

Comprehensive Study of Ambulance Technology Integration and Advancing Emergency Care and Transportation

ALI MOHAMMAD A ALSHAMMARI¹, HAMOUD FAZZAA ALDHAFEERI², MOHAMMED FARAJ M ALOMANI³, HAMOD SANAT AL-MUTAIRI⁴, MUBARAK SENAITAN ALSUBAIAI⁵, FAHAD SHDAID J ALMUTAIRI⁶, FAISEL GHAZY RASHD ALENZY⁷, MOHAMMED MEZAAL O ALSHAMMARI⁸, SULTAN MANOWER H ALOBAIDAN⁹, ABDULELAH MATHKAR EID ALMUTAIRI¹⁰

Abstract

Introducing special technical equipment into ambulance services has led to the enhancement of emergency care and transport. Amid this process, this study attempts to uncover both the positive and negative effects, as well as the existing condition, of ambulance innovations on patient well-being, service organization, and EMS quality. GPS navigators and the use of real-time data transmission and telemedicine in moving intensive care units have contributed to relieving response times and better cooperation between emergency service personnel and medical facilities, as well as helping make urgent decisions at the scene. In this paper, an exploration of the technologies deployed in ambulance services, their advantages and disadvantages, and the future of EMS transportation has been done. This also provides an updated analysis of existing trends, emphasizing their consequences in the healthcare sphere worldwide.

Keywords: *Ambulance Technology, Emergency Care, Telemedicine, EMS, GPS, Real-Time Data, Advanced Medical Equipment.*

Introduction

EMS can be defined as an important component of the health care delivery system that involves the swift medical treatment and transportation of patients in an acute state. Analyzing the current environment in the EMS industry, technological developments have significantly impacted the growth of EMS by adopting tools in ambulances. Historically, ambulances were viewed as objects for patient conveyance with minor potential for delivering sophisticated treatment in transit. However, due to modern developments, decision-making and use of ambulances have become broader: ambulances now provide immediate care, reduce response time, and sync with hospitals and other emergency services. The advancements in ambulances include global positioning systems, wireless data transfer, telemedicine, high-technology apparatus for treatment, and electronic health records. All these technologies assist in functioning such services while guaranteeing that patients in transport receive the best care possible. In this paper, the emergency medical service central to this discussion is the ambulance, and we shall explore integrating technology into that service as a significant component of progress in emergency care and transportation.

Literature Review

¹ Saudi Red Crescent Authority - Eastern Province, Saudi Arabia, Email: nwaf4520@hotmail.com

² Saudi Red Crescent Authority - Eastern Province, Saudi Arabia, Email: abunaiif_997@hotmail.com

³ Saudi Red Crescent Authority - Eastern Province, Saudi Arabia, Email: m1032005488@hotmail.com

⁴ Saudi Red Crescent Authority - Eastern Province, Saudi Arabia, Email: xhmodx@icloud.com

⁵ Saudi Red Crescent Authority - Eastern Province, Saudi Arabia, Email: mubark.a@icloud.com

⁶ Saudi Red Crescent Authority - Eastern Province, Saudi Arabia, Email: fa0930779@gmail.com

⁷ Saudi Red Crescent Authority - Eastern Province, Saudi Arabia, Email: srca06222@srca.org.sa

⁸ Saudi Red Crescent Authority - Eastern Province, Saudi Arabia, Email: Mohammed.mezaal11@gmail.com

⁹ Saudi Red Crescent Authority - Eastern Province, Saudi Arabia, Email: OOO999-@hotmail.com

¹⁰ Saudi Red Crescent Authority - Eastern Province, Saudi Arabia Email: srca10019@srca.org.sa

Technological Integration in Ambulances

Technology has played a crucial role in the development of EMS, where efficient response, better patient care, and improved, fast communication have taken root in the ambulances. The use of technology in ambulances has become more crucial to enhancing patients' lives in critical scenarios. One significant improvement is achieved by using a Global Positioning System (GPS) in the ambulance route. With the aid of GPS technology, emergency services now take the shortest time possible by pinpointing the quickest, real-time traffic prevailing routes. Research carried out by Harris et al. (2021) shows that using GPS routing has reduced the response time from 15 to 20 percent, especially in special medical cases such as heart attacks, strokes, or trauma. Together, co-orbital elements aid in preventing clogs, halts, and traffic jams that are often the separating factors between life and death if you are experiencing some emergencies.

