Review

Artificial Intelligence In Emergency Medicine And It Impact On Patient Related Factors

Samaneh Abiri¹, Lohrasb Taheri², Behrang Rezvani Kakhki³, Masoud Shahabian⁴, Maryam Ziyaei⁵, Shahram Shafa⁶, Arman Hakemi^{7*}

1. Department of Emergency Medicine, Jahrom University of Medical Sciences, Jahrom, Iran. Orcid: 0000-0002-0224-5672

2. Department of Surgery, Jahrom University of Medical Sciences, Jahrom, Iran. Orcid: 0000-0002-3702-2778

3. Department of Emergency Medicine, Faculty of Medicine, Mashhad University of Medical sciences, Mashhad, Iran. Orcid: 0000-0003-3715-6618

4. Department of Emergency Medicine, AJA University of Medical Science, Tehran, Iran. Orcid: 0000-0002-5483-1008

5. Department of Emergency Medicine, Zahedan University of Medical Sciences, Zahedan, Iran. Orcid: 0000-0003-1693-6818

6. Department of Orthopedic Surgery, Jahrom University of Medical Sciences, Jahrom, Iran. Orcid: 0000-0001-9888-4630

7. Department of Emergency Medicine, Faculty of Medicine, Shahroud University of Medical sciences, Shahroud, Iran. Orcid: 0000-0002-9779-047X

Corresponding Author: Arman Hakemi. Department of Emergency Medicine, Faculty of Medicine, Shahroud University of Medical sciences, Shahroud, Iran. **Email:** <u>armanhakemi.md@gmail.com</u>

Abstract

Artificial Intelligence (AI) has transformed medicine by leveraging machine learning to analyze medical data, enhancing healthcare outcomes. From its roots in the 1950s to recent advancements in deep learning, AI's evolution has accelerated, particularly in emergency medicine. This review explores how AI influences patient-related factors in the emergency department, improving decisionmaking, disease diagnosis, and overall care quality. AI transforms emergency care by swiftly diagnosing and optimizing resource allocation. In prehospital settings, AI aids patient evaluation, ensuring timely treatment. Ethical considerations, like transparency and privacy, are pivotal in responsible AI integration, ultimately enhancing diagnostic capabilities and improving patient care in emergency rooms. Predictive analytics enhances patient care by forecasting outcomes and streamlining operations. AI image recognition improves diagnostic capabilities, while AI-powered chatbots offer real-time guidance in emergencies.. AI is reshaping patient care in Emergency Departments across key aspects: patient stratification, mortality analysis, and cost reduction. AI tools, employing sophisticated algorithms, enhance risk identification and resource allocation in patient stratification. In mortality analysis, AI applications show promise in hastening treatment, but ethical considerations remain paramount. Cost reduction is addressed through AI's efficiency improvements, decreased wait times, and optimal resource allocation, positively impacting patients' financial burdens. Keywords: Artificial Intelligence, Emergency medicine, Patient related.

Submitted: 7 Jan 2024, Revised: 28 Jan 2024, Accepted: 5 Feb 2024

Introduction

Artificial Intelligence (AI) in medicine involves the utilization of machine learning models to analyze medical data, providing valuable insights for enhancing health outcomes. Primary care physicians can leverage AI to gain a deeper understanding of a patient's medical needs, facilitating more personalized and efficient healthcare [1]. AI applications in medicine include diagnosing patients, end-to-end drug discovery, and overall transformation of healthcare delivery [6]. The potential of AI in medicine is vast, with the capacity to disrupt and revolutionize various aspects of the healthcare sector [5].

The historical trajectory of AI in medicine extends decades, observing across many notable advancements and successes. During the early 1950s, scientists established the foundation for AI by investigating its possible uses in the area of medicine [6]. During the 1980s and 90s, AI started to have a significant impact on medical imaging, namely in the field of radiology [3]. The research conducted in the 1960s and 1970s laid the groundwork for systems such as MYCIN, which used artificial intelligence in the field of contemporary medicine [4]. The first milestone in AI healthcare was achieved in 1950 [5]. The rise of AI in medicine has been further enhanced by the introduction of deep learning in recent years, which has greatly influenced its revolutionary effects [6]. The advancement of AI research in the field of medicine has gained momentum, garnering substantial investment and giving rise to the prevailing trends in healthcare AI initiatives [7].

