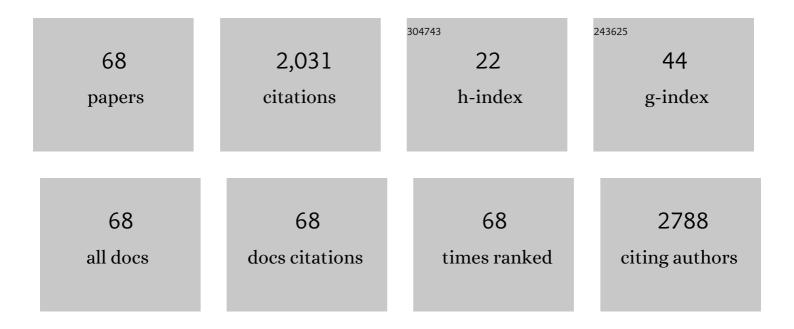
Benjamin C Sun

List of Publications by Year in descending order

Source: https://exaly.com/author-pdf/9091748/publications.pdf Version: 2024-02-01



#	Article	IF	CITATIONS
1	Effect of Emergency Department Crowding on Outcomes of Admitted Patients. Annals of Emergency Medicine, 2013, 61, 605-611.e6.	0.6	511
2	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.	2.2	96
3	Randomized Clinical Trial of an Emergency Department Observation Syncope Protocol Versus Routine Inpatient Admission. Annals of Emergency Medicine, 2014, 64, 167-175.	0.6	92
4	Hospital Strategies for Reducing Emergency Department Crowding: A Mixed-Methods Study. Annals of Emergency Medicine, 2018, 71, 497-505.e4.	0.6	82
5	Priorities for Emergency Department Syncope Research. Annals of Emergency Medicine, 2014, 64, 649-655.e2.	0.6	79
6	Emergency Department Visits for Nontraumatic Dental Problems: A Mixed-Methods Study. American Journal of Public Health, 2015, 105, 947-955.	2.7	79
7	National trends in resource utilization associated with ED visits for syncope. American Journal of Emergency Medicine, 2015, 33, 998-1001.	1.6	77
8	Standardized Reporting Guidelines for Emergency Department Syncope Riskâ€stratification Research. Academic Emergency Medicine, 2012, 19, 694-702.	1.8	74
9	Quality-of-Life, Health Service Use, and Costs Associated With Syncope. Progress in Cardiovascular Diseases, 2013, 55, 370-375.	3.1	66
10	Interpreting the National Hospital Ambulatory Medical Care Survey: United States Emergency Department Opioid Prescribing, 2006–2010. Academic Emergency Medicine, 2016, 23, 159-165.	1.8	61
11	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.	0.7	52
12	Risk Stratification of Older Adults Who Present to the Emergency Department With Syncope: The FAINT Score. Annals of Emergency Medicine, 2020, 75, 147-158.	0.6	45
13	Conversion to Persistent or High-Risk Opioid UseÂAfter a New Prescription From the Emergency Department: Evidence From Washington MedicaidÂBeneficiaries. Annals of Emergency Medicine, 2019, 74, 611-621.	0.6	44
14	Clinical Decision Rules for Diagnostic Imaging in the Emergency Department: A Research Agenda. Academic Emergency Medicine, 2015, 22, 1406-1416.	1.8	36
15	Analysis of Emergency Department Visits for Palpitations (from the National Hospital Ambulatory) Tj ETQq1 1 0.	784314 rg 1.6	gBT ₃ 4Overloc
16	Effect of Automated Prescription Drug Monitoring Program Queries on Emergency Department Opioid Prescribing. Annals of Emergency Medicine, 2018, 71, 337-347.e6.	0.6	34
17	Comparing Emergency Department Use Among Medicaid and Commercial Patients Using All-Payer All-Claims Data. Population Health Management, 2017, 20, 271-277.	1.7	33
18	Early Noninvasive Cardiac Testing After Emergency Department Evaluation for Suspected Acute Coronary Syndrome. JAMA Internal Medicine, 2020, 180, 1621.	5.1	33

