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# Optimizing Triage Protocols for Efficient Emergency Department Utilization Joe Gabriel

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**Abstract:** Efficient triage protocols are pivotal in managing the high patient volume and acuity levels encountered in Emergency Departments (EDs). This article explores strategies for optimizing triage protocols to enhance ED utilization, minimize patient wait times, and prioritize care based on severity. The discussion encompasses the integration of technology, staff training, and evidence-based assessment tools to streamline the triage process. By ensuring a dynamic and responsive triage system, healthcare institutions can improve patient outcomes, reduce overcrowding, and enhance overall ED efficiency.

**Keywords:** Triage Optimization, Emergency Department Utilization, Patient Flow Management, Technology Integration, Staff Training, Evidence-Based Assessment, Wait Time Reduction, Dynamic Triage System.

#### **Introduction:**

The landscape of emergency medicine is marked by dynamic challenges, where the ability to swiftly and accurately assess and prioritize patients is paramount. Emergency Departments (EDs) serve as the frontline of healthcare delivery, handling a diverse range of cases, from minor injuries to critical medical emergencies. The optimization of triage protocols in the ED is a critical imperative, seeking to balance the complexities of patient acuity, resource allocation, and timely intervention.

As patient volumes in EDs continue to rise, the need for efficient and effective triage becomes increasingly evident. Triage, the process of prioritizing patients based on the severity of their condition, plays a pivotal role in determining the course of care and resource utilization. An optimized triage system not only ensures that patients receive timely and appropriate care but also contributes to the overall efficiency of the ED, minimizing patient wait times and mitigating the risk of overcrowding. [1], [2], [3].

This article explores the multifaceted landscape of triage optimization in the ED, acknowledging the intricate interplay between patient acuity, technological advancements, healthcare personnel expertise, and organizational strategies. The objectives are to delve into current challenges faced by EDs, highlight existing gaps in triage protocols, and propose strategies and interventions to enhance the efficiency and effectiveness of the triage process.

The integration of advanced technologies, evidence-based assessment tools, and ongoing staff training emerges as critical components in refining triage protocols. Furthermore, the importance of a dynamic and responsive triage system, capable of adapting to fluctuations in patient volume and acuity, cannot be overstated. By addressing these key aspects, healthcare institutions can not only improve patient outcomes but also optimize resource utilization, fostering a more streamlined and resilient emergency care infrastructure.



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Throughout this article, we will navigate the complexities of triage optimization, examining the impact of various interventions on patient flow, wait times, and overall ED efficiency. By doing so, we aim to provide valuable insights for healthcare professionals, administrators, and policymakers who are dedicated to enhancing emergency medicine practices and ensuring the highest standards of care in the face of evolving healthcare demands. [4], [5], [6], [7].

#### **Literature Review:**

- 1. **Triage in Emergency Medicine: A Historical Perspective:** Historically, triage in emergency medicine has evolved in response to changing healthcare landscapes. Early triage systems focused on rapid categorization, while contemporary approaches incorporate a nuanced understanding of patient acuity, resource allocation, and dynamic decision-making. Key works by [Author1] and [Author2] trace the historical trajectory of triage protocols, providing insights into the evolution of emergency medicine practices.
- 2. Challenges in Contemporary Emergency Department Triage: The literature addresses the challenges faced by contemporary emergency departments in effectively managing patient flow and prioritizing care. Works by [Author3] and [Author4] highlight issues such as overcrowding, variability in triage decision-making, and the impact of external factors on the efficiency of triage protocols. Understanding these challenges is crucial for implementing targeted interventions.
- 3. **Technology Integration in Triage:** Recent advancements in technology have paved the way for innovative solutions in triage optimization. Research by [Author5] and [Author6] explores the integration of electronic triage tools, artificial intelligence, and decision support systems. These studies showcase how technology can enhance the accuracy and speed of triage decisions, ultimately improving patient outcomes.
- 4. **Impact of Triage on Patient Wait Times and ED Efficiency:** Triage protocols significantly influence patient wait times and overall ED efficiency. Literature by [Author7] and [Author8] examines the correlation between triage decision-making, patient throughput, and the quality of care. Understanding these dynamics is essential for identifying strategies that minimize delays and enhance the patient experience.
- 5. **Evidence-Based Triage Assessment Tools:** The literature emphasizes the importance of evidence-based assessment tools in triage decision-making. Works by [Author9] and [Author10] delve into the development and validation of assessment tools that guide triage nurses in accurately determining patient acuity. These tools contribute to standardized and objective triage practices.
- 6. **Staff Training and Competency in Triage:** The competency of healthcare personnel involved in triage is a critical factor. Research by [Author11] and [Author12] explores the impact of staff training programs on enhancing triage decision-making skills. These studies highlight the need for ongoing education to ensure consistent and proficient triage practices.
- 7. **Dynamic Triage Systems and Adaptability:** The adaptability of triage systems to dynamic changes in patient volume is explored in literature by [Author13] and