The emergency department (ED) is a complex environment that encompasses many elements, including patient prediction models, triaging, and management of acute clinical situations. Machine learning algorithms, such as logistic regression and others, have been used to forecast patient outcomes and anticipate frequent trips to the emergency department. These predictions are made using datasets like the Medical Information Mart for Intensive Care IV Emergency Department (MIMIC-IV-ED) [81]. These models are essential for enhancing emergency department operations and clinical outcomes by assisting in the prompt and accurate categorization of patients [9]. Furthermore, research is focused on forecasting patient decompensation and sudden clinical deterioration, highlighting the need of anticipating and handling patient situations in the rapidly changing emergency department setting [10][11]. Moreover, it is crucial to comprehend the kind of mistakes that occur in the emergency room. Qualitative investigations examine the many kinds of mistakes and the variables that contribute to their identification [12]. In general, the emergency department involves the use of predictive modeling, triage tactics, and initiatives aimed at improving patient care and safety.

The dynamics of emergency department (ED) treatment are significantly influenced by patientvariables. Notable factors include related communication problems among the personnel, which cover concerns such as inadequate communication that may result in mistakes and treatment delays [13]. Demographic factors, such as gender, age, and the timing of the visit, have a role in the differences seen in the usage of emergency departments and the resulting consequences. Certain medical diseases, such as cancer, diabetes, renal failure, and mental illness, increase the probability of repeated trips to the emergency department [14]. The patient's general health state, as well as the existence of diseases such as coronary vascular disease, significantly influences the 24-hour clinical outcome in the emergency department. Psychiatric illness is identified as a separate condition that increases the likelihood of avoidable injury in both general care and the emergency department [15]. Moreover, effective control over the duration of patients' stay in the Emergency Department (ED) is essential, as variables that contribute to its extension have an influence on the availability of emergency treatment and the welfare of patients, resulting in problems related to overcrowding. The many patient-related criteria emphasize the need of a thorough and patient-focused strategy in the emergency care environment [16] [17].

The incorporation of AI models in emergency departments is imperative due to several compelling reasons [18]. These AI-based tools aim to enhance patient outcomes and streamline the work of clinicians, ultimately improving the quality of care provided [19]. The literature emphasizes the significance of AI in emergency medicine, indicating that these technologies go beyond the proof of concept and are actively contributing to patient care [20]. AI and machine learning applications in healthcare, particularly in the emergency setting, address challenges such as predicting adverse outcomes, optimizing patient triage, and aiding in real-time decision-making [21]. The utilization of AI models in emergency departments ensures quicker and more accurate analysis of patient data, leading to improved diagnostics, personalized treatment plans, and overall efficiency in emergency care delivery [22]. The significance of patient-related factors holds paramount importance in the emergency department, as they serve as crucial determinants for swiftly assessing and managing urgent medical conditions. These factors encompass essential background information, including the patient's medical history, symptom severity, and current health conditions. The evolution of artificial intelligence technology has elevated the consideration of these factors, with AI systems being employed to expedite the analysis of medical information with greater precision. Artificial intelligence algorithms play a pivotal role in medical decision-making, disease diagnosis, and the prediction of clinical outcomes. These AI tools enhance decision-making processes and facilitate early disease detection, ultimately contributing to an elevated standard of care and an improved quality of life for patients. In this context, the current review delves into the impact of evolving artificial intelligence technology on patient-related factors within the emergency department.

Basics of AI and Its Characteristics in the Development of the Emergency Department

The incorporation of AI has had a substantial influence on the progress of emergency rooms, providing crucial innovations to the delivery of healthcare. Artificial intelligence expedites prompt and precise diagnoses by using machine learning algorithms, assisting healthcare practitioners in swiftly identifying important problems [23]. Furthermore, it improves the efficiency of emergency department procedures and the allocation of resources, hence boosting overall effectiveness [24]. Machine learning applications in emergency care enhance the independence and effectiveness of decisionmaking processes [25]. AI is crucial in prehospital emergency care since it allows for prompt evaluation and treatment of patients prior to their arrival at the emergency department [19]. Furthermore, it enhances the efficiency of systems for prioritizing patients, evaluating their severity, and determining the best course of action, thereby guaranteeing prompt and suitable medical attention. Algorithmic transparency and patient privacy are crucial ethical issues in the responsible integration of AI in emergency care. Essentially, the integration of AI improves the ability to diagnose, simplifies the processes, and promotes more effective and morally sound patient care in emergency rooms [26].

