1. [Microsoft Word - ECC Role of Communications Technologies.docx (ems.gov)](https://www.ems.gov/pdf/advancing-ems-systems/Reports-and-Resources/ECC-Role-of-Communications-Technologies.pdf)
   * “The use of telemedicine has increased across the world during the past few decades. However, very few studies examine the use of telemedicine in ambulances during emergency transport.”
2. [Telemedicine in pre-hospital care: a review of telemedicine applications in the pre-hospital environment (nih.gov)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4306051/)
   * “Out of a total of 1,279 articles reviewed, 39 met the inclusion criteria and were critically analyzed. A majority of the studies were on stroke management. The studies suggested that overall, telemedicine had a positive impact on emergency medical care. It improved the pre-hospital diagnosis of stroke and myocardial infarction and enhanced the supervision of delivery of tissue thromboplasminogen activator in acute ischemic stroke. Telemedicine presents an opportunity to enhance patient management. There are as yet few definitive studies that have demonstrated whether it had an effect on clinical outcome.”
3. [Wicker Examines Ways to Expand Telehealth Nationwide - Press Releases - U.S. Senator Roger Wicker (senate.gov)](https://www.wicker.senate.gov/public/index.cfm/press-releases?ID=c6ef3dfc-2bf7-4dca-9555-5a042ae6f2b4ion/236189691_Open-Source_Telemedicine_Platform_for_Wireless_Medical_Video_Communication)

* “Nationwide, more than fifty-three percent of Americans living in rural areas lack access to what the FCC now classifies as broadband service. Only eight percent of Americans living in urban areas lack this technology.”

1. [(PDF) Open-Source Telemedicine Platform for Wireless Medical Video Communication (researchgate.net)](https://www.researchgate.net/publication/236189691_Open-Source_Telemedicine_Platform_for_Wireless_Medical_Video_Communication)
   * “…low-cost telemedicine platform which will allow for reliable remote diagnosis m-health applications such as emergency incidents, mass population screening, and medical education purposes.”
2. [Comparison of physician staffed emergency teams with paramedic teams assisted by telemedicine--a randomized, controlled simulation study - PubMed (nih.gov)](https://pubmed.ncbi.nlm.nih.gov/22750663/)
   * “…compare the emergency care between physician staffed EMS teams (control group) and paramedic teams that were supported telemedically by an EMS physician (telemedicine group).”

* “Telemedically assisted paramedic care was feasible and at least not inferior compared to standard EMS teams with a physician on-scene in these scenarios.”

1. [Feasibility of AmbulanCe-Based Telemedicine (FACT) study: safety, feasibility and reliability of third generation in-ambulance telemedicine - PubMed (nih.gov)](https://pubmed.ncbi.nlm.nih.gov/25343246/)
   * “Ambulance-based telemedicine of the third generation is safe, feasible and reliable but further research and development, especially with regard to high speed broadband access, is needed before this approach can be implemented in daily practice.”
2. [Implementation of a full-scale prehospital telemedicine system: evaluation of the process and systemic effects in a pre-post intervention study - PubMed (nih.gov)](https://pubmed.ncbi.nlm.nih.gov/33762230/)
   * “Implementation of a full-scale prehospital telemedicine system.”
   * “…increased availability of EMS physicians for life-threatening emergencies by shifting physician interventions from conventional to telemedical care.”
3. [Decision Support Capabilities of Telemedicine in Emergency Prehospital Care: Systematic Review - PubMed (nih.gov)](https://pubmed.ncbi.nlm.nih.gov/33289672/)
   * “…systematically review whether the clinical outcomes achieved, as reported in the literature, favor telemedicine decision support for medical interventions during prehospital care.”
   * “…high agreement between prehospital diagnoses via telemedicine and final in-hospital diagnoses, as supported by quantitative evidence.”
   * “…information-sharing capacity of telemedicine enables access to remote experts to support medical decision making on scene or in prolonged field care.”
4. [Comparing the diagnostic concordance of tele-EMS and on-site-EMS physicians in emergency medical services: a retrospective cohort study - PubMed (nih.gov)](https://pubmed.ncbi.nlm.nih.gov/33093557/)
   * “…tested whether the diagnostic concordance of the tele-EMS physician reaches the same diagnostic concordance as the on-site-EMS physician”
   * “There was no significant difference between the diagnostic concordance of the systems, except the diagnosis "epileptic seizure".”
5. [Does Telemedical Support of First Responders Improve Guideline Adherence in an Offshore Emergency Scenario? A Simulator-Based Prospective Study - PubMed (nih.gov)](https://pubmed.ncbi.nlm.nih.gov/31462465/)
   * “telemedical support improves quality of emergency first response (performance) by medical non-professionals to being non-inferior to medical professionals.”
   * “Supported engineers' performance was non-inferior (at one item margin) to that by unsupported paramedics (p=0.03). Supported groups were slower than unsupported groups (p<0.01).”
6. [What is Rural America? (census.gov)](https://www.census.gov/library/stories/2017/08/rural-america.html)
   * “…one in five Americans, live in rural America.”
7. [Rural America (census.gov)](https://mtgis-portal.geo.census.gov/arcgis/apps/MapSeries/index.html?appid=49cd4bc9c8eb444ab51218c1d5001ef6#:~:text=The%20Census%20Bureau%20defines%20rural,rural%20based%20on%20this%20definition.)
   * “The Census Bureau defines rural as any population, housing, or territory NOT in an urban area.”
8. [Disparities in Access to Trauma Care in the United States: A Population-Based Analysis (nih.gov)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5292279/)

* “Of the 309 million people in the US in 2010, 29.7 million lacked access to trauma care.”
* “While the majority of the United States has access to trauma care within an hour, almost 30 million US residents do not. Significant disparities in access were evident for vulnerable populations defined by insurance status, income, and rurality.”

1. [V2 Public EMS Strong Dashboard - NEMSIS](https://nemsis.org/view-reports/public-reports/version-2-public-dashboards/v2-ems-strong-dashboard/)

* Dashboard of EMS data

1. [Characterization of Call Prioritization Time in a Medical Priority Dispatch System | AEDR Journal](https://www.aedrjournal.org/characterization-of-call-prioritization-time-in-a-medical-priority-dispatch-system)
   * “…resulting in a sample size of 3,162,290.”
   * “sample overall, 29.4% were DELTA-level, 25.5% were BRAVO-level, 21.9% were CHARLIE-level, 17.6% were ALPHA-level, 3.8% were OMEGA-level, and 1.8% were ECHO-level calls (Table 1)”