



Annual Report
2014/15

For the year ending 30 June 2015



QUEENSLAND
**EMERGENCY MEDICINE
RESEARCH FOUNDATION**

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HIGHLIGHTS

- In 2014/15 QEMRF awarded \$1.8 million over 12 grants in support of high quality research and fellowships.
- The reporting period saw the most competitive grant round to date, with Grant Round 22 receiving a total of 19 applications. Nine projects were funded.
- QEMRF-funded research continues to create national and international research networks, helping Queensland emerge as a national leader in emergency medicine research.
- QEMRF has introduced a state-wide Research Support Network to support emergency medicine research capacity and will pilot Research Development Manager positions at three pilot sites over the upcoming year.
- QEMRF introduced an improved research governance framework through the formation of the Strategic Grants Committee to strengthen governance around the research grants process.
- QEMRF-funded research continues to demonstrate a significant return on government investment.

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▶ ABOUT

OUR VISION

That 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.

OUR 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

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.

The Queensland Emergency Medicine Research Foundation (QEMRF), was established in 2007 as a government response to broader issues of high workloads in emergency departments, and the increasing demands of treating large numbers of critically ill patients. It was established during Enterprise Bargaining Agreement negotiations, whereby Queensland emergency medicine doctors forfeited further salary negotiations in exchange for funding to conduct emergency medicine research.

QEMRF has a mission to conduct and facilitate research that improves the practice of emergency medicine in Queensland.

It was intended that the creation of new research capability and capacity in Queensland would stimulate a more intellectually challenging environment that would contribute toward the attraction and retention of specialists in emergency medicine in Queensland and particularly in Queensland's public hospital system.

QEMRF ACKNOWLEDGES THE FOLLOWING FOR THEIR EFFORTS IN NEGOTIATING AND ESTABLISHING THE QUEENSLAND EMERGENCY MEDICINE RESEARCH FOUNDATION:

Mr Rupert Tidmarsh, Senior Industrial Officer, Salaried Doctors Queensland

Ms Jenny Cannon, QPSU Advocate, Together Queensland (formerly 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, The Australasian College of Emergency Medicine (Queensland Faculty)

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

FOUNDING MEMBER ORGANISATIONS



Queensland Health



Australian Medical Association Queensland (AMAQ)



Australasian College of Emergency Medicine (ACEM)



Australian Salaried Medical Officers' Federation Queensland (ASMOFQ)



Together Queensland

▶ OUTGOING CHAIR'S REPORT

I am honoured to open the 2014/15 Annual Report with reflections on the tremendous achievements that have been demonstrated by the Foundation since establishment in 2007.

QEMRF has been very fortunate to receive a substantial investment from Queensland Health towards emergency medicine research in Queensland. The Foundation has worked very hard to ensure that investment has, in turn, supported research that has delivered significant outcomes.

It can be challenging to demonstrate the outputs from clinical research. Our health systems are operating in an environment of increasing accountability and an expectation to demonstrate performance and outputs from available resources. During the reporting period, the Foundation had the opportunity to evaluate QEMRF's return on investment while preparing a funding renewal proposal for consideration by Queensland Health. The benefits of this research investment are tremendous.

Potential financial savings for the health system have been demonstrated by numerous research initiatives. Conservative estimates from the cardiac research work led by Associate Professor Louise Cullen and her colleagues at the Royal Brisbane & Women's Hospital generate potential savings for Queensland Health of up to \$80 million.

A number of other research projects around critical care resuscitation, blood products in resuscitation and other forms of fluid resuscitative techniques have provided emergency staff with the ability to save lives.

The outcomes of some of our research projects – such as 'Decision rules around CT imaging of children with head injuries' and 'The use of high-flow nasal oxygen for bronchiolitis' – support and validate clinicians' ability in rural and regional areas to provide high quality care in their local communities. The associated cost and community savings are substantial.

Another valuable performance measure is how QEMRF-funded research has led to larger bodies of work. At the local, national and international level, a number of research projects for which QEMRF has invested around \$2.5 million have gone on to leverage funding for ongoing, multi-site international trials of more than \$13 million.

Queensland's emergency medicine researchers should be very proud. We are delivering a significant return on investment for the opportunity and advantage that we have through QEMRF.

The latent capacity for good quality research that we have unleashed – research led by clinicians who work on the front line – and the present and future benefits of this research are overwhelmingly obvious. QEMRF has a great opportunity to provide national leadership around emergency medicine research.

Hopefully, many of you will be aware that the Emergency Medicine Foundation (EMF), the company that manages and coordinates the QEMRF trust fund,

has made a serious commitment towards recognising the value and opportunities that QEMRF has provided within Queensland. The Board made a strategic decision to endeavour to leverage off that success, launching EMF nationally last year.

We were fortunate to receive both a philanthropic grant and a matched industry grant from Zoll Medical Australia, which we put toward a national call for Expressions of Interest (EOIs) around clinical research in the delivery of rural and remote emergency care, retrieval and medicine. The response was overwhelming, with 160 EOIs received requesting \$11.7 million in research funding.

This demonstrates the opportunity QEMRF has provided and we recognise we have a responsibility to continue to grow and develop. There are strategic opportunities to improve emergency medicine at a broad level and that is what EMF is going to do. It is very important to recognise that QEMRF has been extraordinarily successful within Queensland, and there is every intention for EMF to continue to deliver that nationally over the years that follow.

The real strength of QEMRF has been not only in the research and the outcomes that it has provided but what it has achieved by embedding research methodology into clinical medicine and practice changes. Emergency medicine research is unlike the traditional cycle of academic research, which can take 6–15 years to translate into changes in practice – by which time, the outcomes and the benefits start to become invalid. We have an environment where our clinical researchers on the floor who are driving these research projects are also driving cultural and practice changes that are leading to better outcomes for emergency departments around Queensland.

If it means other Australian centres and countries around the world can copy what we've done and leverage from it, then that puts us on the map and gives us the opportunity to be very proud of what we have achieved over a relatively short period of time.

My tenure as Board Chair ended in November 2014. It has been a privilege to Chair the organisation for the past six years and to remain involved as a member of the Strategic Grants Committee. There is a very strong future for QEMRF and there are very exciting times ahead.



Dr David Rosengren
MBBS, FACEM
Outgoing Chair





INCOMING CHAIR'S REPORT

As the incoming Chair of the Board, it is my pleasure to present to you the 2014/15 Annual Report for Queensland Emergency Medicine Research Foundation.

I was honoured to accept the role as QEMRF Chair at the Annual General Meeting in November last year.

I would like to open by acknowledging the outstanding contribution made by my predecessor, Dr David Rosengren, who retired as Chair after six years on the Board. David has worked tirelessly to advocate for the QEMRF in his position as Chair and has been instrumental in highlighting the successes of QEMRF-funded researchers at local, state and federal levels. David remains an important friend of QEMRF and continues with us as a member of our Strategic Grants Committee.

Over the past year, QEMRF has been working with our researchers to deliver better patient outcomes and develop a research infrastructure within Queensland's public hospital emergency departments. QEMRF remains committed to supporting FACEM-led research in Queensland's public hospital emergency departments and pursuing our vision and mission.

GOVERNANCE

There has been a number of Board and committee member movements over the past year as Board members completed maximum terms and the committees were restructured to strengthen research governance.

- As mentioned earlier, Dr David Rosengren retired as Chair in November 2014 after six years on the Board. David has been integral to the ongoing success of QEMRF and we are most honoured to have had David in this position for so long.
- On behalf of the Board, I thank Professor Anthony Brown and Professor David Taylor, who retired from the Board in 2014 after completing maximum terms as Board directors. Both Anthony and David have provided an invaluable contribution to the governance of the Foundation.

- In November 2014, we welcomed new Board members, Associate Professor Louise Cullen and Associate Professor Ed Oakley. They bring a wealth of knowledge and expertise in emergency medicine research and their efforts will support our agenda to make Queensland a national leader in emergency research.
- We extend extreme gratitude to the new Chairs and committee members of our newly formed research governance framework who volunteer their time and expertise. We welcome new Committee Chairs: Strategic Grants Committee Chair, Associate Professor Anthony Bell; Strategic Advisory Committee Chair, Associate Professor Gerben Keijzers; and Research Evaluation Panel Chair, Dr Peter Isdale AM. They bring extraordinary experience and expertise to QEMRF and we welcome them and new Committee members.

It is difficult to imagine the success we've had without acknowledging the success of our researchers and their support and commitment to building emergency medicine research capacity and capability in Queensland. Furthermore, as clinicians, QEMRF-funded researchers continue to care for and support all Queenslanders around our great state.

On a final note, I would like to acknowledge the leadership and direction by our Foundation's Chief Executive Officer, Ms Karen Murphy. Karen has led her operational team through a period of significant change this year and has moved the Foundation towards improved governance and success.

Congratulations, Queensland emergency medicine researchers, on another successful year.



A/Prof Peter Aitken
MBBS, FACEM, EMDM, MClinEd
Chair





SCIENTIFIC ADVISORY COMMITTEE CHAIR REPORT

The Scientific Advisory Committee (SAC):

- provides strategic advice to the Board of Directors on scientific direction for the Foundation
- considers matters referred to it by the Board of Directors
- monitors and reports on scientific activities.

After being an SAC member for two years, I took on the role as chair in December 2015, with several new SAC members taking on their roles in February 2015.

The current SAC consists of:

Chair: A/Prof Gerben Keijzers

MSc, MBBS, FACEM
Staff Specialist, Gold Coast University Hospital

A/Prof Diann Eley

BSc MSc PhD MBBS
Program Research Coordinator, MBBS Post-Graduate Coordinator, Honours Coordinator, and Chair, School of Medicine Internal Ethics Committee at The University of Queensland.

Prof Daniel Fatovich

MBBS, FACEM, PhD
Professor/Head, Centre for Clinical Research in Emergency Medicine at The University of Western Australia.

A/Prof Ed Oakley

MBBS, FACEM
Paediatric emergency medicine specialist, Director of Emergency Medicine, Royal Children's Hospital, Melbourne and honorary research fellow at Murdoch Children's Research Institute.

Dr Ogilvie Thom

MBBS, FACEM, Grad Cert Clin Res Methods
Senior Staff Specialist and Director of Emergency Medicine Research, Redcliffe Hospital and Lead Investigator Emergency Medicine Research Critical Care Research Group, Nambour Hospital; Committee Member, ACEM Clinical Trials Group; Senior Lecturer, University of Queensland.

Prof Marianne Wallis

RN, BSc (Hons), FRCNA, PhD
Professor of Nursing, School of Nursing and Midwifery, University of the Sunshine Coast and Visiting Research Fellowship with Sunshine Coast Hospital and Health Service.

The SAC members are a group of researchers with vast experience. Their expertise covers hospital and university-led research, paediatric and adult research, medical and nursing backgrounds, quantitative and qualitative methodologies, Queensland-based and interstate members as well as several members with excellent National Health & Medical Research Council (NHMRC) track records.

In 2015, the SAC has been involved with:

- review of the grant administration process
- development of grant assessment score sheets

- development of the terms of reference for the Strategic Grants Committee
- review of the grant application and guidelines
- audit of grants including reporting and financial acquittal compliance
- developing research priority areas for future grant rounds.

This has led to the following implemented changes:

- greater consistency and transparency of the grant administration process
- greater visibility of grant assessment including new assessment score sheets and grants calendar now available online
- endorsement of the Strategic Grants Committee
- changes to the guidelines to align with other process changes.

Further work in progress for the second half of 2015 relates to:

- recommendations for non-compliant grants
- developing new criteria for the trainee grant scheme
- review of the current guidelines for 2016.

Overall, the SAC has been strongly supported by the Research Director, Belinda von Bibra, and research team, who have been instrumental in preparing audit information and relevant background information for discussion.

Furthermore, grant administration streamlining has had a strong collaborative nature with important inputs by the chair of the Research Evaluation Panel (Dr Peter Isdale AM), the inaugural chair of the Strategic Grants Committee (A/Prof Anthony Bell), QEMRF's Chair (A/Prof Peter Aitken) and Chief Executive Officer (Karen Murphy). The collaboration and joint vision has made the grant administration process more consistent and transparent.