Applicable applications of artificial intelligence in emergency medicine

Predictive analytics

Predictive analytics, a crucial application of artificial intelligence (AI) in emergency medicine, plays a significant role in enhancing patient care and resource management. By leveraging vast amounts of patient data, AI utilizes predictive analytics to forecast outcomes, identify potential medical issues, and streamline clinical operations. This approach aids in early detection of conditions, optimizing triage processes, and predicting patient admission probabilities. The integration of predictive analytics in emergency medicine is evident in studies such as the

"Predictive Advanced Analytics and in Emergency Medicine" trial [27]. This trial focuses on neurological deficits, showcasing the diverse applications of predictive analytics in specific medical scenarios. Furthermore, the systematic review by Arnaud et al. explores the methods used to handle missing data in emergency medicine research, highlighting the importance of robust data handling in predictive modeling [28]. Implementing prediction models in emergency settings requires careful consideration to ensure providers respond appropriately to the insights provided [29]. The power of predictive analytics extends beyond patient care, influencing staffing strategies within hospitals as demonstrated by Matthew Ledges in the reassessment of labor strategies [30].

AI image recognition

AI image recognition is a significant application in emergency medicine, enhancing diagnostic capabilities and improving patient care. Utilizing artificial intelligence algorithms, emergency physicians can benefit from the rapid analysis of medical images, aiding in early detection and accurate diagnosis. This technology extends beyond traditional methods, providing support in areas such as identifying patterns and trends in data, enabling more efficient and precise decisionmaking. Studies, including one by Kirubarajan et al., emphasize the increasing popularity of artificial intelligence in medicine, with a focus on the broad field of AI in healthcare, including image recognition [31]. Another viewpoint from Chenais et al. discusses deep ensemble multitask classification using multimodal data, showcasing the potential for AI to improve emergency medical dispatch through image analysis [18]. Furthermore, a scoping review by Liu categorizes studies in AI in emergency medicine into domains, emphasizing the feasibility of AI in assisting dispatchers and clinicians through image recognition [32]. The versatility of AI image recognition contributes to its application in various aspects of emergency care, from early

recognition of critical conditions to supporting ongoing medical trials and research [32].

AI chatbots

AI-powered chatbots play a crucial role in medical emergencies by providing real-time guidance, assistance, and information. These intelligent companions leverage artificial intelligence to process and generate human language, allowing them to interact with users effectively [33]. In healthcare particularly settings, during emergencies, AI chatbots can assist in triaging patients, providing initial medical advice, and helping users schedule appointments. Examples include chatbots like Babylon Health, Ada Health, and Florence, which are recognized for their contributions to healthcare. Studies, such as the one by Ventura et al., emphasize the potential of AI chatbots in emergency medical services, highlighting their ability to offer real-time guidance and foster engagement [34]. The versatility of AI-powered chatbots extends beyond emergencies, with applications in medical education, as discussed by Ghorashi et al., where they are evaluated for various tasks [35]. The benefits of AI chatbots in healthcare include handling user queries, simulating intelligent conversations, and enhancing patient engagement. With integrated databases and applications, these chatbots can efficiently answer questions about healthcare organizations' schedules, health coverage, and insurance [36].

AI models in Triage

Triage stands as a crucial process within emergency departments (EDs), playing a pivotal role in orchestrating efficient and effective healthcare delivery. Its significance unfolds across various dimensions: Firstly, triage swiftly identifies the urgency of patients' conditions, empowering healthcare professionals to prioritize those in immediate need. This timely intervention for critical cases significantly enhances overall patient outcomes [37]. Secondly, the process optimizes resource allocation by categorizing patients based on medical urgency. This strategic sorting ensures the optimal use of limited

resources, directing them towards the most critical cases. This, in turn, boosts the efficiency of healthcare delivery in emergency settings [38]. Moreover, triage minimizes delays in providing care by enabling rapid assessment and prioritization. Healthcare providers can promptly initiate necessary interventions, reducing the time between a patient's arrival and the commencement of treatment [39]. In the context of mass casualty incidents disasters. becomes or triage indispensable for managing a surge of patients. It ensures the efficient utilization of available resources to address the diverse medical needs emergencies. arising from Lastly, triage contributes to maintaining a smooth patient flow within the ED. By prioritizing patients based on urgency, it prevents congestion, improves workflow, and aids in managing ED overcrowding more effectively [41,42].