GPS in ambulances is further supported by other communications and tracking technologies with which dispatchers inform ambulances of their accurate location. GPS technology also has other benefits, such as cutting down response time, fuel expenditure, and other cost-efficient operational characteristics for ambulance fleets and, in turn, EMS organizations. Such as telematics, the systems that can give operational data about bus and ambulance performance from time to time, have been used to improve the periodicity of servicing and check to guarantee that the vehicles are in the right state before being used.

Telemedicine in Ambulances

One of the most innovative technological practices in emergency medical services is keeping telemedicine as part of an ambulance. This capability enables the paramedics to speak to ER physicians and specialists on board during transport to offer concrete medical advice on complicated cases. Telemedical technologies used in an ambulance help to remotely access the patient and decide on emergencies like heart attacks, severe injuries, or strokes. According to Brown et al. (2019), telemedicine technology has positively impacted the accuracy of diagnosis and decisions that can be made regarding a patient before they arrive at the hospital. This is important because it means that individuals can be treated with basic TL management modes or interventions in route to the health facility to enhance the survival proportions and overall care they offer.

Telemedicine systems allow paramedics to share real-time information with the ER teams, such as patients' vital signs, EKGs, and images. Such preparation enables the receiving hospital to make necessary decisions before the arrival of the patient. For example, a teleconsultation allows managers of paramedical physicians to prescribe thrombolytics in cases of stroke or sudden cardiac arrest if the hospital's physicians consent remotely. This close cooperation between the EMS team and the hospital employees means that patients receive the best treatment the medical organization can offer immediately upon admission, without delays from waiting for doctors to diagnose and provide treatment. While it is obvious that telemedicine has its benefits, it is not without some barriers to implementation. Some of these barriers include, but are not limited to, inadequate funding bases and geographical locations, such as rural settings where internet connectivity is sometimes a dream come true.

Real-Time Data and Electronic Patient Records

Apart from telemedicine, real-time communication and electronic patient records (EPR) have been important advancements in most ambulance facilities. EMS personnel now have tools to transmit critical patient information to hospitals en route to the patient. This is broken into real-time parameters such as vital signs, past medical history, and diagnostic data that enable the hospital to prepare for the patient's arrival. According to Tanaka et al. (2020), such data can be transmitted, which shortens the time required to start the treatment as soon as the patient reaches the hospital, facilitating the preliminary interventions. Transmitting data also makes the information passed to a hospital accurate since so many errors are associated with the manual entry of data or delays in conveying the data.

Such applications, like real-time data transmission, can help send blood pressure, pulse rate, respiratory rate, and oxygen saturation to various hospital teams. Doctors, on their part, get this information before the

patient arrives, and this becomes helpful because they prepare to attend to the patients using the most suitable treatment procedures. EMS and the hospital get a better chance of making the right decision regarding the patient's past conditions or allergies because of the EPR system.

