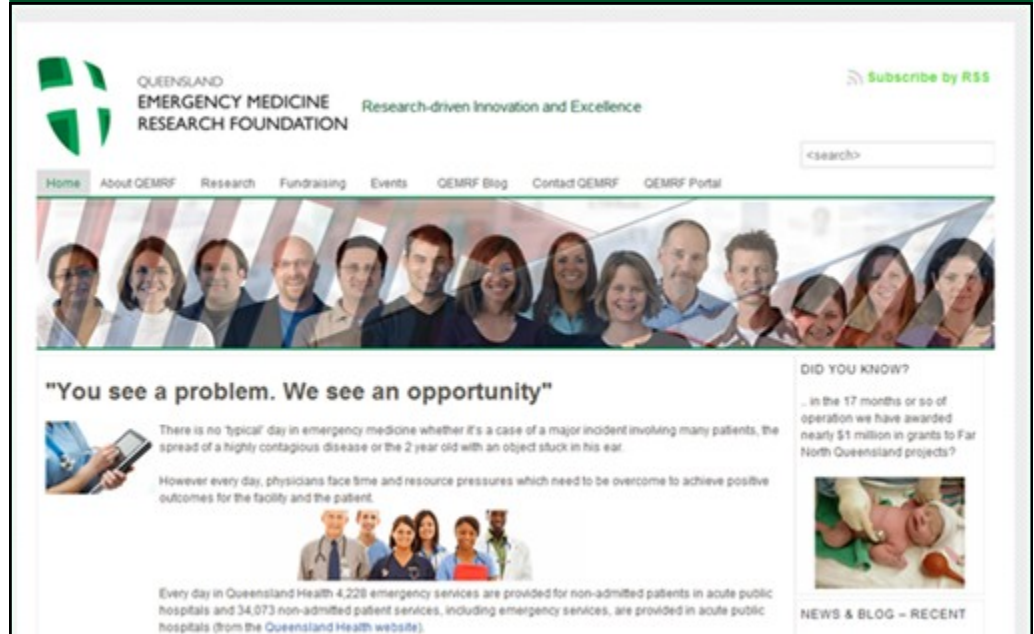




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## QEMRF Website



QEMRF has refreshed its [website](#) with a new look and feel.

The refreshed site will continue to evolve as it is updated and nurtured into a vital information source for emergency medicine research in Queensland (and Australia). To ensure you are kept up to date, bookmark the site in your web browser.

For those with brilliant research ideas that need some help fine-tuning the study or need partners in other hospitals or organisations, you might want to check out the Idea Incubator. You can

submit an idea for others to consider or you can look at ideas from other researchers and offer to get involved in the project. Many hands make light work—as they say!

QEMRF would like to take this opportunity to thank Dr Iain McNeill who constructed and maintained our first site.

To keep up to date with QEMRF announcements why not become a friend on our [Facebook page](#)?



## Queensland Health Research Ethics Link

The [Research Ethics and Governance Unit \(REGU\)](#) is responsible for consultation, development and review of [State-wide policy](#) for research ethics and research governance review. REGU provides a central portal of contact for [Researchers](#), [District Human Research Ethics Committee Chairs and members](#), [Coordinators](#), [Research Governance Offices/rs](#) and study sponsors seeking advice and direction on ethical and governance issues associated with the con-

duct of research in Queensland Health. There is also information on [multi-centred research](#) where applications can be streamlined into one rather than many thus speeding up the process so research can commence in a timely manner.

This is worth taking a moment to look at and to remember when seeking ethics approval for successful grant projects funded by QEMRF.



## Round 9 - \$181,057.62 in Grants Awarded

Grant applications for Round 9 were of a high standard and the Grants Review Panel keenly questioned the applicants at the interviews. For this round there was a 60% success rate with 6 grants awarded out of the 10 submitted.