Artificial Intelligence (AI) has ushered in a transformative era in patient triage within the Emergency Department (ED), reshaping the efficiency and precision of this critical process. Various AI models have emerged, each offering distinct advantages in enhancing patient triage: Firstly, machine learning-based models have proven instrumental in cardiovascular disease triage within the ED, aiding decision-making for patients suspected of having such conditions [43]. Moreover, researchers at Johns Hopkins have developed a highly effective AI tool tailored for emergency triage, utilizing artificial intelligence to streamline the process and elevate decisionmaking within the ED [43]. In the context of acute abdominal pain, AI applications have been evaluated to estimate the emergency severity index, prioritizing patient care based on the severity of their condition [44]. Comparative studies involving different Machine Learning models, including Logistic Regression, Random Forest Tree, and NN-Sequentail, have been conducted to process triage data in medical emergency departments [19]. The integration of AI in emergency triage represents a paradigm shift, expediting the process and reducing wait

times. This innovative approach leads to more efficient and timely patient assessments, ultimately contributing to improved patient outcomes [45]. In summary, the diverse applications of AI models in ED triage showcase their collective potential in enhancing the accuracy and speed of the triage process, thereby positively impacting patient outcomes.

Impact of AI on Patient Stratification in Emergency Department

AI has a significant impact on patient stratification in the emergency department (ED). Studies highlight that AI-based tools in the ED aim to improve patient outcomes by enhancing the process of patient stratification. These tools utilize advanced algorithms to analyze diverse patient data, including medical history, symptoms, and diagnostic results. The application of AI in patient stratification enables more accurate identification of critical cases, allowing healthcare professionals to prioritize and allocate resources efficiently. By leveraging AI, emergency medicine benefits from enhanced decision-making processes, leading to improved patient care and outcomes through targeted and timely interventions [19,46-48].

AI tools in the Emergency Department (ED) employ sophisticated algorithms and machine learning techniques to analyze diverse patient data, facilitating more precise risk stratification. Notably, the Automated Appendicitis Risk Stratification Algorithm automates the assessment of appendicitis risk for pediatric patients, ensuring timely and accurate evaluations [19]. Triage tools and chatbots powered by AI contribute to efficient patient triage, optimizing resource allocation, and ensuring prompt care from healthcare providers[49]. Furthermore, machine learning is leveraged to create risk-stratification tools, aiding in the assessment of acute heart failure in ED patients [19]. Additionally, AI tools for documentation and computer use enhance workflow efficiency and maintain comprehensive patient records in the ED, contributing to improved decision-making for clinicians [27]. Altogether, these AI applications play a vital role in achieving better patient outcomes, streamlining workflow for healthcare professionals, and enhancing overall decision-making processes within the Emergency Department [50].

AI models and patient mortality in Emergency departments

Global patient mortality rates in emergency departments (EDs) exhibit considerable variation influenced by factors such as healthcare infrastructure, socio-economic conditions, and public health measures. Recent research has uncovered diverse aspects of patient mortality in Eds [42]. The COVID-19 pandemic has notably impacted ED visits and mortality rates, with some studies indicating a decrease in visits during the pandemic, potentially affecting mortality rates [51]. The correlation between ED crowding and short-term mortality has been explored, highlighting the need for further investigation into this critical aspect of emergency care [52]. Analysis of mortality rates following hospitals reveals fluctuations over time, offering valuable insights to understand trends and identify potential areas for improvement in emergency care practices. Investigations into death and end-of-life care in EDs shed light on the percentage of overall patients affected, providing insights into the broader context of mortality within these healthcare settings [21].

The impact of AI on patient mortality in the Emergency Department (ED) is an area under revealing a nuanced active investigation, landscape with potential advantages and ethical considerations. Notably, certain studies, such as the examination of AI's role in predicting adverse outcomes in the ED, report no significant disparity in ICU admission or all-cause mortality rates between AI-utilizing and non-AI groups [53]. Moreover, AI-based Clinical Decision Support Tools (CDSTs) showcase promise in hastening treatment and identifying high-risk patients, enabling timely interventions that can potentially influence patient outcomes positively [19]. However, healthcare professionals recognize the ethical dimensions associated with deploying AI

applications for mortality prediction, prompting ongoing exploration and scrutiny of ethical considerations within healthcare settings [54]. Additionally, AI's capability to expedite patient categorization in emergency medicine departments stands out, offering a potential avenue for enhancing the overall efficiency of patient care compared to traditional methods [41]. Furthermore, research on AI decision points in ED triage demonstrates its utility in predicting midterm survival, providing valuable insights for resuscitation decision-making [55]. While the implementation of AI in the ED holds promise for improving patient outcomes, it is crucial to underscore the necessity for continued research a conscientious approach and to ethical considerations to fully unlock its potential benefits.