Overall, the QEMRF grant application process has become more and more competitive over the past 12 months with more high quality applications than funds. The above changes have made the process more robust and will allow more efficient management of future competitive grant rounds.

Associate Professor Gerben Keijzers

MSc, MBBS, FACEM
Chair, Scientific Advisory Committee





CEO REPORT

In my second year as Chief Executive Officer of the Queensland Emergency Medicine Research Foundation, I am pleased with the achievements the QEMRF team has made to support an increase in research capacity and capability across Queensland's public hospital emergency departments, to foster collaborative relationships with our community, and to contribute to impressive research outcomes.

RESEARCH ACTIVITY

This report highlights a significant number of grants we have made this year alongside the awarding of the Noel Stevenson Fellowship.

In 2014/15, we saw the number of ongoing and new research projects increase. This significantly increased our grants administration workload, and led to the employment of a grants administration officer.

QEMRF researchers continue to publish an extraordinary volume of articles about their research. We are pleased to present a summary of publications from the reporting period at the end of this report.

PROFILING THE QEMRF BRAND

This year we invested in improving our website, providing increased transparency for our grants application and review process, and improved functionality for grant applicants. QEMRF research outcomes continue to attract impressive media coverage both across Queensland and nationally, as evidenced by the media snapshot included in this report. We have worked to build on the successes of QEMRF emergency medicine researchers through an increased social media presence and preparation of impact-focused case studies.

MANAGING RELATIONSHIPS TO ACHIEVE OUR GOALS

QEMRF has continued to engage with the Queensland Emergency Medicine research community and research networks. The establishment of QEMRF's Research Support Network (RSN) has enabled increased consultation and engagement with emergency medicine professionals and organisations across the state. We are excited to be piloting three sites with research support managers, whose role will be to support emergency medicine research.

ENSURING OUR FUTURE

Over the past year, QEMRF has worked extensively on a business case for ongoing funding for QEMRF from the Queensland Government's Department of Health.

Also, to build on the success of the organisation for ongoing sustainability, the Emergency Medicine Foundation was successfully launched in 2014, as a fundraising body for emergency medicine research.

ACKNOWLEDGEMENTS

Thank you, of course, to the hard work that is continuously demonstrated by our small team.

I would also like to extend my gratitude to the tremendous efforts and achievements demonstrated by Dr David Rosengren, who retired as our Chair in November 2014 following six years on the Board. David has been instrumental to the achievements of QEMRF and has been a tremendous leader for the Foundation.

I would like to acknowledge the great skill and expertise provided by the QEMRF Board and committee members. It is a privilege to work with such experienced and passionate professionals to execute the current and future strategic frameworks for the Foundation.

We thank all our collaborators and supporters and QEMRF-funded researchers for their continual commitment to improving patient care and developing emergency medicine research.

We trust you will enjoy reading the QEMRF 2014/15 Annual Report and learning of the achievements of the Foundation and of QEMRF-funded researchers in Queensland.

Ms Karen Murphy
GAICD, MBA
with distinction
Chief Executive Officer





RESEARCH ACTIVITY

QEMRF remains committed to supporting emergency medicine research projects that improve research capacity and health outcomes in Queensland.

HIGHLIGHTS

This year has seen QEMRF's **most competitive grant round** to date, with **19 applications** received for Grant Round 22.

The grants and fellowship review process underwent review and a strategic governance framework was introduced into the review process. QEMRF has expanded its pool of expert reviewers, with almost **90 experts** now available across Australia and internationally to assist with quantitative and qualitative review.

Research Support Network framework has been established and will enter its pilot phase next year across three sites in Queensland.

The QEMRF **website has been improved** to include a grants calendar and enhanced application and review information. QEMRF has revised application forms and fellowship and grants guidelines and developed a style guide for acknowledging the Foundation.

Grant rounds are becoming increasingly competitive with an **increase in quantity and quality of applications** for each round.

In 2014/15 there was a significant investment in North Queensland, with **50% of grants awarded** to emergency medicine research based in Cairns and Townsville.

The grants application, reporting and review process is now completely online, allowing an **improved process** for applicants and reviewers.

As part of our commitment to transparent and best practice research governance, an **audit of compliance** of all grants awarded was commenced in the reporting period. This will enable QEMRF to be better placed to **demonstrate outcomes** from QEMRF investments.

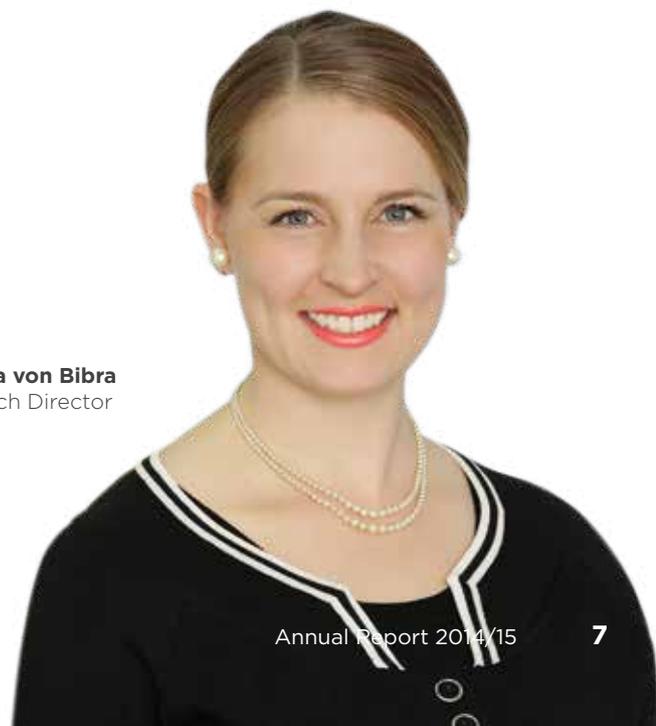
QEMRF commenced preparation of health economic statements for funded research, introduced assessment measures to ensure that research projects can deliver **health economic outcomes** and has embedded health economic statements into the application and reporting process.

The public comment phase for the **Australian Standard** on hand-washing has completed and it is now moving towards final ballot.

QEMRF has awarded 95 emergency medicine research grants and fellowships since 2007. Grants and fellowships awarded during the reporting period were a **14.5% increase on the previous year**.

“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.”

Belinda von Bibra
Research Director



GRANTS AWARDED

QEMRF grants and fellowships are awarded in support of these goals and promoting the following values:

- helping find better ways to save lives in medical emergencies through research-driven innovation in Queensland
- improving patient experience and outcomes: advancing the field of emergency medicine through funding research for the benefit of patients
- building emergency medicine research capacity in Queensland and promoting the development of a research culture in Queensland public hospital emergency departments
- developing practical research that raises public awareness of emergency medicine and fosters advancements in clinical care
- delivering clinical innovations that improve efficacy and contribute to economic benefits in delivering emergency health care
- supporting researchers by encouraging program growth and development and encouraging and mentoring young researchers to undertake emergency medicine research
- attracting national and international interest in Australian emergency medicine research
- supporting international collaboration (although projects must be based in Australia)
- funding high quality, robust, ethical emergency medicine research.

AWARDED NEW GRANTS

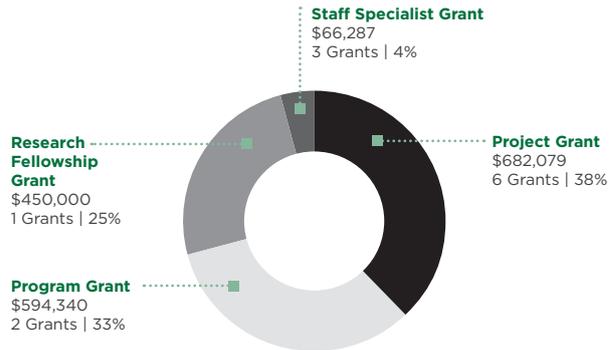
\$1,792,706 IN 2014/15

to individuals and project groups intent on harnessing research to improve the care of patients in Queensland public hospital emergency departments.

The following section presents grants awarded through the reporting period.

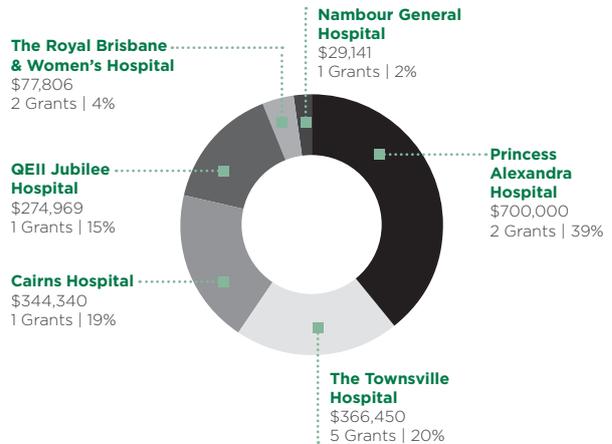
GRANTS AWARDED BY GRANT TYPE

For period 1 July 2014–30 June 2015



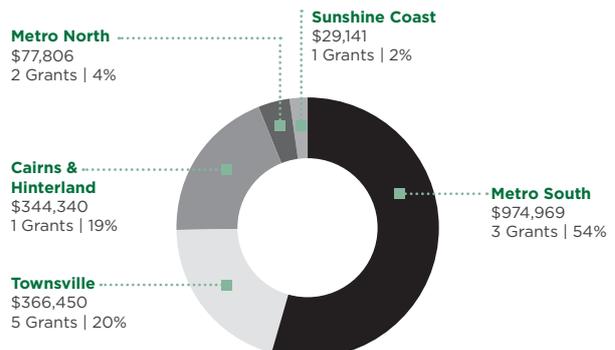
GRANTS AWARDED BY HOSPITAL

For period 1 July 2014–30 June 2015



GRANTS AWARDED BY HOSPITAL & HEALTH SERVICE

For period 1 July 2014–30 June 2015



PROJECT GRANTS AWARDED

The Project Grants Scheme supports research projects in whole, or partial funding to larger projects seeking funding from alternative sources (potentially elsewhere in Australia) such as the National Health and Medical Research Council, or the Australian Research Council. Funding of up to \$100,000 per year is available for a maximum of three years.

Is the use of Tranexamic acid in gastrointestinal bleeding safe and effective?

THE HALT- IT TRIAL OR TRANEXAMIC ACID FOR THE TREATMENT OF GASTROINTESTINAL BLEEDING: AN INTERNATIONAL RANDOMISED, DOUBLE BLIND PLACEBO CONTROLLED TRIAL EMPJ-104R22-2014

Gastrointestinal (GI) bleeding is a common emergency with a substantial mortality rate. Bleeding from the upper gastrointestinal system is caused by ulcers, stomach inflammation and oesophageal varices and carries a fatality rate of up to 10%. Lower GI bleeding has a variety of causes and a case fatality of about 15%. Between 10% and 25% of patients will have a repeat bleed after their first episode, and these people are four times more likely to die than people without repeated bleeding.

The clotting of blood helps to stem bleeding and blood clot break down may play an important role in GI bleeding and re-bleeding. Tranexamic acid (TXA) is a drug used to reduce clot breakdown. It has been shown to reduce the probability of requiring a blood transfusion by about a third in surgical patients, without causing serious side effects from promoting clotting. This high quality randomised controlled trial will investigate the effectiveness and safety of TXA in GI bleeding.

Amount awarded \$185,788 over two years

| | |
|----------------------------|--|
| Principal Investigator | Dr Luke Lawton |
| Principal Institution | The Townsville Hospital |
| Co-Investigators | Dr Jeremy Furyk |
| Collaborating Institutions | The Prince Charles Hospital Gold Coast University Hospital Queen Elizabeth II Hospital Redcliffe Hospital Nambour Hospital Princess Alexandra Hospital Royal Brisbane & Women's Hospital Clinical Trials Unit, London School of Hygiene and Tropical Medicine, London |
| Associate Investigators | Dr Ogilvie Thom, Dr Glenn Ryan, Dr Gerben Keijzers, Dr Catharina Grobler, Dr Douglas Morel, A/Prof Kevin Chu, Dr Frances Kinnear |

What is the impact of low dose Ketamine in the treatment of severe pain in trauma patients?

