



QUEENSLAND EMERGENCY MEDICINE RESEARCH FOUNDATION

2008/09 ANNUAL REPORT



The Queensland Emergency Medicine Research Foundation was an initiative of the Queensland Government with the specific aim of funding Emergency Medicine Research focused on improving the Emergency Care of all Queenslanders.

Emergency Medicine encompasses a wide range of medical conditions. If you are a patient suffering a heart attack, the victim of a car accident or a parent of a critically ill child you will be dependent on Emergency Medicine care.

The Queensland Emergency Medicine Research Foundation offers opportunities to expand our knowledge and improve our care across these diverse areas.

QEMRF is a registered charity. The number of research grants awarded is dependent on funding and applications. Your generosity will contribute to an increase in the number of research projects offered grant funding. All donations over \$2 are tax deductible. If you are interested in making a donation or a bequest in your will, please complete a donation form on the website at www.gemrf.org.au or by phoning 07 3872 2218.

Queensland Emergency Medicine Research Foundation is the registered business name of Queensland Emergency Medicine Research Foundation Ltd ACN 128 057 170 as trustee of the Queensland Emergency Medicine Research Foundation ABN 37 814 620 674, a trust (“Trust”) established as a charitable institution and health promotion charity

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QUEENSLAND EMERGENCY MEDICINE RESEARCH FOUNDATION

1. VISION

Queensland will be regarded as a world leader in Emergency Medicine research and will be the location of choice for the brightest minds in Emergency Medicine.

2. MISSION

The Queensland Emergency Medicine Research Foundation awards Grants and Fellowships to support research relating to the practice of Emergency Medicine in Queensland. Our purpose is to support high quality research directed at improving the care of patients in Emergency Departments and to develop Emergency Medicine research capacity in Queensland.

3. AIMS

We aim to:

- Fund high quality, robust, ethical Emergency Medicine research.
- Advance the field of Emergency Medicine through research for the benefit of patients.
- Promote the development of a research culture in Queensland Public Hospital Emergency Departments.
- Raise public awareness of Emergency Medicine research.
- Attract national and international interest in Queensland Emergency Medicine.
- Facilitate and provide education and training in Emergency Medicine research.
- Raise funds to support Emergency Medicine research.

4. LOGO

The Queensland Emergency Medicine Research Foundation logo of the shield symbolises strength, integrity, structure, support and incorporates the international 'white cross' on green which are the core elements of the internationally recognized discipline of Emergency Medicine/first aid.

5. BOARD REPORT

The Board of Directors has much pleasure in presenting its Annual Report to members for the year ended 30 June 2009.

6. CHAIR'S REPORT



In this second year of operation, the Foundation is emerging from its infancy and growing strongly. We received our first grant and fellowship applications and it is with immense pleasure that we have been able to fund many of those research projects and fellowships. The scope of the research has been varied and we look forward with anticipation to next year when many of these projects will start to provide reports on their progress. The Queensland Emergency Medicine Research Foundation (QEMRF) is certainly taking its first steps towards encouraging research-driven innovation and excellence in Queensland in the field of Emergency Medicine.

I wish to acknowledge the dedication and commitment of the Founding Chair Dr Sylvia Andrew-Starkey who provided vision and guidance for the QEMRF from its establishment as a Foundation. I would also like to mention the contribution of Dr Michael Sinnott whose dogged determination to develop the Foundation originated from an idea which he was willing to share and drive.

The QEMRF also celebrated the successes to date with an official Ministerial Launch in July with the Health Minister the Hon Stephen Robertson MP. We wish to acknowledge the support of the Queensland Government and Queensland Health who are committed to encouraging Emergency Medicine research in Queensland.

The recent establishment of the Office of Health and Medical Research within Queensland Health is a welcome addition and exemplifies the importance of investing in research as a core business activity to improve the health system and attract dynamic individuals into the field of medicine. In order to achieve best practice on an international stage, the focus must be on patient outcomes derived from sound clinical research rather than solely focusing on patient treatments and discharges. Being at the forefront of Emergency Medicine research must be a continued focal point for the future of the health system in Queensland as the long-term benefits will provide greater economies, improved outcomes and an international reputation of high standing. The QEMRF looks forward to working closely with the Office of Health and Medical Research in furthering the strategy of Queensland Health to benefit Queenslanders as we head Towards Q2 – Tomorrow's Queensland.

I would also take this opportunity to thank all of those who have submitted applications for grants, have been involved in the review and awarding process and who have provided advice and guidance to assist us getting the Foundation up and running. And to those on the Board who have worked towards supporting, encouraging and developing research capacity in their facilities, within Universities and across the field of Emergency Medicine – thank you. Without the support of the physicians, facilities and staff we would not be able to work towards achieving better outcomes for patients in Queensland.

A handwritten signature in black ink, appearing to read 'D Rosengren'.

Dr David Rosengren
Chairman

7. RESEARCH MANAGER'S REPORT



Catrina Codd was appointed the inaugural QEMRF Research Manager in June 2008. She has an eclectic background in clinical research and holds a Master of Public Health and a Bachelor of Science degree. In 2006 she attained Clinical Research Associate and Clinical Research Trainer certification with the Association of Clinical Research Professionals. She has over 24 years experience in healthcare and research, working in hospital, government, academic and pharmaceutical environments and has held a number of pioneering roles in research.

It has been an exciting, fast-paced year with over \$1.1 Million awarded in research grants and fellowships. In the 2008/09 financial year there were 52 grant applications submitted and 20 of these were successful in being awarded.

I was delighted to present at both the Cairns Emergency Medicine Conference and the North Queensland Emergency Medicine Conference. It was also a pleasure to facilitate the research planning day on nursing research for the Princess Alexandra Hospital. These events provide opportunities to promote the QEMRF and to encourage research endeavours. I enjoyed the opportunity to host an interview and dinner with Professor Simon Brown who enthusiastically discussed the complexities of establishing research within an emergency department and willingly engaged the audience in lively, informative and thought provoking discussion.

I would like to thank the many individuals who have committed significant time and effort supporting the QEMRF. Firstly, I thank the many patients who have so generously participated in research funded by the QEMRF. My thanks go to Dr Moira Clay who drafted our policies and procedures. I thank the Australian Medical Association Queensland for providing us with invaluable secretariat support., in particular Jennifer Burgess, Sitika Satui, Filomena Ferlan and Matthew Wright. I thank the board members, advisors and grant reviewers for giving significant time during this intensive start up phase of the QEMRF. During the year we have established a robust peer review process including a Grants Advisory Committee, Grants Review Panel and Expert Reviewers. We have also established a Scientific Advisory Committee and Information Technology Committee. I thank our first volunteer Mr Matthew Loxton and also to the medical students who have assisted in a voluntary capacity on research projects.

To spread the word about QEMRF, I have presented at many Emergency Medicine physician meetings at various hospitals including the Princess Alexandra, Royal Brisbane and Women's, The Prince Charles, Redlands, Royal Children's, Mater Children's, Cairns and Ipswich. Presentations were also held at the Southern Emergency Department Research Network Meeting and the Southern, Northern and Central Area Emergency Department Network Meetings. There has also been communication with Universities and International bodies which undertake medical research about the QEMRF. Two newsletters were produced and disseminated, as well as a media release regarding the Ministerial Launch held in July 2008.

I have enjoyed immensely the opportunity to assist applicants in developing their research proposals and for bringing researchers together. Congratulations to those who have been successful in being awarded a grant and I am looking forward to growing the number of Emergency Medicine research projects in Queensland.

C. A. Codd

Ms Catrina Codd
Research Manager

8. HISTORY and PROFILE

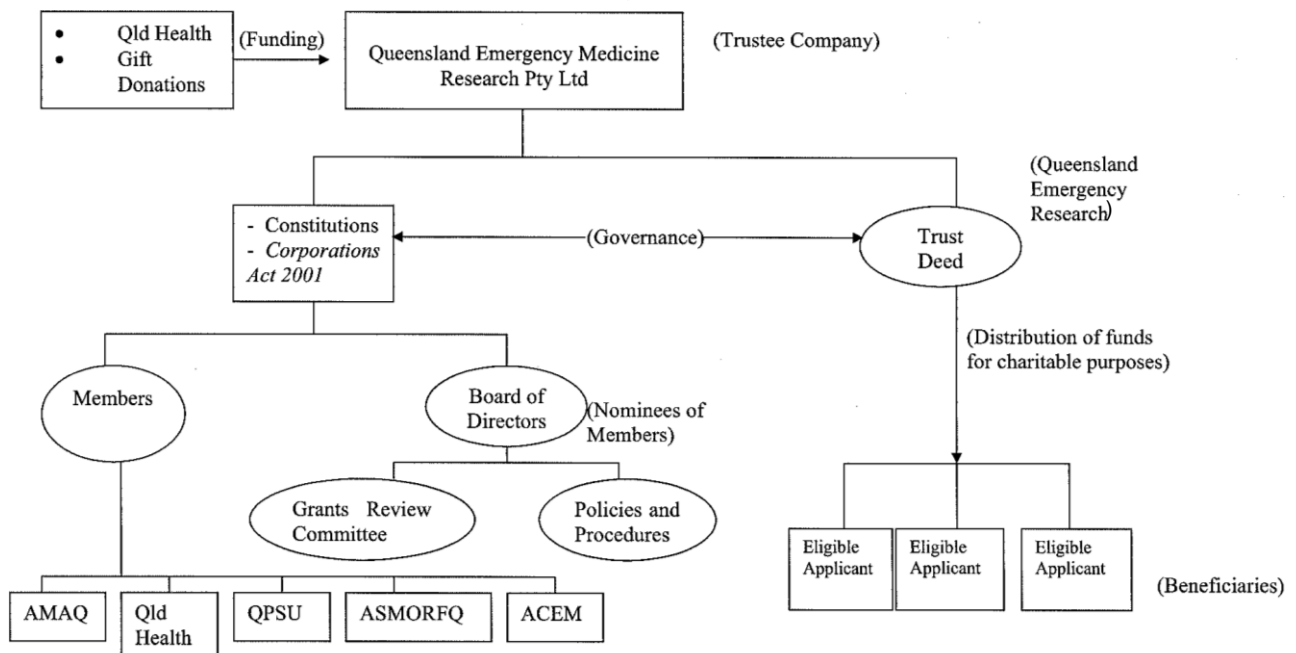
The Queensland Emergency Medicine Research Foundation (QEMRF), established on 23 October 2007, has a mission to conduct and facilitate research relating to the practice of Emergency Medicine in Queensland. It received initial funding of \$5 million from Queensland Health, with another \$2 million pledged as on-going annual funding dedicated to improve health services and ensure quality patient care.

