Impact of the COVID-19 Pandemic on Emergency Care for Severe Non-COVID Patients: A Nationwide Retrospective Analysis by Phase

Authors: Hyo Jin Kim, Eunsil Ko, Yun-Suk Pak, So-hyun Han

Presenter: Hyo Jin Kim

Affiliation: National Emergency Medical Center, National Medical Center

Seoul, Republic of Korea

GLOBAL HEALTH 2025, Lisbon, Portugal





Hyo Jin Kim

- ✓ Professional Experience
 - Researcher at National Emergency Medical Center (2018~)
 - Researcher at Korea Disease Control and Prevention Agency(2014~2018)
- ✓ Publications
 - An update of the severe trauma scoring system using the Korean National Emergency Department Information System (NEDIS) database, AJEM, 2024
 - Epidemiology of stroke in emergency departments: a report from the National Emergency Department Information System (NEDIS) of Korea, 2018–2022, CEEM, 2023
 - National Follow-up Survey of Preventable Trauma Death Rate in Korea, JKMS, 2022



Background

Study Objective

Methods

Results

contents

Discussion

Conclusion



01 Background

- ✓ Korea's COVID-19 response globally recognized
 - High testing, tracing, centralized coordination
 - Hospital bed capacity: 12.8/1,000 pop. vs OECD
 4.3/1,000
- ✓ BUT: Possible indirect impact on non-COVID critical patients
- ✓ In emergency medicine, timely care = survival
- ✓ Question: Did pandemic policies compromise ED care for severe non-COVID cases?



02 Study Objective

✓ Objective:

To evaluate how emergency care delivery for severe non-COVID patients changed during the pandemic

✓ Comparison groups:

COVID-19 patients vs severe non-COVID patients (KTAS Level 1–2)

✓ Key indicators:

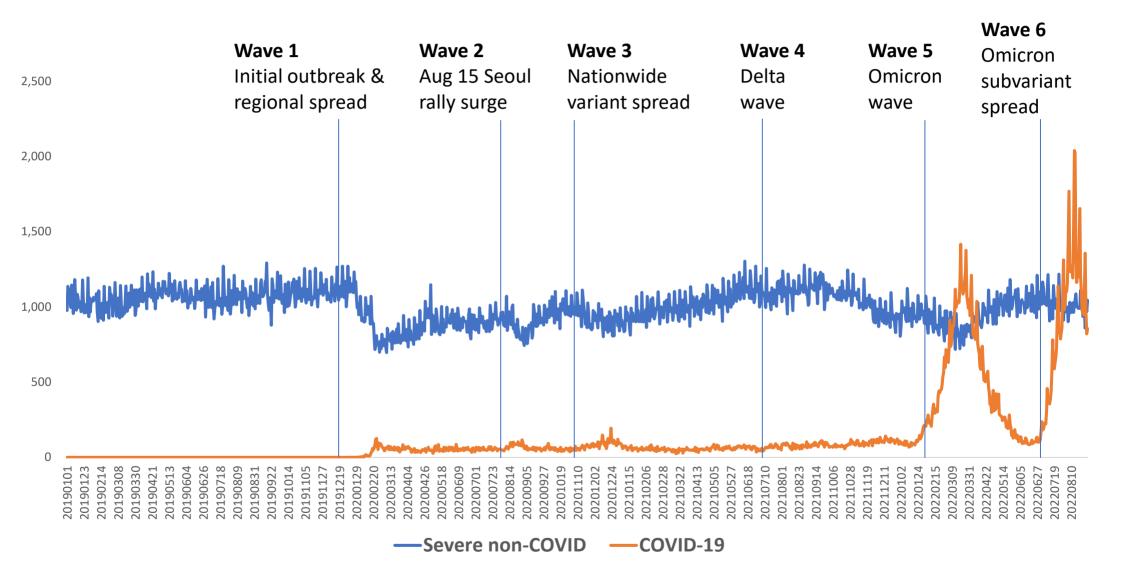
Onset-to-ED arrival time ED mortality ICU admission



- ✓ Design: Nationwide retrospective analysis
- ✓ **Data source:** National Emergency Department Information System (NEDIS)
- ✓ Period: Jan 2019 Aug 2022
- **✓** Sample size:
 - COVID-19 patients: 176,650
 - Severe non-COVID patients: 1,317,624
- ✓ Analysis: Chi-square, Kruskal-Wallis, p<0.05
 </p>

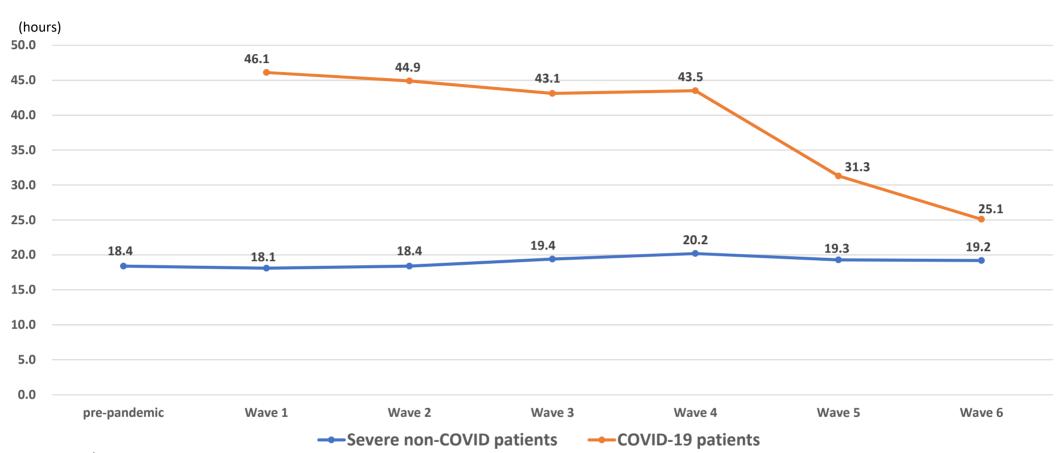


Pandemic Phases (6 phases)