SUPPLEMENTING PAIN MANAGEMENT IN THE ED - CONVENTIONAL TREATMENT VERSUS INTRAVENOUS ADJUNCTIVE LOW DOSE KETAMINE (SPECIAL-K) EMPJ-102R22-2014

Amount awarded \$25,170 over two years

| | |
|-------------------------|--|
| Principal Investigator | Dr Luke Burman |
| Principal Institution | The Townsville Hospital |
| Co-Investigators | Dr Jeremy Furyk & Dr Colin Banks |
| Associate Investigators | Mrs Katherina Laspina & Ms Kirsty Freeman |

Pain is a common feature of major traumatic injuries, however, little research has been conducted into the use of low dose ketamine for analgesia in the emergency department. Ketamine has the potential to be a highly effective method of analgesic management in haemodynamically unstable trauma patients who are unsuitable for large doses of opioid drugs, however, it is not used for this purpose due to a lack of supporting evidence and clinical concern about potential side effects.

This single blind randomised trial will develop an evidence base to support the use of Ketamine for analgesic purposes in the ED. If proven, this will have significant implications for the clinical care of patients and in pain management guidelines with traumatic injuries in the ED.

Development of quality indicators for care of patients with musculoskeletal injuries

MEASURING QUALITY OF CARE FOR MUSCULOSKELETAL INJURIES IN THE EMERGENCY DEPARTMENT EMPJ-103R22-2014

The increasing demand on emergency health care in Australia has seen recent emphasis on clinical redesign initiatives that are focused on time-based performance measures and activity-based funding. While congestion in emergency departments continues, and emphasis is placed on reaching these time targets, the quality of care that patients receive when presenting with non-life threatening injuries is potentially compromised.

To date, there is a lack of high-level evidence surrounding the type of quality indicators (QIs) that should be used in EDs to measure quality of care. This project will develop QIs for care of patients who present to EDs with musculoskeletal injuries under appropriate expert review. The final QI set will allow application across EDs and will contribute to comparison and optimisation of emergency care for patients in ED with musculoskeletal injuries.

Amount awarded \$274,969 over three years

| | |
|----------------------------|---|
| Principal Investigator | A/Prof Anthony Bell |
| Principal Institution | Queen Elizabeth II Jubilee Hospital |
| Co-Investigators | Dr Melinda Martin-Khan, A/Prof Trevor Russell, Ms Kirsten Strudwick, Dr Michael Bourke |
| Collaborating Institutions | Royal Brisbane & Women's Hospital Princess Alexandra Hospital The Townsville Hospital Logan Hospital Cairns Base Hospital Redcliffe Hospital Redland Hospital Ipswich Hospital Caloundra Hospital Caboolture Hospital Division of Physiotherapy, School of Health and Rehabilitation Sciences, The University of Queensland |
| Associate Investigator | Mrs Bronwyn Griffin |

Does intravenous paracetamol produce superior analgesia to oral paracetamol in the emergency department?

A RANDOMISED CONTROLLED TRIAL OF INTRAVENOUS PARACETAMOL AND ORAL PARACETAMOL TO CONTROL ACUTE PAIN EMPJ-107R22-2014

Amount awarded \$40,870 over one year

| | |
|---------------------------|---|
| Principal Investigator | Dr Benjamin Close |
| Principal Institution | The Townsville Hospital |
| Co-Investigators | Dr Jeremy Furyk & Dr Robyn Ray |
| Collaborating Institution | College of Medicine and Dentistry, James Cook University |
| Associate Investigators | Miss Deahne Levas, Mrs Kathryn Laspina, Ms Kirsty Freeman |

Pain is a common reason for presentation to the emergency department. In 78–86% of Australian ED presentations pain is a primary component and therefore represents a major clinical care issue. However, numerous studies have shown that pain is poorly managed in the ED.

This project aims to provide evidence that intravenous (IV) paracetamol produces superior analgesia than oral paracetamol in the emergency department setting and that IV paracetamol produces good patient satisfaction, few side-effects and reduced length of hospital stay.

To date the majority of trials into the effectiveness of IV paracetamol have focused on specific disease states and, to the research teams' knowledge, no trials have been conducted to assess the efficacy of IV paracetamol in the Australian ED setting.

Is magnesium a justified treatment to relieve pain in patients with Irukandji Syndrome?

MAGNESIUM IN IRUKANDJI SYNDROME TRIAL (MIST) EMPJ-103R21-2014

Irukandji Syndrome (IS) describes distressing symptoms following exposure to a number of different jellyfish, including severe generalised pain often associated with extremely high blood pressure, fast heart rate, sweating and anxiety. This is a serious condition, occasionally resulting in death.

This research will evaluate the role and efficacy of magnesium in reducing pain associated with IS in well conducted and appropriate clinical trials as a means of justifying any widespread use. This project will be the first to provide evidence for the use of magnesium sulphate for the acute management of IS. The results are likely to guide the treatment provided for IS in pre-hospital and emergency care internationally and to inform guidelines across ambulance, retrieval and health services across northern Australia.

Amount awarded \$105,282 over three years

| | |
|----------------------------|---|
| Principal Investigator | Dr Jeremy Furyk |
| Principal Institution | The Townsville Hospital |
| Co-Investigators | Dr Clinton Gibbs, Dr Mark Little, A/Prof Kerriane Watt, Dr Michael Corkeron, Dr Colin Banks |
| Collaborating Institutions | Rockhampton Base Hospital Mackay Base Hospital Cairns Hospital Intensive Care Department, The Townsville Hospital School of Public Health and Tropical Medicine, James Cook University Proserpine Hospital |
| Associate Investigators | A/Prof Jamie Seymour, Mr Kelvin Robertson, Dr Ben Butson, Dr Luke Wheatley, Mr John Rathbone, Dr Robert Cardwell |

How effective is the four-hour rule (NEAT)* in reducing access block and the adverse effects of overcrowding on patients?

VALIDATION AND IMPACT OF THE FOUR-HOUR RULE IN THE EMERGENCY DEPARTMENT: A LARGE DATA LINKAGE STUDY LVGR 2010-002

Amount awarded \$50,000 leverage funding

| | |
|------------------------|-----------------------------------|
| Principal Investigator | Dr John Burke |
| Principal Institution | Royal Brisbane & Women's Hospital |
| Co-Investigator | Prof Gerard FitzGerald |

*The National Emergency Access Target (NEAT) has also been called 'The Four-hour Rule' because of the requirement for patients to be either discharged home or admitted to an inpatient ward within four hours of their presentation to the emergency department. Cited in <https://www.health.qld.gov.au/caru/improving-services/care-emergency.asp>

This is a national collaborative research project approved by the National Health and Medical Research Council Partnership Projects scheme. This project aims to identify how the four-hour rule is effective in reducing access block and the adverse effects of emergency department overcrowding on patients. In particular, it will assess the impact of the four-hour rule as a policy intervention in reducing emergency department length of stay (EDLOS) over time in WA and compare the outcomes against comparable hospitals in NSW, Qld and ACT.

This project hypothesises that effective intervention for reducing EDLOS will translate into improved patient outcomes, particularly in subgroups identified as associated with the most harm from overcrowding.

This research has the potential to develop and promote long-term partnerships amongst hospitals, health services, ambulance services and researchers to conduct collaborative research related to adverse patient outcomes, overcrowding and access block in emergency departments.

Should jellyfish stings first aid be under question?

ENVENOMATION, FIRST AID AND CRITICAL CARE OF TROPICAL JELLYFISH STINGS EMPG-205R22-2014

**Amount awarded
\$344,340 over three years**

| | |
|---------------------------|---|
| Principal Investigator | A/Prof Mark Little |
| Principal Institution | Cairns Hospital |
| Co-Investigators | A/Prof Peter Pereira & A/Prof Jamie Seymour |
| Collaborating Institution | James Cook University |
| Associate Investigators | Dr Annabel Somerville, Dr Pippa Welfare, Dr Digby Green |

Queensland is currently recognised as the leader in the field of jellyfish envenoming treatment. Many of the treatments for jellyfish stings are not evidence based and data is emerging that suggests that some of the treatments may do more harm to jellyfish sting victims than good.

This project will investigate three major areas of present contention:

- Is vinegar a suitable first aid for jellyfish stings?
- Can the survival rate of victims stung by big box jellyfish be increased by simply continuing CPR for extended periods?
- Can readily available and used drugs be the answer to the ever-increasing Irukandji Syndrome?



Can a rapid adrenaline delivery device improve outcomes for cardiac arrest patients?

ADRENALINE DELIVERY THROUGH VENTILATION OF AEROSOLISED NANOPARTICLES IN CARDIAC ARREST (ADVANCE STUDY) EMPG-201R21-2014

**Amount awarded
\$250,000 over one year**

| | |
|----------------------------|--|
| Principal Investigator | Dr Andrew Staib |
| Principal Institution | Princess Alexandra Hospital |
| Co-Investigators | Prof John Fraser, Prof Kim Chan, Dr Shaun Gregory, Dr Dylan Flaws, Dr Dave Seaton |
| Collaborating Institutions | Medical Engineering Research Facility (MERF), Queensland University of Technology Innovative Cardiovascular Engineering and Technology Laboratory, The Prince Charles Hospital Faculty of Pharmacy, The University of Sydney |

Every second counts when a patient's heart stops and critical to this is restarting the heart and maximising blood flow to the brain. Without adequate blood flow to the brain, eventual survivors can be left with a devastating brain injury and be forced to live for their remaining years with severely reduced quality of life. The rapid delivery of adrenaline to restore cardiac function and deliver blood to the brain is critical to improving survival.

Current techniques for delivering adrenaline focus on cannulating a vein. This can take many of those crucial seconds and more frequently several minutes, as the collapsed veins post cardiac arrest are extremely difficult to find and access. If the cannula is successfully inserted, the lack of blood flow within them prevents rapid delivery of adrenaline back to the heart.

This research team is developing a device with the potential for safe, rapid adrenaline delivery directly to the lungs with each breath without the need for venous cannulation. This rapid delivery of adrenaline to the lungs, and subsequent absorption to the blood and then the heart, may change the outcome from a brain injury rendering a previously fit person unable to walk, to 100% recovery.

STAFF SPECIALIST GRANTS AWARDED

The Emergency Medicine Staff Specialist Research Grants Scheme provides seed funding to develop a plan for project grant funding (from QEMRF or other national sources), or leverage additional funding from other sources (e.g. Australian Research Council linkage grant). Funding of up to \$70,000 is available.

Can a better understanding of the pathophysiology of IS allow for improvement in its management?

SERUM CATECHOLAMINE LEVELS IN IRUKANDJI SYNDROME (IS) EMSS-413R22-2014

Amount awarded
\$9,340 over one year

| | |
|------------------------|-------------------------|
| Principal Investigator | Dr Clinton Gibbs |
| Principal Institution | The Townsville Hospital |
| Co-Investigator | Dr Jeremy Furyk |
| Key Stakeholder | Pathology Queensland |
| Associate Investigator | Dr Michael Corkeron |

Irukandji Syndrome (IS) is a condition caused by the venom of jellyfish found in the tropical waters of Australia and has received significant media attention over the past decade. The syndrome most commonly presents with a variable combination of severe generalised pain, involving the torso and limbs, nausea and vomiting, sweating, headache and severely elevated blood pressure and pulse. Documented complications of IS include myocardial (heart) damage and failure, intracerebral haemorrhage (bleeding on the brain) and death.

The signs and symptoms of IS are believed to be due to excessive release of endogenous catecholamines (stress hormones). A number of in-vitro and animal studies have documented elevated adrenaline and noradrenaline levels after exposure to venom from *Carukia barnesi* and related jellyfish. To date, no human trials have measured serum catecholamines in patients with suspected IS.

This elevation in serum catecholamines may account for the profoundly elevated blood pressure and heart rate seen with IS. However, it is unclear what association the severe generalised pain of IS has with elevation of the endogenous catecholamines, i.e. cause or effect. The research team will conduct a prospective, observational, case-control study on patients with IS at The Townsville Hospital to measure serum levels of noradrenaline and adrenaline.