The QEMRF is an independent organisation established to manage this funding and deploy a program of grants designed to build Queensland Emergency Medicine research capability and performance. It emerged as a government strategy responding to broader issues of high workloads in emergency departments, and the increasing demands of treating large numbers of critically ill patients. This is the first year of funding administered for the QEMRF Board of Directors and Research Manager with over \$1 million in funding being granted.

The QEMRF employs one staff member, the Research Manager, Catrina Codd and secretariat requirements are outsourced to the Australian Medical Association Queensland.

Queensland Emergency Medicine Research Foundation is the registered business name of Queensland Emergency Medicine Research Foundation Ltd ACN 128 057 170 as trustee of the Queensland Emergency Medicine Research Foundation ABN 37 814 620 674, a trust (“Trust”) established as a charitable institution and health promotion charity.

SCHEMATIC OF TRUST STRUCTURE



The Queensland Emergency Medicine Research Foundation Ltd is registered as a public company limited by guarantee with the Australian Securities and Investment Commission (ASIC) and has been granted endorsement for charity tax concessions from the Australian Taxation Office (ATO). The QEMRF governing document is our constitution, and our Board of Directors has ultimate responsibility for what we do.

Limited not for profit companies have “Members” rather than stake-holders. Each Member nominates one person to the Board of Directors with the exception of the Australasian College for Emergency Medicine who nominates three people. Each Director must be a Fellow of the Australasian College for Emergency Medicine with the exception of the Queensland Health

nominated Director. The Chair of the Board is the Chair of the Queensland Faculty of the Australasian College for Emergency Medicine.

In recognition of their efforts in negotiating and establishing the Queensland Emergency Medicine Research Foundation, the Board would like to acknowledge and thank the following people and representative groups:-

Mr Rupert Tidmarsh, Senior Industrial Officer, Salaried Doctors Queensland.

Ms Jenny Cannon, QPSU Advocate, Queensland Public Sector Union.

Mr Kerry Gallagher, in his capacity as the former Chief Executive Officer, Australian Medical Association of Queensland.

Dr Sylvia Andrew-Starkey, in her capacity as the former Chair of The Australasian College for Emergency Medicine (Queensland faculty).

Dr Michael Sinnott, Senior Staff Specialist Emergency Medicine, Princess Alexandra Hospital.

9. BOARD OF DIRECTORS

The Queensland Emergency Medicine Research Foundation is governed by a constitution, with ultimate responsibility for what we do lying with our Board of Directors.



L – R: Dr Peter Logan, Dr Michael Sinnott, Dr Stephen Priestly, Dr Sylvia Andrew-Starkey (Chair), Ms Bronwyn Nardi (Qld Health Representative), Dr David Spain, Mr Kerry Gallagher (Company Secretary), Prof Gerry FitzGerald.

The names of the directors in office at any time during or since the end of the financial period are:

Member Organisation	Representative	Appointed	Resigned
The Australasian College for Emergency Medicine, represented by the Queensland faculty (ACEM)	Dr Sylvia Andrew-Starkey (Chair)	18 Oct 07	22 Apr 09
	Professor Gerry FitzGerald	18 Oct 07	

Member Organisation	Representative	Appointed	Resigned
	Dr Stephen Priestley	18 Oct 07	
	Dr David Rosengren (Chair)	22 April 09	
The Queensland Branch of the Australian Medical Association (AMAQ)	Dr Peter Logan	18 Oct 07	
The State of Queensland represented by the Department of Health Queensland (QH)	Ms Bronwyn Nardi	26 Mar 08	02 Sep 08
	Ms Tracey Johnson	04 Sep 08	19 Dec 09
	Prof Robin Mortimer	12 Feb 09	
Queensland Branch of the Australian Salaried Medical Officers Federation (ASMOFQ)	Dr David Spain	18 Oct 07	
The Queensland Public Sector Union of Employees (QPSU)	Dr Michael Sinnott	18 Oct 07	

Dr Sylvia Andrew-Starkey:

Director since establishment 2007 to 22 April 2009, Chairman elect 2008 to 22 April 2009; Qualifications: MB BS, FACEM; Experience: Deputy Director, DEM RBWH May 2006-current; Director, DEM Prince Charles Hospital 7/11/05 – 30/4/06; Director, DEM Caboolture Hospital 18/3/96 – 6/11/05; A/Director, DEM Cairns Base Hospital; Emergency Physician, PEC Calvary Hospital 1995-1996; Staff Specialist 1994-1995 & Registrar 1994, PANCH Victoria; D/Director, DEM, Maroondah Hospital 1990-1994; Registrar, DEM, Box Hill Hospital, Victoria 1990.

Prof Gerard FitzGerald:

Director since establishment 2007 to present; Chairman elect GRP and ex-officio GAC 2008; Qualifications: MB BS 1976 (UQ); BHA 1988 (NSW); MD 1990, Foundation FACEM 1983; FRACMA 1990; FCHSE 2002; Experience: Current Professor of Public Health (Emergency and Disaster Mgt), School of Public Health, QUT; Adjunct Professor UQ, James Cook University, and China Medical University (Shenyang China); Co-founder Australasian College for Emergency Medicine; National Secretary (former) of the College; Director of Emergency Department, Ipswich Hospital; Medical Director and Commissioner of Qld Ambulance Service; Chief Health Officer and Deputy Director General of Qld Health; Editor in Chief of the Journal EM; developed the Ipswich Triage Scale subsequently adopted as the National Triage Scale in Australasia; Member of Australia's national policy committee for disaster response and Australia's National Health and Medical Research Council; Ongoing development in Emergency Health Management Education and Research Programs.

Dr Michael Sinnott:

Director since establishment 2007 to present; Qualifications: FRACP 1993; FACEM 1988; MBBS UQ 1982; Experience: Clinical Senior Lecturer, UQ 1994; Senior Staff Specialist, Emergency Dept, PAH 2005-current; Director Emergency Medicine Training, PAH 1999-2007; Staff Specialist, Emergency Dept, PAH 1996-2004; Chairman General Clinical Training Committee PAH 1999-2000; Director of Perioperative Medicine, QEII Jubilee Hospital 1994-1995; Coordinator Education Program 2nd & 3rd year residents 1997-1999; Coordinator Emergency Registrar Training Program PAH 1996-1999; Medical Students, Emergency Dept

PAH 1986-present; Director Intern Training, QEII Hospital 1994-1996; Resident Medical Officer Training PAH 1986 to present; Medical Students, Mater Children's Hospital 1985-1986; School of Nursing PAH 1986-1988; Qld Ambulance Officers Brisbane 1986-1992.

Dr David Spain:

Director since establishment 2007 to present, Qualifications: MB BS 1979; FRACGP 1990; FACEM 1993; Experience: Councillor Australasian Society for Emergency Medicine 2004-2007; Senior Staff Specialist Gold Coast Hospital Emergency Medicine 2002-2007; Deputy Director Gold Coast Hospital Emergency Dept 2006-2008; Medical Director Allamanda Private Hospital 24Hr Emergency Care Centre Southport 1997-2005; Clinical Senior Lecturer UQ 1997-2008; Clinical Senior Lecturer, Griffith University 2005-2008; Associate Professor, Bond University 2006-2008; Chief Medical Officer Gold Coast Lexmark Indy 300 1999-2008; Medicolegal Consultants of Australia (Brisbane) 2002-2008; United Medical Protection Qld, Emergency Medicine Opinion 2002-2008; Health Rights Commission (Qld), Consultant Emergency Medicine (Honorarium) 2002-2008

Dr Peter Logan:

Director since establishment 2007 to present; Qualifications: FACEM 2004; CCST (EM) 2004; FFAEM 2003; FRCS(A&E) 1999; DipIMC.RCS(Ed) 1996; MB Bchir 1993; BA(Cantab)2ii 1991; Emergotrain Senior Instructor 2008; MIMMS Instructor 2004; Experience: current Staff Specialist in EM, RBWH; Locum Consultant EM, Bristol Royal Infirmary 2004-2005; Specialist Registrar A&EM, Ipswich Hospital 2003-2004; Registrar in EM, RBH 2002-2003; Specialist Registrar A&EM, Norfolk & Norwich Hospital 2000-2002; Snr House Officer in Neurosurgery & Neurosurgical Critical Care, Addenbrooke's Hospital Cambridge 2000; Snr House Officer Anaesthetics & Intensive Care, North Hampshire Hospital, Basingstoke 1999-2000; Senior House Officer in Cardiology, NHH Basingstoke 1998-1999; Snr House Officer A&EM, Addenbrooke's Hospital, Cambridge 1997-1998; Snr House Officer Trauma Orthopaedics, Peterborough District Hospital, Peterborough 1997; Service in HM Forces (Royal Air Force / Army) 1995-1997; Senior House Officer A&EM, Norfolk & Norwich Hospital, Norwich 1995.

Dr Stephen Priestley:

Director since establishment 2007 to present, Specialist Physician, Qualifications: MBBS (Qld) 1984, FACEM 1994; Experience: District Director of Emergency Medicine, Sunshine Coast Health Service District Qld; Review Section Editor, Emergency Medicine Australasia Journal; Executive Board Member, Advanced Paediatric Life Support (Australia & NZ); Chair, Central Area Health Service ED Network Queensland Health; Member, Statewide ED Network Qld Health; Clinical Services Director, Division of Access and Emergency Services, Western Health, Melbourne 2005-2006; Director Emergency Medicine, Sunshine Hospital, Western Health, Melbourne 1999-2006; Clinical Services Director, Emergency and Critical Care Services, Western Health, Melbourne 2002-2003; Emergency Retrieval Physician, MEARS, St Vincent Hospital, Melbourne 1996-2001; Director, Paediatric Emergency Medicine, Monash Medical Centre, Melbourne 1997-1999; Staff Specialist in Emergency Medicine, Monash Medical Centre, Melbourne 1994-1997.

Ms Bronwyn Nardi:

Director March to September 2008; Qualifications: MA Business Administration, Registered Nurse, Registered Midwife; Experience: Current Senior Director Workforce Planning and Coordination Branch, Qld Health; Acting Executive Director Policy Planning and Resourcing Division, Qld Health Feb to July 2008; Qld representative on the Health Workforce Principal Committee; Board Director Community and Health Services Industry Skills Council; Chair Practitioner Regulation Subcommittee; 27 years in the health care industry.

Mr Kerry Gallagher (Company Secretary):

Appointed Company Secretary since establishment 2007 to present; AM; Director Vanguard Consulting; CEO AMA Queensland 1996 – Sept 2008; Managing Director of AMA Services Queensland and its companies 1996 to Sept 2008; Executive Director of AMAQ Foundation from formation until Sept 2008; and Officer Australian Defence Force for 29 years.

