients promptly and avert future life-threatening conditions. Well-organized emergency care has been recognized as one of the most influential and cost-effective healthcare solutions for the general public [10]. In critical situations like pandemics or disasters, emergency care plays a vital role in treating patients and preventing lifethreatening conditions. Delivered by trained healthcare personnel, it saves lives and improves healthcare efficiency. Additionally, emergency care offers a cost-effective intervention and often serves as the only viable solution in high-, middle-, and lowincome countries [27]. The International Federation for Emergency Medicine (IFEM) has established an emergency care system that involves delivering emergency services through physicians and other professionals on duty during emergencies. IFEM promotes a global community for practicing and sharing expert knowledge developed by physicians in various regions worldwide. It plays a crucial advocacy role for the improvement of public health in collaboration with governments, global healthcare organizations, and healthcare communities [13].

Responsibility of General Practitioners

The role of general practitioners in emergency care is crucial, as it not only delineates their duty to patients but also acknowledges the care they provide. Emergency care serves as a first-line response to manage patients' critical conditions promptly. With the management of medical emergencies, the role of healthcare professionals on duty in the emergency department becomes paramount, as they bear the primary responsibility for the patients who present there under any circumstances. The appropriate availability and accessibility of general practitioners in the community make them ideally positioned to provide emergency care [25]. It is the responsibility of the general practitioner to treat patients at the initial stage and, upon assessing the condition, refer them for intensive care if necessary. Providing proper follow-up healthcare duties in a timely, effective, and compassionate manner requires the necessary skills, knowledge, training, experience, confidence, equipment, and medications. Therefore, it can be stated that the responsibilities of general practitioners significantly influence emergency care services and can lead to quality clinical outcomes when considering the required skills and efficiency level [26].

Competencies Required for General Practitioners: Knowledge & Skills

Effective emergency care management requires up-to-date knowledge, crucial for delivering optimal medical interventions. However, maintaining current knowledge can be challenging due to the variety of problems and the rarity of certain emergencies. Studies indicate that general practitioners (GPs) often feel less comfortable managing emergency conditions due to infrequent encounters [1]. GPs must recognize the criticality of a patient's condition and initiate necessary diagnostics early. Their knowledge should cover all competencies needed for serious conditions, including regular monitoring of vital signs. GPs should evaluate their skills in therapeutic and diagnostic procedures, such as nebulization and ECGs. Training programs, discussions, and case reviews enhance their competency and confidence [8]. Access to administrative guidelines and protocols is essential, and algorithms for managing emergencies should be readily available in the emergency department.

Communication Skills

Communication skills are vital for GPs to understand various information sources related to medical emergencies, including family history and eyewitness accounts. Interpersonal skills foster a positive rapport with patients, which is essential in emergencies. GPs should demonstrate respect, compassion, and integrity, exhibiting empathy towards patients and their families [20]. Effective interaction can stabilize challenging situations, addressing patient needs and alleviating family concerns. Given the time-sensitive nature of emergency care, GPs must respond promptly to avoid adverse reactions. Timely attention and clear explanations can significantly reduce fears for both patients and their families, enhancing their confidence and that of the GP [9].

Paramedical Staff with adequate Training

Training for medical and paramedical staff is crucial for effective emergency handling. Receptionists in the emergency department must prioritize patient safety and possess knowledge about emergencies [3]. Paramedical staff must be trained to recognize patients' needs, such as wheezing or acute pain, especially when patients may not be aware of their conditions. Competence in establishing intravenous access, stabilization, airway maintenance, and proper blood circulation is essential. Continuous training, knowledge acquisition, and recognition are vital for paramedical staff to operate effectively [14].

AI-Assisted Electronic Health Records and Their Significance in Clinical Outcomes In today's digital landscape, big data and artificial intelligence (AI) have become vital tools across various industries, particularly in healthcare. The digital infrastructure in high-standard hospitals emphasizes the importance of patient healthcare data for