Can unnecessary hospitalisation for patients with chest pain be avoided?

VALIDATING THE MANCHESTER ACUTE CORONARY SYNDROMES (MACS) CLINICAL DECISION RULE EMSS-403R22-2014

Diagnosis of heart attack (acute myocardial infarction) relies on troponin testing along with additional inpatient investigations. Researchers in the United Kingdom have developed a clinical decision rule (the MACS rule) for avoiding unnecessary hospitalisation for patients with chest pain. The MACS rule places individuals into four risk groups with suggested dispositions for each group, with the very low risk eligible for immediate discharge. Initial validation of the rule revealed that 31.5% of patients met the low risk criteria and so could be discharged from hospital with no further investigation. Of these patients, none had a heart attack within 30 days.

This study will conduct an external validation of the MACS rule using a sample of 1000 patients who presented to the Royal Brisbane and Women's Hospital emergency department with chest pain. If the MACS rule accurately identifies a group of patients who do not have a heart attack, it could be used in clinical care to rapidly rule out heart attack, decrease resource utilisation and ensure that patients are not subjected to unnecessary testing in hospital.

Amount awarded
\$27,806 over one year

| | |
|----------------------------|--|
| Principal Investigator | A/Prof Louise Cullen |
| Principal Institution | Royal Brisbane & Women's Hospital |
| Collaborating Institutions | Christchurch Hospital, New Zealand Poole Hospital, United Kingdom |
| Associate Investigators | A/Prof Jaimi Greenslade, Prof Anthony Brown, A/Prof Kevin Chu |

Can workplace stressors in emergency departments be better understood?

MORALE, STRESS AND COPING STRATEGIES OF STAFF WORKING IN THE EMERGENCY DEPARTMENT: A NATIONAL AND INTERNATIONAL COMPARISON EMSS-410R22-2014

The impact on staff morale from working in the stressful emergency department environment is relatively unknown. This study aims to describe and compare the impact of the working environment on emergency department medical and nursing staff as well as the varied coping strategies used by ED staff in a range of ED environments of varying sizes and locations in Australia and Sweden. The findings will enhance understanding of factors that may link specific stressors to the emergency department workplace environment and can assist ED staff and managers in tailoring support mechanisms, as required.

Amount awarded \$29,141 over two years

| | |
|----------------------------|---|
| Principal Investigator | Dr Ogilvie Thom |
| Principal Institution | Nambour General Hospital |
| Co-Investigators | A/Prof Julia Crilly, Prof Marianne Wallis, A/Prof Eric Carlström, Dr Louisa Abraham, Dr Amy Johnston |
| Collaborating Institutions | Caloundra Hospital Trollhattan Norra Älvsborgs County Hospital, Sweden Health Practice Innovation Department, Griffith University Health & Crisis Management Department, The Sahlgrenska Academy, University of Gothenburg, Sweden School of Nursing, University of the Sunshine Coast Department of Emergency Medicine, Royal Brisbane & Women's Hospital |
| Associate Investigator | A/Prof Jaimi Greenslade |

RESEARCH FELLOWSHIP GRANT AWARDED

The Research Fellowship Grants Scheme contributes to salary replacement cost for individuals seeking to conduct research as part of their clinical position or work towards further qualifications. Outcomes need to include achievement of a relevant research-based qualification including a graduate certificate, diploma or higher degree.

NOEL STEVENSON FELLOWSHIP

Safer and more effective treatment for patients affected by drug toxicity

DOCTORATE OF PHILOSOPHY (PHD) TO STUDY THE ANTIDOTES AND TREATMENTS THAT ARE COMMONLY USED BY MEDICAL STAFF WHEN LOOKING AFTER PATIENTS WHO ARE AFFECTED BY DRUG TOXICITY EMRF-001R22-2014

Amount awarded
\$450,000 part-time over six years

| | |
|------------------------|--|
| Principal Investigator | Dr Colin Page |
| Principal Institution | Princess Alexandra Hospital |
| Supervisors | A/Prof Geoff Isbister, Discipline of Clinical Pharmacology, School of Medicine and Public Health, University of Newcastle Prof Nicholas Buckley, Department of Pharmacology, School of Medicine, University of Sydney |

Dr Colin Page was awarded the Noel Stevenson Fellowship, in honour of eminent Queensland emergency medicine physician, Dr Noel Stevenson. Dr Page has developed a clinical toxicology service at Princess Alexandra Hospital and Queensland through a locally run clinical toxicology unit and is the honorary medical director of the Queensland Poisons Information Centre.

Clinical toxicology is the speciality that manages patients who are affected by drug toxicity either accidentally or in overdose. The project will primarily research antidotes and other treatments that are used in the management of toxicology patients. This will allow the introduction of safer treatments, new treatments and progressing the scientific basis behind treatments used in clinical toxicology e.g. activated charcoal.

The PhD will be based at Princess Alexandra Hospital within the clinical toxicology unit with extension to other toxicology units/hospitals within Australia. It will be undertaken through the University of Newcastle (NSW) under the supervision of A/Prof Geoff Isbister and Prof Nicholas Buckley, who are both leaders in clinical toxicology research publications.

Post-PhD, Dr Page intends to continue to research in the area of clinical toxicology by building up the capacity for toxicology research in Queensland and continued collaboration with interstate colleagues.

▶ QEMRF RESEARCH FELLOWSHIPS

SNAPSHOT OF FELLOWSHIP RECIPIENTS

QEMRF Research Fellowships are available to encourage emergency medicine practitioners to undertake post-graduate research studies. The fellowships are named after two of the original leaders of emergency medicine in Queensland:

- the Frank Garlick Fellowship supports studies towards obtaining a research qualification targeted at completion of Masters qualification
- the Noel-Stevenson Fellowship supports study targeted at the completion of a research-based higher degree (PhD, DrPH or MD).

DR COLIN PAGE – PHD IN CLINICAL TOXICOLOGY EMRF-001R22-2014

AWARDED NOEL STEVENSON FELLOWSHIP IN 2014

Dr Page was awarded the Research Fellowship part-time over six years to complete a PhD in clinical toxicology (refer previous page for further information).

ASSOCIATE PROFESSOR LOUISE CULLEN – CARDIAC RESEARCH FELLOWSHIP EMRF-12-175-CULLEN

AWARDED NOEL STEVENSON FELLOWSHIP IN 2012

This research program aims to identify safe methods to assess patients with chest pain and potential heart disease more quickly than the current process. This study has the potential to move patients out of acute beds more rapidly by diagnosing patients with heart attacks up to four hours earlier and allowing earlier testing of patients without a heart attack but with potential heart disease, thus preventing overnight admissions. Approximately 80% patients who present to the Royal Brisbane & Women's Hospital ED each year with chest pain do not have a heart problem. Therefore, early discharge or admission of these patients would free up significant hospital resources, improve hospital flows and reduce the economic burden on the health care system. It may also reduce mortality associated with overcrowding. Given that overcrowding is associated with an excess of approximately 1,500 deaths per year, the potential decrease in mortality may be significant.

RESEARCH OUTCOMES

The Accelerated Chest Pain Risk Evaluation (ACRE) project, resulting from QEMRF funding, is a state-wide project that aimed to improve National Emergency Access Target (NEAT) performance across Queensland for patients presenting to emergency departments with possible cardiac chest pain. When complete, the project has the potential to impact the care of up to 15,000 patients per year across Queensland, with potential estimated savings of approximately \$21-million per year. Translating research findings into practice, the project has already made rapid improvements in the assessment process of patients presenting with chest pain to Queensland emergency departments. To date, the accelerated diagnostic pathway into practice has been implemented at Nambour, Logan, Redcliffe, QEII, Ipswich, Toowoomba, Gold Coast, Townsville, Gladstone, Caboolture, Rockhampton, Robina, The Prince Charles and Mackay hospitals.

**DR JEREMY FURYK - MASTER OF SCIENCE IN CLINICAL TRIALS (MSC)
FELL-2009-004-FURYK-MSC**

AWARDED FRANK GARLICK FELLOWSHIP IN 2009

The importance of good quality clinical trials in health care is being increasingly recognised worldwide. The London School of Hygiene & Tropical Medicine (LSHTM) is the leading postgraduate medical institution in Europe in the subjects of public health and tropical medicine. The LSHTM Master of Science in Clinical Trials aims to provide experience in the design, management, analysis and reporting of clinical trials.

Dr Furyk has been able to apply learnings to research activities at The Townsville Hospital, including the DUST trial (a multi-centre study of Tamsulosin for patients with renal colic), several review articles and participation in several other multi-site projects. It has also allowed Dr Furyk to contribute as an expert reviewer with QEMRF and to become a regular reviewer for Emergency Medicine Australasia. Dr Furyk has joined the staff at LSHTM as a tutor on subjects in the Clinical Trials course and has been included in the Australasian College of Emergency Medicine Clinical Trials Group.

**ASSOCIATE PROFESSOR PETER AITKEN - PHD IN DISASTER MANAGEMENT
FELL-2008-AITKEN-DISASTER MANAGEMENT**

AWARDED NOEL STEVENSON FELLOWSHIP IN 2008

The QEMRF Noel Stevenson Fellowship was awarded to A/Prof Aitken in 2008 for completion of a PhD with the James Cook University, School of Public Health, Tropical Medicine & Rehabilitation Science. The PhD was titled: *Disaster Health Education in Australia – An Analysis of Current Status, Needs and Educational Strategies and the Development of Potential Future Models*. 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, 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 and disaster health education is not well developed in Australia.

This research aims to develop a disaster education framework for the health workforce in Australia which is both cost- and outcome-effective, including the development and evaluation of a post-graduate qualification in disaster health.

Associate Professor Aitken has published numerous peer-reviewed papers, editorials and textbook chapters and has presented at international conferences as a result of this fellowship.

**DR JOSEPH TING - MASTER OF SCIENCE IN CLINICAL TRIALS (MSC)
SFEL-2008-001-TING-MSC**

AWARDED FRANK GARLICK FELLOWSHIP IN 2009 AND COMPLETED IN 2010

This fellowship enabled Dr Joseph Ting to complete the Master of Science (Clinical Trials) at the University of London in 2010. This is a prestigious, world-class, highly selective post-graduate degree that provides an in-depth and practical clinical methodology Masters. The Masters has provided Dr Ting with advanced training to conduct and critically appraise complex clinical studies. This included development of a theoretical and practical understanding of the issues involved in the design, conduct, analysis and interpretation of randomised controlled trials of health interventions and skills to scrutinise information, to critically analyse and carry out research and to communicate effectively. Prior to the award of the Fellowship, Dr Ting gained a Post Graduate Diploma in Epidemiology and Diploma from the London School of Hygiene & Tropical Medicine (LSHTM) from 2006–2008.

Dr Ting works as a peer reviewer for *BMJ*, *Medical Journal of Australia*, *Annals of Emergency Medicine* and Cochrane Acute Injuries Group. He was Senior Peer and Top 50 Peer Reviewer for *Ann Emerg Med* from 2005–2012. He continues to publish health systems-based clinical trials and observational medical research. He has been appointed Adjunct Associate Professor and teaches Clinical Research Methods at the Queensland University of Technology at post-graduate level.



Dr Jeremy Furyk

MBBS, MPH&TM, MScCT, FACEM, FACTM

Senior Staff Specialist and Director of Emergency Research, The Townsville Hospital; Adjunct Associate Professor, James Cook University.

RESEARCHER PROFILE

ABOUT

Dr Jeremy Furyk is a senior staff specialist, emergency physician at the Townsville Hospital. He has held this position since 2005 and for the past few years has been the director of emergency medicine research. He is also an Adjunct Associate Professor at James Cook University, College of Medicine and Dentistry and works on a casual basis for Careflight Medical Services. His main professional interests are in evidence-based medicine, clinical trials, paediatrics, and aero-medical retrieval and pre-hospital care. The focus of his research efforts are increasingly with paediatrics and the Paediatric Research in Emergency Department International Collaborative (PREDICT) collaboration.

