

BETWEEN THE CANON AND INNOVATION: RECONFIGURING INTERDISCIPLINARY CARE IN OUT-OF-HOSPITAL EMERGENCY TRANSPORT

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Abstract

Out-of-hospital emergency transport is a strategic stage of healthcare, characterized by the need for rapid decision-making, continuous monitoring, and coordination among different professionals. This study

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aimed to analyze the reconfiguration of interdisciplinary care in this context, considering aspects related to innovation, communication, safety, and continuity of care. This integrative literature review was conducted using the PubMed, SciELO, Diadorim, and Latindex databases and encompassed publications available between 2021 and 2026 in Portuguese and English. Studies addressing prehospital care, emergency transport, interdisciplinary collaboration, team communication, patient safety, and care transitions were considered. The findings showed that contemporary care requires the integration of clinical, communication, and organizational competencies, particularly in situations involving trauma, stroke, cardiac arrest, and critically ill patients. Structured communication, transport planning, clear allocation of responsibilities, continuous monitoring, and professional training were identified as relevant elements for reducing fragmentation and strengthening continuity of care. The findings also showed that innovation extends beyond the incorporation of technology to encompass the reorganization of work processes and the strengthening of interprofessional collaboration. It is concluded that interdisciplinarity is an essential component of improving emergency transport, promoting greater safety, integration, and patient-centeredness. Further multicenter studies are recommended to assess the impacts of these models on clinical and care indicators.

Keywords: Communication, Emergency, Interdisciplinarity, Patient safety, Patient transport.

INTRODUCTION

Transformations in emergency care have heightened the need for coordination among different professionals during out-of-hospital transport. In this context, care is no longer understood merely as movement between points of care, but rather as a stage of the care process characterized by clinical assessment, decision-making, monitoring, and continuous intervention. Traumatic, neurological, and medical emergencies require rapid, coordinated responses, particularly given the possibility that the patient's health status may deteriorate en route (Li et al., 2026; Richards et al., 2023).

Experiences in prehospital care demonstrate that clinical complexity, time constraints, and the need for stabilization make an integrated approach essential. In trauma settings, for example, specialized protocols guide systematic assessment, prioritization of interventions, and appropriate referral, while neurological conditions require early recognition and management capable of reducing treatment delays (Li et al., 2026; Richards et al., 2023).

Particularly in low- and middle-income countries, structural challenges may compromise the effectiveness of care during the transport of critically ill patients. Limitations related to resource availability, professional training, infrastructure, and service organization directly affect continuity of care and patient safety (Quake et al., 2023). Experiences in post-conflict settings also demonstrate that institutional weaknesses and disruptions to emergency services may exacerbate difficulties in establishing coordinated care pathways (Werner et al., 2023).

At the same time, transitions between institutions represent particularly vulnerable points in continuity of care. Interhospital transfers require coordination between teams, adequate transmission of clinical information, and clear allocation of responsibilities, since communication failures may compromise subsequent decisions and contribute to adverse events (Clements; Mueller, 2025). During interfacility transport, different clinical conditions may require specific monitoring and intervention strategies, reinforcing the need for team preparedness and structured communication (Tran et al., 2022).

In this context, communication and information handover are central to the safety of care. Evidence indicates that handoff processes between prehospital teams and emergency departments can be improved through structured, teamwork-based models, contributing to greater clinical efficiency and better continuity of information (Gross et al., 2025). Person-centered perspectives broaden this discussion by understanding handover as a practice that should consider not only clinical data, but also the patient's needs, experiences, and participation (De Lange; Heyns; Filmalter, 2024).

From this perspective, the therapeutic relationship and professional-patient interaction are relevant dimensions of care during transport. Qualitative studies indicate that the role of ambulance clinicians

extends beyond technical procedures to encompass communication, trust, presence, and the development of person-centered relationships (Tikkanen; Sundberg, 2023).

Contemporary changes in professional education also support the incorporation of innovative strategies to improve the preparedness of teams working on the front lines of emergency care. Curriculum initiatives designed to prepare professionals for critical situations demonstrate the relevance of educational methods capable of connecting theoretical knowledge, decision-making, and clinical practice (Garrett et al., 2026).