accurate medical diagnoses. Electronic Health Records (EHRs) serve as comprehensive databases that include patient reception, medical examinations, blood tests, medications, surgeries, and billing information. The rise of AI has highlighted the need for personalized treatment, making collaboration between AI and EHRs crucial. In the USA, EHR data usage is increasing, with ongoing efforts to improve its quality [15]. The Health Information Technology for Economic and Clinical Health (HITECH) Act has initiated investments to enhance the formalization of US medical institutions, promoting EHR accreditation [12]. In Korea, the growth of big data and AI has led researchers to standardize medical data for effective clinical diagnosis and develop guidelines for data standardization. Many studies have focused on AI-assisted EHR data; however, improving the value of this data for clinical and emergency use requires effective management of data collection and quality [12]. Given the sensitivity of EHR data, maintaining confidentiality and privacy is essential, necessitating a balance between data security and clinical utility. Integrating AI-assisted EHRs can enhance care during medical emergencies, as clinicians can employ appropriate diagnostic measures and treatment methods. This approach promises to improve quality outcomes in emergency care [24]. Understanding the types of health data in EHRs—such as past medical records, personal information, BMI, health status, examination records, and admission and discharge details—is crucial for effective medical intervention. EHR data can be structured, semistructured, or unstructured (Figure -1). Structured Data: This type of medical data

follows a predetermined format, making it easier to understand. It is primarily used for research and AI predictive models, focusing on specific disease implications. Ongoing discussions highlight the merits and drawbacks of structured data, emphasizing data quality management and various methodological solutions. Its utilization is currently high and expected to increase due to its benefits [28]. Semi-Structured Data: This data is dynamic, meaning its format and structure can change. It includes files that contain both structural information and data presentation. With the exception of some patterns visibility, textual data is often considered unstructured. Patient information is typically based on factors like health status, chronic diseases, alcohol consumption, smoking habits, and pain [28]. Unstructured Data: This data lacks any formal structure, exhibiting high irregularity. Text and images are generally classified as unstructured data. In medical science, radiographic images and photos, such as those from coronary angiography, ultrasounds, CT scans, ECGs, and MRIs, fall into this category. The main advantage of unstructured data is its potential for quality management, as it often consists of standard images or videos. Recently, AI-assisted anonymization of images has emerged as a fast and acceptable method. The integration of machine learning in "Picture Archiving and Communication Systems" (PACS) has enhanced productivity in medical care by replacing manual image analysis with AI-driven decision-making [28].

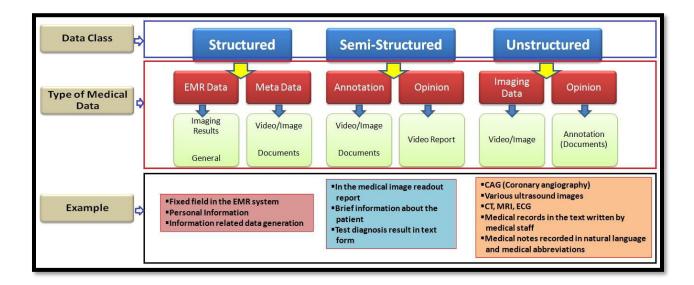


Figure 1: Medical Data Class Comparison of three medical data types: Structured Data is organized in a fixed format, facilitating research and AI applications. Semi-Structured Data features a flexible format that combines structure and variability, often capturing patient-related information. Unstructured Data lacks formal organization,

encompassing diverse formats like text and images from medical imaging, with AI advancements improving its analysis and management.

Application of EHR

This section discusses the global implementation of AI-assisted technology in healthcare administration, highlighting its significance in emergency care across both developed and developing countries [2]. The study emphasizes the importance of emergency care, the role of artificial intelligence (AI) in healthcare, and the benefits of electronic health records (EHRs) in achieving quality clinical outcomes [7]. While there are merits to AI, limitations often arise from imbalanced datasets. This section provides insights into the application of EHR, illustrating how standardized hospitals utilize AI-assisted EHR data to enhance patient care (Figure 2).

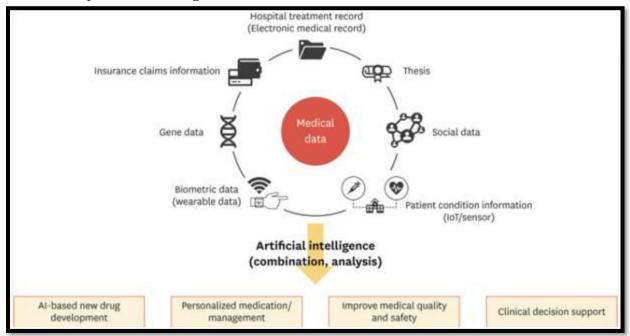


Figure 2: Application of Electronic Health Records (EHR): This figure illustrates the diverse applications of Electronic Health Records (EHR) in modern healthcare. EHRs enhance patient care by providing comprehensive, real-time access to patient data, facilitating improved clinical decision-making. They streamline workflows, support interoperability among healthcare providers, and enable data analytics for population health management. Additionally, EHRs play a crucial role in enhancing patient engagement through secure access to personal health information, ultimately leading to better health outcomes and more efficient healthcare delivery.

