	ICMJE DISCLOSURE FORM
Date	:April 6 th , 2022
You	Name:Xiaoyan Huang
	uscript Title: Emergency department treatment process planning: a field research, case analysis, and simulation
<u>appı</u>	<u>oach</u>
Man	uscript number (if known):
In th	e interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are
relat	ed to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third
part	es whose interests may be affected by the content of the manuscript. Disclosure represents a commitment
to tr	Insparency and does not necessarily indicate a bias. If you are in doubt about whether to list a
relat	onship/activity/interest, it is preferable that you do so.
	ollowing questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> uscript only.
to th	outhor's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains e epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive cation, even if that medication is not mentioned in the manuscript.
	m #1 below, report all support for the work reported in this manuscript without time limit. For all other items, me frame for disclosure is the past 36 months.
	Name all entities with Specifications/Comments
	whom you have this relationship or indicate (e.g., if payments were made to you or to your institution)
	none (add rows as

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None		
6	Payment for expert testimony	None		
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			

The author has no conflicts of interest to decla	re.	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None		
6	Payment for expert testimony	None		
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			

The author has no conflicts of interest to decla	re.	

Date:	April 6 th , 2022
	Xudong Ma
Manuscript approach	Title: Emergency department treatment process planning: a field research, case analysis, and simulation
Manuscript	number (if known):
related to t parties who to transpare	est of transparency, we ask you to disclose all relationships/activities/interests listed below that are ne content of your manuscript. "Related" means any relation with for-profit or not-for-profit third se interests may be affected by the content of the manuscript. Disclosure represents a commitment ency and does not necessarily indicate a bias. If you are in doubt about whether to list a /activity/interest, it is preferable that you do so.
The followi	ng questions apply to the author's relationships/activities/interests as they relate to the current

manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None		
6	Payment for expert testimony	None		
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			

The author has no conflicts of interest to decla	re.	

A . II oth page
ate:April 6 th , 2022
our Name:Zhitao Yang
anuscript Title: Emergency department treatment process planning: a field research, case analysis, and simulation
p <mark>roach</mark>
anuscript number (if known):
•
the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are
lated to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third
orties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment
transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a
· · ·
lationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the fo	lowing box:

The author has no conflicts of interest to decla	re.	

	ICMJE DISCI	LOSURE FORM
Date: April 6 th , 2022		
Your Name:Yuanyuan X		
		ess planning: a field research, case analysis, and simulati
approach		
Manuscript number (if known):	
related to the content of your parties whose interests may be	manuscript. "Related" mea be affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
The following questions apply manuscript only.	to the author's relationshi	ps/activities/interests as they relate to the current
	ension, you should declare	defined broadly. For example, if your manuscript pertai all relationships with manufacturers of antihypertensives the manuscript.
In item #1 below, report all su the time frame for disclosure		d in this manuscript without time limit. For all other ite
	Name all entities with	Specifications/Comments
	whom you have this	(e.g., if payments were made to you or to your
	relationship or indicate	institution)
	none (add rows as	
	needed)	
	Time frame: Since the initia	planning of the work
All support for the present	None	

		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the fo	lowing box:

The author has no conflicts of interest to decla	re.	

ICIVIJE DISCLOSORE FORIVI				
Date:Ap	oril 6 th , 2022			
	Xiaoxiao Shen			
Manuscript Title	e:Emergency department treatment process planning: a field research, case analysis, and simulation			
<u>approach</u>				
Manuscript num	nber (if known):			
related to the co parties whose in to transparency	f transparency, we ask you to disclose all relationships/activities/interests listed below that are ontent of your manuscript. "Related" means any relation with for-profit or not-for-profit third nterests may be affected by the content of the manuscript. Disclosure represents a commitment and does not necessarily indicate a bias. If you are in doubt about whether to list a civity/interest, it is preferable that you do so.			
The following qu manuscript only	uestions apply to the author's relationships/activities/interests as they relate to the <u>current</u> .			
to the epidemio	ationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains logy of hypertension, you should declare all relationships with manufacturers of antihypertensive in if that medication is not mentioned in the manuscript.			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Time frame: Since the initial	planning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None		
	Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	None		
4	Consulting fees	None		

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the fo	lowing box:

The author has no conflicts of interest to decla	re.	