Ms Tracey Johnson:

Tracey Johnson was appointed to Queensland Health in July 2008. In the role of Senior Director she established the Office of Health and Medical Research within the Centre for Healthcare Improvement. Tracey has a background running health businesses, supporting biotechnology commercialisation, developing and administering grant schemes and designing strategies to improve outcomes for various industry sectors. She holds a Bachelor of Commerce degree from Griffith University, a Graduate Diploma in Management from the University of Western Sydney, a Master of Public Management from Flinders University, a Graduate Diploma in Theology from the Brisbane College of Theology/Griffith University and a Cert IV in Workplace Assessment and Training.

Professor Robin Mortimer:

Director since 12 February 2009. Professor Mortimer is a former President of the Royal Australasian College of Physicians and is currently Deputy Chair of the Australian Medical Council. He was made an officer of the Order of Australia in the 2006 Australia Day Honours, for service to medicine, particularly in the areas of education, training and accreditation, and to endocrinology as a clinician, academic and researcher.

Dr David Rosengren:

Director since 22 April 2009, current Chair. Qualifications: Graduate of University of Queensland. Became a FACEM in 2003. Experience: His current roles include Chair of Queensland faculty of the Australasian College for Emergency Medicine, Director of Emergency Centre at Greenslopes Private Hospital; Staff Specialist Department of Emergency Medicine RBWH, Locum Staff Specialist Department of Emergency Medicine RCH, Member of ACEM Private Practice Committee, Fellow of the Academy of Wilderness Medicine.

10. FELLOWSHIPS

Dr Noel Stevenson Fellowship

In recognition of his service, the Queensland Emergency Medicine Research Foundation would like to name the top ranked application for its Research Fellowship Program after Dr Noel Stevenson. Noel was born in 1934 and attained his medical degree from University of Queensland in 1959. His resident and initial registrar years were spent at RBWH and RCH



Dr Frank Garlick and Dr Noel Stevenson

after which he moved to Washington State in 1966 where he obtained his MD. It was at this time he became interested in Emergency Medicine where he worked in Cooke County Hospital, San Francisco General, Harborview Hospital and Boston Paediatric Hospital amongst others to further gain experience in this field.

He became a founding member of the American College of Emergency Physicians and served as Councillor on the Washington State Board of ACEP. Noel became the Director of Emergency at Deaconess Hospital in Spokane Washington and began the first Helicopter Rescue Service

associated with the US Air force. In 1976, Noel and his family returned to Queensland where he became the first modern-day Director of Princess Alexandra Emergency Department.

He served as medical advisor to Queensland Ambulance and to Department of Health. His career highlights include:

- Review of Queensland Ambulance Service
- Ministerial Review of First Aid
- Paramedic course involvement
- Queensland Blood Transfusion Committee
- 1983 Founding fellow of ACEM and active contributor in advancement of ACEM
- Censor for Queensland
- Examiner in Primary and Fellowship Exams
- Member of accreditation teams inspecting Emergency Departments and ensuring an appropriate standard
- Councillor for Queensland from 1983-4

Moved back to the USA in 1993 until his retirement in 2005 and in 2005 returned to Australia for a well deserved rest.

Dr Frank Garlick Fellowship

In honour of his outstanding contribution to Medicine in general but Emergency Medicine in particular, the Queensland Faculty of ACEM would like to name the top ranked application for its short research Fellowship after Dr Frank Garlick.

Frank graduated from University of Queensland in 1951. His early years were spent at the Royal Brisbane and Women's Hospital predominantly in surgical training. He was one of the first to obtain the new MS Degree from UQ in 1956 and became a Fellow of the college the same year. From 1957 to 1962 he was a surgical supervisor at PAH and in 1959 went to England to obtain his FRCS.

The 1960s took Frank to India where he became Associate Professor and then Professor of Surgery at Vellore. In 1971 he decided that his skills would be better served by helping young doctors prepare for their careers in surgery and began to train doctors in remote areas.

In 1976 Frank returned to Australia and took up the position of Director of Emergency RBWH, a post he held for the next 13 years until his retirement. During this time he became a foundation fellow of ACEM in 1984. Dr Garlick retired from Australian medicine in 1989.

Frank went to Nepal to become the medical director of Patan Hospital in Kathmandu. Here, Frank established resident training programs.

His service was recognised in 1993 when Dr Garlick received the King's Medal from the King of Nepal for his outstanding work in Patan Hospital.

In 2000 Dr Garlick was awarded the inaugural Royal Australian College of Surgeons Medal for long time service to underprivileged overseas communities.

2008 Fellowship Recipients

Dr Noel Stevenson Fellowship – 2008 recipient Associate Professor Peter Aitken, The Townsville Hospital, for Disaster Health Education in Australia: An Analysis of Current Status, Needs and Educational Strategies and the Development of Potential Future Models, Doctor of Public Health, James Cook University.

Dr Frank Garlick Fellowship – 2008 recipient Dr Joseph Ting, Mater Adult Hospital, Master of Science - Clinical Trials, University of London.

11. HIGHLIGHTS OF THE 2008/09 FINANCIAL YEAR

30 July 2008	Official Launch of QEMRF by the Hon Stephen Robertson, Minister for Health. 5th Board Meeting. Outcomes – Formalisation of Office Bearers; and, registration as a charity.
4 September 2008	6th Board Meeting. Outcomes – Clarification of Part-Time and Research Fellowships; and, FRACP (PEM) eligibility for grants.
8 September 2008	Professor Ian Frazer appointed as an Expert Reviewer
9 September 2008	Dr Gerben Keijzers and Dr Yuri Gilhotra appointed as reviewers on the Grants Review Panel.
10 September 2008	Associate Professor Anthony Brown appointed as a reviewer on the Grants Advisory Committee and a member of the Scientific Advisory Committee (SAC).
12 September 2008	Dr Fiona Reilly and Dr Ruth Barker appointed as reviewers on the Grants Review Panel. Professor Judy Searle appointed to the Grants Advisory Committee and Professor Ian Frazer appointed as an Expert Reviewer.
26 September 2008	Associate Professor Peter Aitken appointed to the Grants Advisory Committee and Scientific Advisory Committee (SAC).
30 September 2008	Dr Joseph Ting appointed as a reviewer on the Grants Review Panel.
2 October 2008	Charity registration approved and certificate granted under Collections Act 1966 from the Queensland Government, Department of Justice and Attorney-General, Office of Fair Trading. This enables QEMRF to conduct appeals for support to the public.
27 October 2008	Associate Professor Carmel Hawley appointed to the Grants Review Panel.
14 November 2008	Inaugural Grants Advisory Committee meeting, applicant interviews and inaugural Grants Review Panel meeting.
19 November 2008	7th Board Meeting and inaugural AGM. Outcomes - Changes to Constitution in regards to Trust Deeds, Applications, Grants Process discussed; QEMRF signed a service agreement with Vanguard Consulting Services; desire for geographical representation on Board; and, AGM.
10 December 2008	8th Board Meeting. Outcomes – Guidelines on budget items permitted in grants; approval resubmissions process; and, partnership/sponsorship funding discussed. Professor Peter O'Rourke resigned from the Grants Advisory Committee and took up a role as a consultant under a service level agreement with QEMRF. Catrina Codd (Research Manager) gave a presentation at the ED clinical network research sub-committee meeting at QEII Hospital.
20 January 2009	Professor Peter Cameron appointed as an Expert Reviewer.
28 January 2009	1st Edition of the QEMRF Newsletter distributed.
29 January 2009	Professor Judy Searle resigned from the Grants Advisory Committee.

30 January 2009	Various Queensland Hospitals contacted to raise awareness of the QEMRF grants. Professor Anne-Maree Kelly appointed as an Expert Reviewer.
2 February 2009	Professor Simon Brown appointed as an Expert Reviewer.
3 February 2009	Various Queensland Universities contacted to raise awareness of the QEMRF grants. First Charity Committee Meeting and first Finance Committee Meeting.
6 February 2009	Ms Tracey Johnson resigned from the QEMRF Board.
10 February 2009	Grant Review Panel Resubmission Interviews conducted and voted on.
12 February 2009	9th Board Meeting. Outcomes – Call for submissions completed; appointment of Auditors; and, Professor Robin Mortimer appointed as a Director on the QEMRF Board (Qld Health Representative).
22 February 2009	Contacted various international bodies to network with QEMRF.
2 March 2009	Grants Review Panel Assessor Reports due.
17 March 2009	Professor Peter Leggat appointed as a member of the Grants Advisory Committee.
19 March 2009	Associate Professor John Younger from Michigan US appointed as an Expert Reviewer for QEMRF Grants Advisory Committee.
23 March 2009	Professor Paul Scuffham appointed as Expert Reviewer for the Grants Advisory Committee. Dr Diana Battistutta appointed as a member of the Grants Advisory Committee.
24 - 25 March 2009	ACEM Autumn Symposium presentation.
27 March 2009	First grants payment for QEMRF.
2 April 2009	1st QEMRF Dinner and Interview event with Professor Simon Brown on Establishing a Research Centre within an Emergency Department and the benefits of collaboration, building on prior achievements and strategic focus.
7 April 2009	2nd Finance Committee Meeting.
22 April 2009	10th Board Meeting. Outcomes – QEMRF now trademarked; appointment of new law firm Thynne & Macartney; AMAQ Secretariat Agreement signed; desire for building research infrastructure in Queensland Hospitals; resignation of Dr Sylvia Andrew-Starkey as Chair of ACEM and QEMRF; and, appointment of Dr David Rosengren, new Chair of QEMRF Board.
5 May 2009	Research Manager attended the Prince Charles Hospital Multidisciplinary Critical Care Research Group Team Meeting.
14 May 2009	Research Manager Presentation at the Gold Coast Hospital, Southport at their ED training morning.
19 May 2009	Grants Review Panel Assessor Reports due.
22 May 2009	Research Manager gave QEMRF presentation at Mater Children's ED.
25 May 2009	Research Manager meeting at Redland's Hospital with Dr Chris May, Director of ED Clinical Networks.
27 May 2009	Research Manager gave QEMRF overview presentation at the Northern Emergency Department Network Meeting. Scientific Advisory Committee.

28 May 2009	Research Manager gave QEMRF overview at the Ipswich ED.
30 May 2009	Research Manager gave QEMRF overview at the Cairns Emergency Medicine Association Evening Seminar.
3 June 2009	11th Board Meeting. Outcomes – Discussion on fundraising and investment strategy; and, discussion on strategic direction of QEMRF. 3rd Finance Committee Meeting. Appointment of Associate Professor David Taylor to the Grants Advisory Committee.
10 June 2009	Research Manager presentation of QEMRF overview at the Southern and Central ED Network Meeting (at QEII and Redcliffe Hospitals).
15 June 2009	Dr Matthew O'Meara appointed as an Expert Reviewer.