Methodology

This research employs a quantitative approach, utilizing a sample to investigate the role of AI in improving outcome predictions in emergency medical care in India. Data was collected through a structured survey administered to healthcare professionals, including doctors and nurses, across various emergency departments. Descriptive statistics were employed to analyze the data, with Likert-scale questions assessing respondents' perceptions of AI integration and its benefits and drawbacks [19]. A sample size of 242 was determined using the Raosoft statistical calculator (www.raosoft.com), considering factors such as margin of error, population percentage, confidence level, and population size. The research questionnaire, designed on a five-point Likert scale, aimed to capture the experiences and opinions of emergency department staff regarding AI's impact on healthcare.

Results

Analysis of the problems that are most commonly occurring in the EDs

The study identified key issues faced in EDs (Table -1). Respondents rated patient overcrowding as the most significant problem, with a mean score of 4.38 out of 5. Delays in assessment and triage were also highlighted, with a mean score of 4.27. Effective communication among staff was noted as a challenge, scoring 4.57, while collaboration was deemed essential for improving patient outcomes. Overall, the findings underscore the dynamic challenges in EDs and the need for structured approaches to resource allocation and problem-solving. The study highlights, the importance of mentioning the usual problems in EDs (Emergency Departments) by the methodical classification problems framework. Recent study result shows the challenges possessed by the delays in EDs and patient overcrowding, underscore the purpose of active resolution processes and problem identification. The act of communication challenges over the staff in healthcare in EDs and this impact cause on patient care [30]. In conclusion, accepting methodical classification problem frames can improve the process of problem solving in EDs, leads to improved patient care outcomes and advanced problem resolution.

Table 1: Most Common Issues in Emergency Departments (EDs): This table presents the responses regarding the interpretation and classification of symptoms in Emergency Departments (EDs). It highlights the potential for systematic approaches and tools, particularly AI-assisted tools, to enhance the diagnostic process.

1	Luidily Al-assisi			<u> </u>	1			
		1 =						
	Research	Strong				_		
C NI		ly	2 =	3 =		5 =	Maa	Madi
S.N	Questionna	Disagr	Disagr	Neutra		Strongly	Mea	Medi
О	ire	ee	ee	1	Agree	Agree	n	an
	Does the							
	common							
	problems in		(0/	16	0 (,		
		1(0.41%	3(1.24%)	15(6.20	84(34.71	139(57.44	13.934	15
	involve))	%)	%)	%)	8	
	patient							
	overcrowdin							
1	g?							
	Do you							
	think delays							
	in patient							
	triage and	1(0.41%	2(0.83	13(5.37	71(29.34	155(64.05	12.339	
	assessment)	%)	%)	%)	%)	9	13
	are		,	,	,	,		
	frequently							
	encountered							
2	in EDs?							
	Does .							
	communicat							
	ion							
	challenges	, -						
	among	2(0.83	3(1.24%	8(3.31%	84(34.71	145(59.92	14.235	8
	healthcare	%)))	%)	%)	7	
	staff can							
	impact							
	patient care							
3	in EDs?					,		
	Do you	2(0.83	2(0.83	12(4.96	85(35.12	141(58.26	14.189	12
4	think the	%)	%)	%)	%)	%)	8	- -

	common problems in EDs can be categorized							
	into distinct groups based on							
5	their nature? Does a systematic classification framework for ED problems can aid in addressing these challenges more effectively?	2(0.83 %)	3(1.24%)	9(3.72%)	77(31.82 %)	151(62.40 %)	14.44	9
6	Do you think the problem classification can enhance patient care by allowing targeted intervention s?	1(0.41%)	2(0.83 %)	7(2.89 %)	67(27.69 %)	165(68.18 %)	10.912	7
7	Overall, do you believe that categorizing common problems in EDs can lead to more	1(0.41%)	2(0.83 %)	8(3.31%)	65(26.86 %)	166(68.60 %)	11.153 9	8

effective				1
problem-				
solving and				
improved				l
patient care?				l

Analysis of the way by which AI can be integrated into EHRs of EDs to improve the quality of patient safety outcomes