Against this backdrop, this study aims to analyze the reconfiguration of interdisciplinary care in out-of-hospital emergency transport, considering the relationships among established practices, innovations in care, communication between teams, continuity of care, and person-centeredness. It seeks to discuss how different forms of professional knowledge can be coordinated to strengthen the safety, quality, and comprehensiveness of care while patients are being transported in emergency situations.

METHODOLOGY

This is an integrative literature review with a qualitative, exploratory-descriptive approach, conducted for the purpose of gathering, systematizing, analyzing, and interpreting scientific evidence concerning the reconfiguration of interdisciplinary care in out-of-hospital emergency transport. This method was selected because it allows findings from different research designs to be integrated, thereby enabling a broader understanding of the phenomenon under investigation and its clinical, organizational, communication, and interprofessional dimensions.

The methodological process was organized into successive stages encompassing definition of the topic, formulation of the guiding question, establishment of descriptors, definition of eligibility criteria, database searches, identification and removal of duplicate studies, title and abstract screening, full-text review, selection of the final sample, data extraction, and analysis of the results. The systematization of

these stages was intended to ensure greater rigor, traceability, and coherence in the review process, reducing potential biases related to the selection and interpretation of evidence.

The guiding question for the study was: “How has interdisciplinary care in out-of-hospital emergency transport been reconfigured in response to demands for innovation, communication, safety, and continuity of care?” Formulating this question made it possible to direct the search toward scientific publications addressing not only the technical aspects of patient transport, but also coordination among different professionals, communication processes, information transfer, safety of care, and contemporary strategies for improving care.

The literature search was conducted in PubMed (Public/Publisher MEDLINE), Scientific Electronic Library Online (SciELO), Diadorim, and Latindex, which were selected because of their relevance to the retrieval of scientific literature related to health, emergency care, prehospital care, and interdisciplinary practices. To broaden the scope of the search strategy, controlled descriptors and free-text terms in Portuguese and English were used, relating to the following concepts: “*transporte de pacientes*”, “*serviços médicos de emergência*”, “*assistência pré-hospitalar*”, “*atendimento de emergência*”, “*equipe interdisciplinar*”, “*equipe multiprofissional*”, “*continuidade do cuidado*”, “*segurança do paciente*”, “*transferência de pacientes*”, “*passagem de plantão*”, “*prehospital emergency care*”, “*interdisciplinary team*”, “*patient transport*”, “*patient safety*”, “*care transitions*” and “*handover*”. The terms were combined using the Boolean operators AND and OR, with the search syntax adapted to the specific requirements of each database.

The inclusion criteria were scientific articles published between 2021 and 2026, written in Portuguese or English, available in full text, and directly related to the subject under investigation. Eligible studies addressed out-of-hospital or interhospital emergency transport, prehospital care, interdisciplinary or multiprofessional practice, communication between teams, transfer of clinical information, patient safety, continuity of care, person-centered practices, or innovation strategies applied

to emergency care settings. The time frame was established to prioritize recent evidence consistent with contemporary transformations in emergency services and interdisciplinary models of care.