12. COMMITTEES

Scientific Advisory Committee:

The role of the Scientific Advisory Committee is to oversee the activities of the Research Manager and to provide guidance when required and provide strategic advice to the Board of Directors on scientific direction for the foundation.

Professor Gerry FitzGerald (Chair), MBBS, MD, BHA, FACEM, FRACMA FCHSE, Professor of Public Health (Emergency and Disaster Management), Faculty of Health, Queensland University of Technology.

Professor Anthony Brown, MB ChB, MRCP (UK), FRCS (Ed), FACEM, FFAEM (UK), FRCP (UK), FCEM (UK), Senior Staff Specialist, Department of Emergency Medicine, Royal Brisbane and Women's Hospital; and, Professor, Discipline of Anaesthesiology and Critical Care, School of Medicine, University of Queensland.

Associate Professor Peter Aitken, MBBS, FACEM, EMDM., Eminent Senior Staff Specialist Emergency Department, The Townsville Hospital; Associate Professor, Anton Breinl Centre for Public Health, James Cook University; and, Senior Medical Coordinator – Disaster Management, Emergency Management Unit, Office of the Chief Health Officer.

Grants Advisory Committee (GAC):

The Grants Advisory Committee (GAC) oversees the entire peer review process for QEMRF and is accountable directly to the Trustees of the Foundation. The GAC is comprised of six researchers – three with expertise in translational research and three with expertise in Emergency Medicine research. The Chair of the GAC will sit ex-officio on the Board of Trustees of the Foundation. The GAC has responsibility for peer review of the Project Grants, Program Grants and Fellowship Schemes.

Professor Julie H. Campbell (Chair) AO, FAA, BSc (Hons), PhD, Director, Centre for Research in Vascular Biology, School of Biomedical Sciences, University of Queensland; Director, Wesley Research Institute, Wesley Hospital; and, Director, VasCam Pty Ltd.

Professor Judy Searle, BMBS, FRANZCOG, GDPH, MD, GCTE, PCM, Foundation Dean, Head of School, School of Medicine, Griffith University and Consultant Obstetrician, Gold Coast Hospital.

Professor Peter O'Rourke, BSc (Hons), BA (Hons), PhD, GCEd, Senior Biostatistician, QIMR.

Professor Gerry Fitzgerald (Chair), MBBS, MD, BHA, FACEM, FRACMA, FCHSE, Professor of Public Health (Emergency and Disaster Management), Faculty of Health, Queensland University of Technology.

Professor Anthony Brown, MB ChB, MRCP (UK), FRCS (Ed), FACEM, FFAEM (UK), FRCP (UK), FCEM (UK), Senior Staff Specialist, Department of Emergency Medicine, Royal Brisbane

and Women's Hospital; and, Professor, Discipline of Anaesthesiology and Critical Care, School of Medicine, University of Queensland.

Associate Professor Peter Aitken, MBBS, FACEM, EMDM, Eminent Senior Staff Specialist Emergency Department, The Townsville Hospital; Associate Professor, Anton Breinl Centre for Public Health, James Cook University; and, Senior Medical Coordinator – Disaster Management, Emergency Management Unit, Office of the Chief Health Officer.

Appointed for the 2009 round to replace resigned members Prof Judy Searle and Prof Peter O'Rourke:

Professor Peter A Leggat, JP, MD, PhD, DrPH, FAFPHM, FACTM, FFTM (ACTM), FFTM RCPS (Glasg), FACRRM, FAICD, FSIA, FACE, FRGS, ACPHM (CMSA), WSO-CSE, MRO (AUS & USA), Professor/Head, School of Public Health, Tropical Medicine & Rehabilitation Sciences. James Cook University Douglas Campus Townsville, Associate Dean for Faculty Affairs and Academic Advisor-Public Health and Tropical Medicine, Faculty of Medicine, Health & Molecular Sciences.

Dr Diana Battistutta BSc, BSc(Hons), PhD, Statistical Epidemiologist, Head of Research Methods Group, Institute of Health & Biomedical Innovation, Queensland University of Technology.

Additional interstate member recruited for the 2009 round:

A/Prof David McDonald Taylor, MBBS, DRCOG, MPH, MD, FACEM, Director of Emergency and General Medicine Research, Austin Health, Heidelberg, Australia, Principal Fellow (Associate Professor), Department of Medicine (Austin Health & Northern Health), Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne.

Grants Review Panel (GRP):

The GRP is comprised of five Emergency Medicine research experts. The Chair of the GRP will sit ex-officio on the GAC. The GRP has responsibility for peer review of the Small Grants Scheme and is accountable to the GAC. The Chair of the GRP will be designated authority from the GAC on behalf of the Trustees to approve funding of Small Grants within a quarterly budget. Members of the GRP may vary with each round.

Professor Gerry Fitzgerald (Chair), MBBS, MD, BHA, FACEM, FRACMA, FCHSE, Professor of Public Health (Emergency and Disaster Management), Faculty of Health, Queensland University of Technology.

Dr Joseph Ting, MBBS, FACEM, BMedSci, Grad Dip Epi, PG Dip Clin Trials, Staff Specialist Emergency Physician Mater Public Hospital.

Dr Yuri Gilhotra, MBBS (Hons), FRACP (PEM), Staff Specialist Paediatric Emergency Medicine, Mater Children's Hospital.

Dr Fiona Reilly, MBBS, FACEM, Staff Specialist – Paediatric Emergency Department, Mater Children's Hospital and Staff Specialist Emergency Department, Holy Spirit Northside Hospital.

Associate Professor Carmel Hawley, MBBS (Hons), MMedSci, FRACP, Staff Nephrologist, Department of Nephrology, Princess Alexandra Hospital and Director Haemodialysis Services, Princess Alexandra Hospital.

Dr Ruth Barker, MBBS, MPH, FRACP, Staff Specialist in Paediatric Emergency Medicine, Mater Children's Hospital.

Dr Gerben Keijzers, MBBS, MEpi, Gold Coast Hospital Emergency Department.

Dr Greg Treston, BMedSci, MBBS, DTMH (Lon), DIMCRCS (Ed), FACEM, FACRRM, Staff Specialist in Emergency Medicine, Redcliffe Hospital.

Interstate Reviewer:

Professor Anne-Maree Kelly, MBBS, MD, MClinEd, FACEM, Professor of Emergency Medicine, Western Health and The University of Melbourne, Director, Joseph Epstein Centre for Emergency Medicine Research.

Expert Reviewers:

Expert Reviewers are called upon to provide additional review of grant applications.

Professor Simon Brown, BMedSci, MBBS, PhD, DA, FACEM, Professor in Emergency Medicine, University of Western Australia, Royal Perth Hospital, Perth, Western Australia and Head, Centre for Clinical Research in Emergency Medicine, Western Australian Institute for Medical Research.

Professor Peter Cameron, MBBS, ECFMG (US), FRACS, FACEM, Professor Emergency Medicine, Monash University and Academic Director Emergency and Trauma Centre, The Alfred.

Professor Ian Frazer, MB, ChB (Edinburgh), MD (Melbourne), Director, Diamantina Institute for Cancer, Immunology and Metabolic Medicine (DI).

Dr Matthew O'Meara, MBBS, FRACP, Director, Emergency Department, Sydney Children's Hospital, Randwick, New South Wales.

Prof Paul Scuffham, RPN, BA, PGDip Econ, PhD, Professor – Health Economics, School of Medicine, Griffith University.

Information Technology Committee Members:

The Information Technology Committee (ITC) oversees and provides guidance on matters pertaining to the use and control of information technology within all QEMRF groups.

Dr Iain McNeill, MbCHB, FACEM, Staff Specialist, Department of Emergency Medicine, Princess Alexandra Hospital.

Dr James Lind, BSBM, BMed Sci, FACEM, Executive Director of Emergency Medicine Training, Department of Emergency Medicine, Gold Coast Hospital.

Dr Sean Rothwell, MBBS, FACEM, FAWM, Staff Specialist, Department of Emergency Medicine, Royal Brisbane and Women's Hospital, Emergency Physician Greenslopes Private Hospital.

Dr Richard Stone, MBBS, DRANZCOG, PGDipAvMed, FACEM, Staff Specialist, Department of Emergency Medicine Cairns Base Hospital.

Mr David O'Driscoll, BSc, Enterprise Information Architect, Queensland Police Service.

Mr Matthew Loxton, MA, Director - Customer Support Services, Mincom.

Ms Catrina Codd, BSc, MPH, Research Manager, QEMRF.

Finance Committee:

The finance committee provides advice to the Board of Directors on financial matters.

Mr Kerry Gallagher (Chair), AM, Director Vanguard Consulting.

Dr David Spain, MBBS, FACEM, FRACGP, Deputy Director, Department of Emergency Medicine, Gold Coast Hospital.

Ms Catrina Codd, BSc, MPH, Research Manager, QEMRF.

Mr Matthew Wright, Finance Officer, Australian Medical Association Queensland.

13. AN INTERVIEW WITH PROF SIMON BROWN

An Interview and Dinner with Prof Simon Brown: Establishing a Research Centre within an Emergency Department and the benefits of collaboration, building on prior achievements and strategic focus.

Held at Joseph Alexanders restaurant + bar, Corner Park Road and Coronation Drive, Milton, Brisbane Qld, 6:30pm – 9:30pm on 2 April 2009.

Interviewer: Ms Catrina Codd, Research Manager, QEMRF.

Interviewee: Prof Simon Brown.

Simon Brown is an Emergency Physician at Royal Perth Hospital (RPH), a Professor in the Discipline of Emergency Medicine at the University of Western Australia and Head of the Centre for Clinical Research in Emergency Medicine (CCREM) at the Western Australian Institute for Medical Research (WAIMR). He has a PhD in Clinical Immunology and is an established researcher, having secured large competitive national and international grants and industry funding in the fields of allergy/anaphylaxis, proteomics and toxicological research. He is also funded by a National Health and Medical Research Council (NHMRC) Career Development Award and works within the framework of a limited number of priority topics building on prior achievements.

This has been a crucial component of securing ongoing funding, along with productive collaborations developed over the last decade encompassing several hospitals, universities, clinical specialties and laboratory scientists. Simon was appointed in 2008 to establish CCREM at RPH with startup and recurrent funding from WAIMR, the RPH Medical Research Foundation, and RPH ED. A strategic aim of CCREM for the next 2 years is to integrate bedside (clinical) and benchtop (laboratory) research in Emergency Medicine, focusing on agreed priority topics. The team includes four Academic Emergency Physicians with protected research time, two Post-Doctoral (laboratory) Scientists, laboratory assistants, post-graduate students (clinical and laboratory), a Clinical Nurse Manager (Emergency Research) and Research Clinical Nurses who provide extended hours support on the floor of the ED.