The integration of AI with EHRs can significantly improve patient safety outcomes (Table -2). Key findings from the survey include

- a. Accuracy of Patient Data Recording: 62.40% of respondents strongly agreed that AI enhances the accuracy of patient records, with a mean value of 15.21.
- b. Identification of Medication Errors: 67.77% agreed that AI aids in identifying medication errors, with a mean of 13.86.
- c. Improvement in Safety Protocols Adherence: 53.72% noted improved adherence to safety protocols, with a mean of 19.9.
- d. Reduction of Misdiagnosis Risk: 46.69% agreed that AI reduces misdiagnosis, supported by a mean of 21.68.
- e. Improvement in Patient Safety Outcomes in ED: 52.48% indicated that AI integration enhances patient safety in EDs, with a mean of 24.12.
- f. Reduction in Adverse Events: 62.40% acknowledged a reduction in adverse events due to AI, with a mean of 17.38.
- g. Enhancement in Identification of High-Risk Patients: 66.12% agreed that AI helps identify high-risk patients early, with a mean of 12.98.
- h. Overall Perception of AI Integration: 57.44% supported the notion that AI enhances healthcare quality, with a mean of 18.83.

The research indicates strong agreement among respondents regarding the benefits of integrating AI into EHRs, particularly in reducing adverse events and improving patient safety. However, some factors, such as the identification of high-risk patients, showed slight variation in responses. Overall, there is a general optimism about AI's role in healthcare. While the survey results provide valuable insights, they reflect subjective perceptions and may not fully capture the real-world impact of AI integration. Further research, including qualitative studies, is needed to comprehensively understand AI's role in healthcare settings. The integration of AI in EHRs is viewed positively, particularly concerning patient safety improvements.

Table 2: AI Integration into Electronic Health Records (EHRs) in Emergency **Departments**

This table outlines the integration of artificial intelligence (AI) into Electronic Health Records (EHRs) within Emergency Departments. It emphasizes the benefits of AI in improving data management, enhancing clinical decision-making, and streamlining patient care processes.

Ĥ	lene care proces							
		-						
_	D 1	Strongl						
S.	Research	y	2 =	3 =		5 =	3.5	3.5 1.
N	Questionna	Disagr	Disagr	Neutra		Strongly	Mea	Media
O	ire	ee	ee	1	4 = Agree	Agree	n	n
	Does AI							
	technology							
	can enhance							
	the accuracy							
	of patient							
	data							
	recording in	2(o.83%	5(2.07%	7(2.89	77(31.82%	151(62.40	15.209	
1	EHRs))	%))	%)	4	7
	Does AI can							
	assist in							
	identifying							
	potential							
	medication							
	errors in	3(1.24%	2(o.83%	8(3.31%	65(26.86	164(67.77	13.861	
2	real-time.)))	%)	%)	2	8
	Does AI-							
	driven alerts							
	and							
	reminders							
	can improve							
	adherence to							
	safety	3(1.24%	5(2.07%	15(6.20	89(36.78	130(53.72	19.191	
3	protocols.))	%)	%)	%)	2	15
	Do you think							
	integrating							
	AI into EHRs	8(3.31%	5(2.07%	10(4.13	106(43.80	113(46.69	21.681	
4	can reduce))	%)	%)	%)	5	10
•		L .	•	<u> </u>	'	l		L

	the risk of							
	misdiagnosis							
	or delayed							
	diagnosis							
	Does Patient							
	safety							
	outcomes							
	have							
	improved in							
	our ED since							
	the							
	integration							
		5(2.07%	9(3.72%		84(34.71%		24.118	
5	EHRs))	%))	%)	4	17
	Does AI-							
	supported							
	EHRs have							
	contributed							
	to a							
	reduction in							
	adverse		, ,	, -	,			
	events in	• `	5(2.07%		75(30.99	151(62.40	17.379	
6	patient care))	%)	%)	%)	3	7
	Does the							
	integration							
	of AI has							
	enhanced							
	the identificatio							
		260 820/2	4(1.6=0/2	4(1.6=0/2	F2(20 FF0/	160/66 12	12.00.	
	n of high- risk patients	2(0.83%	4(1.05%)	4(1.05%)	72(29.75 [%]) 1	%)	12.981	
7	Overall, do	,	,	,	,	/0)	4	4
	you believe							
	that the							
	integration							
	of AI into							
		3(1.24%	5(2.07%	14(5.70	81(33.47%	139(57.44	18.825	
8	promising))	%))	%)	4	14
	- 0	′	′	,	ı <i>'</i>		<u>'</u>	•

approach to				
improving				
improving patient safety				
outcomes in EDs?				