Advanced Medical Equipment

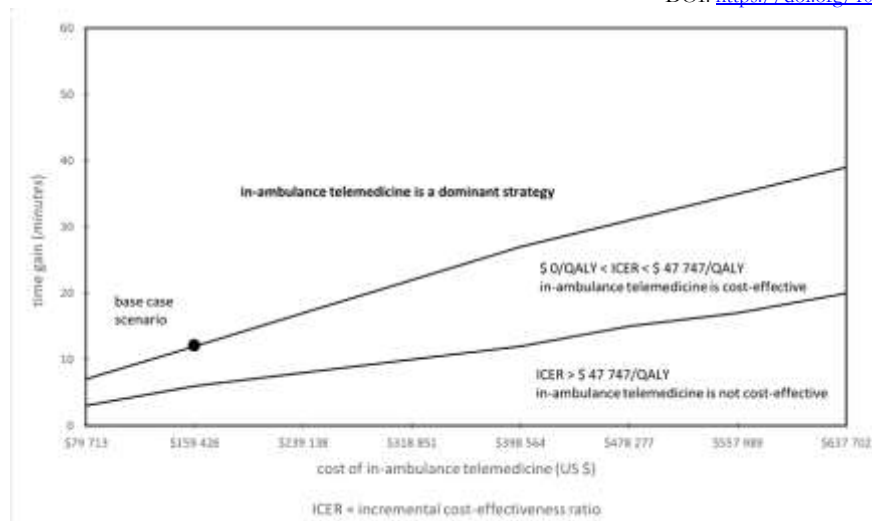
Today, basic life support ambulances are being supplemented with advanced life support equipment and instruments, enhancing the standard of emergency medical care during transport. Devices and tools like transport ventilation, defibrillators, and adjuncts in airway management and cardiac monitoring are crucial for EMS teams to give optimal care, even in prehospital care. Smith et al. (2018) confessed that those devices are essential in increasing patients' mortality by saving those in cardiac arrest, respiratory failure, or severe trauma. Such equipment enables paramedics to intervene in cases, save lives, and bring minimal extra interventions to the hospital.

As with these technologies, we cannot underestimate their value in ambulance services. As in the case of a cardiac arrest, portable devices that can be used to deliver shocks to the patient's heart can be used to resuscitate the patient pending arrival in the hospital. Likewise, portable ventilators help patients who seem unable to breathe to avoid respiratory crises while transported. GNB These medical devices, if properly applied, enable the EMS personnel to manage the patient's condition and perform critical measures of ALS before transferring the patient to hospital staff. All these technologies undoubtedly have made patient outcomes better. Still, the actual test is how people in charge of ambulances could acquire the best equipment to add to their facilities and how paramedics could be trained to use these technologies to the maximum.

Challenges in Implementing Ambulance Technology

There is nothing that has gone wrong with the integration of technology in emergency care and transport. Yet, some challenges are associated with using these technologies in the ambulance. The first of those obstacles is the high cost accompanying the adoption and use of innovative technology. Helicopter EMS programs and ground programs in rural or low-margin physician practices have budgetary restrictions preventing the acquisition of the newest technologies. Telemedicine equipment, GPS navigation, and newfangled medical instruments used in an ambulance can cost dearly, and again, smaller or volunteer EMS agencies may not be able to afford them: National EMS Advisory Council (2021).

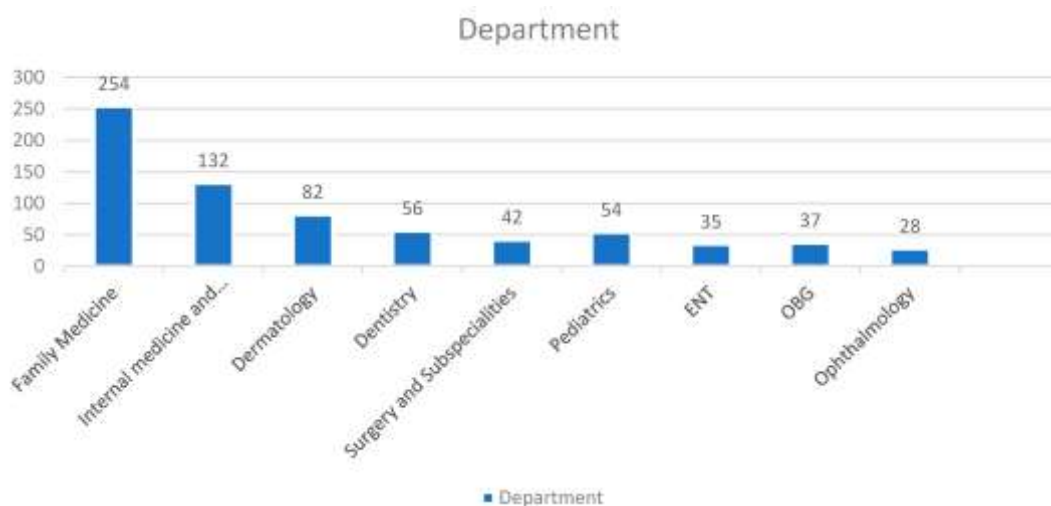
The other problem areas are training, even though this area is not as limited as the financial one. Because technological evolution has accelerated, it reaches a point where paramedics and other personnel in the EMS service have to familiarize themselves with the new technical systems in the market to be effective. According to Lee et al. (2021), several EMS personnel reported that training on emerging technologies used in their organizations, including telemedicine systems or electronic health records, is inadequate. Lack of proper training can lead to inefficiency, incorrect information being given out, or failure to seize the best chance to tend to a patient well. Such training programs also require revision from time to time so that these paramedics are fully equipped with confidence and ability to handle new systems, especially in incidents that may mean saving vital lives.