This was a delightful evening with 25 attendees engaged in a constructive interactive event. Fine food, refreshments and a lovely view of the night time Brisbane River set the scene for conversations to run freely and productively. Feedback confirmed that the evening was both enjoyable and useful. Professor Simon Brown's pragmatic and down to earth views which were well informed by his substantial track record really made the evening. The evening provided an opportunity for like minded Emergency Medicine researchers to make new networks. Feedback indicated that it also helped inspire individuals find new direction and motivation to achieve their goals.

The key messages included:

- Support for a research culture from the Chief Executive, Government and Emergency Department Staff.
- Seize on opportunities as they present.
- Have a strategic research plan on focused research areas.
- Build on previous research.
- Develop research infrastructure, for example having an excellent permanent Nurse Research Manager (and keep them), Research Fellows, Research minded clinicians, post-graduate researchers, laboratory space and laboratory staff.
- Find ways to pay people what they are worth (experience and skills).
- Work hard to attract key staff.

- Be able to understand the statistics yourself but also have a great biostatistician as a collaborator.
- Have dedicated, protected research time built into clinical staff roles.
- If you want something, ask for it.
- Grant writing skills – understand your project, like it and be able to sell it. The reviewers need to be able to easily see the value. Be prepared to put the effort in to the submission (which means unpaid time).

Collaboration:

- Find individuals who are interested in your topic (wherever they may be).
- Find a good mentor and be a good mentor to your junior research staff.
- Get a symbiotic relationship happening.
- Have good ideas.
- Good methodology.
- Mutual needs.
- Have access to patients.
- Having a co-investigator who is a statistician.

Collaborations never work unless everyone is getting something out of it.

14. GRANTS AWARDED

Funding Schemes in Brief - There were four QEMRF research funding schemes offered in this financial year.

1. **Emergency Medicine Trainee Grants** - up to \$20,000.
2. **Emergency Medicine Staff Specialist Research Grants** - up to \$50,000.
3. **Project Grants** - up to \$100,000 per year for three years.
4. **Research Fellowship Scheme** – up to \$150,000 per year Salary Costs.



Grants applied for November 2008, February 2009 and April 2009

Grant type	Number applied	Number awarded	Success rate
Fellowships	2	2	100%
Project Grants	5	4	80%
Staff Specialist	11	9	82%
Trainee	9	5	56%

Disaster Health Education in Australia – An Analysis of Current Status, Needs and Educational Strategies and the Development of Potential Future Models

\$150,000 Noel Stevenson Fellowship

Investigator	Department	Hospital	Department	University / Institution
A/Prof Peter Aitken	Department of Emergency Medicine	Townsville	Anton Breinl Centre	James Cook University

Fellowship awarded for completion of Doctor of Public Health.

Disasters have caused the loss of more than 12 million lives and affected more than 50 million people in the past 50 years alone. Disasters involve not just more patients, but a different type of patient in a system under extreme stress. Emergency Departments (ED), as the ‘front door’ to the health system are a key part of the disaster response and a well prepared ED is essential to save lives. Being prepared involves education and training, however disaster health education is not well developed in Australia. The research program aim is the development of a disaster education framework for the health workforce in Australia. This framework will incorporate learning needs and identify strategies to meet them in a manner which is both cost and outcome effective. A key outcome will be development and evaluation of a post graduate qualification in disaster health consistent with this framework. The current state of education in disaster health in Australia will be reviewed including a comparison of strategies used, relative effectiveness and barriers to success. Common problems will be identified from literature and Australian experience to help target educational priorities. This will include ED and Australian teams deployed overseas, many of whom were ED staff. A secondary aim is development of a network to strengthen both Emergency Medicine response to disasters and disaster health research.

Master of Science Clinical Trials, University of London

\$150,000 Frank Garlick Fellowship

Investigator	Department	Hospital	Department	University / Institution
Dr Joseph Ting	Department of Emergency Medicine	Mater Public	School of Medicine	University of Queensland

The M Sc Clinical Trials at the University of London is a prestigious world class highly selective post-graduate degree that provides in-depth and practical clinical methodology Masters which will assist with future clinical and observational trials related to clinical, intervention, observational and epidemiological studies in Emergency Medicine. At completion, candidates are expected to be able to conduct and critically appraise complex intervention and non-intervention clinical studies. At present I am enrolled in second year of a full time M Sc at the University of London.

The MSc aims to develop:

- Theoretical and practical understanding of the issues involved in the design, conduct, analysis and interpretation of randomised controlled trials of health interventions.
- Skills to scrutinize information, to critically analyse and carry out research, and to communicate effectively.

The subjects in second year include:

- CT201 Research Protocol Development
- CT202 Trial Designs
- CT203 Project management and research coordination
- CT208 Advanced statistical methods in clinical trials
- PH204 Economic evaluation of health care
- EP303 Epidemiology of non-communicable diseases

The London School of Hygiene and Tropical Medicine is Europe's oldest public health institution and hosts world class Clinical Trials, Medical Statistics, Epidemiology, Public Health and Health Evaluation Units.

The Sepsis Registry: A prospective database to characterise and facilitate improved outcome for admitted patients with community-acquired infection

\$200,000 Project Grant

Investigators	Department	Hospital	Department	University / Institution
Dr Julian Williams	Emergency Medicine	Royal Brisbane and Women's		
Prof David Paterson	Infectious Diseases	Royal Brisbane and Women's	Centre for Clinical Research	University of Queensland
Prof Jeffrey Lipman	Intensive Care Unit	Royal Brisbane and Women's		University of Queensland
Dr Jaimi Greenslade	Emergency Medicine	Royal Brisbane and Women's		University of Queensland
A/Prof Anthony Brown	Emergency Medicine	Royal Brisbane and Women's		University of Queensland
Dr Jennifer Paratz	Intensive Care Unit	Royal Brisbane and Women's	Burns & Trauma	University of Queensland
Dr Joel Dulhunty	Intensive Care Unit	Royal Brisbane and Women's	Burns & Trauma	University of Queensland
Dr Kevin Chu	Emergency Medicine	Royal Brisbane and Women's		

Infections, particularly serious infections, cost the Australian healthcare system millions of dollars every year and impose a significant burden of illness on the Australian community. Serious infections also have the capacity to cause tragedy with lethal outcomes possible even in young previously healthy individuals. Despite the significant consequences of these illnesses, we have very limited information about the best way to identify and treat infection in Emergency Departments (ED).

We will undertake this study by analysing in great detail the spectrum of infection syndromes presenting to the ED of a typical large Australian hospital over a period of several years. This will allow us to:

- 1) Identify the number of patients presenting to hospitals each year with severe infections and the outcome of these presentations.
- 2) Analyse the factors and information available to doctors in the ED that are associated with overall prognosis in patients with infection.
- 3) Build a comprehensive picture of the spectrum of infective agents that cause patients to be admitted to Australian hospitals.
- 4) Identify the most appropriate combination of antibiotics, which should be used in the early treatment of the most severely ill patients with infection.

The cornerstone of this project is a large database, which will capture detailed information on all patients presenting to the ED who are subsequently admitted with infection. The database will be used for a series of studies.

Accelerated pathway in the assessment of suspected acute coronary syndrome in the Emergency Department: A diagnostic accuracy study

\$175,302.67 Project Grant

Name	Department	Hospital	Uni Department	University/Institution
Dr Louise Cullen	Emergency Medicine	Royal Brisbane and Women's	School of Medicine	University of Queensland
A/Prof Anthony Brown	Emergency Medicine	Royal Brisbane and Women's; and Holy Spirit	School of Medicine	University of Queensland
Dr Martin Than	Emergency Medicine	Christchurch Public		
Dr Jaimi Greenslade	Emergency Medicine	Royal Brisbane and Women's	School of Medicine	University of Queensland
Dr Christopher Hammet	Cardiology	Royal Brisbane and Women's		University of Queensland
Dr Xiang-Yu Hou	Emergency Medicine	Royal Brisbane and Women's	School of Public Health; and, School of Medicine	Queensland University of Technology; and, University of Queensland
Dr Jacobus Ungerer			Chemical Pathology	Pathology Queensland,
Dr Kevin Chu	Emergency Medicine	Royal Brisbane and Women's		
Dr William Parsonage	Cardiology	Royal Brisbane and Women's; Holy Spirit Northside and St Andrews War Memorial		

Chest pain is one of the most common conditions treated in the Emergency Department (ED), but making a diagnosis remains challenging and resource-intensive. Not all causes of chest pain are due to heart disease. Currently, doctors do a blood test to look for the presence of a cardiac chemical called Troponin I to assist them in making a diagnosis of heart disease. This chemical is released from heart muscles when they are damaged and is, therefore, a good indicator of heart attack. However, because Troponin I is released slowly, doctors have to wait for up to six hours to determine whether it is present in the blood. In this project, we hope to make a more rapid diagnosis of the patient's chest pain by measuring a number of different heart hormones and chemicals two hours after an individual presents to the ED. These chemicals are known as creatine kinase-MB-isoenzyme (CK-MB), B-type natriuretic peptide (BNP) and myoglobin. If the diagnosis at two hours is accurate, we will be able to provide treatment to patients up to four hours earlier.

We will recruit 1000 consecutive patients presenting to the Royal Brisbane Emergency Department with greater than 5 minutes chest pain. Patients will be managed and investigated as per standard care. However, we will take an additional blood test at two hours to assess the combination of heart chemicals. We will then follow-up on patients to determine whether the two hour test was accurate in diagnosing heart attack.

Evaluation of the Emergency Department Patient Admissions Predictive Tool: assessing its impact on access block, cancellation of elective surgery, work practices and patient outcomes

\$100,000 Project Grant

Investigators	Department	Hospital	Uni Department	University/Institution
A/Prof David Green	Emergency Medicine	Gold Coast		
Prof Marianne Wallis			School of Nursing and Midwifery; Research Centre for Clinical & Community Practice Innovation (RCCCPi)	Griffith University; and, Gold Coast Health Service District
Prof Gerald FitzGerald			School of Public Health	Queensland University of Technology; James Cook University; U Queensland; China Medical University
Dr James Lind	Emergency Medicine	Gold Coast		
Dr Julia Crilly	Southern Area Health Service Emergency Department Clinical Network	Gold Coast	Research Centre for Clinical and Community Practice Innovation	Griffith University
Dr Melanie Jessup			RCCPI; School of Nursing and Midwifery	Griffith University & Gold Coast Health Service District
Dr Justin Boyle				Australian E-Health Research Centre, CSIRO ICT Centre
Dr Peter Miller	Emergency Department	Toowoomba		

Hospital occupancy rates regularly approach 100%, with resultant access block, ambulance bypass, and the last-minute cancellation of elective surgery patients. More efficient management of inpatient beds to reduce these predicaments is imperative. This project will evaluate the impact of a patient admission forecasting system - the Emergency Department Patient Admissions Predictive Tool (EDPAPT) - that has been developed from analysis of historical admissions data at the Gold Coast and Toowoomba Hospitals.