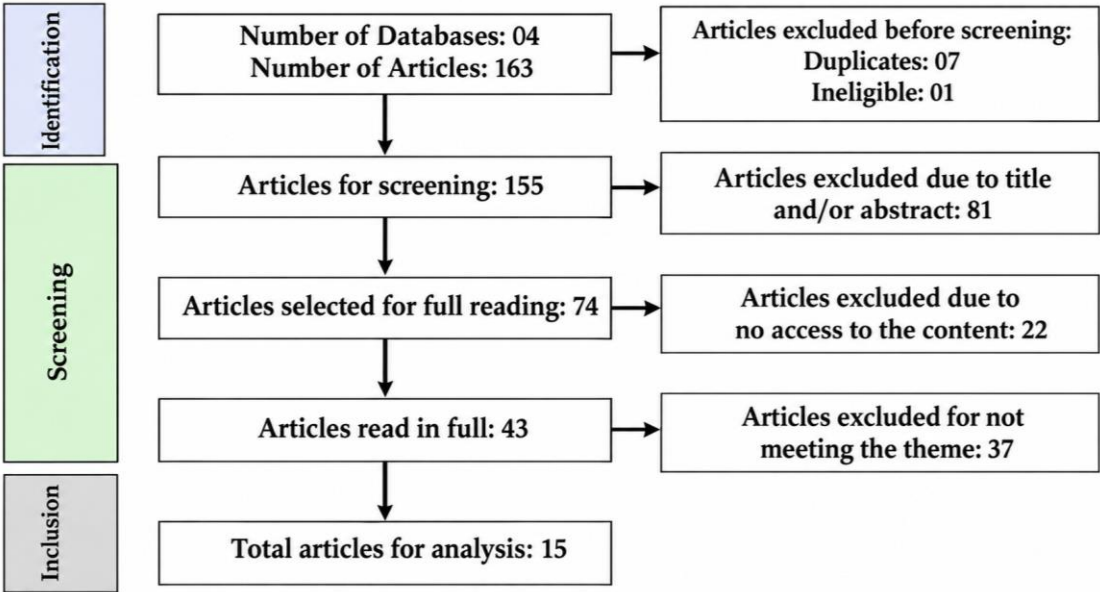
The exclusion criteria comprised studies duplicated across databases, publications issued before 2021 or after 2026, works written in languages other than Portuguese and English, studies not directly related to the topic, publications without full-text access, and documents that did not make a scientific contribution consistent with the review objectives. Editorials, letters to the editor, commentaries, news articles, opinion pieces, abstracts published in conference proceedings, academic works not classified as scientific articles, and documents whose approach did not address emergency transport, interdisciplinarity, or continuity of care were also excluded. After the criteria were applied, the studies initially underwent title and abstract screening, followed by full-text review of those considered potentially eligible.

The study identification, selection, and inclusion process was systematized in an analysis flowchart that included the number of records initially retrieved, duplicates identified, studies excluded during screening, articles assessed in full, and the final sample included in the review.

This process is presented in Figure 1, providing greater transparency regarding the selection stages and allowing the quantitative progression of the studies to be visualized from the initial search through their inclusion in the analysis.

Figure 1

Flowchart of the study identification, screening, eligibility, and inclusion process.



Source: Prepared by the authors (2026).

To systematize the data, an extraction instrument was developed containing information on author, year of publication, title, objective, methodological design, study setting, population or object investigated, characteristics of interdisciplinary care, communication strategies, aspects related to safety and continuity of care, and main results. The findings were subsequently grouped according to thematic similarity, making it possible to identify patterns, convergences, divergences, gaps, and trends in the body of scientific literature analyzed. The synthesis was conducted qualitatively, linking the findings to the study's central dimensions, particularly interdisciplinarity, innovation, communication, safety, and continuity of care.

The analysis of the selected studies sought to move beyond an isolated description of the results by considering the relationships among service organization, professional practice, communication processes, and the quality of care during emergency transport. An integrated interpretation of the evidence made it possible to understand how traditional models of care may be challenged by new clinical, technological, and organizational demands, as well as how interdisciplinary practices can contribute to more coordinated and safer responses.

Because this integrative review was based exclusively on published scientific literature and bibliographic research, without intervention, primary data collection, or direct contact with human participants, submission to a Research Ethics Committee (Comitê de Ética em Pesquisa - CEP) was not required. Nevertheless, the principles of scientific integrity, methodological transparency, fidelity to the information found in the sources, acknowledgment of the authorship of the works used, and respect for copyright were rigorously observed, ensuring that the synthesis presented resulted from a systematic and ethically responsible literature analysis procedure.

RESULTS AND DISCUSSION

The search conducted in the selected databases identified scientific publications related to interdisciplinary care in out-of-hospital emergency transport, encompassing different perspectives on prehospital care, interfacility transport, communication between teams, patient safety, continuity of care, and professional training. After the inclusion and exclusion criteria were applied, the eligible studies were systematized according to authorship, year, objective, thematic area, and main findings, allowing the contributions of the literature to the understanding of transformations in care practices to be visualized.

A synthesis of the selected studies is presented in Table 1.