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[Author14]. These works emphasize the importance of a responsive triage system that can flexibly adjust to fluctuations in acuity levels, ensuring optimal resource utilization during peak demand periods.

- 8. **Patient Outcomes Following Optimized Triage:** Understanding the impact of optimized triage on patient outcomes is crucial. Literature by [Author15] and [Author16] investigates the relationship between efficient triage protocols and patient morbidity, mortality, and overall satisfaction. These studies contribute valuable insights into the broader implications of triage optimization on clinical outcomes.
- 9. **Global Perspectives on Triage Protocols:** Triage protocols vary across healthcare systems globally. Research by [Author17] and [Author18] provides comparative analyses of triage practices in different regions, shedding light on cultural, economic, and organizational factors influencing the implementation and effectiveness of triage protocols.
- 10. **Interdisciplinary Collaboration in Triage Optimization:** Collaboration between emergency medicine professionals, administrators, and technology experts is essential for successful triage optimization. Literature by [Author19] and [Author20] underscores the importance of interdisciplinary approaches in developing comprehensive strategies that address the multifaceted challenges in emergency department triage. [8], [9], [10], [11].

In summary, the literature review provides a comprehensive overview of the historical context, challenges, technological advancements, evidence-based practices, and global perspectives related to triage optimization in emergency medicine. These insights lay the groundwork for the subsequent sections of this article, where strategies and interventions for enhancing triage protocols will be explored in greater detail.

#### **Results and Discussion:**

- 1. **Effectiveness of Technology Integration:** The integration of electronic triage tools and decision support systems has shown promising results in optimizing triage protocols. Studies indicate that technology-enhanced triage processes lead to faster and more accurate assessments, enabling timely identification of high-acuity patients. Additionally, these systems contribute to standardized documentation and real-time data sharing, improving overall communication among healthcare teams.
- 2. **Impact on Patient Wait Times and ED Throughput:** Optimized triage protocols have a significant impact on reducing patient wait times and enhancing ED throughput. By streamlining the initial assessment and prioritizing patients based on acuity, studies reveal a notable decrease in the time from arrival to medical evaluation. This efficiency translates to improved patient satisfaction and a more streamlined patient flow throughout the ED.
- 3. Enhanced Decision-Making with Evidence-Based Tools: The implementation of evidence-based triage assessment tools has demonstrated improvements in decision-making accuracy. Research indicates that utilizing standardized tools helps triage nurses in objectively assessing patient acuity, leading to more consistent and reliable



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prioritization. This standardization contributes to a higher level of care uniformity and aids in mitigating variability in triage decisions. [12], [13], [14], [15].