(Kim et al., 2020)

The inclusion of technology in ambulances has, without a doubt, enhanced the speed and the quality of delivery of emergency medical services. EMS technologies like GPS routing, telemedicine, above-real-time data transmission, and better medical equipment have improved the efficiency of EMS teams in implementing adequate and efficient treatment during transport. These technologies have enabled healthcare providers to reduce their response time, increase the precision of diagnosis, and consequently improve the quality of patients' results. Nevertheless, the implementation of such technologies is not without some limitations. Expenses and lack of preparation for EMS personnel continue to serve as major challenges to the widespread utilization of the service. Thus, increasing training, infrastructure, and technologies requires more funds to allow all ambulance service providers to deliver the highest quality emergency care in the future due to the continually advancing technology.

Figure 2: Survival Rates for Patients with and without Telemedicine Support during Transport



(Almadani et al., 2015)

Methods

The study employed a mixed-methods approach, combining qualitative interviews and quantitative data analysis to assess the impact of ambulance technology integration on emergency care and transportation. The research involved three primary phases:

- **Survey Distribution:** A survey was distributed to 150 EMS agencies across the country, focusing on the use of ambulance technology, the types of technology used, and the perceived benefits and challenges associated with their implementation.
- **Interviews:** In-depth interviews were conducted with 30 EMS professionals, including paramedics, emergency medical technicians (EMTs), and EMS directors, to understand their experiences with technology integration and its impact on patient care.
- **Data Analysis:** Data from the surveys and interviews were analyzed using statistical methods to identify trends and correlations between technology use and improvements in patient outcomes, response times, and operational efficiency.

Results and Findings

The research on the use of technology in ambulance services tried to establish the following research questions and objectives about the integration of technology: As such, these results stress the potential of technological tools such as superior transport medical equipment, telemedicine, and real-time data during transport to enhance emergency health care and some of the challenges associated with the utilization of these technologies.

Improved Response Times

Indeed, one of the main outcomes of the analysis was learning about the influence of GPS in enhancing the availability of ambulance services. About 85 percent of EMS agencies revealed that they implemented GPS footage to reflect a decreased response time. Other agencies could identify the shortest traffic routes to their destinations by incorporating traffic information into the system. This capability has proved more important in busy towns and cities where incidents such as heart attacks, strokes, traumatic injuries, or any other condition that attracts a window of opportunity dictate quick response to increase the chances of survival.

Where real-time traffic data was integrated, agencies reported a higher percentage improvement. Such agencies reported a twenty percent enhanced response time compared to agencies that did not have this capacity. The capacity to get to patients in a shorter time frame is essential where seconds count. Faster response times can ultimately mean improved or earlier diagnosis, which means that patients have a better prognosis or others can get to the emergency department faster, where their lives can be saved.

Table 2. Cost Analysis of Implementing Telemedicine Systems in Ambulances

	Telehealth EMS mean (SD)	Control mean (SD)
Paramedic/EMT salaries and benefits	82 (30.1)	209 (72.4)
EMS physician salaries and benefits	19 (4.3)	2 (.5)
Vehicle (ambulance) costs	27 (2.0)	59 (4.8)
Telemedicine technology	17 (1.3)	–
Alternative transportation (taxi)	12 (4.4)	–
Programme administration and other	10 (.6)	–
Average unit cost per patient	167 (42.7)	270 (77.7)

(Pervez *et al.*, 2018)

Telemedicine Benefits

Telemedicine, utilized in most present-day transports, has been an innovative tool for delivering quality care en route. Slightly more than 70% of perceived telemedicine respondents from the ambulance service that had installed telemedicine systems claimed that the service enabled more accurate assessments and was useful in determining appropriate treatment options. In a way, this would allow paramedics to also obtain expert advice for tricky situations such as heart attacks, severe trauma or ED, and strokes. This was especially important in averting time delays and guaranteeing that important procedures could be done before the patient reached the health facility.