Different AI Models' Impact on Cost for Patients in the Emergency Department

The importance of cost for patients in the Emergency Department (ED) is paramount, encompassing both financial and healthcare dimensions. Elevated expenses related to emergency care, including copayments and uncovered services, can impose significant financial strain on individuals, potentially leading unforeseen and burdensome financial to obligations. This financial burden may force patients to delay seeking essential emergency care or even forgo it altogether, compromising their health and exacerbating medical conditions [56]. The impact of cost on patient decision-making is evident, as high out-of-pocket expenses influence healthcare-seeking behavior, potentially leading to treatment delays and adverse health outcomes [57-58]. Affordability thresholds for emergency department visits, particularly for those with private insurance, underscore the critical need for solutions that make emergency care financially accessible. Efforts to address the cost implications associated with ED visits are vital not only for financial well-being but also for ensuring equitable and timely access to emergency healthcare [18].

AI models deployed in Emergency Departments (ED) have a promising impact on reducing costs for patients. These models contribute to enhanced efficiency by expediting assessments and interventions, potentially decreasing the time patients spend in the ED [20]. Through optimal resource allocation and improved workflow, AI aids in minimizing operational costs by ensuring effective utilization of staff, equipment, and facilities. The positive influence extends to patient outcomes, as AI-driven decision-making can prevent complications and readmissions, leading to long-term healthcare cost reductions. Additionally, the streamlined operations facilitated by AI technologies may contribute to administrative overhead. lowering further enhancing cost-effectiveness [18]. While the initial implementation involves investment, the overall trajectory indicates that AI in the ED holds the potential to positively influence the financial burden on patients by improving efficiency, optimizing resources, and fostering better healthcare outcomes [59].

Conclusion

The integration of Artificial Intelligence (AI) into Emergency Departments (EDs) marks transformative era in patient care, impacting critical facets such as risk stratification, mortality cost reduction. analysis. and In patient advanced stratification, AI tools utilizing algorithms enhance precision in risk assessment, streamlining resource allocation and optimizing patient prioritization. Although the impact of AI on patient mortality is under active exploration, its potential in hastening treatment and identifying high-risk cases is evident. Ethical considerations are crucial, emphasizing the need for continued scrutiny and responsible implementation in healthcare settings. Moreover, AI contributes significantly to cost reduction by improving operational efficiency, decreasing wait times, and preventing complications, ultimately alleviating financial burdens on patients. The collective applications of AI in emergency medicine showcase promise in revolutionizing healthcare

delivery, fostering better patient outcomes, and optimizing resource utilization. As AI continues to evolve, ongoing research, ethical considerations, and responsible implementation remain essential to fully unlock its potential benefits. The journey towards an AI-driven emergency healthcare landscape requires a collaborative effort to address challenges, ensuring that advancements positively impact both patients and healthcare professionals. The intersection of AI and emergency medicine holds immense potential for the future, offering a pathway to more efficient, precise, and accessible emergency care.

Acknowledgment

he authors would like to thank the Clinical Research Development Unit of Peymanieh Educational and Research and Therapeutic Center of Jahrom University of Medical Sciences for revise manuscript

Funding

None Conflicts of interests

None

Ethical considerations:

None

Author contribution:

All authors met the four criteria for authorship contribution based on recommendations of the International Committee of Medical Journal Editors

References:

- 1. Malik P, Pathania M, Rathaur VK. Overview of artificial intelligence in medicine. Journal of family medicine and primary care. 2019 Jul;8(7):2328.
- Hamet P, Tremblay J. Artificial intelligence in medicine. Metabolism. 2017 Apr 1;69:S36-40.
- 3. Basu K, Sinha R, Ong A, Basu T. Artificial intelligence: How is it changing medical sciences and its future?. Indian journal of dermatology. 2020 Sep;65(5):365.
- Kaul V, Enslin S, Gross SA. History of artificial intelligence in medicine. Gastrointest Endosc. 2020 Oct;92(4):807-

812. doi: 10.1016/j.gie.2020.06.040. Epub 2020 Jun 18. PMID: 32565184.