Date:	April 6 th , 2022
	zengni Zhang
Manuscript	Title: Emergency department treatment process planning: a field research, case analysis, and simulation
<u>approach</u>	
Manuscript	number (if known):
related to t	est of transparency, we ask you to disclose all relationships/activities/interests listed below that are he content of your manuscript. "Related" means any relation with for-profit or not-for-profit third page interests may be affected by the content of the manuscript. Disclosure represents a commitment

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a

relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the fo	lowing box:

The author has no conflicts of interest to declare.		

e:April 6 th , 2022
r Name:Guang Ning
suscript Title: Emergency department treatment process planning: a field research, case analysis, and simulation
roach
nuscript number (if known):
e interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are
ted to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third
ies whose interests may be affected by the content of the manuscript. Disclosure represents a commitment
ansparency and does not necessarily indicate a bias. If you are in doubt about whether to list a
tionshin/activity/interest it is preferable that you do so

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Time frame: Since the initial	planning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None		
	Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	None		
4	Consulting fees	None		

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the fo	lowing box:

The author has no conflicts of interest to declare.		

Date:	April 6 th , 2022
	Erzhen Chen
Manuscript	Title: Emergency department treatment process planning: a field research, case analysis, and simulation
<u>approach</u>	
Manuscript	number (if known):
related to t parties who to transpar	est of transparency, we ask you to disclose all relationships/activities/interests listed below that are he content of your manuscript. "Related" means any relation with for-profit or not-for-profit third use interests may be affected by the content of the manuscript. Disclosure represents a commitment ency and does not necessarily indicate a bias. If you are in doubt about whether to list a of activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the fo	lowing box:

The author has no conflicts of interest to declare.		

		1011152 5150	
	te:April 6 th , 2022		
	ur Name:Na Li		
	anuscript Title: <u>Emergency d</u> proach	epartment treatment proc	ess planning: a field research, case analysis, and simulation
	anuscript number (if known)):	
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment. If you are in doubt about whether to list a poso.
	e following questions apply inuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current
to me	the epidemiology of hypertedication, even if that medic	ension, you should declare cation is not mentioned in	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items,
	e time frame for disclosure i		an this manuscript without time mine. For an other items,
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	al planning of the work
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	None	
	processing charges, etc.) No time limit for this item.		

		Time frame: past	36 months		
2	2 Grants or contracts from	None			
	any entity (if not indicated in item #1 above).				
3	Royalties or licenses	None			
4	Consulting fees	None			

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None		
6	Payment for expert testimony	None		
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			

The author has no conflicts of interest to declare.				

	ICMJE DISC	CLOSURE FORM
Date:April 6 th , 2022		
Your Name:Yong Lu		
Manuscript Title: Emergency of	lepartment treatment prod	cess planning: a field research, case analysis, and simulatio
approach		
Manuscript number (if knowr	n):	
related to the content of your parties whose interests may be	manuscript. "Related" me be affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.
The following questions apply manuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current
• -	tension, you should declare	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
In item #1 below, report all su the time frame for disclosure		ed in this manuscript without time limit. For all other item
	Name all entities with	Specifications/Comments
	whom you have this	(e.g., if payments were made to you or to your
	relationship or indicate none (add rows as needed)	institution)
	Time frame: Since the initia	al planning of the work
1 All support for the present	None	

		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
		Time frame: Since the initia	planning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None		
Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	None		
4	Consulting fees	None		

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None		
6	Payment for expert testimony	None		
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			

The author has no conflicts of interest to declare.				