Discussion

Emergency departments (EDs) are critical components of the healthcare system, providing urgent medical care to patients with a wide range of conditions. However, they operate in high-pressure environments that present unique challenges, impacting patient outcomes and care quality. This section outlines the common problems faced in EDs, including wait times, patient safety, diagnostic errors, overcrowding, resource allocation, and staff burnout, referencing current insights into these issues. The most pressing issue is overcrowding, where demand for services exceeds available resources. This leads to prolonged wait times, compromised patient care, and negative outcomes [16]. Overcrowding does delay in treatment and assessment, resulting in high levels of patient dissatisfaction and increased risks of death. The correlation between ED overcrowding and higher rates of complications, longer patient stays, and increased mortality is significant. Extended waiting periods contribute to frustration, exacerbation of health issues, and the risk of patients leaving without necessary care [6]. Increased wait times are associated with higher instances of patients leaving before treatment completion and lower patient satisfaction. The emotional demands and workload in emergency care often lead to staff burnout, which negatively affects the quality of care provided and increases the likelihood of medical errors. High levels of burnout among emergency care providers compromise patient safety and outcomes [11]. Burnout's high levels over emergency care organizers are cooperating with outcomes and safety of the patient.

Diagnostic errors in EDs often arise from time constraints, incomplete information, and case complexity. These errors can lead to delayed or incorrect diagnoses, resulting in prolonged illnesses, severe complications, or even death. Efficient diagnostic methods are crucial in EDs to reduce error rates and enhance patient outcomes. Adequate resource provision—such as beds, staff, and equipment—is essential for effective and timely patient care. Limited resources lead to compromised outcomes, inefficient workflows, and increased wait times [5]. Optimized resource allocation, such as AI-driven patient management systems, enhances care and efficiency in emergency departments (EDs). Quality and safety are impacted by staff burnout, diagnostic errors, and overcrowding. Consistent care delivery is challenging, with quality issues leading to adverse events and

lower patient satisfaction. Implementing safety measures like checklists is essential for reducing errors. Effective communication and coordination are vital, as errors can delay care and compromise patient safety [17]. Emphasizing teamwork strategies and communication training in EDs can enhance staff satisfaction and improve patient outcomes. In summary, emergency departments face various challenges, including resource allocation, communication issues, overcrowding, staff burnout, patient safety, prolonged wait times, and diagnostic errors. Addressing these problems requires a multifaceted approach, incorporating efficient resource allocation, enhanced staff training, improved triage systems, and the implementation of technology and AI to assist in patient management and decision-making.

Integrating Artificial Intelligence (AI) into the electronic health records (EHRs) of emergency departments presents numerous opportunities to enhance treatment quality and patient safety. By leveraging AI, healthcare practitioners can optimize patient care processes, improve decision-making, and streamline workflows. AI can be effectively integrated into EHRs through predictive analytics, which assesses potential complications in high-risk patients based on real-time data and medical histories [4]. This real-time information allows for better resource allocation and prioritization of care, improving patient safety and reducing the risk of adverse events. AI-generated clinical decision support systems (CDSSs) assist emergency department clinicians by providing evidencebased alerts and recommendations based on patient data. These systems help medical practitioners deliver more accurate and timely diagnoses and treatments. Natural Language Processing (NLP) has also gained traction in the medical field for extracting valuable insights from unstructured data, such as discharge summaries and patient notes [21]. By analyzing this information, AI can identify patterns and trends that influence patient safety, including potential complications and medication interactions. Additionally, AI monitoring systems continuously assess patient conditions, alerting healthcare providers to any changes or deterioration. Al also aids in coding and documentation processes, ensuring that EHRs remain up-to-date, complete, and accurate. This integration enhances patient safety and facilitates better communication among healthcare providers by minimizing information gaps. Overall, the incorporation of AI into EHRs in emergency departments significantly improves treatment quality. By effectively utilizing AI technologies, healthcare practitioners can better address patient needs, leading to improved outcomes.