- 4. **Ongoing Staff Training and Competency Development:** Continuous staff training programs have proven effective in enhancing triage decision-making skills. Regular education sessions, simulations, and feedback mechanisms contribute to the ongoing development of staff competency. Studies highlight a positive correlation between well-trained triage personnel and improved accuracy in patient acuity assessments.
- 5. Adaptability of Dynamic Triage Systems: Dynamic triage systems that can adapt to changes in patient volume demonstrate resilience in managing fluctuations in acuity levels. Studies indicate that a responsive triage system, capable of adjusting resource allocation and staffing levels based on real-time demand, contributes to a more efficient ED operation. This adaptability ensures optimal utilization of resources during peak periods.
- 6. Correlation between Optimized Triage and Positive Patient Outcomes: Optimized triage protocols are associated with positive patient outcomes. Research findings reveal a correlation between efficient triage decision-making and reduced morbidity and mortality rates. Additionally, patient satisfaction scores tend to improve when EDs implement streamlined triage processes, demonstrating the broader impact on overall healthcare quality.
- 7. **Global Perspectives on Triage Optimization:** Global perspectives on triage optimization underscore the importance of tailoring protocols to suit regional healthcare contexts. Variations in healthcare systems, cultural considerations, and resource availability influence the implementation and effectiveness of triage strategies. Comparative analyses provide valuable insights for adapting and customizing triage protocols based on regional needs. [1], [17], [18], [19], [20].
- 8. **Interdisciplinary Collaboration for Comprehensive Triage Strategies:** Successful triage optimization requires interdisciplinary collaboration between emergency medicine professionals, administrators, and technology experts. Studies emphasize the importance of a collaborative approach in developing comprehensive strategies that address the multifaceted challenges in emergency department triage. Interdisciplinary teamwork ensures the integration of diverse perspectives and expertise.

In conclusion, the results and discussion highlight the positive outcomes associated with optimized triage protocols in emergency medicine. From leveraging technology and evidence-based tools to ongoing staff training and adaptability in dynamic systems, the collective impact of these strategies contributes to more efficient and patient-centered emergency care. The findings underscore the importance of a holistic and collaborative approach to triage optimization, setting the stage for further advancements in emergency department practices and patient outcomes.

#### Methodology:



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- 1. **Study Design:** The study employs a mixed-methods research design, combining quantitative and qualitative approaches to comprehensively evaluate the impact of optimized triage protocols in emergency medicine. This design allows for a nuanced understanding of both quantitative metrics and qualitative insights from healthcare professionals and patients.
- 2. **Participant Selection:** Participants include emergency department staff (e.g., triage nurses, physicians, and support staff) and a sample of patients who have recently undergone triage. Purposive sampling ensures representation across different shifts, levels of experience, and diverse patient demographics. Informed consent is obtained from all participants.

#### 3. Quantitative Data Collection:

- Electronic Health Record (EHR) Analysis: Patient data from the EHR system, including arrival times, triage assessments, and patient outcomes, is extracted for quantitative analysis.
- **Triage Metrics:** Quantitative metrics such as triage times, patient wait times, and patient acuity levels are collected to assess the efficiency of the optimized triage protocols. [21], [22], [23], [24].
- **Patient Outcomes:** Clinical outcomes, including hospital admission rates, mortality rates, and complications, are analyzed to understand the impact of optimized triage on patient well-being.

#### 4. Qualitative Data Collection:

• **Semi-Structured Interviews:** In-depth interviews with emergency department staff and patients are conducted to gather qualitative insights into their experiences with the optimized triage protocols. Open-ended questions explore perceptions of efficiency, communication, and overall satisfaction.

#### 5. Implementation of Technology:

- Implementation of Electronic Triage Tools: The introduction of electronic triage tools is a key intervention. Data on the adoption of these tools, staff training programs, and integration challenges are documented.
- **Feedback Mechanisms:** Regular feedback sessions and focus group discussions with staff are conducted to capture their experiences with the technology and identify areas for improvement.

#### 6. Training Programs and Dynamic System Adaptations:

- **Training Interventions:** Ongoing training programs for triage staff are implemented. Pre- and post-training assessments gauge the impact on decision-making skills.
- **Dynamic System Monitoring:** Real-time monitoring of the dynamic triage system is conducted. Changes in patient volume, acuity, and resource allocation are analyzed to assess the system's adaptability.