Table 1
Characteristics of the selected studies on interdisciplinary care in out-of-hospital emergency transport

No.	Author/Year	Objective	Focus of the study	Main findings
1	Spoelder <i>et al.</i> (2022)	To analyze aspects related to the transport of trauma patients and their implications for emergency care.	Transport of trauma patients	Shows that transporting trauma patients requires planning, prior stabilization, continuous monitoring, and coordinated team practice, considering the risks of clinical deterioration during transport.
2	Cuthbertson and Drummond (2025)	To examine the available evidence on prehospital care following road crashes.	Prehospital trauma care	Demonstrates the relevance of an organized response following crashes, highlighting initial assessment, early interventions, appropriate transport, and

				integration among the different components of the emergency system.
3	Böbel <i>et al.</i> (2025)	To analyze the emergency medical services system from an integrated, patient-centered perspective.	System organization and person-centered care	Indicates that service integration, team coordination, and a focus on patient needs are fundamental to strengthening more responsive and coordinated emergency systems.
4	Alshogaih <i>et al.</i> (2024)	To review prehospital emergency care and discuss the contribution of interdisciplinary collaboration to care outcomes.	Interdisciplinary collaboration	Highlights that integration among professionals supports decision-making, communication, and coordination of interventions, contributing to greater efficiency and quality in emergency care.
5	Dúason <i>et al.</i> (2021)	To understand the handover of information between ambulance teams and emergency department professionals.	Handoff and interprofessional communication	Shows that the structured transfer of information is an essential component of continuity of care, whereas communication failures may compromise understanding of the clinical condition and patient safety.
6	Hedqvist and Herrera (2025)	To investigate ambulance clinicians' perspectives on interprofessional collaboration in the prehospital care of older patients with complex needs.	Interprofessional practice and clinical complexity	Demonstrates that patients with complex needs require greater coordination among professionals and services, with interprofessional collaboration being critical to care planning and continuity.
7	Bhattarai <i>et al.</i> (2023)	To review the characteristics and challenges of prehospital emergency care in low- and middle-income countries.	Prehospital systems and inequalities	Identifies limitations related to infrastructure, human resources, training, and service organization, demonstrating the need for systemic strengthening and integration among emergency teams.
8	Tant <i>et al.</i> (2026)	To explore the impact of interdisciplinary cardiac arrest teams on paramedic practice.	Interdisciplinary teams and cardiac arrest	Indicates that interdisciplinary models modify professional practices, communication, and decision-making processes, increasing integration between paramedics and other professionals involved in responding to cardiac arrest.
9	Ibrahim <i>et al.</i> (2024)	To analyze strategies for integrating trauma care pathways, from prehospital stabilization to definitive disposition.	Integration of trauma pathways	Shows that integration among stages of care, definition of pathways, and coordination between teams support continuity of care and reduce fragmentation between prehospital and hospital care.

10	Kamidani and Okada (2025)	To discuss the centralization and transport of critically ill pediatric patients.	Specialized pediatric transport	Emphasizes that transferring critically ill pediatric patients requires appropriate selection of the destination service, specialized teams, transport planning, and continuous monitoring to reduce care-related risks.
11	May <i>et al.</i> (2024)	To present recommendations for the management and interfacility transport of patients in cardiac arrest.	Interhospital transport and cardiac arrest	Highlights the need for clinical criteria, team preparation, appropriate equipment, communication, and specific protocols to ensure safety during the transport of critically ill patients.
12	Arif <i>et al.</i> (2024)	To assess safety-related aspects of the intrahospital transport of unstable patients for diagnostic imaging.	Safety and interdisciplinary practice	Shows that the transport of unstable patients depends on clearly defined responsibilities and integration among nursing, emergency teams, radiology, and support professionals, reducing risks during transport.
13	Haoutar <i>et al.</i> (2023)	To assess the safety of interfacility transport strategies for patients referred because of severe acute respiratory distress syndrome.	Transport of critically ill patients	Demonstrates that transporting patients with severe respiratory failure requires specialized planning, rigorous monitoring, and teams prepared to maintain clinical stability throughout the journey.
14	Zachrisson <i>et al.</i> (2022)	To analyze the role of emergency medical services in organizing prehospital stroke care.	Stroke care systems	Emphasizes that integration between emergency medical services and specialized stroke systems is essential for early recognition, appropriate routing, and reduced delays in access to definitive treatment.
15	Yu <i>et al.</i> (2024)	To understand the experiences of teams responsible for the interhospital transport of patients receiving extracorporeal membrane oxygenation support.	Transport of patients receiving advanced life support	Shows a high degree of operational complexity and the need for specialized teams, meticulous planning, continuous communication, and interprofessional coordination to preserve stability and safety during transfer.

Source: Prepared by the authors (2026).