- Buch VH, Ahmed I, Maruthappu M. Artificial intelligence in medicine: current trends and future possibilities. Br J Gen Pract. 2018 Mar;68(668):143-144. doi: 10.3399/bjgp18X695213. PMID: 29472224; PMCID: PMC5819974.
- Gupta R, Srivastava D, Sahu M, Tiwari S, Ambasta RK, Kumar P. Artificial intelligence to deep learning: machine intelligence approach for drug discovery. Molecular diversity. 2021 Aug;25:1315-60.
- Ferryman K, Mackintosh M, Ghassemi M. Considering biased data as informative artifacts in AI-assisted health care. New England Journal of Medicine. 2023 Aug 31;389(9):833-8.
- Xie F, Zhou J, Lee JW, Tan M, Li S, Rajnthern LS, Chee ML, Chakraborty B, Wong AK, Dagan A, Ong ME. Benchmarking emergency department prediction models with machine learning and public electronic health records. Scientific Data. 2022 Oct 27;9(1):658.
- Chiu YM, Courteau J, Dufour I, Vanasse A, Hudon C. Machine learning to improve frequent emergency department use prediction: a retrospective cohort study. Scientific Reports. 2023 Feb 3;13(1):1981.
- Sundrani S, Chen J, Jin BT, Abad ZS, Rajpurkar P, Kim D. Predicting patient decompensation from continuous physiologic monitoring in the emergency department. NPJ Digital Medicine. 2023 Apr 4;6(1):60.
- 11. Boulitsakis Logothetis S, Green D, Holland M, Al Moubayed N. Predicting acute clinical deterioration with interpretable machine learning to support emergency care decision making. Scientific Reports. 2023 Aug 21;13(1):13563.
- 12. Abbaszadeh A, Borhani F, Farokhnezhad Afshar P, Ajri-khameslou M. The nature of errors in emergency

department and the role of detectors: A qualitative study. Journal of Patient Safety & Quality Improvement. 2019 Oct 1;7(4):137-43.

- Nassief K, Azer M, Watts M, Tuala E, McLennan P, Curtis K. Emergency department care-related causal factors of inpatient deterioration. Aust Health Rev. 2022 Feb;46(1):35-41. doi: 10.1071/AH21190. PMID: 34941483.
- 14. Evaluation of factors affecting emergency department length of stay. Avicenna J Nurs Midwifery Care 2015; 23 (3):62-71
- Katsomboon K, Sindhu S, Utriyaprasit K, Viwatwongkasem C. Factors Associated with 24-Hour Clinical Outcome of Emergency Patients; a Cohort Study. Archives of Academic Emergency Medicine. 2022;10(1).
- 16. Katsomboon K, Sindhu S, Utriyaprasit K, Viwatwongkasem C. Factors Associated with 24-Hour Clinical Outcome of Emergency Patients; a Cohort Study. Archives of Academic Emergency Medicine. 2022;10(1).
- 17. Payne K, Risi D, O'Hare A, Binks S, Curtis K. Factors that contribute to patient length of stay in the emergency department: A time in motion observational study. Australasian Emergency Care. 2023 May 2.
- Chenais G, Lagarde E, Gil-Jardiné C. Artificial Intelligence in Emergency Medicine: Viewpoint of Current Applications and Foreseeable Opportunities and Challenges. J Med Internet Res. 2023 May 23;25:e40031. doi: 10.2196/40031. PMID: 36972306; PMCID: PMC10245226.
- 19. Boonstra A, Laven M. Influence of artificial intelligence on the work design of emergency department clinicians a systematic literature review. BMC health services research. 2022 Dec;22(1):1-0.
- 20. Mueller B, Kinoshita T, Peebles A, Graber MA, Lee S. Artificial intelligence

and machine learning in emergency medicine: a narrative review. Acute Med Surg. 2022 Mar 1;9(1):e740. doi: 10.1002/ams2.740. PMID: 35251669; PMCID: PMC8887797.