05 Results – Onset to ED Arrival Time



✓ COVID-19 patients:

 $46.1h \rightarrow 25.1h$ (significant decrease)

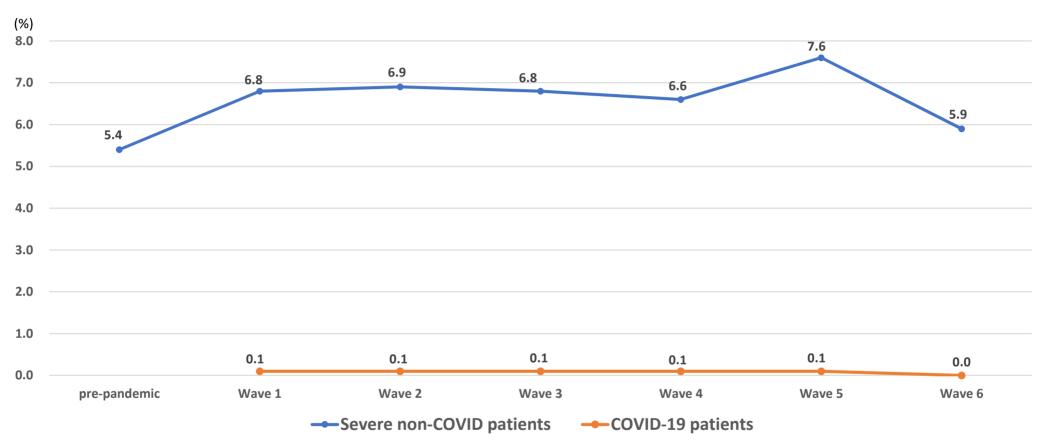
✓ Severe non-COVID patients:

 $18.4h \rightarrow 20.2h$ (delays increased)

→ Severe non-COVID patients arrived **later** despite urgent need



06 Results – ED Mortality



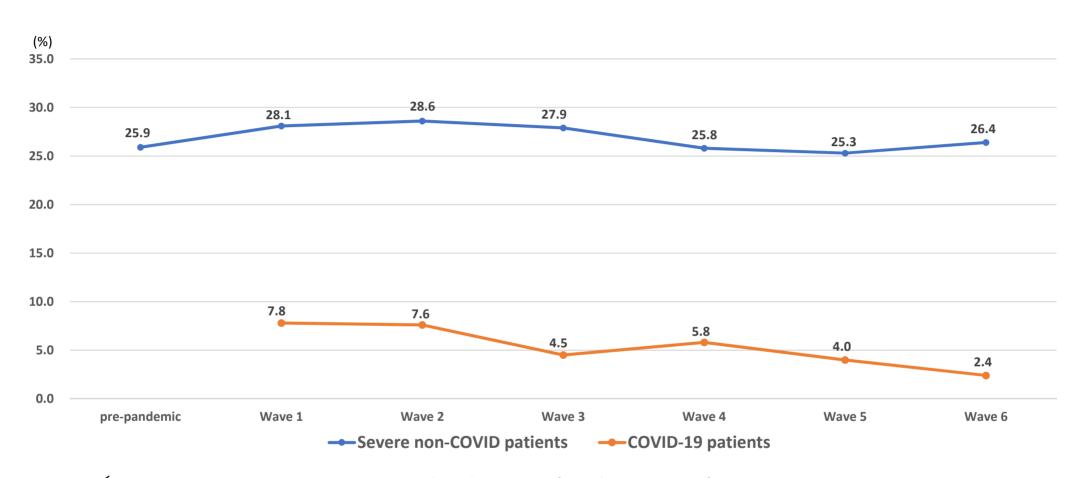
- ✓ **COVID-19 patients:** stable, ~0.1%
- ✓ Severe non-COVID patients:

Pre-pandemic: 5.4%

Pandemic: 6.6-7.6%

→ ED Mortality rose significantly among severe non-COVID patients

07 Results – ICU Admission



- ✓ **COVID-19 patients:** peaked 5.8% (Delta wave)
- ✓ Severe non-COVID patients: dropped to 25.8% (same period)
- → ICU admission declined during pandemic peaks, despite severe patient conditions



- ✓ Divergent trends in emergency care access
 - Faster ED visits, stable ED mortality for COVID-19 patients
 - Delays, rising ED mortality, fewer ICU admissions for severe non-COVID patients
- \checkmark Resource prioritization \rightarrow inequity in care delivery
- ✓ Policies focused heavily on infectious disease response (beds, isolation, reimbursement)



- ✓ Korea's COVID-19 response was successful overall
- ✓ BUT: Severe non-COVID patients faced
 - ↑ Onset-to-ED arrival time
 - 个 ED Mortality
 - ↓ ICU admission
- ✓ **Lesson & Future:** Pandemic preparedness must ensure balanced resource allocation and build resilient systems that safeguard all critically ill patients.



Thank you

hjkim14@nmc.or.kr