The findings initially show that care during emergency transport should be understood as a strategic component of the care pathway rather than as a merely operational interval between two points of care. Spoelder *et al.* (2022) emphasize that transporting trauma patients involves specific clinical risks, requiring planning, stabilization, and continuous vigilance. This understanding is consistent with

Cuthbertson and Drummond (2025), who associate the quality of post-trauma care with the integrated organization of interventions beginning at the scene of the event.

From a systemic perspective, Böbel et al. (2025) demonstrate that emergency models guided by integration and patient-centeredness depend on coordination among different components of care. This proposition aligns with the findings of Alshogaih et al. (2024), who argue that interdisciplinary collaboration facilitates more coordinated responses to clinical complexity. Reconfiguring care therefore entails moving beyond fragmented structures and establishing cooperative relationships among distinct areas of expertise.

Regarding communication, Dúason et al. (2021) show that the handover of information between ambulance teams and hospital professionals is a decisive moment for continuity of care. This perspective is complemented by Clements and Mueller (2025), who identify institutional transitions as situations susceptible to information loss and unclear allocation of responsibilities. The convergence between these studies supports the need for standardized, objective, and clinically relevant communication processes.

In terms of safety, Gross et al. (2025) demonstrate that teamwork-based communication strategies can improve the efficiency of the transfer process between prehospital and hospital emergency care. De Lange, Heyns, and Filmalter (2024) broaden this interpretation by advocating person-centered handover that incorporates elements extending beyond the conventional transmission of clinical data. Communication safety thus depends both on the accuracy of the information and on the quality of the interaction established among the individuals involved.

Regarding clinical complexity, Hedqvist and Herrera (2025) identify that patients with multiple needs require more consistent interprofessional collaboration during prehospital care. This observation is related to the findings presented by Yu et al. (2024), who describe the high degree of complexity involved in transporting patients receiving extracorporeal membrane oxygenation. Both studies reinforce that increasing clinical severity requires a proportionate increase in professionals' capacity for coordination.

From a trauma perspective, Li et al. (2026) emphasize the need for rapid recognition, stabilization, and appropriate referral in cases of severe injury. Ibrahim et al. (2024) reach a similar conclusion by emphasizing the integration of care pathways from prehospital stabilization through definitive disposition. This convergence reveals that the effectiveness of trauma care depends on continuity in clinical decision-making across different levels of care and teams, thereby reducing disruptions in the therapeutic pathway.

In the field of neurological emergencies, Richards et al. (2023) emphasize that the prehospital assessment and management of stroke require early recognition and coordination with specialized systems. Zachrison et al. (2022) support this perspective by emphasizing the integration of emergency medical services into stroke systems of care. The findings indicate that innovation in care is also expressed through the capacity to connect initial identification, transport, and timely access to definitive treatment.

In cardiac arrest situations, Tant et al. (2026) demonstrate that interdisciplinary teams can transform paramedic practice, particularly in relation to decision-making and professional interaction. May et al. (2024), in addressing the interfacility transport of these patients, likewise emphasize the need for prior organization, clinical criteria, and specialized preparation. This convergence shows that interdisciplinarity does not simply mean increasing the number of professionals on a team, but instead constitutes a mechanism for integrating competencies in response to time-sensitive events.

Particularly in the transport of critically ill patients, Haoutar et al. (2023) show that severe respiratory conditions require strategies capable of preserving stability throughout the journey. Kamidani and Okada (2025) add that transporting critically ill pediatric patients requires specialized teams and planning consistent with their specific clinical needs. These findings demonstrate that the reconfiguration of care must consider clinical profile, age group, necessary technologies, and available technical capacity.

From an organizational perspective, Bhattarai et al. (2023) identify structural inequalities that constrain the development of prehospital systems in low- and middle-income countries. Similar findings are reported by Quake et al. (2023), who identify deficiencies related to infrastructure, human resources,

and training in trauma care. The agreement between these reviews demonstrates that interdisciplinary innovation cannot be separated from the material and institutional conditions underpinning its implementation.

At the same time, Werner et al. (2023) demonstrate that contexts of heightened institutional vulnerability may compromise the responsiveness of emergency services. This evidence suggests that interdisciplinary models require organizational structures capable of supporting communication, logistics, professional availability, and appropriate referral. Innovation should therefore not be interpreted exclusively as the incorporation of technology, but also as a transformation in how care is organized and coordinated.