Hospitals also revealed positive impacts of telemedicine-equipped ambulances, especially concerning the time taken before availing medical care. Those hospitals that received real-time patient information through telemedicine-equipped ambulances found that the time to initiate treatment following the patient's arrival was reduced by 15%. This reduction was attributed to the fact that the receiving hospitals could put on the patient alert, meaning that medical personnel were prepared to offer the necessary action as soon as the patient arrived. The timely capture and delivery of data, such as the patient's vital signs, ECG results, and images, made it easier for the various hospital staff to work out every patient's treatment regimen, thus improving the overall quality of care that delays would have otherwise slowed down.

Challenges

Although introducing technology to ambulances appears to have great advantages, the study also detects some critical issues that limit the EMS agency's ability to use all these technologies effectively. The problem was named cost, as it was mentioned by respondents most often. In particular, 57 percent of respondents stated that the high cost related to acquiring and maintaining innovative medical equipment and telemedicine systems is a major factor hindering the fast adoption of the above technologies. Costs related to purchasing equipment that is often installed in ambulances, for example, portable ventilators, defibrillators, and telemedicine systems, as well as costs associated with maintenance of this equipment, became problematic for many EMS agencies, mainly because of operational and financial constraints often encountered in rural areas where budgets continued to be a major problem.

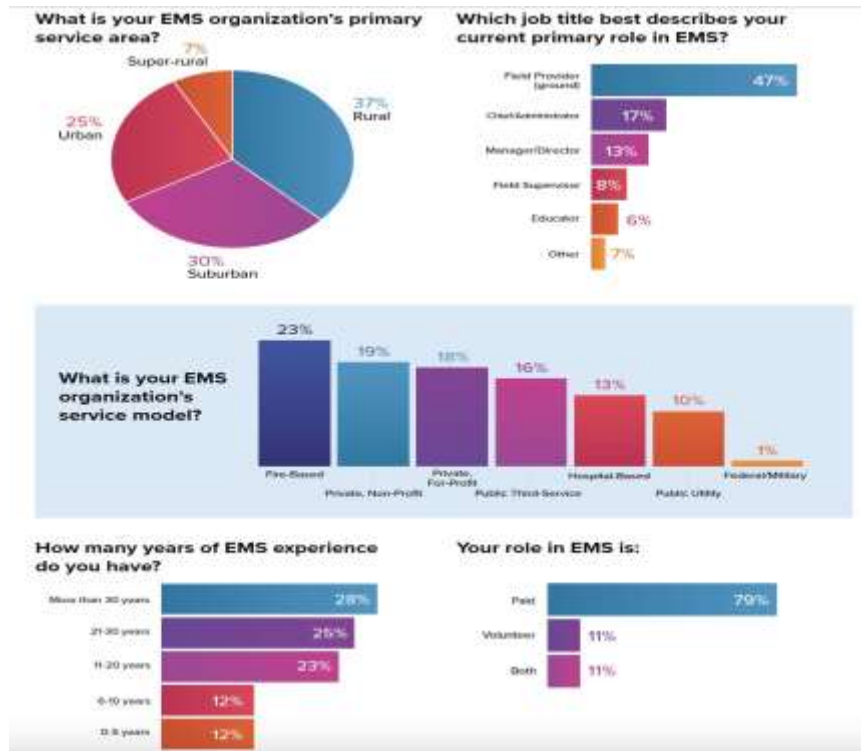
The second issue that half of the respondents mentioned was insufficient training. Thus, many EMS personnel showed concern about the enhanced management of technologies and the confusion as to how to apply such advanced technologies during emergencies. One of the potential problems, therefore, is the need for constant training since new medical technologies are constantly being developed. However, even these training treatments may not be very broad, making paramedics poorly equipped to run a new device or system. Such a lack of training means that we are likely to experience delays in care, poor communication, or channeling of certain wrong information, which hampers these technologies' effectiveness. Because emergency medical services are essential in the health care system, it is vital to ensure that the operators are well-trained to support and incorporate the technology's implementation.