### STAFF SPECIALIST GRANTS AWARDED

Title	Amount	Hospital
The Road Ambulance Matters to Patients experiencing delayed off-loading (RAMPing) study.  <b>Dr Joseph Ting</b> , Ms Kerri Holzhauser, A/Prof Julia Crilly, A/Prof Vivienne Tippett, Prof Paul Scuffham, Ms Elizabeth Burmeister, Mr John O'Dwyer,.	\$50,000	The Mater Adult Public
The utility of Ultrasound for distinguishing heart failure from other causes of dyspnoea in older persons.  <b>Dr Kylie L Baker</b> , Prof Geoffrey Mitchell, Dr Gillian Thomas, Dr Geoffrey Steiler.	\$46,000	Ipswich General
A prospective, blinded evaluation of the sensitivity and specificity of pre-hospital Focused Abdominal Sonogram for Trauma (FAST) performed by paramedics and emergency physicians as part of an initial assessment, with comparison to CT or operative findings, in patients with blunt or penetrating trauma, treated by a road-based rapid emergency response team in the greater Brisbane area.  <b>Dr Stephen Rashford</b> , Dr Daniel Bodnar, A/Prof Vivienne Tippett, Mr Lachlan Parker, Dr Glenn Ryan, Dr Katherine Isoardi, Ms Julie Mann.	\$32,075	Royal Brisbane & Women's
Prospective evaluation of an innovative system for online clinical assessment of practical skills (eCAPS) for Emergency Medicine residents and registrars.  <b>Dr Colin Myers</b> , Dr Neil Grant, Dr Laura Wee, Dr Craig Enstrom, Dr Peter Hay, Dr Jennifer Schafer, Dr James Fraser, Prof Philip Long.	\$34,582	The Prince Charles

### TRAINEE GRANTS AWARDED

EASI - Efforts to Attenuate the Spread of Infection: A prospective, multi-centre microbiological survey of Ultrasound Equipment in Australian Emergency Departments and Intensive Care units.  <b>Dr Ogilvie Thom</b> , Dr Matthew Keys, A/Prof John Fraser, Dr Robert Horvath, Dr Adrian Barnett.	\$9,625.75	Redcliffe
Comparing intern's assessments using mini-Clinical Evaluation Exercise (mini-CEX) with existing workplace based assessments in the emergency medicine term.  <b>Dr Victoria Brazil</b> , Dr Leanne Ratcliffe, Ms Lorna Davin, Dr Sharyn Smith.	\$8,774.87	Royal Brisbane & Women's

Round 9 has resulted in a successful grant application from Ipswich General Hospital which is new to our list of recipients and we hope to continue to add to the list with other Queensland Public Hospitals in the future. The Foundation has awarded **\$5,790,405** in grants to date. We have received 80 applications with 55 of those being successful equating to a 69% success rate.

The dates for the 2011 grant rounds will be announced in January and revised application forms will be released.

## Practical Advice to Improve Patient Recruitment

In a recent issue of *Academic Emergency Medicine*, Cofield *et al* (2010) present some practical advice on how to improve patient recruitment and retention into Emergency Medicine clinical trials. This article is summarised below:

- ♣ Several well funded emergency or related research networks exist – such as:
  - [Neurological Emergencies Treatment Trials network \(NETT\)](#)
  - [Resuscitation Outcomes Consortium \(ROC\)](#)
  - [The Paediatric Emergency Care Applied Research Network \(PECARN\)](#)
  - [National Institutes of Neurological Disorders and Stroke \(NINDS\)](#) – Clinical Research Collaboration
  - [Emergency Medicine Network \(EMNet\)](#)
- ♣ Highlights issues of recruitment and retention and how to incorporate strategies into the study design and research infrastructure:
  - design of trials must be optimised to accommodate the ED setting – where the caregivers have neither the time or resources to help with the research
- ♣ Recruitment:
  - conduct pilot studies to determine recruitment rates ie determine number of eligible patients
  - prospective and retrospective screening of medical records – however these often fail to identify other obstacles to recruitment such as consent issues and complexities of implementing protocol
  - consider all options for identifying potential patients including a dedicated research officer in combination with clinical staff, manual screening, research networks, paging, procedural and electronic alerts
- ♣ Consent
  - designated counsellor
  - phone pre-hospital
  - obtain waiver
- ♣ Implement Protocol
  - simple easy to follow
  - study personnel-they can address the critical mass issue with large number of ongoing studies with dedicated infrastructure, personnel, resources, central data collection and management.
  - ED operational perspective is included in trial design eg only key interventions and data points



