## Benjamin C Sun

List of Publications by Year in descending order

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#	Article	IF	CITATIONS
1	Effect of Emergency Department Crowding on Outcomes of Admitted Patients. Annals of Emergency Medicine, 2013, 61, 605-611.e6.	0.3	511
2	Direct medical costs of syncope-related hospitalizations in the United States. American Journal of Cardiology, 2005, 95, 668-671.	0.7	266
3	2017 ACC/AHA/HRS Guideline for the Evaluation and Management of Patients With Syncope. Journal of the American College of Cardiology, 2017, 70, e39-e110.	1.2	231
4	Predictors and Outcomes of Frequent Emergency Department Users. Academic Emergency Medicine, 2003, 10, 320-328.	0.8	217
5	2017 ACC/AHA/HRS Guideline for the Evaluation and Management of Patients With Syncope: Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society. Circulation, 2017, 136, e25-e59.	1.6	215
6	2017 ACC/AHA/HRS Guideline for the Evaluation and Management of Patients With Syncope: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society. Circulation, 2017, 136, e60-e122.	1.6	189
7	2017 ACC/AHA/HRS guideline for the evaluation and management of patients with syncope. Heart Rhythm, 2017, 14, e155-e217.	0.3	163
8	2017 ACC/AHA/HRS Guideline forÂtheÂEvaluation and Management ofÂPatients With Syncope: ExecutiveÂSummary. Journal of the American College of Cardiology, 2017, 70, 620-663.	1.2	131
9	External Validation of the San Francisco Syncope Rule. Annals of Emergency Medicine, 2007, 49, 420-427.e4.	0.3	112
10	Characteristics and Admission Patterns of Patients Presenting with Syncope to U.S. Emergency Departments, 1992-2000. Academic Emergency Medicine, 2004, 11, 1029-1034.	0.8	111
11	Characteristics and Admission Patterns of Patients Presenting with Syncope to U.S. Emergency Departments, 1992–2000. Academic Emergency Medicine, 2004, 11, 1029-1034.	0.8	108
12	Syncope clinical management in the emergency department: a consensus from the first international workshop on syncope risk stratification in the emergency department. European Heart Journal, 2016, 37, 1493-1498.	1.0	96
13	Randomized Clinical Trial of an Emergency Department Observation Syncope Protocol Versus Routine Inpatient Admission. Annals of Emergency Medicine, 2014, 64, 167-175.	0.3	92
14	Incidence, etiology and predictors of adverse outcomes in 43,315 patients presenting to the Emergency Department with syncope: An international meta-analysis. International Journal of Cardiology, 2013, 167, 57-62.	0.8	90
15	Predictors of 30-Day Serious Events in Older Patients With Syncope. Annals of Emergency Medicine, 2009, 54, 769-778.e5.	0.3	89
16	Hospital Determinants of Emergency Department Left Without Being Seen Rates. Annals of Emergency Medicine, 2011, 58, 24-32.e3.	0.3	87
17	Hospital Strategies for Reducing Emergency Department Crowding: A Mixed-Methods Study. Annals of Emergency Medicine, 2018, 71, 497-505.e4.	0.3	82
18	Priorities for Emergency Department Syncope Research. Annals of Emergency Medicine, 2014, 64, 649-655.e2.	0.3	79