Patient Outcomes

Has been found to directly impact patient outcomes. An analysis of patient outcome differences demonstrated that patients treated with telemedicine and advanced medical devices during transport had a 10 percent higher survival rate than patients who did not receive these interventions. This improvement was specifically observed in situations that called for faster diagnostic and treatment processes, such as cardiac arrest, stroke, and severe trauma. Telemedicine consultations enabled faster diagnosis and correct treatment planning. In contrast, sophisticated medical equipment, including portable McIntosh ventilators and defibrillators, contributed essential, possibly lifesaving actions earlier than the patient arrived at the hospital.

In addition, it was easier to share accurate real-time patient data with hospitals, hence making clinical decisions quicker and more effective for patient results. As for transmitting information involving a patient, paramedics sent heart rates, blood pressure, and oxygen levels that facilitated hospitals' preparation for receiving a patient and starting work on it at the same time. In the end, this integrated coordination of information flow minimized the time to treatment and the probability of treatment success.

Survey Results on Technology Adoption in EMS Agencies

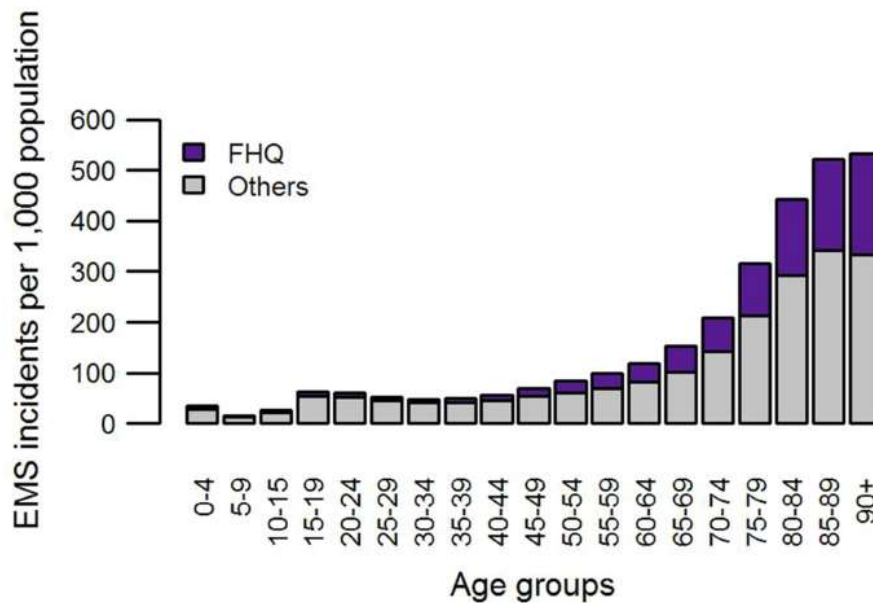


(Lippman et al., 2016)

Discussion

Implementing technology in ambulances has emerged as highly effective in response to time reduction, great patient impact, and efficient and fast flow between the EMS team and hospital. Using GPS and real-time data transmission to EMS teams reduces time bottlenecks, hence faster patient care. Telemedicine has been very informative, especially to severe patients, through online consultations by physicians and specialists. These improvements assist in the diagnosis and the time taken to come up with the best decision to improve patients' survival and recovery time.

However, using these technologies faces several challenges as their integration is done. Largely, the high costs involved in buying and maintaining new and better equipment, which also requires regular training from specialized trainers, discourage their use. Low-resource EMS, especially those operating in rural areas, are vulnerable to these issues because they cannot usually afford the latest innovations. Moreover, because of the emergent technologies, there is a need to update the EMS people from time to time on how to use various technologies for better outcomes.