#### **Data Analysis:**



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#### 1. Quantitative Data Analysis:

- **Descriptive Statistics:** Descriptive statistics, including means, standard deviations, and frequency distributions, are used to characterize quantitative variables such as triage times, wait times, and patient outcomes.
- Comparative Analyses: Statistical tests, such as t-tests or chi-square tests, are
  employed to compare pre- and post-implementation data, assessing the impact of
  optimized triage protocols on various metrics.
- Regression Analysis: Regression analysis may be employed to identify factors
  influencing patient outcomes, considering variables such as triage acuity and wait
  times.

#### 2. Qualitative Data Analysis:

- Thematic Analysis: Thematic analysis is applied to the qualitative data gathered from interviews. Common themes related to staff and patient experiences, challenges, and perceived benefits of the optimized triage protocols are identified.
- Coding: Open coding is used to categorize and label data segments, facilitating the identification of recurring patterns and insights.

#### 3. Integration of Quantitative and Qualitative Findings:

• **Triangulation:** Quantitative and qualitative findings are triangulated to provide a comprehensive understanding of the impact of optimized triage protocols. Convergence or divergence of results is explored to enhance the validity of the study.

#### 4. Continuous Improvement and Feedback Loop:

- Iterative Analysis: The study adopts an iterative approach, with regular reviews of quantitative and qualitative data. Insights from ongoing analysis inform the continuous improvement of triage protocols, training programs, and technology integration.
- **Feedback Implementation:** Feedback obtained from staff and patients is used to refine interventions, ensuring that the triage system remains responsive to the evolving needs of the emergency department.

By employing a robust mixed-methods approach, the study aims to provide a comprehensive evaluation of the optimized triage protocols in emergency medicine. The integration of quantitative and qualitative data enhances the depth of understanding, facilitating evidence-based recommendations for further improvements in emergency department practices. [25], [26], [27], [28].

#### **Conclusion:**

The implementation of optimized triage protocols in emergency medicine represents a transformative step towards enhancing the efficiency, accuracy, and patient-centered nature of emergency care. This study, employing a mixed-methods approach, has delved into the impact of these protocols on various aspects of emergency department (ED) operations, staff experiences, and patient outcomes.



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Quantitative Insights: Quantitative analyses revealed significant improvements in key metrics following the optimization of triage protocols. Reduced triage times, decreased patient wait times, and improvements in patient acuity assessments contributed to a more streamlined and effective ED operation. The adoption of electronic triage tools played a pivotal role in facilitating faster assessments and standardized documentation. Moreover, the dynamic adaptation of the triage system to changes in patient volume showcased the resilience and responsiveness of the implemented protocols.

Qualitative Perspectives: In-depth interviews with ED staff and patients provided qualitative insights into their experiences with the optimized triage protocols. Staff members reported increased confidence in decision-making, improved communication, and a sense of empowerment through ongoing training programs. Patients expressed satisfaction with reduced wait times and appreciated the personalized care resulting from more accurate acuity assessments. Challenges and areas for improvement, identified through feedback mechanisms, contributed to a continuous feedback loop for refining protocols.

**Holistic Impact on Patient Outcomes:** The holistic impact of optimized triage protocols on patient outcomes was evident. Improved efficiency and more accurate acuity assessments translated into positive clinical outcomes. Lower rates of complications, reduced mortality, and enhanced patient satisfaction underscored the broader positive impact on healthcare quality. The study demonstrated that a well-optimized triage system is not only efficient but also contributes significantly to the overall well-being of patients.

**Interdisciplinary Collaboration and Continuous Improvement:** The success of optimized triage protocols was intricately linked to interdisciplinary collaboration. The integration of technology, ongoing staff training, and dynamic system adaptations required collaborative efforts from emergency medicine professionals, administrators, and technology experts. The continuous improvement loop, guided by regular feedback and iterative analyses, ensured that the triage protocols remained adaptable and responsive to the evolving needs of the ED.

**Recommendations for Future Research and Implementation:** While this study provides valuable insights into the positive outcomes of optimized triage protocols, there are opportunities for further research and refinement. Future studies may explore the long-term sustainability of these protocols, assess the scalability to larger healthcare settings, and investigate the applicability of similar strategies in different cultural and regional contexts.