Conclusion

In summary, AI technology plays a crucial role in enhancing emergency departments by optimizing resources, reducing wait times, and improving patient flow. It supports clinical decision-making with risk stratification and evidence-based recommendations, leading to consistent treatment and better care quality. Continuous patient monitoring enabled by AI allows for timely interventions in critical situations. Despite these advantages, challenges remain, including ethical considerations, data quality issues, and the necessity for ongoing training. Addressing these concerns is essential for effective AI integration. Future research should focus on utilizing diverse data types, mitigating algorithmic bias, and exploring AI applications in telemedicine. By tackling these challenges, AI can significantly improve treatment quality, operational efficiency, and patient outcomes in emergency settings, ultimately revolutionizing emergency care delivery.

Acknowledgements

We extend our gratitude to the Faculty of Medicine at Lincoln University College, Malaysia, for providing the facilities necessary to conduct this research.

Conflicts of interest: The authors declare no conflicts of interest.

Funding: The authors received no financial support for this research.

References:

- 1. Mitsuyama, T., Son, D., & Eto, M. (2018a). Competencies required for general practitioners/family physicians in urban areas versus non-urban areas: A preliminary study. BMC Family Practice, 19(1).
- 2. Uslu, B. Ç., Okay, E., & Dursun, E. (2020b). Analysis of factors affecting IoT-based smart hospital design. Journal of Cloud Computing, 9(67).
- 3. Vardhini, H., Selvaraj, N., & Meenakshi, R. (2020c). Assessment on knowledge and practice of postexposure prophylaxis of human immuno-deficiency virus among staff nurses and paramedical workers at a tertiary care hospital in South India. Journal of Education and Health Promotion, 9(1).
- 4. Lee, T. C., Shah, N. U., Haack, A., & Baxter, S. L. (2020d). Clinical Implementation of Predictive Models Embedded within Electronic Health Record Systems: A Systematic Review. Informatics, 7(3), 25.
- 5. Liu, Y., Wang, H., Chen, J., Zhang, X., Yue, X., Ke, J., ... Peng, C. (2020e). Emergency management of nursing human resources and supplies to respond to coronavirus disease 2019 epidemic. International Journal of Nursing Sciences, 7(2), 135–138.
- 6. Vainieri, M., Panero, C., & Coletta, L. (2020f). Waiting times in emergency departments: A resource allocation or an efficiency issue? BMC Health Services Research, 20(1), 549.
- 7. Liu, P. ran, Lu, L., Zhang, J. yao, Huo, T. tong, Liu, S. xiang, & Ye, Z. wei. (2021g).

