

# A Survey of Pulmonary Embolism-related capabilities among a sample of US Emergency Departments

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## Background

Research focusing on pulmonary embolism (PE) is often conducted at academic and tertiary hospitals. While data suggests that early identification and evidence-based management commensurate with risk can improve outcomes, little is known with respect to the capabilities of Emergency Departments (EDs) to both diagnose and manage high-risk PE.

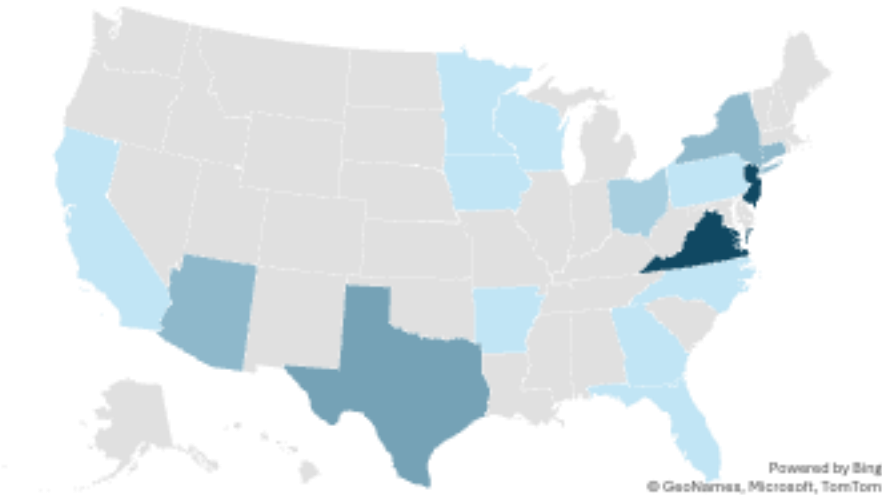
## Purpose

We describe current Pulmonary Embolism-related capabilities among a sample of EDs participating in the American College of Emergency Physicians' 2024 Emergency Quality Network (E-QUAL) PE collaborative.

## Methods

- Survey conducted among EDs participating in the E-QUAL collaborative.
- Collected data on ED structural and process capabilities for PE diagnosis, management, and care transitions.
- Data submitted via web-based portal.
- Presented descriptive statistics for self-reported high-risk PE capabilities.

Geographic Distribution of VTE Participation



## Results

Number of EDs	43
Rural, safety net, critical access	36%
Risk Stratification Capabilities	80%
Risk stratification/management protocols	37%
Pulmonary Embolism Response Team (PERT)	28%
PE alert system/notification	20%
Track PE-specific Metrics	8%
Provide Structured Feedback for PE Cases	10%

## Conclusion

- PE-related capabilities vary widely between community EDs and tertiary hospitals.
- Most EDs have the diagnostic tools needed for PE risk categorization.
- Few EDs have diagnostic guidelines, management protocols, alert systems, or QI initiatives for high-risk PE.
- Findings identify opportunities for future process and care-delivery improvements.
- PE QI interventions and evaluation metrics should account for key structural differences.