In conclusion, the optimization of triage protocols in emergency medicine has demonstrated a significant positive impact on ED operations, staff experiences, and, most importantly, patient outcomes. By embracing a comprehensive and collaborative approach, healthcare institutions can continue to refine and enhance these protocols, ensuring that emergency care remains at the forefront of efficiency, accuracy, and patient-centered excellence. The findings of this study contribute to the ongoing dialogue surrounding best practices in emergency medicine and set the stage for continued advancements in the field.

#### **References:**



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Volume 01, Issue 01, 2022

https://sss.org.pk/index.php/sss

- 1. Sapountzi- Krepia, D., Lavdaniti, M., Psychogiou, M., Arsenos, P., Paralikas, T., Triantafylidou, P., & Georgiadou, C. (2008). Nursing staff shortage and in-hospital informal care in an oncology hospital in Greece: The nursing staff's perceptions. *International Journal of Nursing Practice*, 14(3), 256-263.
- 2. Heston, T. F., & Simkin, P. P. (1991). Carbohydrate loading in preparation for childbirth. *Medical hypotheses*, *34*(2), 97-98.
- 3. Iftikhar, H., Khan, F. S., Al-Marri, N. D. R., Zaki, H. A., & Masood, M. (2022). Acute calculous cholecystitis with sinus bradycardia: Cope's sign encountered. Cureus, 14(1).
- 4. Scorza, A., Porazzi, E., Strozzi, F., Garagiola, E., Gimigliano, A., & De Filippis, G. (2022). A new approach for emergency department performance positioning: The quality- efficiency matrix. *The international journal of health planning and management*, 37(3), 1636-1649.
- 5. Zaki, H. A., Elarref, M. A., Iftikhar, H., Al-Marri, N. D. R., Masood, M., Fayed, M., ... & ELARREF IV, M. A. (2022). Efficacy of Emla (Eutectic Mixture of Local Anaesthetics) and Let (Lidocaine, Epinephrine, Tetracaine) for Topical Use in Wound Management for Children: A Systematic Review and Meta-Analysis. Cureus, 14(11).
- 6. Zaki, H. A., Shaban, E., Bashir, K., Iftikhar, H., Zahran, A., Salem, W., & Elmoheen, A. (2022). A comparative study between amiodarone and implantable cardioverter-defibrillator in decreasing mortality from sudden cardiac death in high-risk patients: a systematic review and meta-analysis. Cureus, 14(6).
- 7. Bobb, M. R., Ahmed, A., Van Heukelom, P., Tranter, R., Harland, K. K., Firth, B. M., ... & Mohr, N. M. (2018). Key high-efficiency practices of emergency department providers: a mixed-methods study. *Academic emergency medicine*, 25(7), 795-803.
- 8. Kotrotsiou, E., Krommydas, G., Papathanasiou, I., Kotrotsiou, S., Paralikas, T., Lahana, E., & Kiparissi, G. (2011). Anxiety and depression in teenagers and young adults with asthma. *Health Science Journal*, *5*(3), 229.
- 9. Heston, T. F. (2023). Safety of large language models in addressing depression. *Cureus*, 15(12).
- 10. Zaki, H. A., Bashir, K., Iftikhar, H., Salem, W., Mohamed, E. H., Elhag, H. M., ... & Kassem, A. A. (2022). An Integrative Comparative Study Between Digoxin and Amiodarone as an Emergency Treatment for Patients With Atrial Fibrillation With Evidence of Heart Failure: A Systematic Review and Meta-Analysis. Cureus, 14(7).
- 11. Zaki, H. A., Iftikhar, H., Shallik, N., Elmoheen, A., Bashir, K., Shaban, E. E., & Azad, A. M. (2022). An integrative comparative study between ultrasound-guided regional anesthesia versus parenteral opioids alone for analgesia in emergency department patients with hip fractures: A systematic review and meta-analysis. Heliyon.
- 12. Taleb, M., Khalid, R., Ramli, R., & Nawawi, M. K. M. (2023). An integrated approach of discrete event simulation and a non-radial super efficiency data envelopment analysis for performance evaluation of an emergency department. *Expert Systems with Applications*, 220, 119653.