The aim of the project will determine whether a model that forecasts patient admissions can assist with the allocation of inpatient beds to alleviate one of the major problems of most Emergency Department (ED)s - overcrowding and access block.

Specifically it will determine whether the number of elective surgery cancellations and ambulance bypass occurrences are impacted by using a prediction tool, and what impact there is on ED and bed management work practices. The study will also determine if bed managers will make use of prediction tools or whether there are barriers to their use of it, such as perceived inaccuracies, preferences to rely on own judgements or default to current, familiar modus operandi.

The impact of a new emergency department on patient presentations and ambulance service delivery in health service districts in Australia: a 12 month before and after study

\$60,000 Project Grant

Investigators	Department	Hospital	Uni Department	University/Institution
Dr James Lind	Emergency Medicine	Gold Coast		
Dr Julia Crilly	Southern Area Health Service Emergency Department Clinical Network	Gold Coast	Research Centre for Clinical and Community Practice Innovation	Griffith University
A/Prof Vivienne Tippet			Faculty of Health Science Australian Centre for Prehospital Research	University of Queensland Queensland Ambulance Service
Prof Marianne Wallis	Research Centre for Clinical Practice Innovation	Gold Coast	School of Nursing and Midwifery	Griffith University
Dr Gerben Keijzers	Emergency Medicine	Gold Coast		Bond & Griffith
Ms Marilla O'Dwyer Mr John O'Dwyer Ms Kerri Melki			Australian E-Health Research Centre (AERC)	CSIRO
Ms Nerolie Bost	Emergency Medicine	Gold Coast		
Dr Sue Shiels	Emergency Medicine	Logan		

This study involves tracking the ambulance, emergency department (ED) and hospital process for the Robina, Southport and Logan hospitals. Project Aims: (NB. AIMS 1 – 3 are complete)

- 1) Validate ambulance ramping time.
- 2) Compare patient outcomes for 'ramped' vs 'non-ramped' patients who arrive to ED via ambulance.
- 3) Pilot merging of three health information systems (ambulance, ED, and hospital) at one site (Southport hospital).
- 4) Describe the characteristics of patients presenting to Southport, and Logan EDs in 12 months before Robina ED opening.
- 5) Describe the characteristics of patients presenting to Southport, Logan and Robina EDs in 12 months after Robina ED opening.
- 6) Compare ED presentations at Southport and Logan EDs before and after Robina ED opening (accounting for population growth and other possible systemic factors). Compare patient outcomes at Southport, Logan and Robina EDs before and 12 months after Robina ED opening.
- 7) Describe and compare ambulance 'ramping time' at Southport, Logan and Robina EDs before and 12 months after Robina ED opening.

Regulatory systems for occupational exposures in emergency health care: Contemporary challenges for the emergency physician in prevention, control and management

\$50,000 Emergency Medicine Staff Specialist Grant

Investigators	Department	Hospital	Uni Department	University/Institution
Dr Michael Sinnott	Emergency Medicine	Princess Alexandra		
Ramon Shaban	Nursing Practice Development Unit	Princess Alexandra	Institute for Health and Medical Research	Griffith University
Prof John Devereux			TC Beirne School of Law	University of Queensland

Healthcare workers in emergency departments are at high risk of exposure to blood-borne infections from occupational exposure. The financial and human costs of these injuries are significant. The risks such health care workers face are made more difficult in recent times because of three interconnected reasons.

First, emergency care workers are at high risk of occupational exposures because of the nature of their work and the environment they operate in. They work in highly volatile and high-stakes situations. Second, emergency departments face unprecedented demands for emergency medical care. With increased numbers of patients, waiting times for medical treatment inevitably increase, leading to patient dissatisfaction, aggression and violence, larger and heavier workloads, decreased patient and staff satisfaction, and higher staff turnover and burnout. Third, emergency physicians are routinely called upon to manage healthcare workers who have sustained these occupational exposure injuries. The more patients there are, the more at risk emergency physicians and others are at risk of occupational exposures.

These injuries are largely preventable. Emergency physicians have key roles to play with their prevention, but lack a rigorous reporting system and sensitive data management system with a universal regulatory framework to do so. While national guidelines exist to govern the clinical management of such injuries, there is no consistency of regulatory and legislative workplace health and safety frameworks in which emergency physicians are required to operate across the country, making their prevention, control and management by emergency physicians highly problematic. This study will provide a definitive systematic review of the legislative and regulatory workplace health and safety frameworks governing the management, control and prevention of occupational exposures across Australia. Moreover, the study will provide baseline data and pilot research for a larger study that suggests the development of a culture of patient safety within the emergency department and the wider hospital environment first requires a culture of staff safety. For the true financial and human costs of occupational exposures to be known, it is critical to gauge the extent of the problem. When we consider the estimated under-reporting in the United States or Australia, where it is estimated that up to 85% of occupational exposures are not reported due to the systematic under-reporting of sharps injuries, the financial and human costs associated with occupational exposures are significant.

The effects of implementation of a tertiary survey tool for multi-trauma patients

\$46,552 Emergency Medicine Staff Specialist Grant

Investigators	Department	Hospital	Uni Department	University/Institution
Dr Gerben Keijzers	Emergency Medicine	Gold Coast	Medicine	Bond University; and, Griffith University
Dr Don Campbell	Emergency Medicine	Gold Coast		
Dr Don Pitchford	Orthopaedics Department	Gold Coast		
Dr Jeffrey Hooper	Emergency Medicine	Gold Coast		
Dr Julia Crilly	Southern Area Health Service Emergency Department Clinical Network	Gold Coast	Research Centre for Clinical and Community Practice Innovation	Griffith University
Ms Christina Jennekens	Emergency Medicine	Gold Coast		
A/Prof Marie Cooke			School of Medicine and Midwifery	Griffith University

Missed injuries in trauma patients are a well recognised phenomenon. Currently at Gold Coast Hospital there is no formalised process for review of multi-trauma patients after they are admitted to the general ward. Anecdotal evidence from the emergency department's monthly trauma review meeting suggests that there are multiple factors that potentially contribute to missed injuries. Commonly patients with an altered level of consciousness, those that are intoxicated or those that are unstable and require immediate operation, have injuries that may not be recognized in the ED. Also at risk are patients transferred from other facilities that have been assessed and managed elsewhere.

The idea of a tertiary survey has been proposed as one strategy to reduce the incidence of missed injuries in trauma patients. A tertiary survey involves a complete evaluation of the patient within 24 hours of admission. It consists of a complete head to toe examination, review of laboratory results and radiologic studies. Currently there is no formalised way of documenting the tertiary survey.

The aim of this study is to implement and evaluate the introduction of a tertiary survey form in three wards (ICU, orthopaedic and ED observation ward) where multi-trauma patients are admitted.

Validation of CARING criteria: A diagnostic accuracy study for predicting who should have an Advance Health Directive (AHD)

\$47,003.21 Emergency Medicine Staff Specialist Grant

Investigators	Department	Hospital	Uni Department	University/Institution
Dr Philip Richardson	Emergency Medicine	Royal Brisbane and Women's	School of Medicine	University of Queensland
Dr Kevin Chu	Emergency Medicine	Royal Brisbane and Women's		
Dr Jaimi Greenslade	Emergency Medicine	Royal Brisbane and Women's	School of Medicine	University of Queensland

Advanced health directives are legal documents that outline patients' desires for end-of-life care. For individual's nearing the end of their lives, advanced health directives are an important part of their treatment plan. This is because they tell health care providers about the patient's wishes regarding treatment near the time of death. However, very few patients hold these documents. This study looks to see whether we can easily identify individuals who are nearing the end of their lives, and therefore, should have an advanced health directive. The research is an initial step in increasing the number of individuals who hold advanced health directives.

In identifying those people who are nearing the end of their lives, we will utilise a clinical tool called the CARING criteria. This tool was designed in the United States and uses demographic and clinical information to identify patients who are likely to die within twelve months. In its original setting, the CARING criteria was highly accurate. However, no research has examined whether this tool is valid in the Australian Emergency Department setting.

Therefore, we will assess the tool by looking at the medical charts of 1000 patients presenting to the Emergency Department. We will use the information in these charts to determine which patients meet the CARING criteria, and therefore, likely to have a limited life expectancy. After 12 months, we will conduct a search of the state death registries to determine whether individuals have deceased. We will then determine how accurate the CARING criterion is for predicting mortality. If the tool is accurate, we can apply it to all patients presenting to the Emergency Department and provide advanced health directive counselling to those who meet the criteria. This will ensure that the care provided to patients at the end of their lives is sensitive and meets the needs of patients.

Procedural Sedation in the Emergency Department: A comprehensive analysis of a prospective registry of 2000 consecutive procedural sedations and telephone follow-up from Redcliffe and Caboolture Hospital Emergency Departments

\$50,000 Emergency Medicine Staff Specialist Grant

Investigators	Department	Hospital	Uni Department	University/Institution
Dr Greg Treston	Emergency Medicine	Redcliffe		Emergency Medicine Systems Australia
Dr Anthony Bell	Emergency Medicine	Royal Brisbane and Women's		
Ms Catrina Codd				Queensland Emergency Medicine Research Foundation

Patients frequently present to the Emergency Department (ED) requiring brief but painful procedures as part of their medical treatment. Completion of these procedures in a safe and timely manner should be a core competency of an Emergency Physician. Insufficient data currently exists to guide the Emergency Physician in the conduct of these procedures. A specific and highly comprehensive registry of patient related parameters, patient and physician satisfaction with the sedative episode is required.

This project will build on an existing registry containing almost 2000 episodes of ED procedural sedation with telephone follow-up of up to 66%. The quality of the data in the data base has been consistently reviewed by the Principal Investigator throughout the entire seven years. Because of the medium size of the Redcliffe ED there have been well defined sedation protocols for specific situations which have been consistently followed by doctors throughout the seven years.

These include:

- Titrated intravenous pre-mixed Ketamine-Propofol sedation
- Titrated intravenous/intra-muscular Ketamine sedation.
- Titrated intravenous Propofol sedation

Human Research Ethics Approval has been obtained for this research and written informed consent has been obtained from all patients or their parent or guardian included in the Registry.