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#	Article	IF	CITATIONS
19	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.	0.5	32
20	The HEART Score for Suspected Acute Coronary Syndrome in U.S.ÂEmergency Departments. Journal of the American College of Cardiology, 2018, 72, 1875-1877.	2.8	29
21	Effect of a HEART Care Pathway on Chest Pain Management Within an Integrated Health System. Annals of Emergency Medicine, 2019, 74, 171-180.	0.6	25
22	National Cost Savings From Observation Unit Management of Syncope. Academic Emergency Medicine, 2015, 22, 934-941.	1.8	24
23	Impact of Hospital "Best Practice―Mandates on Prescription Opioid Dispensing After an Emergency Department Visit. Academic Emergency Medicine, 2017, 24, 905-913.	1.8	21
24	Emergency Department Crowding and Outcomes After EmergencyÂDepartment Discharge. Annals of Emergency Medicine, 2015, 66, 483-492.e5.	0.6	20
25	Emergency Department Attending Physician Variation in Opioid Prescribing in Low Acuity Back Pain. Western Journal of Emergency Medicine, 2017, 18, 1135-1142.	1.1	20
26	Evaluation of Outpatient Cardiac Stress Testing After Emergency Department Encounters for Suspected Acute Coronary Syndrome. Annals of Emergency Medicine, 2019, 74, 216-223.	0.6	20
27	Single vs Serial Measurements of Cardiac Troponin Level in the Evaluation of Patients in the Emergency Department With Suspected Acute Myocardial Infarction. JAMA Network Open, 2021, 4, e2037930.	5.9	20
28	High-Sensitivity Cardiac Troponin I as a Gatekeeper for Coronary Computed Tomography Angiography and Stress Testing in Patients with Acute Chest Pain. Clinical Chemistry, 2017, 63, 1724-1733.	3.2	19
29	Variations in prescription drug monitoring program use by prescriber specialty. Journal of Substance Abuse Treatment, 2018, 94, 35-40.	2.8	19
30	Clinical Benefit of Hospitalization for Older Adults With Unexplained Syncope: A Propensity-Matched Analysis. Annals of Emergency Medicine, 2019, 74, 260-269.	0.6	18
31	Interâ€rater Reliability of the <scp>HEART</scp> Score. Academic Emergency Medicine, 2019, 26, 552-555.	1.8	18
32	Neural networks as a tool to predict syncope risk in the Emergency Department. Europace, 2017, 19, 1891-1895.	1.7	16
33	Outcomes in syncope research: a systematic review and critical appraisal. Internal and Emergency Medicine, 2018, 13, 593-601.	2.0	16
34	Higher Emergency Physician Chest Pain Hospitalization Rates Do Not Lead to Improved Patient Outcomes. Circulation: Cardiovascular Quality and Outcomes, 2021, 14, e006297.	2.2	15
35	Shared Decision Making for Syncope in the Emergency Department: A Randomized Controlled Feasibility Trial. Academic Emergency Medicine, 2020, 27, 853-865.	1.8	13
36	Evaluating Sex Disparities in the Emergency Department Management of Patients With Suspected Acute Coronary Syndrome. Annals of Emergency Medicine, 2021, 77, 416-424.	0.6	13