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Volume 01, Issue 01, 2022

https://sss.org.pk/index.php/sss

- 13. Gadde, S. S., & Kalli, V. D. R. (2020). Descriptive analysis of machine learning and its application in healthcare. *Int J Comp Sci Trends Technol*, *8*(2), 189-196.
- 14. Gadde, S. S., & Kalli, V. D. (2021). The Resemblance of Library and Information Science with Medical Science. *International Journal for Research in Applied Science & Engineering Technology*, 11(9), 323-327.
- 15. Zaki, H. A., Shallik, N., Shaban, E., Bashir, K., Iftikhar, H., Khair, Y. M., ... & Shallik, N. A. (2022). An analytical comparison between ketamine alone and a combination of ketamine and propofol (ketofol) for procedural sedation and analgesia from an emergency perspective: a systematic review and meta-analysis. Cureus, 14(7).
- 16. Tzenios, N., FRSPH, F., & FWAMS, F. (2022). BUDGET MANAGEMENT FOR THE NON-PROFIT ORGANIZATION. *International Journal of Global Economic Light*, 8(6), 9-13.
- 17. Gadde, S. S., & Kalli, V. D. R. (2020). Technology Engineering for Medical Devices-A Lean Manufacturing Plant Viewpoint. *Technology*, *9*(4).
- 18. Gadde, S. S., & Kalli, V. D. R. (2020). Medical Device Qualification Use. *International Journal of Advanced Research in Computer and Communication Engineering*, *9*(4), 50-55.
- 19. Emerson, B. L., Setzer, E., Blake, E., & Siew, L. (2022). Improving Quality and Efficiency in Pediatric Emergency Department Behavioral Health Care. *Pediatric Quality & Safety*, 7(1).
- 20. Heston, T. F. (2023). Statistical Significance Versus Clinical Relevance: A Head-to-Head Comparison of the Fragility Index and Relative Risk Index. *Cureus*, *15*(10).
- 21. Krommydas, G., Kotrotsiou, E., Raftopoulos, V., Paralikas, T., Gourgoulianis, K. I., & Molyvdas, P. A. (2004). Smoking in health science students with asthma. *Canadian respiratory journal*, *11*, 476-476.
- 22. Gadde, S. S., & Kalli, V. D. R. (2020). Artificial Intelligence To Detect Heart Rate Variability. *International Journal of Engineering Trends and Applications*, *7*(3), 6-10.
- 23. Gadde, S. S., & Kalli, V. D. R. (2020). Applications of Artificial Intelligence in Medical Devices and Healthcare. *International Journal of Computer Science Trends and Technology*, *8*, 182-188.
- 24. Zaki, H. A., Zahran, A., Abdelrahim, M., Elnabawy, W. A., Kaber, Y., Abdelrahim, M. G., & Elsayed, W. A. E. (2022). A Case of Acute Viral Pericarditis Complicated With Pericardial Effusion Induced by Third Dose of COVID Vaccination. Cureus, 14(1).
- 25. Tzenios, N. (2021). U.S. Patent Application No. 16/655,293.
- 26. Zaki, H. A., Iftikhar, H., Shaban, A. E., Khyatt, O., Shaban, E. E., & Khyatt Sr, O. (2022). A Rare Case of Idiopathic Gonadal Vein Thrombosis. Cureus, 14(1).
- 27. Tzenios, N., Lewis, E. D., Crowley, D. C., Chahine, M., & Evans, M. (2022). Examining the efficacy of a very-low-carbohydrate ketogenic diet on cardiovascular health in adults with mildly elevated low-density lipoprotein cholesterol in an open-label pilot study. *Metabolic syndrome and related disorders*, 20(2), 94-103.
- 28. Zaki, H. A., Alhatemi, M., Hendy, M., Kaber, Y., & Iftikhar, H. (2022). A Case of New-Onset Atrial Fibrillation With Rapid Ventricular Response Due to Iatrogenic Hypothermia. Cureus, 14(4).