QEMRF-FUNDED RESEARCH

Dr Furyk has completed a Master of Science - Clinical Trials through London School of Hygiene and Tropical Medicine (LSHTM), London University, with support from a QEMRF Fellowship. He has found the course extremely useful with providing practical tools and skills for the development of further research ideas and he continues his involvement with the LSHTM course as a distance tutor.

Dr Furyk has been involved in overseeing the capacity-building efforts at the Townsville Hospital, following a QEMRF Capacity Building Grant. This has increased research capacity at the Townsville Hospital and has allowed continual development of a research culture within the emergency department. Dr Furyk says it is very pleasing to see increased involvement from other staff in the department's research activities.

Dr Furyk has been leading the world's largest research study into kidney stone management, which trialed a new medication - Tamsulosin - that may help kidney stone patients avoid painful surgery. The trial recruited 300,000 patients and was a successful collaboration of four tertiary emergency departments in Queensland and was likely the first Queensland-led, multi-centre clinical trial. Findings were published in June 2015 and Dr Furyk is currently working on a List of Approved Medications (LAM) application for Tamsulosin for patients with large stones. Dr Furyk was awarded Best Paper by a FACEM at the 2014 Australasian College of Emergency Medicine Annual Scientific Meeting, for his paper: *The DUST Trial (Distal Ureteric Stones and Tamsulosin: A Double Blinded, Placebo-Controlled, Randomised, Multi-Centre Trial)*. A copy of his paper is available at <http://www.qemrf.org.au/in-the-media/2014-acem-asm-dr-jeremy-furyk-best-paper-by-a-facem-winner/>.

QEMRF has funded Dr Furyk's Cochrane review of anti-emetics (drugs that are effective against vomiting and nausea) in the emergency department. This has undergone a rigorous review process and was recently accepted for publication.

THE IMPORTANCE OF EMERGENCY MEDICINE RESEARCH

Dr Furyk believes that participation in emergency medicine research is what defines emergency medicine physicians as a specialty and what the profession needs to continue to do to continue to improve delivery of clinical care. He says that quality clinical trials are required to answer important clinical questions and to provide evidence that supports clinical interventions. Given the nature of emergency medicine, and infrequent and unpredictable presentations of specific serious and life threatening conditions, he suggests that quality multi-centre collaborations will be fundamental to answering key clinical questions in the future. He believes that Queensland emergency departments are leading the way in facilitating quality multi-centre research and the Townsville ED has participated in several high quality large collaborations. This has allowed for increased skills, knowledge and awareness of research among ED clinicians.

ACKNOWLEDGEMENTS

Dr Furyk acknowledges QEMRF for ongoing support provided by QEMRF grants and fellowships and the James Cook University and University of Queensland with assistance with administration aspects and advice. He also acknowledges the collaborative opportunities provided through PREDICT and the Queensland Emergency Research Collaborative (QERC).



Dr Ogilvie Thom MBBS, FACEM,
Grad Cert Clin Res Methods

Senior Staff Specialist, Emergency Department, Nambour Hospital; Strategic Advisory Committee Member, Queensland Emergency Medicine Research Foundation

RESEARCHER PROFILE

ABOUT

Dr Thom's emergency medicine research career started with investigating the role of monitoring how much blood the heart pumps while critically ill patients are being resuscitated. His research interests have since broadened widely and include workplace stress, ladder-related injuries and clinical trials.

The emergency department is the most common point of entry to the hospital, especially for acutely sick patients. Emergency department scope of practice embraces all other medical specialties and opportunities to improve patient outcomes occur in a hectic and often hostile environment. Dr Thom believes that as a profession, emergency medicine's ability to make the best decisions for patients is a vital part of professional practice and what the community rightly expects. Dr Thom says that patient outcomes cannot be improved without changes in treatment and the role of research is to find the right changes to make. This is what he is passionate about.

Dr Thom is supervisor for three Trainee Grants awarded by the Queensland Emergency Medicine Research Foundation. These grants investigate perceptions of stress in the workplace, ladder-related injuries, particularly the circumstances of the ladder use, and a multi-centre study examining sedation practices in behavioural disturbance (the SIESTA* study).

The workplace-related stress project aims to shed light on some of the perceived stresses of emergency department doctors and nurses. This will be done via a local and international comparison. It is hoped that sufficient information will become available to provide for specific targeted outcomes improving the welfare of emergency department staff, which will then lead to better patient outcomes. These findings may inform targeted interventions within emergency departments that will improve the delivery of emergency medicine, staff welfare and/or longevity as emergency medicine professionals often become burnt-out.

The ladder injuries investigation aims to establish the pattern of use associated with falls from ladders which – in conjunction with collaborators at Princess Alexandra Hospital, University of Queensland, the Queensland University of Technology and the Product Safety Unit at the Office of Fair Trading – will hopefully lead to preventative opportunities in the community.

The QEMRF funding has allowed his research team the opportunity to employ research assistants to conduct data capture and, without this funding, Dr Thom says it is highly unlikely that these projects would be occurring.

ACKNOWLEDGEMENTS

Dr Thom acknowledges the role of QEMRF in promoting emergency medicine in Queensland and internationally. He believes this has made an amazing difference to the perception of emergency medicine as a whole and that it is the envy of many.

*Sedation for Acute Agitation in Emergency Departments Patients: Targeting Adverse Events (SIESTA).

RESEARCH SUPPORT NETWORK

QEMRF is helping to make research outcomes high-impact and highly translatable by launching the pilot phase of the Research Support Network (RSN).

The QEMRF RSN aims to provide support for emergency medicine research across Queensland hospital emergency departments. It will build collaboration capacity and coordinate data collection for multi-site, state-wide and national research projects, and help facilitate frontline translation of research outcomes.

In May 2014, the QEMRF Board approved the network's establishment to provide leadership, support and collaborative opportunities for emergency medicine research professionals. The RSN Manager started in June 2014 to establish the network - a process that included an extensive consultation process with sector representatives and key stakeholders, and preparing governance, strategy, operational structures and supporting documents.

The community was consulted and a baseline of research activity in Queensland was established in a variety of ways, including inviting expressions of interest from the five tertiary sites to host the RSN positions, a research environment questionnaire, an RSN Forum and working group, and collecting research activity data. In particular, the RSN Manager met with research champions in 23 ACEM training-accredited hospital emergency departments in Queensland, Queensland Ambulance Service and Retrieval Services Queensland.

In August 2014, QEMRF hosted the RSN Forum, which was attended by emergency medicine researchers from across Queensland. The forum explored the RSN's establishment, operational considerations and key performance indicators.

Key messages from this extensive consultation included:

- The RSN prototype should be up and running in 12 months, and we agreed we needed to be reasonable and flexible.

- QEMRF RSN Manager should spend time with emergency department CAPB grant staff/support staff and learn from their experiences.
- The Forum recommended a pilot of three different prototype models, and to learn, compare and contrast the findings over a 6-9 month period.

Responding to the extensive consultation with sector representatives and stakeholders, the QEMRF Board elected to roll out the RSN in three phases. The Board also substantially revised down its grant application from \$3 million for the whole network implementation to \$1.2 million for the first phase.

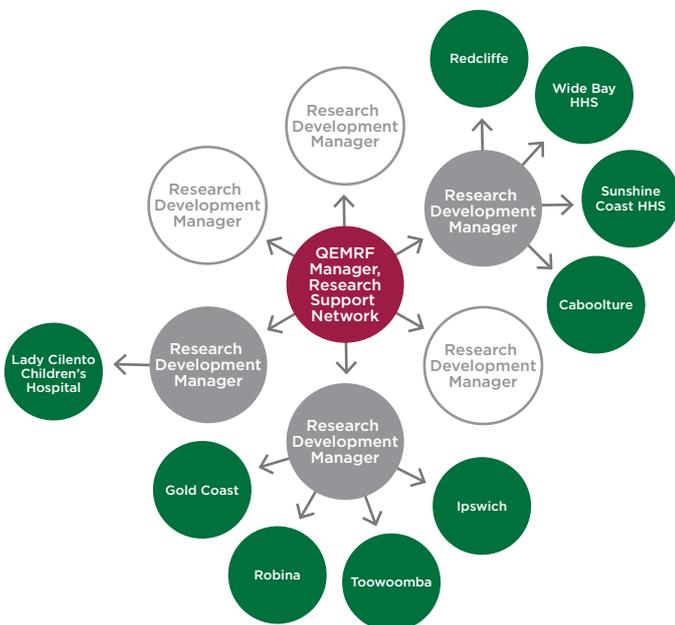
In the pilot phase, a Research Development Manager will be appointed to work in each of these hubs:

- Gold Coast Hospital and Health Service (HHS), West Moreton HHS and Darling Downs HHS
- Children's Health Queensland HHS, in collaboration with Paediatric Research in Emergency Departments International Collaborative (PREDICT), supported by the National Health and Medical Research Council's Centres of Research Excellence (CRE) scheme (NHMRC App 1058560)
- Wide Bay HHS, Sunshine Coast HHS, Redcliffe and Caboolture emergency departments in Metro North HHS.

In the reporting period, the steering committees, strategies, position descriptions, milestones and performance indicators were established for all three hubs. The agreement was executed and position advertised for the Gold Coast HHS, West Moreton HHS and Darling Downs HHS hub.

Collaborating with the research champions in each emergency department, the RSN Manager has established the steering committees for each hub to provide guidance and monitoring advice for QEMRF during the pilot phase.

In the next 12 months, QEMRF will finalise agreements for the other two pilot hubs, and two new Research Development Manager positions will be established and recruited for them. Together with the steering committees, QEMRF will monitor progress against milestones and make a decision on the RSN's future.



Lisa van den Berg
Research Support Network Manager





RESEARCH OUTCOMES

QEMRF is committed to supporting research that can demonstrate translatable outcomes for improved patient care in medical emergencies.

QEMRF also continues to award grants in emergency medicine research that are successfully generating academic publications in high-impact journals and real changes in clinical practice. We are pleased to present an impressive array of publications at the end of this report.

Below are some of the highlights from this year that have been identified from progress reports received during the reporting period.

Princess Alexandra Hospital Capacity Building Grant yields tremendous outcomes

The Princess Alexandra Hospital Emergency Department (PAH-ED) has a national reputation for excellence in clinical service delivery and education. In 2014, in excess of 60,000 patients presented to the department, of which more than 35% were admitted. Medical staffing is provided by 17 FTE consultants, 30 registrars, SHOs and residents, and 12 interns. Clinical expertise within the ED is wide, with specific disease emphasis in multi-trauma, toxicology, chronic disease, multi-system disease associated with the elderly population, cardiovascular disease, sepsis and septic shock, infectious diseases and critical care.

The PAH-ED is a large department with resources – staff and patient numbers – offering a great potential for research. In 2010, the ED developed a strategy to advance the research capacity within the department and improve the emergency care of patients. The vision for research within the PAH-ED is the department will be regarded as a leader in emergency medicine research, attracting clinical and research staff and producing outcomes which will change clinical practice and improve the health and wellbeing of patients. The mission of the UQ-PA Emergency Medicine Research Program is to

provide a research environment in which this vision can be achieved.

In 2011, the PAH-ED was awarded a QEMRF Capacity Building Grant and an experienced researcher and research manager, Dr Rob Eley, was appointed in early 2012 for three years. The position of Academic Research Manager to the PAH-ED was hosted by The University of Queensland School of Medicine. This has been extended for another year by the university, with support from the Princess Alexandra Hospital.

Since the appointment of this position, significant progress has been made toward increasing research capacity through education, training and structural improvements and to increasing research outputs for the benefit of staff and patients.