BENJAMIN C SUN

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19	National trends in resource utilization associated with ED visits for syncope. American Journal of Emergency Medicine, 2015, 33, 998-1001.	0.7	77
20	Validating a model of patient satisfaction with emergency care. Annals of Emergency Medicine, 2001, 38, 527-532.	0.3	76
21	Standardized Reporting Guidelines for Emergency Department Syncope Riskâ€stratification Research. Academic Emergency Medicine, 2012, 19, 694-702.	0.8	74
22	Effects of Hospital Closures and Hospital Characteristics on Emergency Department Ambulance Diversion, Los Angeles County, 1998 to 2004. Annals of Emergency Medicine, 2006, 47, 309-316.	0.3	69
23	Quality-of-Life, Health Service Use, and Costs Associated With Syncope. Progress in Cardiovascular Diseases, 2013, 55, 370-375.	1.6	66
24	Interpreting the National Hospital Ambulatory Medical Care Survey: United States Emergency Department Opioid Prescribing, 2006–2010. Academic Emergency Medicine, 2016, 23, 159-165.	0.8	61
25	Emergency Department Crowding Predicts Admission Length-of-Stay But Not Mortality in a Large Health System. Medical Care, 2014, 52, 602-611.	1.1	53
26	Are Echocardiography, Telemetry, Ambulatory Electrocardiography Monitoring, and Cardiac Enzymes in Emergency Department Patients Presenting with Syncope UsefulÂTests? A Preliminary Investigation. Journal of Emergency Medicine, 2014, 47, 113-118.	0.3	52
27	Patterns and Predictors of Short-Term Death After Emergency Department Discharge. Annals of Emergency Medicine, 2011, 58, 551-558.e2.	0.3	47
28	Risk Stratification of Older Adults Who Present to the Emergency Department With Syncope: The FAINT Score. Annals of Emergency Medicine, 2020, 75, 147-158.	0.3	45
29	Analysis of Emergency Department Visits for Palpitations (from the National Hospital Ambulatory) Tj ETQq1 1 0.	784314 rg 0.7	gBT <sub>34</sub> Overlock
30	Effect of Automated Prescription Drug Monitoring Program Queries on Emergency Department Opioid Prescribing. Annals of Emergency Medicine, 2018, 71, 337-347.e6.	0.3	34
31	Characteristics and temporal trends of "left before being seen―visits in US Emergency Departments, 1995–2002. Journal of Emergency Medicine, 2007, 32, 211-215.	0.3	33
32	A patient education intervention does not improve satisfaction with emergency care. Annals of Emergency Medicine, 2004, 44, 378-383.	0.3	32
33	Comparison of the HEART and TIMI Risk Scores for Suspected Acute Coronary Syndrome in the Emergency Department. Critical Pathways in Cardiology, 2016, 15, 1-5.	0.2	32
34	A Conceptual Model for Assessing Quality of Care for Patients Boarding in the Emergency Department: Structure-Process-Outcome. Academic Emergency Medicine, 2011, 18, 430-435.	0.8	29
35	Older Age Predicts Short-Term, Serious Events After Syncope. Journal of the American Geriatrics Society, 2007, 55, 907-912.	1.3	27
36	Predictors of Admission After Emergency Department Discharge in Older Adults. Journal of the American Geriatrics Society, 2015, 63, 39-45.	1.3	27

BENJAMIN C SUN

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37	2017 ACC/AHA/HRS guideline for the evaluation and management of patients with syncope: Executive summary. Heart Rhythm, 2017, 14, e218-e254.	0.3	27
38	Inconsistent electrocardiographic testing for syncope in United States emergency departments. American Journal of Cardiology, 2004, 93, 1306-1308.	0.7	24
39	Predictors of Short-Term (Seven-Day) Cardiac Outcomes After Emergency Department Visit for Syncope. American Journal of Cardiology, 2010, 105, 82-86.	0.7	24
40	National Cost Savings From Observation Unit Management of Syncope. Academic Emergency Medicine, 2015, 22, 934-941.	0.8	24
41	Impact of Hospital "Best Practice―Mandates on Prescription Opioid Dispensing After an Emergency Department Visit. Academic Emergency Medicine, 2017, 24, 905-913.	0.8	21
42	ECG Predictors of Cardiac Arrhythmias in Older Adults With Syncope. Annals of Emergency Medicine, 2018, 71, 452-461.e3.	0.3	21
43	Emergency Department Crowding and Outcomes After EmergencyÂDepartment Discharge. Annals of Emergency Medicine, 2015, 66, 483-492.e5.	0.3	20
44	Clinical Benefit of Hospitalization for Older Adults With Unexplained Syncope: A Propensity-Matched Analysis. Annals of Emergency Medicine, 2019, 74, 260-269.	0.3	18
45	Interâ€rater Reliability of the <scp>HEART</scp> Score. Academic Emergency Medicine, 2019, 26, 552-555.	0.8	18
46	Patterns and Preexisting Risk Factors of 30â€Ðay Mortality After a Primary Discharge Diagnosis of Syncope or Near Syncope. Academic Emergency Medicine, 2012, 19, 488-496.	0.8	17
47	Qualitative Factors in Patients Who Die Shortly After Emergency Department Discharge. Academic Emergency Medicine, 2013, 20, 778-785.	0.8	17
48	Estimating the Cost of Care for Emergency Department Syncope Patients: Comparison of Three Models. Western Journal of Emergency Medicine, 2017, 18, 253-257.	0.6	17
49	Predictors of Short-Term Outcomes after Syncope: A Systematic Review and Meta-Analysis. Western Journal of Emergency Medicine, 2018, 19, 517-523.	0.6	17
50	Neural networks as a tool to predict syncope risk in the Emergency Department. Europace, 2017, 19, 1891-1895.	0.7	16
51	Outcomes in syncope research: a systematic review and critical appraisal. Internal and Emergency Medicine, 2018, 13, 593-601.	1.0	16
52	Do Highâ€sensitivity Troponin and Natriuretic Peptide Predict Death or Serious Cardiac Outcomes After Syncope?. Academic Emergency Medicine, 2019, 26, 528-538.	0.8	15
53	Development of a Patient Decision Aid for Syncope in the Emergency Department: the Syn <scp>DA</scp> Tool. Academic Emergency Medicine, 2018, 25, 425-433.	0.8	14
54	Effect of an education kiosk on patient knowledge about rapid HIV screening. Journal of Telemedicine and Telecare, 2010, 16, 158-161.	1.4	13