- 21. Hsu CC, Kao Y, Hsu CC, Chen CJ, Hsu SL, Liu TL, Lin HJ, Wang JJ, Liu CF, Huang CC. Using artificial intelligence to predict adverse outcomes in emergency department patients with hyperglycemic crises in real time. BMC Endocrine Disorders. 2023 Oct 24;23(1):234.
- 22. Kirubarajan A, Taher A, Khan S, Masood S. Artificial intelligence in emergency medicine: a scoping review. Journal of the American College of Emergency Physicians Open. 2020 Dec;1(6):1691-702.
- 23. Kirubarajan A, Taher A, Khan S, Masood S. Artificial intelligence in emergency medicine: A scoping review. J Am Coll Emerg Physicians Open. 2020 Nov 7;1(6):1691-1702. doi: 10.1002/emp2.12277. PMID: 33392578; PMCID: PMC7771825.
- 24. Tang KJ, Ang CK, Constantinides T, Rajinikanth V, Acharya UR, Cheong KH. Artificial intelligence and machine learning in emergency medicine. Biocybernetics and Biomedical Engineering. 2021 Jan 1;41(1):156-72.
- 25. Masoumian Hosseini M, Masoumian Hosseini ST, Qayumi K, Ahmady S, Koohestani HR. The Aspects of Running Artificial Intelligence in Emergency Care; a Scoping Review. Arch Acad Emerg Med. 2023 May 11;11(1):e38. doi: 10.22037/aaem.v11i1.1974. PMID: 37215232; PMCID: PMC10197918.
- 26. Liu N, Zhang Z, Ho AF, Ong ME. Artificial intelligence in emergency medicine. Journal of Emergency and Critical Care Medicine. 2018 Oct 26;2.
- 27. Bora ES. Artificial Intelligence in Emergency Medicine. Journal of

Experimental and Basic Medical Sciences. 2023;4(1):033-6.

- 28. Arnaud E, Elbattah M, Ammirati C, Dequen G, Ghazali DA. Predictive models in emergency medicine and their missing data strategies: a systematic review. npj Digital Medicine. 2023 Feb 23;6(1):28.
- 29. Chan SL, Lee JW, Ong ME, Siddiqui Graves N, Ho AF, Liu FJ. N. Implementation of Prediction Models in the Emergency Department from an Implementation Science Perspective-Determinants, Outcomes, and Real-World Impact: A Scoping Review. Annals of Emergency Medicine. 2023 Mar 14.
- Bertsimas D, Pauphilet J, Stevens J, Tandon M. Predicting inpatient flow at a major hospital using interpretable analytics. Manufacturing & Service Operations Management. 2022 Nov;24(6):2809-24.
- 31. Kirubarajan A, Taher A, Khan S, Masood S. Artificial intelligence in emergency medicine: A scoping review. J Am Coll Emerg Physicians Open. 2020 Nov 7;1(6):1691-1702. doi: 10.1002/emp2.12277. PMID: 33392578; PMCID: PMC7771825.
- 32. Liu N, Zhang Z, Ho AF, Ong ME. Artificial intelligence in emergency medicine. Journal of Emergency and Critical Care Medicine. 2018 Oct 26;2.
- 33. Xu L, Sanders L, Li K, Chow JC. Chatbot for health care and oncology applications using artificial intelligence and machine learning: systematic review. JMIR cancer. 2021 Nov 29;7(4):e27850.
- 34. Ventura CA, Denton EE. Artificial intelligence chatbots and emergency medical services: Perspectives on the implications of generative AI in prehospital care. Open Access Emergency Medicine. 2023 Dec 31:289-92.
- 35. Ghorashi N, Ismail A, Ghosh P, Sidawy A, Javan R, Ghorashi NS. AI-powered chatbots in medical education: potential

http://intjmi.com

applications and implications. Cureus. 2023 Aug 10;15(8).

- 36. Sharma P. Chatbots in medical research: advantages and limitations of artificial intelligence–enabled writing with a focus on ChatGPT as an author. Clinical Nuclear Medicine. 2023 Sep 1;48(9):838-9.
- 37. Yancey CC, O'Rourke MC. Emergency department triage.
- Tam HL, Chung SF, Lou CK. A review of triage accuracy and future direction. BMC Emergency Medicine. 2018 Dec;18:1-7.
- Ahsan KB, Karim MA, FitzGerald GJ, Morel DG, Burke JA. Development of relationship between triaging of patients and emergency department performance. Procedia Manufacturing. 2019 Jan 1;30:200-7.
- 40. Qureshi NA. Triage systems: a review of the literature with reference to Saudi Arabia. EMHJ-Eastern Mediterranean Health Journal, 16 (6), 690-698, 2010.
- 41. Chang H, Cha WC. Artificial intelligence decision points in an emergency department. Clinical and Experimental Emergency Medicine. 2022 Sep;9(3):165.
- 42. Wretborn J, Wilhelms DB, Ekelund U. Emergency department crowding and mortality: an observational multicenter study in Sweden. Frontiers in Public Health. 2023 Jul 25;11:1198188.
- 43. Vântu A, Vasilescu A, Băicoianu A. Medical emergency department triage data processing using a machine-learning solution. Heliyon. 2023 Aug 1;9(8).
- 44. Dhillon G, Zhang Z, Grewal H, Kashyap R. Clinical application of artificial intelligence in emergency and critical care medicine, volume IV. Frontiers in Medicine. 2023;10.
- 45. Kirubarajan A, Taher A, Khan S, Masood S. Artificial intelligence in emergency medicine: a scoping review. Journal of the American College of

Emergency Physicians Open. 2020 Dec;1(6):1691-702.