Emergency medicine research progress at PAH-ED: increasing research capacity and research outputs

| Prior to 2010 | Following introduction of Academic Research Manager 2012 |
|---|--|
| 2.7 published peer review papers/year 2 staff specialists contributing to over half papers published | Publications <ul style="list-style-type: none"> ■ Published = 37 ■ In press = 10 ■ Under review = 10 ■ Conferences, posters and papers = 60 |
| Focus on clinical practice and clinician training | <ul style="list-style-type: none"> ■ Expanded focus to include clinical and academic research ■ Increased research projects undertaken ■ Established research collaborations across many internal specialities and externally with other hospitals and tertiary institutions ■ Introduced a formal structure for the research program ■ Introduced database of research activities, standard processes to assist research activities, a research review panel and regular research meetings |
| Research knowledge limitations | <ul style="list-style-type: none"> ■ Increased research capacity – training and education of researchers across all aspects of the research continuum |
| External funding limitations | <ul style="list-style-type: none"> ■ Increased grant applications made (71.4% increase over 3 years) ■ PAD-ED staff are Principal or Co-Investigators on projects in excess of \$2 million (grant funding has increased 83% over 3 years) |
| Clinical time limitations | <ul style="list-style-type: none"> ■ More than 20 staff actively included in research – including staff specialists, nursing and allied health professionals with no prior research experience ■ Hosting and supervision of research students from QUT, UQ, Griffith. |

The capacity building will continue to allow the PAH-ED to:

- create an enabling environment for research to be undertaken
- promote research interest and a research culture amongst staff (FACEMs, registrars, nurses and allied health) and allow those interested to undertake research

- support research activities of clinical staff and establish research relationships within and across institutions and disciplines and institutions
- increase the capacity to seek competitive external funding.

The UQ-PA-ED Research Program recognises that without QEMRF's investment their success in dramatically increasing the research activity and output would not have been achieved.

Can medical record documentation by interns be improved in the emergency department?

DETERMINING FACTORS THAT INHIBIT INTERNS FROM DEVELOPING AND/OR RECORDING CLINICAL IMPRESSIONS AND MANAGEMENT PLAN FOLLOWING PATIENT ASSESSMENT

Emergency medicine research in Queensland will be enhanced immeasurably with the improvement in medical record documentation. This Princess Alexandra Hospital Emergency Department study aimed to

determine whether tuition in medical documentation enhances the ability of emergency medicine interns to produce effective medical records. The study adopted a case control design, using a retrospective document audit methodology, following an education intervention during the 'More Learning for Interns in Emergency' (MoLIE) Program. Findings indicate a subsequent improvement in interns scoring following education intervention, with intervention improving medical record documentation by approximately 50 per cent. The research team will pilot test modifications to the score sheet and, once successful, will make this available to any public hospital or training institution seeking it.

Can high-flow nasal oxygen therapy aid early intervention in childhood respiratory distress?

QEMRF INITIAL INVESTMENT SECURES FURTHER FUNDING TO REDUCE IMPACT OF BRONCHIOLITIS IN CHILDREN

In severe bacterial infections and trauma, early goal interventions have improved outcomes. Early intervention in children with severe respiratory infections is evolving but technically difficult – partly due to complications of delivering effective respiratory support early in the disease process. Respiratory support equipment has been traditionally the domain of intensive care settings.

Following a QEMRF Staff Specialist Grant awarded to Principal Investigator, Dr Christa Bell, at Gold Coast University Hospital, in 2013, the Paediatric Critical Care Research Group (PCCRG) in collaboration with the Paediatric Research In Emergency Department Collaborative (PREDICT) have successfully obtained a further \$AU1.3 million grant from the National Health and Medical Research Council (NHMRC) to perform the largest paediatric clinical trial in Australia and New Zealand. This large study investigates the superiority of High Flow Nasal Canula (HFNC) therapy in bronchiolitis, the leading cause of paediatric hospitalisation in Australia. The study is being performed in 17 regional, metropolitan and tertiary hospitals over three winter seasons.

Pilot and leveraged funding (provided by QEMRF and NHMRC) has allowed the research team to investigate the role of high-flow (HF) oxygen therapy in a vulnerable group of small babies (less than 12 months of age) suffering severe respiratory infection. This new form of respiratory support allows infants and children to remain in their local hospitals, without the risks and disruption associated with transfer to a tertiary facility, reduces health care costs and has potential for use in under-resourced environments and countries.

These new easy-to-use respiratory support systems in emergency departments have shown that HF oxygen therapy prevents progression of the disease, reduces the number of intensive care admissions and, more importantly, can be easily used in regional and metropolitan hospitals without access to children's intensive care services.



Are there safer treatments for children with head injuries?

APHIRST STUDY (AUSTRALASIAN PAEDIATRIC HEAD INJURY RULES STUDY)

In Australia, New Zealand, and other developed countries, injury is the leading cause of death and disability among children, with head injury being the largest contributor to long-term disability and death following injury.

In order to optimise the clinical balance between identifying intracranial injury (ICI) and minimising unnecessary exposure to CT for most children with head injury, three high-quality evidence-based head injury clinical decision rules (CDRs) have been derived. These CDRs provide recommended courses of action (including CT) based on the presence or absence of predictor variables, which may be obtained from the history (mechanism of injury and presenting symptoms) or physical examination of the patient.

Associate Professor Jason Acworth, Director, Paediatric Emergency Medicine, Children's Health Services Queensland, was awarded a QEMRF \$298,028 grant

to analyse the impact of the three high-quality HI CDRs by prospectively validating and comparing the performance of the CDRs against each other and against current practice when applied in the Australasian setting, to identify which one should be formally implemented.

This multi-centre prospective observational study of consecutive children presenting with head injury to paediatric EDs, will take place in 10 tertiary paediatric EDs and three large mixed EDs (that see at least 15,000 children per year) within the Paediatric Research in Emergency Department International Collaborative (PREDICT) research network.

In 2012, the PREDICT group was awarded an additional \$850,000 by NHMRC, based on their preliminary results, to expand the study across Australia.

The project team has been successful in enrolling more than 23,000 children across sites in Australia and New Zealand and just over 20,000 are available for analysis. The project is due for completion at the end of 2015.

This study has the potential to inform international practice for all physicians dealing with the common childhood presentation of head injury.

Can kidney stone patients avoid painful surgery?

TAMSULOSIN FOR THE TREATMENT OF DISTAL URETERIC CALCULI: A DOUBLE-BLINDED, PLACEBO-CONTROLLED, RANDOMISED, MULTI-CENTRE TRIAL (THE TARDUS TRIAL)

The world's largest research study into kidney stone management led by Dr Jeremy Furyk, Staff Specialist at the Department of Emergency Medicine, The Townsville Hospital, is trialling a new medication that may help kidney stone patients avoid painful surgery.

Ureteric colic (or kidney stones) is a significant public health concern within Australia, affecting as many as 5-15% of adults. As a result, a significant number of Australians experience significant pain, hospital and outpatient visits, and the potential for more significant complications such as infection, kidney damage and the need for surgical treatments.

Although several methods of medical treatments to improve care of such patients have been studied overseas, some of which appear promising, the practice

of "medical expulsive therapy" for ureteric colic is not widely practiced in Australia. One such medication is Tamsulosin, which seems to have an effect on the ureter (tube from kidney to bladder) and helps stones pass. It is already in use for other urological conditions already in Australia, and studies overseas seem to show benefit for patients with ureteric colic.

The trial recruited 300,000 patients and results indicated that Tamsulosin was effective at increasing spontaneous stone passage in large stones (5-10mm). The research findings were published in June 2015 and suggest that Tamsulosin could be offered to patients with large uncomplicated ureteric calculi as part of a strategy of observation and periodic evaluation. These results can potentially help kidney stone patients to avoid hospitalisation and surgery. Dr Furyk is currently working on a List of Approved Medications (LAM) application for Tamsulosin for patients with large stones. Dr Furyk was awarded Best Paper by a FACEM at the 2014 Australasian College of Emergency Medicine Annual Scientific Meeting (ACEM ASM) for his paper on this study.

How can a quality framework improve the care of elderly patients?

DEVELOPING A QUALITY FRAMEWORK FOR THE CARE OF OLDER PATIENTS IN THE EMERGENCY DEPARTMENT

There is an increase in the ageing population in Australia, which will result in a marked increase in elderly patient presentations to emergency departments. Elderly patients have complex care needs that are highly time- and resource-intensive. The elderly more commonly have poor outcomes after discharge from emergency departments. However, survival and health outcomes of elderly patients have been shown to improve with high quality care.

In 2010, Dr Ellen Burkett, Staff Specialist at the Princess Alexandra Hospital Emergency Department, was awarded a QEMRF grant to develop a quality framework for the care of older patients in the emergency department. A quality framework for the management of elderly patients in emergency departments allows for improved treatment and outcomes for elderly patients and cost savings through enabling EDs to focus resources into other high-need areas.

As a result of this work, Dr Burkett was awarded a \$3.7 million grant from the Queensland Health Innovation Fund to roll out a program to better manage the care of older patients in Metro South Brisbane. The grant is specific to the management of residents of aged care facilities who have acute health care needs beyond the scope of the general practitioner and residential aged care facility to manage independently.

Following this grant, a set of quality indicators (QIs)* has been prepared and voting completed by an expert review panel. The expert panel held as part of this research brought together a range of ED physicians interested in emergency care of elderly patients from across Australia and subsequently the Geriatric Emergency Medicine Special Interest Group (GEMSIG) of the Australasian College of Emergency Medicine (ACEM) was formed. GEMSIG, under the lead of Dr Burkett, has reviewed the ACEM policy on care of older persons in emergency departments and contributed to ACEM's Quality Standards document from the perspective of standards of care for older persons in the ED.

The data was presented at an international meeting of the interRAI Network of Acute Care (for older persons)** and feedback has been incorporated and a set of QIs has been developed and published. These QIs will allow comparison across centres and optimisation of emergency care delivered to the ever-increasing elderly population.

This study was a collaboration with the University of Queensland Centre for Research in Geriatric Medicine and the Harvard Medical School.

*Quality indicators (QIs) are tools that allow levels of performance to be measured and, as part of a quality management system, provide opportunity for improving care delivery.

** interRAI is a collaborative network of researchers in more than 30 countries committed to improving care for persons who are disabled or medically complex.

PROFILING RESEARCH

QEMRF is committed to profiling the success of the organisation and the outcomes of QEMRF-funded research. Highlights of activities in the reporting period in support of this commitment are included below.

PUBLICATIONS & COMMUNICATIONS

- Quarterly electronic newsletter *QEMRF Update*, grant announcements and reminders were issued to QEMRF's community.
- QEMRF electronic announcements subscriber reach increased 115% over the reporting period with open rates exceeding industry standards.
- Articles showcasing Dr Kylie Baker and her lung ultrasound research and A/Prof Louise Cullen's cardiac research were included in Summer and Winter editions of Research Australia's *grassROOTS* magazine.
- *Social Media Guidelines*, *Acknowledging QEMRF Guidelines* and *QEMRF Branding Style Guide* were developed to assist QEMRF's community with acknowledging the Foundation's support.
- Case studies were developed for a range of QEMRF-funded research.

QEMRF WEBSITE

The QEMRF website, www.qemrf.org.au, was revised to better demonstrate transparency of QEMRF grants administration and governance, assist the QEMRF research community and to ensure consistent and professional application of the QEMRF brand.

This included:

- publication of a grants calendar, grant scheme definitions, research governance structure, background to the establishment of QEMRF, tools and resources to assist the QEMRF research community
- review of feedback and complaints process
- improved presentation of QEMRF-funded research case studies.

SOCIAL MEDIA

QEMRF's social media activities over the reporting period have resulted in considerable follower growth and engagement and have ultimately increased QEMRF's stakeholder and brand reach.

GROWTH

1 July 2014–30 June 2015

Twitter **329%**

Facebook **95%**

Linkedin **206**

CEREMONIES & EVENTS

- Former Health Minister Lawrence Springborg praised the state's emergency medicine professionals and presented \$2.21 million in new grants and a research fellowship at the QEMRF Grants Award Ceremony in November 2014.
- QEMRF supported AMA Queensland's 'Grow your Career through Research' evening, 26 February 2015.
- QEMRF attended Australasian College of Emergency Medicine Queensland's Autumn Symposium, 28–29 May 2015.



Dr David Rosengren at QEMRF Grants Award Ceremony 2014

MEDIA HIGHLIGHTS

BRISBANE

September 2014

Interview with Dr Rob Eley, Princess Alexandra Hospital, about giving urination samples.

Dr Eley, research manager at the hospital's emergency department, says there is a problem with urination samples, particularly with women. Eley says that samples need to be clean and thus needs to be from mid-stream. Eley says that if people are instructed on how to give a proper sample, the contamination will be reduced but these instructions are often not given.