BENJAMIN C SUN

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55	How can we improve management of syncope in the Emergency Department?. Cardiology Journal, 2014, 21, 643-650.	0.5	13
56	Variation in diagnostic testing for older patients with syncope in the emergency department. American Journal of Emergency Medicine, 2019, 37, 810-816.	0.7	13
57	Shared Decision Making for Syncope in the Emergency Department: A Randomized Controlled Feasibility Trial. Academic Emergency Medicine, 2020, 27, 853-865.	0.8	13
58	Low Diagnostic Yield of Electrocardiogram Testing in Younger Patients With Syncope. Annals of Emergency Medicine, 2008, 51, 240-246.e1.	0.3	12
59	Impact of a kiosk educational module on HIV screening rates and patient knowledge. Journal of Telemedicine and Telecare, 2011, 17, 446-450.	1.4	11
60	Design, Challenges, and Implications of Quality Improvement Projects Using the Electronic Medical Record. Circulation: Cardiovascular Quality and Outcomes, 2016, 9, 593-599.	0.9	11
61	Prevalence of Pulmonary Embolism Among Emergency Department Patients With Syncope: AÂMulticenter Prospective Cohort Study. Annals of Emergency Medicine, 2019, 73, 500-510.	0.3	10
62	Emergency Physicians' Perceptions and Decision-making ProcessesÂRegarding Patients Presenting with Palpitations. Journal of Emergency Medicine, 2015, 49, 236-243.e2.	0.3	8
63	Reliability of Clinical Assessments in Older Adults With Syncope or Near Syncope. Academic Emergency Medicine, 2016, 23, 1014-1021.	0.8	7
64	Comparison of 30-Day Serious Adverse Clinical Events for Elderly Patients Presenting to the Emergency Department With Near-Syncope Versus Syncope. Annals of Emergency Medicine, 2019, 73, 274-280.	0.3	7
65	Recurrent syncope is not an independent risk predictor for future syncopal events or adverse outcomes. American Journal of Emergency Medicine, 2019, 37, 869-872.	0.7	6
66	QTc prolongation as a marker of 30-day serious outcomes in older patients with syncope presenting to the Emergency Department. American Journal of Emergency Medicine, 2019, 37, 685-689.	0.7	5
67	Orthostatic vital signs do not predict 30†day serious outcomes in older emergency department patients with syncope: A multicenter observational study. American Journal of Emergency Medicine, 2019, 37, 2215-2223.	0.7	5
68	Predictors of Clinically Significant Echocardiography Findings in Older Adults with Syncope: A Secondary Analysis. Journal of Hospital Medicine, 2018, 13, E1-E7.	0.7	5
69	Frequency of Abnormal and Critical Laboratory Results in Older Patients Presenting to the Emergency Department With Syncope. Academic Emergency Medicine, 2020, 27, 161-164.	0.8	4
70	Personalized risk stratification through attribute matching for clinical decision making in clinical conditions with aspecific symptoms: The example of syncope. PLoS ONE, 2020, 15, e0228725.	1.1	4
71	Are Discharge Prescriptions of Opioids From the Emergency Department Truly Rising?. Academic Emergency Medicine, 2014, 21, 946-946.	0.8	3
72	Outcomes of Patients With Syncope and Suspected Dementia. Academic Emergency Medicine, 2018, 25, 880-890.	0.8	3

#	Article	IF	CITATIONS
73	A Systematic Review of Noninvasive Electrocardiogram Monitoring Devices for the Evaluation of Suspected Cardiovascular Syncope. Journal of Medical Devices, Transactions of the ASME, 2019, 13, .	0.4	3
74	Syncope Time Frames for Adverse Events after Emergency Department Presentation: An Individual Patient Data Meta-Analysis. Medicina (Lithuania), 2021, 57, 1235.	0.8	1
75	Surprising Predictors of Patient Satisfaction. Emergency Medicine News, 2002, 24, 3.	0.0	0