- use network
- engage EM staff with some ownership eg publication potential
- thank non-research staff for cooperation
- ♣ Follow-up retention:
  - reimburse for transport
  - out of area patients use local follow-up
  - follow for research during routine follow-up for condition
  - shorten time to follow-up
  - use hard endpoints like death, use death [Registry]
  - phone calls, e-mails and letter with participants between visits
  - strong relationships between participants and study staff who are well trained

**Cofield SS, Conwit R, Barsan W, Quinn J, (2010) Recruitment and retention of patients into Emergency Medicine clinical trials, *ACAD EMERG MED*, 17 (10):1104 – 1112.**



Two other articles of note in the current edition of *Emergency Medicine Australasia* include:

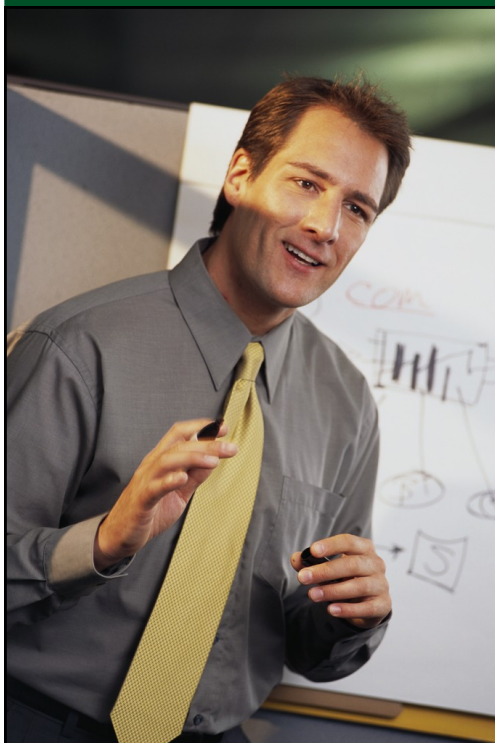
- Davidson A and Babl FE, (2010) A primer for clinical researchers in the emergency department: Part I: Ethical and regulatory background. *Emergency Medicine Australasia*, 22:399-406.
- Babl FE Davidson A, (2010) A primer for clinical researchers in the emergency department: Part II: Research science and conduct. *Emergency Medicine Australasia*, 22:407-417.

These will be summarised in a future edition of the QEMRF Update.

The calendar for the 2011 Grant Rounds will be released in January 2011 via the website.

You can [register your application online](#) at any time to receive your project ID number.

## Publications and Presentations



All successful grant applicants should forward a PDF or other electronic copy of their publications to the Foundation for inclusion as part of their progress report.

In particular, any publications which acknowledge the Foundation as the funding body associated with the project as per the funding deed.

These will be referred to on our website and in our publications including

newsletters to illustrate progress on research projects undertaken with grants from the QEMRF.

These should automatically be included in progress and final reports as attachments as well as line listings in the reports.

The Foundation would also like to remind successful grant applicants that any presentations that are a result of a QEMRF funded project need to be included in detail in the progress and final reports.

This should include:

- the date/title/organisation hosting the conference;
- the title of the conference and presentation;
- any abstracts submitted for the conference; and,
- a copy of any presentation materials.

Any publications or presentations resulting from funded projects that have been finalized should be forwarded as well. The Foundation would like to continue to capture information even after the final reports have been submitted.

This information will enable the Foundation to illustrate achievements and outcomes from research funded by QEMRF grants.

## Office Closure for Christmas

Please note that the offices of QEMRF will be closed from 5:00 pm on Thursday 23 December 2010 and will re-open from 8:30 am on Tuesday 4 January 2011.

The Board and staff of the QEMRF would like to wish everyone a safe and happy festive season. Thank you for your support of the Foundation in 2010.



*Merry Christmas & a Happy New Year to all!*



QUEENSLAND  
EMERGENCY MEDICINE  
RESEARCH FOUNDATION

Please send all contributions for the newsletter to Catrina Codd at [catrina.codd@qemrf.org.au](mailto:catrina.codd@qemrf.org.au)

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