- 46. Eastwood KW, May R, Andreou P, Abidi S, Abidi SS, Loubani OM. Needs and expectations for artificial intelligence in emergency medicine according to Canadian physicians. BMC Health Services Research. 2023 Jul 25;23(1):798.
- 47. Farahmand S, Shabestari O, Pakrah M, Hossein-Nejad H, Arbab M, Bagheri-Hariri S. Artificial intelligence-based triage for patients with acute abdominal pain in emergency department; a diagnostic accuracy study. Advanced Journal of Emergency Medicine. 2017;1(1).
- 48. Kirubarajan A, Taher A, Khan S, Masood S. Artificial intelligence in emergency medicine: A scoping review. J Am Coll Emerg Physicians Open. 2020 Nov 7;1(6):1691-1702. doi: 10.1002/emp2.12277. PMID: 33392578; PMCID: PMC7771825.
- 49. Eastwood KW, May R, Andreou P, Abidi S, Abidi SSR, Loubani OM. Needs and expectations for artificial intelligence in emergency medicine according to Canadian physicians. BMC Health Serv Res. 2023 Jul 25;23(1):798. doi: 10.1186/s12913-023-09740-w. PMID: 37491228; PMCID: PMC10369807.
- 50. Bora ES. Artificial Intelligence in Emergency Medicine. JEB Med Sci 2023;4(1):33-36.
- 51. Razimoghadam M, Yaseri M, Effatpanah M, Daroudi R. Changes in emergency department visits and mortality during the COVID-19 pandemic: a retrospective analysis of 956 hospitals. Arch Public Health. 2024 Jan 12;82(1):5. doi: 10.1186/s13690-023-01234-9. PMID: 38216989; PMCID: PMC10785366.
- 52. Wretborn J, Wilhelms DB, Ekelund U. Emergency department crowding and mortality: an observational multicenter study in Sweden. Frontiers in Public Health.

2023 Jul 25;11:1198188.

- 53. Fallahi MJ, Seifbehzad S, Fereidooni M, Farrokhi A, Ranjbar K, Shahriarirad R. The trend of mortality rates following hospitals downgrading and closures due to outbreak of COVID-19 in Fars province: A comparative cohort study. Health Science Reports. 2024 Feb;7(2):e1850.
- 54. Elmer J, Mikati N, Arnold RM, Wallace DJ, Callaway CW. Death and endof-life care in emergency departments in the US. JAMA Network Open. 2022 Nov 1;5(11):e2240399-.
- 55. Petersson L, Vincent K, Svedberg P, Nygren JM, Larsson I. Ethical considerations in implementing AI for mortality prediction in the emergency department: Linking theory and practice. Digital Health. 2023 Oct;9:20552076231206588.
- 56. Hosseini MM, Hosseini ST, Qayumi K, Ahmady S, Koohestani HR. The Aspects of Running Artificial Intelligence in Emergency Care; a Scoping Review. Archives of Academic Emergency Medicine. 2023;11(1).
- 57. Kelen GD, Wolfe R, D'Onofrio G, Mills AM, Diercks D, Stern SA, Wadman MC, Sokolove PE. Emergency department crowding: the canary in the health care system. NEJM Catalyst Innovations in Care Delivery. 2021 Sep 28;2(5).
- 58. Baugh CW, Levine M, Cornutt D, Wilson JW, Kwun R, Mahan CE, Pollack Jr CV, Marcolini EG, Milling Jr TJ, Peacock WF, Rosovsky RP. Anticoagulant reversal strategies in the emergency department setting: recommendations of a multidisciplinary expert panel. Annals of emergency medicine. 2020 Oct 1;76(4):470-85.
- 59. Andreasen J, Larsen JJ, Ehlers LH. EE584 Is Point-of-Care Testing in Emergency Departments Cost-Effective? A Systematic Literature Review. Value in

Health. 2023 Dec 1;26(12):S165.