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#	Article	IF	CITATIONS
37	Stroke Prophylaxis for Atrial Fibrillation? To Prescribe or Not to Prescribe—A Qualitative Study on the Decisionmaking Process of Emergency Department Providers. Annals of Emergency Medicine, 2019, 74, 759-771.	0.6	12
38	Identifying Patients with Low Risk of Acute Coronary Syndrome Without Troponin Testing: Validation of the HEAR Score. American Journal of Medicine, 2021, 134, 499-506.e2.	1.5	11
39	Prevalence of Pulmonary Embolism Among Emergency Department Patients With Syncope: AÂMulticenter Prospective Cohort Study. Annals of Emergency Medicine, 2019, 73, 500-510.	0.6	10
40	Opioid prescribing patterns after dental visits among beneficiaries of Medicaid in Washington state in 2014 and 2015. Journal of the American Dental Association, 2019, 150, 259-268.e1.	1.5	10
41	Practice Gap in Atrial Fibrillation Oral Anticoagulation Prescribing at Emergency Department Home Discharge. Western Journal of Emergency Medicine, 2020, 21, 924-934.	1.1	10
42	Risk-Adjusted Variation of Publicly Reported Emergency Department Timeliness Measures. Annals of Emergency Medicine, 2016, 67, 509-516.e7.	0.6	9
43	Automated abstraction of myocardial perfusion imaging reports using natural language processing. Journal of Nuclear Cardiology, 2022, 29, 1178-1187.	2.1	9
44	Emergency Physicians' Perceptions and Decision-making ProcessesÂRegarding Patients Presenting with Palpitations. Journal of Emergency Medicine, 2015, 49, 236-243.e2.	0.7	8
45	Cardiac Testing After Emergency Department Evaluation for Chest Pain. JAMA Internal Medicine, 2017, 177, 1183.	5.1	8
46	Impact of Physician–Patient Language Concordance on Patient Outcomes and Adherence to Clinical Chest Pain Recommendations. Academic Emergency Medicine, 2020, 27, 487-491.	1.8	8
47	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.	0.6	7
48	Association of Early Stress Testing with Outcomes for Emergency Department Evaluation of Suspected Acute Coronary Syndrome. Critical Pathways in Cardiology, 2016, 15, 60-68.	0.5	6
49	Is there a mismatch between policies to curtail physician opioid prescribing and what we know about changing physician behavior?. International Journal of Drug Policy, 2018, 56, 54-55.	3.3	6
50	Opioid Prescribing Practices for Pediatric Headache. Journal of Pediatrics, 2019, 204, 240-244.e2.	1.8	6
51	Does Prescription Opioid Shopping Increase Overdose Rates in Medicaid Beneficiaries?. Annals of Emergency Medicine, 2018, 71, 679-687.e3.	0.6	4
52	Frequency of Abnormal and Critical Laboratory Results in Older Patients Presenting to the Emergency Department With Syncope. Academic Emergency Medicine, 2020, 27, 161-164.	1.8	4
53	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.	2.5	4
54	Defer Urgent Noninvasive TestingÂinÂLow-Risk Chest PainÂPatients. Annals of Emergency Medicine, 2018, 71, 465-466.	0.6	2

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#	Article	IF	CITATIONS
55	Correlates of Emergency Department Service Utilization Among U.S. Chinese Older Adults. Journal of Immigrant and Minority Health, 2019, 21, 938-945.	1.6	2
56	The Accuracy of Interqual Criteria in Determining the Observation versus Inpatient Status in Older Adults with Syncope. Journal of Emergency Medicine, 2020, 59, 193-200.	0.7	2
57	Does Hospital Admission/Observation for Chest Pain Improve Patient Outcomes after Emergency Department Evaluation for Suspected Acute Coronary Syndrome?. Journal of General Internal Medicine, 2021, , 1.	2.6	2
58	Implementation of more sensitive cardiac troponin T assay in a state-wide health service. International Journal of Cardiology, 2021, 347, 66-72.	1.7	2
59	Early Noninvasive Cardiac Testing in Emergency Department Patients—Reply. JAMA Internal Medicine, 2021, 181, 882.	5.1	1
60	High-Sensitivity Cardiac Troponin Assay in Patients With Kidney Impairment. JAMA Internal Medicine, 2021, 181, 1239.	5.1	1
61	Syncope Time Frames for Adverse Events after Emergency Department Presentation: An Individual Patient Data Meta-Analysis. Medicina (Lithuania), 2021, 57, 1235.	2.0	1
62	In reply:. Annals of Emergency Medicine, 2018, 71, 433.	0.6	0
63	Title is missing!. , 2020, 15, e0228725.		0
64	Title is missing!. , 2020, 15, e0228725.		0
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