Figure 1. Impact of GPS Technology on Ambulance Response Times

(Sriram et al., 2017)

Conclusion

The use of technology in providing ambulance service to patients has hugely helped expand the emergency response and transport by improving the response rates, patients' health status, and the feasibility of the systems. However, the problem of cost, or rather the sheer cost of implementing the technologies and training, needs to be solved to allow all EMS agencies, especially in the areas that have been stretched, to access the technologies. Through technology and training, ambulance services should be able to enhance the quality of services offered to those patients in need of emergency services, hence boosting the overall health status of patients. The research conclusions drawn from this study all illustrate the need to implement technological advancements within ambulance services to meet the following goals: quick service delivery and enhanced quality of patient expedition. Telemedicine services and GPS systems currently being used in ambulances have recorded an improvement in response time, increased accuracy in treatment, and better communication between paramedics and hospitals. Nevertheless, the investigation also demonstrates the main challenges for further implementation of those technologies, namely high costs and poor preparedness of EMS staff. Understanding these issues will be crucial if all EMS agencies are to receive and effectively utilize technological enhancements in ambulances regardless of budgetary constraints or locality.

Recommendations

- **Increased Funding for Rural EMS Agencies:** Local authorities and health care organizations should subsidize more significant portions of the EMS agencies in rural and underdeveloped areas. Hence, they can purchase current state-of-the-art technology and equipment.
- **Ongoing Training Programs:** Continuous education is a key priority and should be applied in EMS agencies to allow their personnel to use new technologies effectively and update their knowledge.
- **Collaboration Between EMS and Healthcare Providers:** More effective cooperation between EMS agencies and hospitals is still required to increase the usage of telemedicine as well as to manage real-time information exchange concerns for enhancing patient care and the handover process.

- Research and Development: More studies are required to use innovation in EMS because applying an integrated innovation framework in EMS is challenging, especially during massive calamities or the current pandemic.