The registry is now at a stage where there are sufficient numbers to conduct more detailed analyses than has previously been done. Previously Emergency Medicine Registrars have completed research projects which have occurred because of the procedural sedation Registry.

We will address the role of fasting prior to sedation, use of adjunctive narcotics with sedation, post discharge adverse events, intra-procedural adverse events, and the need for any basic or advanced life support measures during procedural sedation. The need for post procedural observation in the Emergency Department versus early discharge will also be analysed.

Databases existing both nationally and internationally have not been specific enough to address the many questions that we aim to answer.

A randomized controlled trial comparing patient controlled versus physician controlled sedation with Propofol in patients requiring procedural sedation in the Emergency Department.

\$25,243 Emergency Medicine Staff Specialist Grant

Investigators	Department	Hospital	Uni Department	University/Institution
Dr Anthony Bell	Emergency Medicine	Royal Brisbane and Women's	School of Medicine	University of Queensland
Dr Kevin Chu	Emergency Medicine	Royal Brisbane and Women's		
Dr Trent Lipp	Emergency Medicine	Royal Brisbane and Women's		
Dr Jaimi Greenslade	Emergency Medicine	Royal Brisbane and Women's	School of Medicine	University of Queensland
Ms Alison Duncan	Emergency Medicine	Royal Brisbane and Women's		
Dr Sean Rothwell	Emergency Medicine	Royal Brisbane and Women's		

Emergency Department patients are often sedated before undergoing painful procedures such as manipulation of fractures and dislocations. Propofol is a sedative drug commonly used for this purpose. Presently, the drug is always given by the doctor. However, there is evidence to suggest that the drug can be safely administered by the patient to him or herself. The patient does this by pressing a button on a pump which delivers the drug on demand in a controlled manner. This is called patient controlled sedation. There are potential benefits when the patient gives the sedative drug to him or herself including getting the dose and therefore the sedation just right, and the satisfaction of being in control. Patient controlled sedation will avoid the discomfort associated with the painful procedure if the doctor does not give enough of the drug. It will also avoid an overdose along with its associated side effects if the doctor gives too much of the drug.

This study will compare patient controlled sedation with doctor administered sedation for painful procedures performed in the Emergency Department. Eighty patients will be randomly assigned to the patient controlled sedation group and eighty patients to the doctor administered sedation group. The overall dose of Propofol administered during patient controlled and doctor administered sedation will be compared. The study will also examine how deeply the patients are put to sleep, how long they are put to sleep, how satisfied they are with the sedation, and the number of adverse events, if any, between the two groups. The study has been approved the Human Research Ethics Committee of the Royal Brisbane and Women's Hospital. Results of the study will be presented at scientific meetings and published in medical journals.

ABC's(Armbanding, Barcoding, Compliance) of Patient Safety - Armbanding the Emergency Patient - Does technology reduce patient misidentification of pathology specimens - a prospective interventional observational trial in a large tertiary emergency department

\$42,200 Emergency Medicine Staff Specialist Research Grant

Investigators	Department	Hospital	Uni Department	University/Institution
Dr David Spain	Emergency Medicine	Gold Coast		
Dr John Pierce	Emergency Medicine	Gold Coast		
Dr Julia Crilly	Emergency Medicine	Gold Coast	RRCCPI	Griffith University
Dr Gerben Keijzers	Emergency Medicine	Gold Coast	Medicine	Bond University; and, Griffith University

Accurate identification of patients is critical to their safety and to the efficient management of health services. Without accurate identification incorrect procedures may be performed, patients may have unnecessary tests performed on them or there may be delays in their care as pathology or other tests must be repeated. We plan to study the process of patient identification during blood collection in the Emergency Department (ED). This is the most common procedure performed in the ED. Mislabelling of pathology specimens can lead to fatal adverse events, such as incompatible blood transfusions. Results attributed to the wrong patient can lead to incorrect diagnosis and inappropriate future management.

In the chaotic ED environment, identification of critically unstable patients who require time critical treatment is even more important. These factors lead to increased risks associated with misidentification. Recently arm banding has been recommended as part of a new national standard to improve the patient identification process in ED.

The process of accurate identification during blood collection requires certain behaviours that act as checks and balances to ensure accuracy and safety. Patient identification requires several identifiable steps (see table).

Steps in Patient Identification during blood collection

- armband applied before specimen collection
- armband checked by staff before collection
- patient asked to state name
- patient asked to state date of birth
- labels applied immediately (at bedside)
- labels signed
- specimen never unattended (secure)

The first aim of this study is to examine in detail the behaviour of staff during the identification process of patients during blood collection in an ED. Secondly, it aims to identify whether the introduction of bar-coded arm banding and bar code readers improves the level of identity checking by emergency department staff during blood collection.

End-of-Life Issues – Withdrawal of treatment / Decision not to treat in the Emergency Department: A prospective multi-centre study

\$50,000 Emergency Medicine Staff Specialist Research Grant

Investigators	Department	Hospital	Uni Department	University/Institution
Dr Philip Richardson	Emergency Medicine	Royal Brisbane and Women's	School of Medicine	University of Queensland
Dr Kevin Chu	Emergency Medicine	Royal Brisbane and Women's		
Dr Jaimi Greenslade	Emergency Medicine	Royal Brisbane and Women's	School of Medicine	University of Queensland

Not infrequently, doctors working in the Emergency Department (ED) have to decide on how they are to provide treatment to dying patients. Specifically, they have to decide whether to actively treat or whether they should limit or withdraw treatment on patients who are not anticipated to live. Such decisions should be governed by legislature as well as standards set by the Australian Council on Health Care Standards (ACHCS). However, research conducted in our hospital has indicated that doctors consider a wide variety of factors including patient's and family's wishes when making such end-of-life decisions.

We therefore raise the following questions. First, what factors do doctors take into account when they withdrawal or withhold treatment in the ED? Second, are such decisions made in accordance with legislative requirements? To date, no research has examined this issue.

This study addresses this gap by focussing on the decisions leading to withdrawal of treatment in the ED. It is a multi-centre review of patients who die in 2009 in a number of Australian and New Zealand hospitals. The primary aim is to describe the factors that doctors consider when making the decisions to withdraw or withhold life-sustaining treatment. The secondary aims are to determine 1) whether Australian doctors are conducting such processes in line with ACHCS guidelines and 2) whether Queensland doctors are making such decisions in accordance with Queensland legislation.

Comparison of the quality and completeness of the medical record and the proportion of appropriate referrals for suspected abusive injury of young children presenting to two representative Qld Paediatric EDs using traditional ED worksheets and purpose designed pre-printed worksheets both computer generated in EDIS and manually distributed

\$24,898 Emergency Medicine Staff Specialist Research Grant

Investigators	Department	Hospital	Uni Department	University/Institution
Dr Ronald Clark	Emergency Medicine	Royal Children's		
Dr William Robert Pitt	Paediatric Emergency Department	Mater Children's		
Jennifer Crimmins	Children's Advocacy Service	Royal Children's		
Dr Robyn Brady	Paediatric Emergency Department	Mater Children's		

This study examines the data gathered and documented in patient charts with respect to the possibility of abusive injury in presentations by injured children under 2 years of age, as well as conclusions made by the treating doctor with respect to the possibility of abusive injury, and whether or not a consultation with an emergency or child protection specialist was made in reference to this issue.

These data are compared:

- Between two sample periods at the Mater Children's Hospital before and after the introduction of an electronically generated pro-forma to prompt such data collection.
- Between these samples and a matched sample from Royal Children's Hospital which uses the prompting pro-forma but generates this manually.

Prospective cohort study of Cardiac Risk profile of Emergency Department patients with chest pain: a comparative analysis of risk stratification tools

\$50,000 Emergency Medicine Staff Specialist Research Grant

Investigators	Department	Hospital	Uni Department	University/Institution
Dr Ellen Burkett	Emergency Medicine	Princess Alexandra		
Prof Thomas Marwick		Princess Alexandra	Department of Medicine	University of Qld
Dr Michael Sinnott	Emergency Medicine	Princess Alexandra		
Prof Anne-Maree Kelly	Joseph Epstein Centre for Emergency Medicine	Western Health		

Chest pain remains one of the most common complaints in patients presenting to Australian emergency departments. The personal and financial costs associated with these patients cause a significant burden to the Australian health system. Use of specifically designed methods to predict risk in patients presenting to the emergency department with chest pain have been shown to improve clinical decision making, reduce cost, prevent unnecessary admissions to coronary care beds and allows patients to be better informed of their outlook.

Our study has 2 aims:

Firstly, to assess and describe in detail the risk profile of patients presenting to a major Australian hospital Emergency Department with non-traumatic chest pain.

Secondly, we will compare the National Heart Foundation of Australia risk rules (which form the basis of a State-wide initiative by Queensland Health to improve clinical care) to 2 other already proven methods of determining risk to discover which of these tools is the best predictor of risk of death or heart-related complications at 72 hours and 30 days.

We aim to enrol 440 patients presenting to the Princess Alexandra Hospital Emergency Department with chest pain over a 1 year period. Patients will be assessed and managed as per normal but all will have their level of risk assessed by the 3 different methods (which combine information from patient history, clinical examination and investigation results). Patients will be followed up in hospital and at 30 days and their outcomes will be compared to those predicted by each risk prediction method.

This project is the first step in a program of research to find the safest and most cost-effective way to investigate and manage patients who present to an Emergency Department with chest pain

Cost effectiveness and Clinical outcomes of B-type Natriuretic Peptide (BNP) Point of Care Testing versus BNP Laboratory testing for Adults with Dyspnea in the Department of Emergency Medicine at Nambour General Hospital

\$13,050 Emergency Medicine Trainee Grant

Investigators	Department	Hospital	Uni Department	University/Institution
Dr David Ward	Emergency Medicine	Nambour General		
Dr Logan Stuckey	Emergency Medicine	Nambour General		
Paul Negus		Nambour General		

Aim - The aim of this study is to evaluate how using BNP point-of-care testing in the Department of Emergency Medicine (ED) at Nambour General Hospital for adult patients presenting with acute dyspnoea impacts on patient outcomes, clinical significance, cost effectiveness and DEM patient flow when compared with laboratory testing.

Method - All English speaking patients, 18 years of age or over, presenting to the ED with symptoms of dyspnoea who are capable of giving informed consent will be eligible for the research study. All patients who give their written informed consent will be included in the study sample.

The first 100 consenting participants will be ordered both BNP point-of-care testing and BNP laboratory testing to enable validation of the BNP point-of-care testing and BNP laboratory testing at Nambour General Hospital. Participants in the validation group will be randomised to have the results of either the BNP laboratory testing or BNP point-of-care testing made available to the treating medical officer to assist with assessment, diagnosis and treatment. Thereafter all other consenting participants will be randomised to have either BNP point-of-care testing as part of their diagnostic assessment or to receive standard laboratory BNP testing.