In the relational dimension, Tikkanen and Sundberg (2023) show that interactions between patients and ambulance clinicians involve trust, communication, and the development of a person-centered care relationship. This understanding directly aligns with Böbel et al. (2025), whose integrated approach places patient needs at the center of emergency system organization. Consequently, high-quality interdisciplinary care requires a balance between technical-operational competence and recognition of the human dimensions present during critical situations.

From an educational standpoint, Garrett et al. (2026) demonstrate the importance of curriculum innovation in preparing professionals working on the front lines of care. In this regard, interdisciplinary education can serve as a structural mechanism for developing competencies in communication, shared leadership, clinical reasoning, and collaborative decision-making. This perspective is particularly relevant to emergency transport, in which different professionals must work in a synchronized manner under severe time constraints and conditions of considerable uncertainty.

Finally, the integrated analysis of the studies indicates that the reconfiguration of interdisciplinary care in out-of-hospital emergency transport emerges from the coordination of technical competence, structured communication, interprofessional coordination, safety, innovation, and patient-centeredness. The evidence presented by Spoelder et al. (2022), Dúason et al. (2021), Hedqvist and Herrera (2025),

Tant et al. (2026), and Böbel et al. (2025) converges in indicating that fragmented models are insufficient to address the contemporary complexity of emergencies. In this context, strengthening interdisciplinarity represents a strategy for transforming transport into a genuinely integrated stage of care, linking immediate response, continuity of care, and improved safety throughout the journey.

CONCLUSION

Based on the analysis conducted, it is concluded that interdisciplinary care in out-of-hospital emergency transport has been reconfigured by the need to integrate clinical, communication, technological, and organizational competencies within a single care process. The literature analyzed demonstrates that emergency transport should not be understood as an exclusively logistical activity, but rather as a strategic stage of care in which decisions made during transport can directly influence the safety and continuity of care.

In response to the guiding question, this reconfiguration was found to occur primarily through the strengthening of interprofessional collaboration, improvement of communication between teams, organization of care pathways, incorporation of innovative strategies, and greater attention to patient needs. This transformation shifts the traditional model, based on isolated interventions, toward an integrated perspective in which different professionals share responsibilities and coordinate decisions according to the complexity of the patient's condition.

In view of the proposed objective, the principal findings showed that structured communication, high-quality handoff, transport planning, continuous monitoring, and clear allocation of responsibilities are essential to reducing discontinuities in care. At the same time, situations involving trauma, stroke, cardiac arrest, severe respiratory failure, and critically ill patients demonstrated that greater clinical complexity requires proportionately higher levels of integration among professionals and services.

From a systemic perspective, the effectiveness of interdisciplinarity was also found to depend on the existence of adequate infrastructure, qualified human resources, care protocols, continuing education,

and coordination among different levels of care. Innovation is therefore not limited to the use of new technologies or equipment, but also encompasses the transformation of work processes, development of collaborative competencies, and construction of models of care centered on safety and the person.

As a scientific contribution, this study reinforces that improving out-of-hospital transport depends on overcoming fragmentation among prehospital care, transport, and hospital care. Integrating these components can promote greater continuity of care, more efficient communication, shared decision-making, and safer responses to critical situations, although gaps remain regarding the standardization of interdisciplinary practices and the objective assessment of their outcomes in different contexts.

Future research should include multicenter studies, preferably prospective studies employing mixed methods, designed to assess the impact of structured interdisciplinary models in emergency transport on indicators such as adverse events, transfer time, handoff quality, continuity of care, professional satisfaction, and clinical outcomes. Investigations of this nature may produce more robust evidence regarding which integration strategies can effectively translate organizational innovation and interprofessional collaboration into measurable improvements in the safety and quality of emergency care.

REFERENCES

- Alshogaih, M. H. Y. *et al.* Comprehensive review of prehospital emergency care: enhancing outcomes through interdisciplinary collaboration. *Journal of Ecohumanism*, 2024.
- Arif, S. *et al.* Clinical safety during intrahospital transport of unstable emergency patients for diagnostic imaging: interdisciplinary roles of nurses, radiology staff, health assistants, and emergency teams. *International Journal of Computational and Experimental Science and Engineering*, 2024.
- Bhattarai, H. *et al.* Prehospital emergency care in low- and middle-income countries: a systematic review. *Prehospital and Disaster Medicine*, v. 38, p. 495–512, 2023.