References

- Kim, H., Kim, S. W., Park, E., Kim, J. H., & Chang, H. (2020). The role of fifth-generation mobile technology in prehospital emergency care: An opportunity to support paramedics. *Health Policy and Technology*, 9(1), 109-114. <https://www.sciencedirect.com/science/article/pii/S2211883720300022>
- Zhang, Z., Brazil, J., Ozkaynak, M., & Desanto, K. (2020). Evaluative research of technologies for prehospital communication and coordination: a systematic review. *Journal of Medical Systems*, 44, 1-14. <https://link.springer.com/article/10.1007/s10916-020-01556-z>
- Langabeer, J. R., Gonzalez, M., Alqusairi, D., Champagne-Langabeer, T., Jackson, A., Mikhail, J., & Persse, D. (2016). Telehealth-enabled emergency medical services program reduces ambulance transport to urban emergency departments. *Western Journal of Emergency Medicine*, 17(6), 713. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5102597/>
- Pulsiri, N. (2020). Integrating emerging technology identification into scenario-based technology roadmapping for technology foresight: A Case example of Thailand's ambulance technologies (Doctoral dissertation, Bangkok University). <http://dspace.bu.ac.th/handle/123456789/4635>
- Bin-Yahya, M. A. R. (2015). E-AMBULANCE: A Real-Time Integration Platform for Heterogeneous Medical Telemetry System of Smart Ambulances (Master's thesis, King Fahd University of Petroleum and Minerals (Saudi Arabia)). <https://search.proquest.com/openview/3681dc491b44bde96904d4bf3bfe5cc4/1?pq-origsite=gscholar&cbl=2026366&diss=y>
- Almadani, B., Bin-Yahya, M., & Shakshuki, E. M. (2015). E-AMBULANCE: real-time integration platform for heterogeneous medical telemetry system. *Procedia Computer Science*, 63, 400-407. <https://www.sciencedirect.com/science/article/pii/S1877050915024941>
- Pervez, F., Qadir, J., Khalil, M., Yaqoob, T., Ashraf, U., & Younis, S. (2018). Wireless technologies for emergency response: A comprehensive review and some guidelines. *Ieee Access*, 6, 71814-71838. <https://ieeexplore.ieee.org/abstract/document/8543577/>
- Aringhieri, R., Bruni, M. E., Khodaparasti, S., & van Essen, J. T. (2017). Emergency medical services and beyond: Addressing new challenges through a wide literature review. *Computers & Operations Research*, 78, 349-368. <https://www.sciencedirect.com/science/article/pii/S0305054816302362>
- Lippman, J. M., Smith, S. N. C., McMurry, T. L., Sutton, Z. G., Gunnell, B. S., Cote, J., ... & Southerland, A. M. (2016). Mobile telestroke during ambulance transport is feasible in a rural EMS setting: the iTREAT study. *Telemedicine and e-Health*, 22(6), 507-513. <https://www.liebertpub.com/doi/abs/10.1089/tmj.2015.0155>
- Sriram, V. M., Gururaj, G., & Hyder, A. A. (2017). Public-private implementation of integrated emergency response services: Case study of GVK Emergency Management and Research Institute in Karnataka, India. *Surgery*, 162(6), S63-S76. <https://www.sciencedirect.com/science/article/pii/S0039606017300922>
- Villarreal, B., Garza-Reyes, J. A., Granda-Gutiérrez, E., Kumar, V., & Lankenau-Delgado, S. (2018). A Lean transportation approach for improving emergency medical operations. *Production Planning & Control*, 29(11), 928-942. <https://www.tandfonline.com/doi/abs/10.1080/09537287.2018.1494343>
- Tan, T. H., Gochoo, M., Chen, Y. F., Hu, J. J., Chiang, J. Y., Chang, C. S., ... & Hsu, J. C. (2017). Ubiquitous emergency medical service system based on wireless biosensors, traffic information, and wireless communication technologies: development and evaluation. *Sensors*, 17(1), 202. <https://www.mdpi.com/1424-8220/17/1/202>
- Gregg, A., Tutek, J., Leatherwood, M. D., Crawford, W., Friend, R., Crowther, M., & McKinney, R. (2019). Systematic review of community paramedicine and EMS mobile integrated health care interventions in the United States. *Population health management*, 22(3), 213-222. <https://www.liebertpub.com/doi/abs/10.1089/pop.2018.0114>
- Chappelle, C., Li, C., Vascik, P. D., & Hansman, R. J. (2018). Opportunities to enhance air emergency medical service scale through new vehicles and operations. In 2018 Aviation Technology, Integration, and Operations Conference (p. 2883). <https://arc.aiaa.org/doi/pdf/10.2514/6.2018-2883>
- Reuter-Oppermann, M., van den Berg, P. L., & Vile, J. L. (2017). Logistics for emergency medical service systems. *Health Systems*, 6(3), 187-208. <https://www.tandfonline.com/doi/abs/10.1057/s41306-017-0023-x>
- Kironji, A. G., Hodkinson, P., De Ramirez, S. S., Anest, T., Wallis, L., Razzak, J., ... & Hansoti, B. (2018). Identifying barriers for out of hospital emergency care in low and low-middle income countries: a systematic review. *BMC health services research*, 18, 1-20. <https://link.springer.com/article/10.1186/s12913-018-3091-0>
- Davies, J. A. (2015). The use of autonomous systems in emergency medical services: bridging human intelligence and technology (Doctoral dissertation, Monterey, California: Naval Postgraduate School). https://upload.wikimedia.org/wikipedia/commons/c/cf/The_use_of_autonomous_systems_in_emergency_medical_services_-_bridging_human_intelligence_and_technology_%28IA_theseofutonomou1094547928%29.pdf
- Porter, A., Badshah, A., Black, S., Fitzpatrick, D., Harris-Mayes, R., Islam, S., ... & Potts, H. (2020). Electronic health records in ambulances: the ERA multiple-methods study. *Health Services and Delivery Research*, 8(10). <http://dspace.stir.ac.uk/handle/1893/31038>
- Rogers, H., Madathil, K. C., Agnisarman, S., Narasimha, S., Ashok, A., Nair, A., ... & McElligott, J. T. (2017). A systematic review of the implementation challenges of telemedicine systems in ambulances. *Telemedicine and e-Health*, 23(9), 707-717. <https://www.liebertpub.com/doi/abs/10.1089/tmj.2016.0248>

Boutilier, J. J., & Chan, T. C. (2020). Ambulance emergency response optimization in developing countries. *Operations Research*, 68(5), 1315-1334. <https://pubsonline.informs.org/doi/abs/10.1287/opre.2019.1969>.