Data collection and evaluation - No additional data will be collected from participants than would normally be collected as part of usual clinical care. Time of presentation to time of initiation of appropriate medication will be recorded for both the BNP point-of care and BNP laboratory groups. All data will be collected by chart review and from the AUSLAB, HBCIS and EDIS data bases.

Patient flow and access block will be evaluated through comparing time to decision making in the Emergency Department (ED) and Emergency Department length of stay (ED LOS) between patients who have POC and Laboratory BNP testing. Cost effectiveness will be evaluated by reviewing treatment type given, admission rate, ICU admission rate, inpatient length of stay (IP LOS), Emergency Department Length of Stay and 30 day readmission rate.

Clinical significance will be explored through reviewing probable diagnosis and severity of Congestive Heart Failure (CHF) in relation to BNP levels. Probability of diagnosis of CHF is to be recorded by the treating doctor as a percentage from 0- 100% and severity as low, intermediate and high. A cut off value of BNP<100pg/ml indicates that likelihood of CHF is low, 100-500pg/ml intermediate and >500pg/ml high. Patient outcomes will be evaluated by reviewing admission rates, 30day mortality, ICU admission rates and ICU length of stay.

Will a mandatory clinical debriefing program affect levels of psychological distress in Emergency Registrars?

\$9,050 Emergency Medicine Trainee Grant

Investigators	Department	Hospital	Uni Department	University/Institution
Dr David Ward	Emergency Medicine	Nambour General		
Dr Bethany O'Neill	Emergency Medicine	Nambour General		
Paul Negus	Emergency Medicine	Nambour General		

Emergency doctors have been shown to exhibit higher levels of psychological distress and burnout than both their medical colleagues and the general population. One study showed that 51% of Emergency SHO's (1) and 44% of Consultants showed significant levels of psychological distress while the level in the general population was 18% (2).

This study aims to investigate whether the implementation of a mandatory clinical debriefing program affects the levels of burnout and psychological distress amongst Emergency Registrars at Nambour Hospital. Consent will be sought from the subject group which consists of Emergency Registrars at Nambour Hospital. The registrars will be identified by a number to enable paired data correlation. This code will not be known to the investigators and will be held securely by a source not involved in the study.

The two surveys taken will be the Maslach Burnout Inventory and the Brief Cope. These will be first completed in the first month of a six month rotation, after which a debriefing program will be implemented. The surveys will be repeated at the end of the term. At the time of survey, an additional questionnaire will be completed for the purpose of gathering epidemiological data but also to ascertain the occurrence of major stressful life events outside of the working environment during the study period.

Clinical cases for clinical debriefing will be flagged by the following criteria:

- 1) Category 1 presentations.
- 2) Trauma calls.
- 3) Deaths in the department.
- 4) Registrar flagged cases of concern.

The clinical debriefing session will be held within 72 hours of the incident and will involve a sit down discussion including the treating registrar, the supervising consultant for that case and the principal investigator. The discussion issues will include:

- Clinical presentation, investigations and interventions.
- Aspects of assessment and management done well.
- Aspects of assessment and management that could have been done differently.
- Specific concerns about the case and formulation of learning objectives.
- Identifying and referring those who need further support.

Concurrently, consent will be sought from a control group of registrars at similarly sized Toowoomba Hospital who will be surveyed at the same points in time, with no intervention. The results will be compared and analysed for statistical significance.

Placement of Equipment as a Factor Influencing Hand Hygiene In The Emergency Department (Hand Washing Equipment)

\$16,300 Emergency Medicine Trainee Grant

Investigators	Department	Hospital	Uni Department	University/Institution
Dr Michael Sinnott	Emergency Medicine	Princess Alexandra		
Georgia Livesay	Emergency Medicine	Princess Alexandra		
Ramon Shaban	Nursing Practice Development Unit	Princess Alexandra	Griffith Institute for Health & Medical Research	Griffith University

Effective hand washing and hand hygiene are universally recognised as the simplest ways to prevent the spread of infection. As well as limiting the spread of disease, hand washing is one of the few effective ways to reduce the development of antibiotic resistant infections. Despite this, many studies have shown that hand hygiene and compliance best-practice standards is universally poor amongst doctors and nurses working in hospitals. Previous studies have identified many factors reported to affect hand washing compliance. The time to undertake hand hygiene, the individual's knowledge of hand hygiene techniques, their attitudes towards its importance, workloads, and the context in which they work are all known to influence hand hygiene practices.

One important factor known to influence hand hygiene factors is the availability and accessibility of equipment to carry out effective hand hygiene, such as antiseptic solutions. It is well-documented that compliance with hand hygiene is directly proportional to the accessibility and availability of products to decontaminate hands. In the context of the emergency department, where there are significant time and resource pressures, the time it takes to undertake hand hygiene and the accessibility of products to do so are important. Despite this, little evidence exists that examines the relationship between the positioning of hand hygiene solutions relative to the sink and its effect on hand hygiene compliance.

The site chosen for data collection, Princess Alexandra Hospital Emergency Department, has 21 sinks located in the patient care areas. All have a hand wash solution on one side of the sink and a moisturising solution on the other. Of these, 15 sinks have the hand wash solution on the left of the sink, and 6 have the hand wash solution on the right side. There is no consistency of hand wash solutions within the department, and as such the colour of the solution, the size and shape of the container, and their location relative to other resources is not consistent throughout the department.

Pilot project to establish the feasibility of using the Horowitz Impact of Events Scale as a metric for psychological stress in relatives of cardiac arrest victims, with a view to determining whether providing CPR on a relative has an impact on psychological stress and severe adverse symptoms of grief

\$14,650 Emergency Medicine Trainee Grant

Investigators	Department	Hospital	Uni Department	University/Institution
Dr Iain McNeil	Emergency Medicine	Princess Alexandra ; and, Holy Spirit Northside	School of Medicine	University of Queensland
Dr Frances Williamson	Emergency Medicine & Intensive Care Unit	Princess Alexandra		
Dr Leo Nunnink	Intensive Care Unit	Princess Alexandra		
Dr Annette Broom	Department of Psychology	Princess Alexandra		

Cardiopulmonary resuscitation (CPR) provision by bystanders has a well recognised link to improved outcome in cardiac arrest sufferers. However, a victim of cardiac arrest is more likely to receive CPR from a non-related bystander than from a related witness. It is thought that there are psychological barriers to the provision of CPR by related persons.

The overall aim of the proposed study is to examine the effects of CPR provision on persons who are related bystanders of a victim of cardiac arrest. To do this a large study is planned which will measure the psychological impact of having a relative experience cardiac arrest, and then compare the responses of the relatives who do provide CPR with those who do not provide CPR. The outcomes should assist in clarifying two main issues: (1) whether there is an unrecognised population in the community who may be at risk of psychological harm – the individuals who provide CPR to a relative; and (2) whether the specific barriers that prevent individuals from commencing CPR on a relative who has had a cardiac arrest can be categorised.

However, prior to embarking on the large study there are several methodological issues that need to be examined and so a pilot study is required.

The three key purposes for the proposed pilot study, therefore, are: (1) to assess the proposed recruitment strategy; (2) to evaluate the usefulness of the selected test instruments in the context of the larger study and its aims; and, (3) to establish whether or not participants will perceive subjective psychological distress (or possibly even psychological benefit) through the administration of the selected assessment tools.

The effect of consecutive night shifts on the psychomotor performance of registrars working in the emergency department

\$16,850 Emergency Medicine Trainee Grant

Investigators	Department	Hospital	Uni Department	University/Institution
Dr James Tilleard	Emergency Medicine	Nambour General		
Dr Julia Haire	Emergency Medicine	Nambour General		
Dr Sally Ferguson			Centre for Sleep Research	University of South Australia
Dr Matthew Thomas			Centre for Sleep Research	University of South Australia
Paul Negus	Emergency Medicine	Nambour General		

Aim: To evaluate the effect of consecutive night shifts on the psychomotor performance of registrars working in the emergency department, to evaluate how well the registrars are able to judge how fatigue will affect their performance and to gather information on the amount of time that registrars spend asleep surrounding their night shifts.

Research Design: This will be a prospective observational study.

Methods

All registrars working night shifts in the Nambour Emergency Department will be informed about the study and invited to participate on a voluntary basis.

The registrars will be asked to complete a brief questionnaire to gather basic demographic information.

Each registrar will be asked to fill out a sleep diary for the 24 hours prior to each shift tested. They will be asked to note the periods during the last 24 hours that they slept, the quality of sleep, when they ate, when they consumed caffeine, how fatigued they feel and how well they think they will perform on the psychometric tests. They will also be asked to complete a NASA workload scale to assess workload perception over the shift. They will be asked to wear the actigraphs during their night and day shift weeks in order to calculate the time spent asleep during that week.

The registrars will be tested with a battery of psychometric tests conducted on palm pilots in a quiet room at the beginning and end of each day and night shift. This will be done for 7 consecutive day and night shifts. The psychometric tests used will be a Psychomotor Vigilance test, a Delayed Span test and a Divided Attention Task. These tests will evaluate attention, concentration, reaction times and short term memory. The initial questionnaire, sleep diary data and NASA workload scale data will be collected on paper and then put into an Excel worksheet. The psychometric test results and information from the actigraphs will be downloaded on to computer. The relationships between prior sleep, prior wake, work hours, subjective fatigue and performance on the neurobehavioural tasks will be assessed using a Mixed Model ANOVA. This will take into account repeated observations on the same individuals.

15. VOLUNTEERS

QEMRF was approached by a student wishing to offer their time and skills to assist on a research project. If you are a student and you wish to volunteer in any of the research projects, please contact QEMRF directly. If you are undertaking a research project and would be pleased to have volunteer assistance, please indicate your interest to QEMRF. We may not be able to provide an immediate project or volunteer match however in the event that there are interested parties we may be able to assist.

QEMRF has also been fortunate to receive assistance from two volunteers, Mr David O'Driscoll and Mr Matthew Loxton, who have provided advice on information technology and communication issues.

16. FINANCE

For the 2008/09 financial year QEMRF received \$2 million in funding from Queensland Health as per agreement to provide grants to suitable research projects. Grants awarded for the 2008/09 financial year totalled \$779,968*. Surplus amounts will be carried over to the next financial year to ensure additional innovative research projects are able to receive funding to work towards improving healthcare for all Queenslanders.

*please note that some of these grants are for funding over a three year period and instalment amounts are not included in the total grants awarded for the 2008/09 financial year in the financial statements – only amounts that have been paid.

17. CONTACT

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