- Application of Artificial Intelligence in Medicine: An Overview. Current Medical Science, 41(6).
- Mueller, T., Preston, K. E., Mcfadyen Weir, N., Bennie, M., & Newham, R. (2021h). Competencies required for General Practice Clinical Pharmacists providing the Scottish Pharmacotherapy Service: A modified eDelphi study. Health and Social Care in the Community, 29(6).
- Alanezi, F., Aljahdali, A., Alyousef, S. M., Alshaikh, W., Mushcab, H., AlThani, B., ... Alanzi, T. M. (2021i). Investigating healthcare practitioners' attitudes towards the COVID-19 outbreak in Saudi Arabia: A general qualitative framework for managing the pandemic. Informatics in Medicine Unlocked, 22.
- Tupesis, J. P., Lin, J., Nicks, B., Chiu, A., Arbalaez, C., Wai, A., & Jouriles, N. (2021j). Leadership Matters: Needs Assessment and Framework for the International Federation for Emergency Medicine Administrative Leadership Curriculum. AEM Education and Training, 5(3).
- Jun, J., Ojemeni, M. M., Kalamani, R., Tong, J., & Crecelius, M. L. (2021k). Relationship between nurse burnout, patient and organizational outcomes: Systematic review. International Journal of Nursing Studies, 119.
- Yuan, B., Li, J., & Wu, P. (2021). The effectiveness of electronic health record promotion for healthcare providers in the United States since the Health Information Technology for Economic and Clinical Health Act: An empirical investigation. International Journal of Health Planning and Management, 36(2).
- Javidan, A. P., Hansen, K., Higginson, I., Jones, P., & Lang, E. (2021m). The International Federation for Emergency Medicine report on emergency department crowding and access block: A brief summary. Emergency Medicine Journal, 38(3).
- Kammoun, I., Maatouk, O., Kammoun, R., Shiri, M., Nefzi, H., Ben Salah, K., ... Ellouz, F. (2022n). Coping strategies among medical and paramedic frontline healthcare workers during the coronavirus pandemic. European Psychiatry, 65(S1).
- 15. Hung, C. L. (20220). Deep learning in biomedical informatics. In Intelligent Nanotechnology: Merging Nanoscience and Artificial Intelligence.
- 16. Savioli, G., Ceresa, I. F., Gri, N., Piccini, G. B., Longhitano, Y., Zanza, C., ... Bressan, M. A. (2022p). Emergency Department Overcrowding: Understanding the Factors to Find Corresponding Solutions. Journal of Personalized Medicine, 12(279).
- Burke, J. R., Downey, C., & Almoudaris, A. M. (2022q). Failure to Rescue Deteriorating Patients: A Systematic Review of Root Causes and Improvement Strategies. Journal of Patient Safety, 18(1), e140-e155.
- Ho, V. P., Bensken, W. P., Santry, H. P., Towe, C. W., Warner, D. F., Connors, A. F., & Koroukian, S. M. (2022r). Heath status, frailty, and multimorbidity in patients with emergency general surgery conditions. Surgery (United States), 172(1).

- 19. Mumu, J., Tanujaya, B., Charitas, R., & Prahmana, I. (2022s). Likert Scale in Social Sciences Research: Problems and Difficulties. FWU Journal of Social Sciences, 16(4), 89-101.
- 20. Alhelo, M. O. D. (2022t). Medical Consultation and Communication with A Family Doctor from The Patients' Perspective: A Review Article. Egyptian Journal of Hospital Medicine, 89(2).
- Li, I., Pan, J., Goldwasser, J., Verma, N., Wong, W. P., Nuzumlali, M. Y., ... Radev, D. (2022u). Neural Natural Language Processing for unstructured data in electronic health records: A review. Computer Science Review, 46, 100511.
- 22. Kisiała, W., Racka, I., & Suszyńska, K. (2022v). Population Access to Hospital Emergency Departments: The Spatial Analysis in Public Health Research. International Journal of Environmental Research and Public Health, 19(3).
- Martinez, G. S., White, K., Yue, D., Franzini, L., Fryer, C. S., Sinaii, N., & Roby, D. H. (2022w). Relationships between enabling services use and access to care among adults with cardiometabolic risk factors: findings from the 2014 National Health Center Patient Survey. BMC Health Services Research, 22(1).
- 24. Modi, S., & Feldman, S. S. (2022x). The Value of Electronic Health Records since the Health Information Technology for Economic and Clinical Health Act: Systematic Review. JMIR Medical Informatics, 10(e37283).
- 25. Gao, J. (2022y). To Explore the Division of Responsibilities Between General Practitioners and Specialists. International Journal Of Scientific Advances, 3(5).
- 26. Wright, M., & Brell, R. (2023z). Balancing care and responsibility The role of the general practitioner in specialist referrals. Australian Journal of General Practice, 52(12).
- 27. Fedotkina, S. A., Akhmineeva, A. K., & Karailanov, M. G. (2023aa). Best practices for the application of telemedical technologies in the russian federation and abroad. Siberian Journal of Life Sciences and Agriculture, 15(3).
- 28. Yang, S., Varghese, P., Stephenson, E., Tu, K., & Gronsbell, J. (2023ab). Machine learning approaches for electronic health records phenotyping: a methodical review. Journal of the American Medical Informatics Association: JAMIA, 30(367).
- 29. Rôlo, B., Santos, B., Duarte, I., Pires, L., & Castro, C. (2024ac). Humanization of nursing care in the emergency service: a systematic review. Annals of Medicine, 51(sup1), 204-204.
- 30. Samadbeik, M., Staib, A., Boyle, J., Khanna, S., Bosley, E., Bodnar, D., ... Sullivan, C. (2024ad). Patient flow in emergency departments: a comprehensive umbrella review of solutions and challenges across the health system. BMC Health Services Research, 24(274).