Benjamin C Sun

List of Publications by Year
in descending order

68	2,031	304743	243625
papers	citations	22 h-index	44 g-index

68	68	68	2788
all docs	docs citations	times ranked	citing authors

#	Article	IF	Citations
1	Automated abstraction of myocardial perfusion imaging reports using natural language processing. Journal of Nuclear Cardiology, 2022, 29, 1178-1187.	2.1	9
2	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
3	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
4	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
5	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
6	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
7	Early Noninvasive Cardiac Testing in Emergency Department Patientsâ€"Reply. JAMA Internal Medicine, 2021, 181, 882.	5.1	1
8	High-Sensitivity Cardiac Troponin Assay in Patients With Kidney Impairment. JAMA Internal Medicine, 2021, 181, 1239.	5.1	1
9	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
10	Syncope Time Frames for Adverse Events after Emergency Department Presentation: An Individual Patient Data Meta-Analysis. Medicina (Lithuania), 2021, 57, 1235.	2.0	1
11	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
12	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
13	Early Noninvasive Cardiac Testing After Emergency Department Evaluation for Suspected Acute Coronary Syndrome. JAMA Internal Medicine, 2020, 180, 1621.	5.1	33
14	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
15	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
16	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
17	Shared Decision Making for Syncope in the Emergency Department: A Randomized Controlled Feasibility Trial. Academic Emergency Medicine, 2020, 27, 853-865.	1.8	13
18	Impact of Physicianâ€"Patient Language Concordance on Patient Outcomes and Adherence to Clinical Chest Pain Recommendations. Academic Emergency Medicine, 2020, 27, 487-491.	1.8	8

#	Article	IF	Citations
19	Title is missing!. , 2020, 15, e0228725.		0
20	Title is missing!. , 2020, 15, e0228725.		0
21	Title is missing!. , 2020, 15, e0228725.		0
22	Title is missing!. , 2020, 15, e0228725.		0
23	Title is missing!. , 2020, 15, e0228725.		0
24	Title is missing!. , 2020, 15, e0228725.		0
25	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
26	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
27	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
28	Stroke Prophylaxis for Atrial Fibrillation? To Prescribe or Not to Prescribeâ€"A Qualitative Study on the Decisionmaking Process of Emergency Department Providers. Annals of Emergency Medicine, 2019, 74, 759-771.	0.6	12
29	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
30	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
31	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
32	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
33	Interâ€rater Reliability of the <scp>HEART</scp> Score. Academic Emergency Medicine, 2019, 26, 552-555.	1.8	18
34	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
35	Opioid Prescribing Practices for Pediatric Headache. Journal of Pediatrics, 2019, 204, 240-244.e2.	1.8	6
36	Outcomes in syncope research: a systematic review and critical appraisal. Internal and Emergency Medicine, 2018, 13, 593-601.	2.0	16

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37	Does Prescription Opioid Shopping Increase Overdose Rates in Medicaid Beneficiaries?. Annals of Emergency Medicine, 2018, 71, 679-687.e3.	0.6	4
38	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
39	In reply:. Annals of Emergency Medicine, 2018, 71, 433.	0.6	0
40	Defer Urgent Noninvasive TestingÂinÂLow-Risk Chest PainÂPatients. Annals of Emergency Medicine, 2018, 71, 465-466.	0.6	2
41	Hospital Strategies for Reducing Emergency Department Crowding: A Mixed-Methods Study. Annals of Emergency Medicine, 2018, 71, 497-505.e4.	0.6	82
42	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
43	Variations in prescription drug monitoring program use by prescriber specialty. Journal of Substance Abuse Treatment, 2018, 94, 35-40.	2.8	19
44	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
45	Impact of Hospital â€œBest Practiceâ€•Mandates on Prescription Opioid Dispensing After an Emergency Department Visit. Academic Emergency Medicine, 2017, 24, 905-913.	1.8	21
46	Neural networks as a tool to predict syncope risk in the Emergency Department. Europace, 2017, 19, 1891-1895.	1.7	16
47	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
48	Cardiac Testing After Emergency Department Evaluation for Chest Pain. JAMA Internal Medicine, 2017, 177, 1183.	5.1	8
49	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
50	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
51	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
52	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
53	Interpreting the National Hospital Ambulatory Medical Care Survey: United States Emergency Department Opioid Prescribing, 2006â€“2010. Academic Emergency Medicine, 2016, 23, 159-165.	1.8	61
54	Risk-Adjusted Variation of Publicly Reported Emergency Department Timeliness Measures. Annals of Emergency Medicine, 2016, 67, 509-516.e7.	0.6	9

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55	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
56	Clinical Decision Rules for Diagnostic Imaging in the Emergency Department: A Research Agenda. Academic Emergency Medicine, 2015, 22, 1406-1416.	1.8	36
57	Emergency Department Visits for Nontraumatic Dental Problems: A Mixed-Methods Study. American Journal of Public Health, 2015, 105, 947-955.	2.7	79
58	National Cost Savings From Observation Unit Management of Syncope. Academic Emergency Medicine, 2015, 22, 934-941.	1.8	24
59	Emergency Department Crowding and Outcomes After EmergencyÂDepartment Discharge. Annals of Emergency Medicine, 2015, 66, 483-492.e5.	0.6	20
60	National trends in resource utilization associated with ED visits for syncope. American Journal of Emergency Medicine, 2015, 33, 998-1001.	1.6	77
61	Emergency Physicians' Perceptions and Decision-making ProcessesÂRegarding Patients Presenting with Palpitations. Journal of Emergency Medicine, 2015, 49, 236-243.e2.	0.7	8
62	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
63	Analysis of Emergency Department Visits for Palpitations (from the National Hospital Ambulatory) Tj ETQq1 1 0.784314 rgBT /Overlock	1.6	34
64	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
65	Priorities for Emergency Department Syncope Research. Annals of Emergency Medicine, 2014, 64, 649-655.e2.	0.6	79
66	Effect of Emergency Department Crowding on Outcomes of Admitted Patients. Annals of Emergency Medicine, 2013, 61, 605-611.e6.	0.6	511
67	Quality-of-Life, Health Service Use, and Costs Associated With Syncope. Progress in Cardiovascular Diseases, 2013, 55, 370-375.	3.1	66
68	Standardized Reporting Guidelines for Emergency Department Syncope Riskâ€stratification Research. Academic Emergency Medicine, 2012, 19, 694-702.	1.8	74