- Böbel, S. *et al.* Strengthening the WHO Emergency Care Systems Framework: insights from an integrated, patient-centered approach in the Copenhagen Emergency Medical Services system—a qualitative system analysis. *BMC Health Services Research*, v. 25, 2025.
- Clements, J.; Mueller, S. Interhospital care transitions: coordinating care across institutions. *The Medical Clinics of North America*, v. 110, n. 4, p. 569–582, 2025.
- Cuthbertson, J.; Drummond, G. Prehospital care post-road-crash: a systematic review of the literature. *Prehospital and Disaster Medicine*, v. 40, p. 94–100, 2025.
- De Lange, S.; Heyns, T.; Filmalter, C. A concept analysis of person-centred handover practices: the meaning in emergency departments. *International Emergency Nursing*, v. 74, p. 101446, 2024.
- Dúason, S.; Gunnarsson, B.; Svavarsdóttir, M. H. Patient handover between ambulance crew and healthcare professionals in Icelandic emergency departments: a qualitative study. *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine*, v. 29, 2021.
- Garrett, T. V. *et al.* Curriculum innovation: training the front line. *Neurology: Education*, v. 5, 2026.
- Gross, C. L. *et al.* Prehospital to emergency department handoff: can team-based reporting improve markers of clinical efficiency in an adult emergency department? *BMJ Open Quality*, v. 14, 2025.
- Haoutar, M. *et al.* Safety of inter-facility transport strategies for patients referred for severe acute respiratory distress syndrome. *BMC Emergency Medicine*, v. 23, 2023.
- Hedqvist, A.; Herrera, M. Ambulance clinicians’ perspectives on interprofessional collaboration in prehospital emergency care for older patients with complex care needs: a mixed-methods study. *BMC Geriatrics*, v. 25, 2025.
- Ibrahim, M. *et al.* Optimizing interprofessional trauma care pathways: a systematic review of workflow integration from prehospital stabilization to definitive disposition. *Saudi Journal of Medicine and Public Health*, 2024.
- Kamidani, R.; Okada, H. Centralization and transport of critically ill pediatric patients. *Frontiers in Pediatrics*, v. 13, 2025.

- Li, Y. *et al.* Chinese expert consensus on the prehospital management of major trauma. *Chinese Journal of Traumatology*, v. 29, p. 79–89, 2026.
- May, T. *et al.* Management of patients with cardiac arrest requiring interfacility transport. *Circulation*, v. 150, p. e316–e327, 2024.
- Quake, S. *et al.* The current status and challenges of prehospital trauma care in low- and middle-income countries: a systematic review. *Prehospital Emergency Care*, v. 28, p. 76–86, 2023.
- Richards, C. T. *et al.* Prehospital stroke care part 2: on-scene evaluation and management by emergency medical services practitioners. *Stroke*, v. 54, p. 1416–1425, 2023.
- Spoelder, E. *et al.* Transport of the patient with trauma: a narrative review. *Anaesthesia*, v. 77, p. 1281–1287, 2022.
- Tant, J. *et al.* The impact of interdisciplinary cardiac arrest teams on paramedic practise: an interpretive qualitative study using reflexive thematic analysis. *Resuscitation Plus*, v. 29, 2026.
- Tikkanen, V.; Sundberg, K. Care relationship and interaction between patients and ambulance clinicians: a qualitative meta-synthesis from a person-centred perspective. *Scandinavian Journal of Caring Sciences*, 2023.
- Tran, Q. *et al.* Patient care during interfacility transport: a narrative review of managing diverse disease states. *World Journal of Emergency Medicine*, v. 14, n. 1, p. 3–9, 2022.
- Werner, K. *et al.* Emergency care in post-conflict settings: a systematic literature review. *BMC Emergency Medicine*, v. 23, 2023.
- Yu, A. *et al.* Experience from transport teams on interhospital transfer of patients with extracorporeal membrane oxygenation support: a qualitative study. *Nursing in Critical Care*, 2024.
- Zachrisson, K. *et al.* Prehospital stroke care part 1: emergency medical services and the stroke systems of care. *Stroke*, v. 54, p. 1138–1147, 2022.