Media coverage: *612 ABC Brisbane, Brisbane*

November 2014

QEMRF Grants Awards Ceremony – emergency research foundation saves Queensland lives

Via a media release with the Minister for Health's office, Health Minister Lawrence Springborg praised the state's emergency medicine professionals and presented \$2.21 million in new grants and a research fellowship at QEMRF Grants Award Ceremony 2014.

April 2015

Queensland research into cardiac emergencies has led to quicker treatment and less hospital crowding

With chest pain the biggest single reason people present to hospital emergency departments in Queensland, emergency doctors have devised an accelerated method of diagnosing the most serious cases.

Media coverage: *Attendance of Health Minister Cameron Dick at press conference at the Royal Brisbane and Women's Hospital to announce A/Prof Louise Cullen's Rapid Assessment of Cardiac Chest Pain Research; coverage on Seven News Brisbane and 612 ABC radio. Aired across Seven News Queensland regional network including Seven Bundaberg, Seven Cairns, Seven Central, Seven Mackay, Seven Mt Isa, Seven Rockhampton, Seven Sunshine Coast, Seven Toowoomba and Seven Townsville*

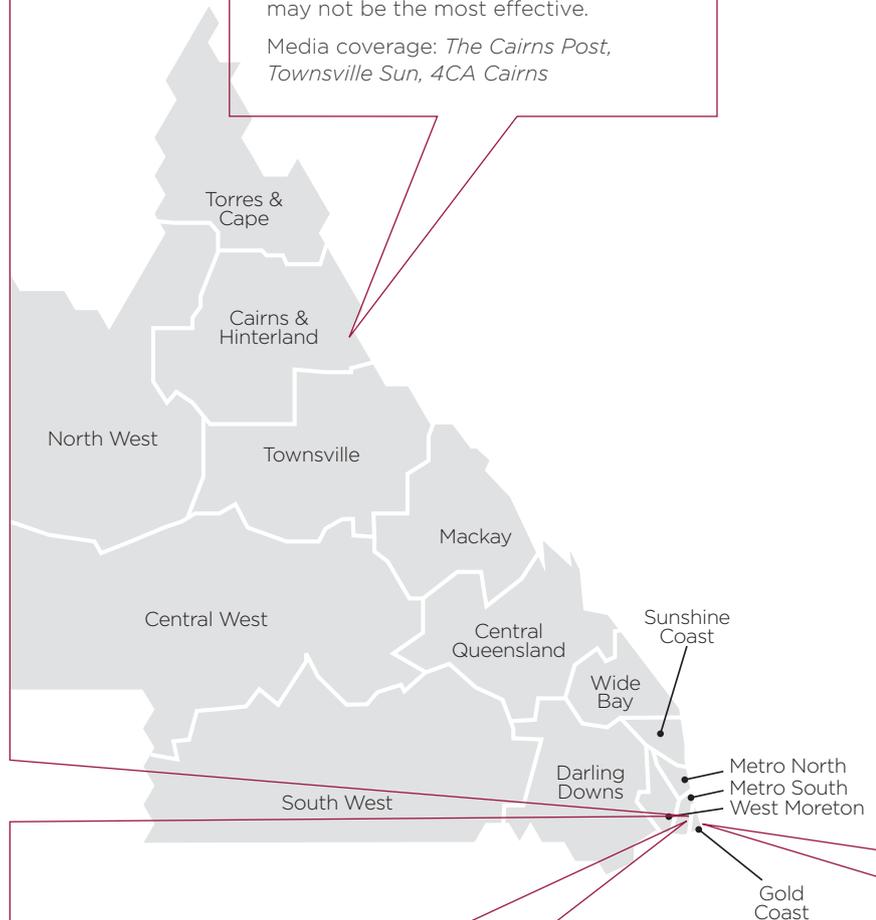
NORTH QUEENSLAND (TOWNSVILLE & CAIRNS)

December 2014

Jellyfish research

Research funded by QEMRF could change the way doctors treat potentially deadly jelly fish stings with initial findings suggesting traditional methods may not be the most effective.

Media coverage: *The Cairns Post, Townsville Sun, 4CA Cairns*



TOWNSVILLE, GOLD COAST & BRISBANE

April 2015

Epilepsy drug trial offers new hope

James Cook University scientists are leading a drug trial which is attempting to find a better treatment for kids with a life-threatening form of epilepsy.

JCU's Dr Jeremy Furyk is coordinating the work, funded by a grant of more than \$140,000 from QEMRF, on top of other funding from the Health Research Council of New Zealand.

Researchers will work at the Townsville, Gold Coast University and Lady Cilento Children's hospitals with researchers from the Paediatric Research in Emergency Department International Collaborative (PREDICT) network.

Media coverage: *Townsville Sun*

GOLD COAST

November 2014

Schoolies Week: Surfers Paradise battens down hatches for annual party event

Hospital ED doctors call on school leavers to adopt a 'buddy' system when going out partying during the annual Gold Coast schoolies celebrations to curb the number of teenagers requiring critical medical care.

Media coverage: *Nine News Gold Coast, ABC Online, Sydney Morning Herald, Brisbane Times, The Age, WA Today, Canberra Times, ABC News, Cairns Post, Redland City Bulletin, The North West Star, ABC News Breakfast, ABC (Hobart), ABC (Darwin), ABC (Sydney), ABC (Brisbane), ABC (Adelaide), ABC (Melbourne), ABC (Perth), ABC (Canberra), ABC (Regional Queensland), ABC (Regional Victoria), ABC (Regional NSW), ABC (Albany), ABC News 24 (Melbourne), ABC News 24 (Regional NSW), ABC News 24 (Brisbane), ABC News 24 (Adelaide), ABC News 24 (Perth), ABC News 24 (Regional Queensland), ABC News 24 (Hobart), ABC News 24 (Canberra), ABC News 24 (Regional Victoria), ABC News 24 (Regional West Australia), Channel 9 Brisbane, 4BC Brisbane*

April 2015

ROTEM blood testing machine to treat road trauma patients (Brent's walking proof of high-calibre medical care - April 2015)

Gold Coast University Hospital is using a special ROTEM blood testing machine to treat patients faster and more effectively. The ROTEM study is funded by QEMRF.

Media coverage: *Nine News Gold Coast, Gold Coast Bulletin and Juice 107.3 radio*

QEMRF acknowledges Sequel Communications for the public relations support and positive media coverage achieved in 2014/15.

QUEENSLAND WIDE

January and May 2015

Happy Hands

In a play on the children's movie Happy Feet, QEMRF called on parents to support a 'happy hands' initiative to teach primary school students the importance of washing their hands to stop common diseases and infections from spreading outside the school playground and into the wider community.

Media coverage (Jan): *Radio interview with Dr Acworth on ABC Far North; news reports on 4BU Bundaberg; print coverage with Ipswich Advertiser and Satellite Newspaper, Brisbane. (May): Daily Mercury; Daily News (Warwick); Fraser Coast Chronicle (Maryborough); Gladstone Observer; News - Mail (Bundaberg); Queensland Times (Ipswich); Sunshine Coast Daily (Maroochydore); Morning Bulletin (Rockhampton); Chronicle (Toowoomba); Stanthorpe Border Post; Gympie Times*

February 2015

Ultrasound equipment to quickly detect critical internal injuries

Queensland's ambulance paramedics are using ultrasound equipment to quickly detect critical internal injuries in an Australian-first trial funded by QEMRF.

Media coverage: *Sequel PR pitched and secured an exclusive on Channel Seven News Brisbane, and also gained coverage across their regional Queensland network including: Seven Bundaberg, Seven Cairns, Seven Alice Springs, Seven Mackay, Seven Mt Isa, Seven Rockhampton, Seven Sunshine Coast, Seven Toowoomba, Seven Townsville. TV coverage reached a cumulative audience of 423,000 TV coverage had an advertising space rate \$35,119*

March 2015

Australian-first Queensland research could change the lives of children with epilepsy

Queensland research could change the lives of children with epilepsy. QEMRF researcher Dr Shane George says comparisons of drugs will provide the first real evidence about which are safest and most effective. The trial will involve 200 children recruited from Australian and New Zealand hospital emergency departments.

Media coverage: *Exclusive story on Channel Seven News Brisbane and coverage across Seven Bundaberg, Cairns, Central, Mackay, Mt Isa, Rockhampton, Sunshine Coast, Toowoomba and Townsville*



Hand hygiene



Spread the message not the germs

THE single most important way to prevent infections is effective hand hygiene – the art of cleaning your hands.

The typical person's hands contain millions of microbes. Most are harmless, but some may be disease-causing germs.

Regular hand-washing, particularly before and after certain activities, is one of the best ways to remove germs, avoid getting sick and prevent the spread of infections to others.

You probably don't realize it but you frequently touch your eyes, nose and mouth. Germs from unwashed hands can enter your body from these areas and make you sick.

Removing germs through hand washing also prevents food contamination and the transfer of germs to surfaces.

It is recommended that you wash your hands for at least 15 seconds.

● Before eating food

● Before, during, and after preparing food

● Before and after caring for someone who is sick

● Before and after treating a cut or wound

● After using the toilet

● After blowing your nose, coughing, or sneezing

● After touching an animal, animal feed or animal waste

● After touching rubbish

How best to clean your hands

Washing hands is the best way to reduce the number of microbes on them.

● Use warm water and soap

● Wet your hands with clean, running water (warm or cold), turn off the tap and apply soap.

DO YOU KNOW?

Today is World Hand Hygiene Day. The day is declared by the World Health Organization (WHO) and encourages patients and their family members to join health workers in their efforts to practice good hand hygiene with the message "Save Lives: Clean Your Hands."

● Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.

● Scrub your hands for at least 15 seconds.

● Rinse your hands well under clean, running water.

● Dry your hands using a clean towel or air-dry them.

CHECK IT OUT

THE Guinness World Records Official books and website provide ultimate record-breaking facts and achievements.

Check out these hand-related facts:

● The most participants in a hand washing relay is 899, achieved at an event in Jharkhand, India, on 18 January 2010. The attempt lasted for nearly four and a half hours.

● Robert Westlow (USA) had hands that measured 22.3 cm from the wrist to the tip of his middle finger.

● The longest handshake lasted 42 hours and 30 minutes and was achieved by brothers Danish and Pawan Tantiwara from Nepal.

Check out this kid with very fast hands: www.youtube.com/watch?v=0LUBd8P9AU0

WORDY NEWS

Have you ever come across a word in the newspaper that you haven't seen before or don't know what it means? This week's word is **QEMRF**.

Definition: gloomy, shocking or depressing.

BRAIN STRAIN

Shaking hands

THINK are 10 people to a handshake. Everybody wants to shake hands with only people shorter than themselves. Everybody wants to shake hands in height.

How many handshakes are made?

For the answer go to www.queensland.com.au by visiting your newspaper's website. Look for the Q&A logo at the top of the homepage and click.

WIBS' WINNER

As part of WIBS' winner's prize, you will receive a copy of the winning team's newspaper. Each week we will be giving away a copy of the winning team's newspaper to the Queensland News & Media Awards.

- 1 What type of natural disaster struck Nepal causing widespread destruction and deaths?
- 2 Which state did the winning team from My Kitchen Rules come from?
- 3 On what date was the Royal William and Kate second baby born?

Using hand sanitiser:

● Squirt enough hand rub product to cover both your hands.

● Rub to distribute over palms, back of hands and between fingers.

● Rub hands together until dry.

FACT: Studies have found that sanitizers with an alcohol concentration between 60-80% are more effective at killing germs than those with a lower alcohol concentration.

More hand hygiene tips

● Cough or sneeze into a tissue or your elbow, instead of into your hands.

● Wear disposable gloves when handling food or drinking from a can or any other body fluid.

● When using cloth towels to dry your hands, hang the towel up to dry after each use, and launder the towels regularly.

News in the Spotlight

Happy hands keep kids safe

A NSW program teaching kids the importance of frequent hand-washing calls on parents to support the 'happy hands' initiative to teach primary school students the importance of hand hygiene.

The Queensland Emergency Medicine Research Foundation (QEMRF) believes the catchy message 'clean hands are happy hands' is one way of preventing sickness and can help stop common diseases and infections from spreading outside the playground and into the wider community.