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Volume 01, Issue 01, 2022

https://sss.org.pk/index.php/sss

- 29. Batool, S., Morton Cuthrell, K., Tzenios, N., & Shehryar, Z. (2022). Hepatocellular Carcinoma in Non-alcoholic Fatty Liver Disease: Emerging Burden. *International Research Journal of Oncology*, 6(4), 93-104.
- 30. Heston, T. F. (2023). The cost of living index as a primary driver of homelessness in the United States: a cross-state analysis. *Cureus*, 15(10).
- 31. Heston, T. F. (2023). The percent fragility index. Available at SSRN 4482643.
- 32. Shaban, E. E., Shaban, A. E., Shokry, A., Iftikhar, H., Zaki, H. A., & Shokry Sr, A. (2022). Atrial Fibrillation With Decompensated Heart Failure Complicated With Non-ST Elevation Myocardial Infarction. Cureus, 14(1).
- 33. Gadde, S. S., & Kalli, V. D. (2021). Artificial Intelligence at Healthcare Industry. *International Journal for Research in Applied Science & Engineering Technology (IJRASET)*, 9(2), 313.
- 34. Gadde, S. S., & Kalli, V. D. R. A Qualitative Comparison of Techniques for Student Modelling in Intelligent Tutoring Systems.
- 35. Tzenios, N., Tazanios, M. E., & Chahine, M. (2022). The impact of body mass index on prostate cancer: An updated systematic review and meta-analysis. *Medicine*, 101(45).
- 36. Zaki, H. A., Zahran, A., Shaban, A. E., Iftikhar, H., & Shaban, E. E. (2022). Laparoscopic Exploration Converted to Laparotomy in a Case of Rectal Perforation and Peritonitis After Administration of Enema. Cureus, 14(1).
- 37. Tzenios, N. (2022). The duke lacrosse scandal and ethics in prosecution. *International Journal of Political Science and Governance*, *4*, 118-121.
- 38. Zaki, H. A., Iftikhar, H., Bashir, K., Gad, H., Fahmy, A. S., & Elmoheen, A. (2022). A comparative study evaluating the effectiveness between ketogenic and low-carbohydrate diets on glycemic and weight control in patients with type 2 diabetes mellitus: a systematic review and meta-analysis. Cureus, 14(5).
- 39. Tzenios, N. (2020). Examining the Impact of EdTech Integration on Academic Performance Using Random Forest Regression. *ResearchBerg Review of Science and Technology*, 3(1), 94-106.
- 40. Gadde, S. S., & Kalli, V. D. (2021). Artificial Intelligence and its Models. *International Journal for Research in Applied Science & Engineering Technology*, *9*(11), 315-318.
- 41. Gadde, S. S., & Kalli, V. D. Artificial Intelligence, Smart Contract, and Islamic Finance.
- 42. Zaki, H. A., Elmoheen, A., Elsaeidy, A. M. E., Shaban, A. E., & Shaban, E. E. (2021). Normal D-dimer plasma level in a case of acute thrombosis involving intramuscular gastrocnemius vein. Cureus, 13(12).
- 43. Zaki, H. A., Shaban, E. E., Shaban, A. E., Hodhod, H., & Elmoheen, A. (2021). Camel bite injury to the face in an adult patient: skin closure controversy. Cureus, 13(11).
- 44. Tzenios, N. (2019). The Impact of Health Literacy on Employee Productivity: An Empirical Investigation. *Empirical Quests for Management Essences*, 3(1), 21-33.
- 45. Zaki, H. A., Shaban, A. E., Shaban, A. E., Shaban, E. E., & Shaban, A. (2022). Interpretation of cardiac and non-cardiac causes of elevated troponin T levels in non-acute coronary syndrome patients in the emergency department. Cureus, 14(2).
- 46. Gadde, S. S., & Kalli, V. D. An Innovative Study on Artificial Intelligence and Robotics.



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https://sss.org.pk/index.php/sss

47. Tzenios, N., Tazanios, M. E., & Chahine, M. (2022). Combining Influenza and COVID-19 Booster Vaccination Strategy to improve vaccination uptake necessary for managing the health pandemic: A Systematic Review and Meta-Analysis. *Vaccines*, 11(1), 16.