QEMRF researcher and paediatric emergency specialist Dr Jason Acworth said classrooms and playgrounds could be a hotbed for germs.

Next Week: Amazing Spots (five part special)



News @ The Royal

The official newsletter for the Royal Brisbane and Women's Hospital

Metro North Hospital and Health Service

May 2015



Emergency cardiac research fast-tracks diagnosis and treatment

Queensland Health Minister Cameron Dick addresses media

Ground-breaking research into cardiac emergencies has led to quicker treatment for less urgent cases, diverting doctors and resources to help patients most in need.

Royal Brisbane and Women's Hospital emergency physician Dr Louise Cullen and cardiologist Dr William Parsonage have devised a method to speed up diagnosis and shorten hospital stays for patients who present with symptoms of possible acute coronary syndrome.

"Chest pain is the biggest single reason people end up in emergency departments with more than 90,000 patients presenting to Queensland hospital EDs each year with chest pain," Dr Cullen said.

"However only one in five of those patients actually suffer a heart attack, the rest are diagnosed as indigestion or other less serious conditions."

The Rapid Assessment of Cardiac Chest Pain Research has shown it can reduce the length of hospital stay for most of these patients from 25 hours down to 8 hours, which could free up the equivalent of 42,500 bed days per year if utilised across Queensland Health.

Dr Cullen said with Queensland's population expanding and ageing, causing a four per cent annual increase in demand on hospital emergency departments, the research was vital.

"With Rapid Assessment of Cardiac Chest Pain, we can give back clinician and health resource hours to those who have more acute cases to treat," Dr Cullen said.

Health Minister Cameron Dick visited the Royal Brisbane and Women's Hospital on 1 April to congratulate Dr Cullen on the successful implementation of her research.

Continued on page 3

MEDIA & PUBLIC RELATIONS

- Stories in 50 media outlets (TV, print, radio and online)
- Advertising equivalent of \$225,500
- Cumulative audience of more than 1.7 million
- Health Minister Cameron Dick attended QEMRF facilitated press conference at the Royal Brisbane and Women's Hospital to announce A/Prof Louise Cullen's Rapid Assessment of Cardiac Chest Pain Research



Brent Cooke at Gold Coast University Hospital where staff, including Dr Don Campbell, saved his life. Picture: RICHARD GOSLING

Brent's walking proof of high-calibre medical care

ANDREW POTTS

ANDREW.POTTS@NEWS.COM.AU

BRENT Cooke was never meant to walk again.

The 39-year-old former boilermaker was expected to spend the rest of his life in a wheelchair after he was injured in a horrifying motorcycle accident near his Beaudesert home last May.

But less than 12 months after the crash, Mr Cooke is amazing his doctors by walking again with little more than a limp and some crutches to show for it.

Mr Cooke lost his spleen in the crash, which also fractured his bones, ripped open his stomach and smashed his pelvis into several pieces.

"Most people with my injuries do not make it to the hospital but I was choppered to the Coast and was in hospital for about six weeks, with nine days in an induced coma," he said.

"I do not remember any of it and woke up about two weeks after the crash thanking my lucky stars."

Mr Cooke's rapid recovery came in part, because of the fast work of doctors and the use of a state-of-the-art machine – the Rotational Thromboelastometry device.

This allowed trauma doctors to see how a patient's blood clots and work out the right amount of medication and type of blood to give.

Mr Cooke yesterday visited the emergency department to see the machine in action alongside the doctor who assessed him after his crash, Dr Don Campbell.





OUR RESEARCH COMMUNITY

QEMRF'S COMMUNITY

QEMRF engages with the Queensland emergency medicine research community through:

- regular electronic announcements, meetings with researchers and attendance at emergency department research meetings
- actively responding to feedback from the QEMRF community to allow for a smoother application and review process
- introducing templates and guidelines to assist grant applicants and enabling an online grant application and review process.

QEMRF'S RESEARCH SUPPORT NETWORK

The QEMRF Research Support Network aims to provide support for emergency medicine research across Queensland hospital emergency departments. The network will build collaboration capacity and coordinate data collection for multi-site, state-wide and national research projects and assist with facilitating the translation of research outcomes at the front-line.

In August 2014, QEMRF hosted the Research Support Network Forum which was attended by emergency medicine researchers from across Queensland. The Forum explored the establishment of the RSN, operational considerations and key performance indicators.

The Research Support Network Manager has communicated with all 23 public hospital emergency departments in Queensland, Queensland Ambulance Service and Retrieval Services Queensland in the establishment phase of the RSN during the reporting period. Through collaborations with research champions in each, the RSN Manager has collected research activity data to inform the establishment of the state-wide network.

COMMUNICATIONS

A key challenge for QEMRF in 2014/15 has been communicating with the QEMRF community about the launch of the Emergency Medicine Foundation, a strategic initiative of the Board to leverage the expertise of QEMRF and increase funding sources for emergency medicine research.

RESEARCH AND INDUSTRY NETWORKS

QEMRF participated in Gold Coast University Hospital's annual research strategic planning day and was invited to attend Princess Alexandra Hospital's emergency department monthly research meetings, the Royal Brisbane & Women's Hospital regular emergency department education sessions, Centre of Emergency and Disaster Management (CEDM) information sessions and Queensland University of Technology (QUT) Business Leaders Forum.

This year, QEMRF has established memberships with leading industry bodies to better position the organisation among the Queensland and national business communities. This has included Life Sciences Queensland, Research Australia, Committee for Economic Development of Australia and Our Community.

QEMRF's team has membership with the Knowledge Commercialisation Australasia Organising Committee and QUT Bluesky Forum, HealthTech Queensland, Brisbane Marketing Business Network and Queensland Science Communicators Network. Team members have participated in the Collaboration in Health and Medical Research Conference, the Australian eHealth Research Colloquium, Queensland Emergency Department Strategic Advisory Panel Forum and ACEM Autumn Symposium.

QEMRF provides a Secretariat for the Queensland Emergency Research Collaborative (QERC). QERC is a group of Queensland emergency medicine researchers meeting on a bi-monthly basis. This group evolved from the former research-subcommittee of the Queensland state-wide network and is functioning independently.

MAXIMISING OUR STAKEHOLDER REACH

The QEMRF database continues to grow through regular updating and engagement activities, resulting in increased stakeholder reach for QEMRF marketing and informational activities. QEMRF regularly engages with relevant industry professionals and organisations across social media channels and achieves significant engagement via social media activities.

OUR COLLABORATORS



GOVERNMENT QUEENSLAND HEALTH

Centre for Healthcare Related Infection Surveillance and Prevention (CHRISP)
Emergency Management Unit, Disaster Management
Queensland Emergency Department Strategic Advisory Panel
Retrieval Services Queensland (Northern and Southern Operations)

INTERNATIONAL

Canada

Human Effectiveness Experimentation Centre, Defence Research Development Canada

Germany

The Nuremberg Hospital

New Zealand

Christchurch Public Hospital
Kidz First Children's Hospital, Auckland
Starship Children's Hospital, Auckland
University of Auckland - Department of Paediatrics

Spain

Hospital del Mar, Barcelona

Sweden

Lund University
Trollhattan Norra Älvsborgs County Hospital
Health & Crisis Management Department
The Sahlgrenska Academy
- University of Gothenburg

Switzerland

Kantonsspital Liest
Spital Lachen
University Hospital Basel
University Hospital Zurich

Taiwan

China Medical University

United Kingdom

The Royal Liverpool University Hospital
- Department of Emergency Medicine
London School of Hygiene and Tropical Medicine
- London (Clinical Trials Unit)
Poole Hospital

USA

Baylor College of Medicine Harvard University
- Harvard Medical School
Beth Israel Deaconess Medical Centre
- Department of Medicine, Division of Gerontology
University of California
University of Pittsburgh
- Infectious Diseases Division
- School of Medicine

FOUNDATIONS

Ipswich Hospital Foundation
National Heart Foundation of Australia
Royal Brisbane and Women's Hospital Foundation
The Prince Charles Hospital Foundation

AMBULANCE SERVICES

Queensland Ambulance Service
Department of Community Safety

OTHER COLLABORATORS

Australian Red Cross Blood Service
Careflight Medical Services
CaSS Pathology Queensland
Charterhouse Medical
Pathology Queensland
Royal Australian Air Force
Royal Flying Doctor Service

HOSPITALS

Andrews War Memorial Hospital
Bundaberg Hospital
Caboolture Hospital
Cairns Hospital
Caloundra Hospital
Capricorn Coast Hospital
Children's Hospital, Westmead
Dandenong Hospital
Emergency Department Clinical Network, QLD
Gladstone Hospital
Gold Coast University Hospital
Greenslopes Private Hospital
Gympie Hospital
Hervey Bay Hospital
Ipswich Hospital
John Flynn Private Hospital
John Hunter Hospital, Newcastle
Kingaroy Hospital
Lady Cilento Children's Hospital

Liverpool Hospital, NSW
Logan Hospital
Mackay Base Hospital
Maryborough Hospital
Mater Children's Hospital
Mater Health Services
Mater Hospital, Brisbane
Mount Isa Hospital
Nambour Hospital
Pindarra Private Hospital
Princess Alexandra Hospital
Princess Margaret Hospital, Perth
Queen Elizabeth II Jubilee Hospital
Randwick Children's Hospital
Redcliffe Hospital
Redland Hospital
Robina Hospital
Rockhampton Hospital
Royal Hobart Hospital
Royal Melbourne Hospital
Royal Perth Hospital

Southern Health
- Paediatric Emergency Medicine
St Andrew's War Memorial Hospital
Sunshine Coast Hospital
Sunshine Hospital, Melbourne
The Alfred Hospital
The Austin Hospital
The Prince Charles Hospital
The Royal Brisbane & Women's Hospital
The Royal Children's Hospital
The Royal Children's Hospital, Melbourne
The Townsville Hospital
The Tweed Hospital
The Wesley Hospital
Toowoomba Hospital
Warwick Hospital
Western Health, Melbourne
Women and Children's Hospital, Adelaide

RESEARCH / INSTITUTES / CENTRES

CSIRO
The Australian e-Health Research Centre

Griffith University
Griffith Health Institute - Centre for Health Practice Innovation
NHMRC Centre of Research Excellence in Nursing
Research Centre for Clinical and Community Practice Innovation
- Griffith Health Institute

James Cook University
Anton Breinl Centre for Public Health & Tropical Medicine

Mater Medical Research Institute
Mater Pharmacy Services
Australian Centre for Paediatric Pharmacokinetics

QIMR Berghofer Medical Research Institute
Queensland University of Technology
Australian Centre for Health Services Innovation (AUSHSI)
Centre for Emergency and Disaster Management
Institute of Health and Biomedical Innovation (IHBI)
Joseph Epstein Centre for Emergency Medicine Research
Medical Engineering Research Facility (MERF)
National Centre for Classification in Health

Sunshine Hospital
School of Public Health

The Royal Children's Hospital, Melbourne
Murdoch Childrens Research Institute

The Royal Children's Hospital
Queensland Children's Medical Research Institute

The University of Queensland
Australian Centre for Prehospital Care Research
- Burns, Trauma and Critical Care Research Centre
Centre for Clinical Research
- Centre for Online Health
- Centre for Research in Geriatric Medicine
Centre for Educational Innovation and Technology
Centre for Geriatric Medicine
- Queensland Trauma Registry
Centre of National Research on Disability and Rehabilitation Medicine (CONROD)

University of Western Australia
Centre for Clinical Research in Emergency Medicine

Western Australian Institute for Medical Research

UNIVERSITIES / DEPARTMENTS

Australian Catholic University
School of Nursing, Midwifery and Paramedicine
School of Physiotherapy

Bond University
Faculty of Health Sciences and Medicine
Centre for Rural and Remote Area Health, a jointly badged centre of Southern Queensland and the University of Queensland

Flinders University, South Australia
Griffith University
School of Medicine, School of Nursing and Midwifery
Health Practice Innovation Department

James Cook University
Faculty of Medicine, Health and Molecular Sciences
School of Engineering and Physical Sciences
School of Marine and Tropical Biology
School of Medicine and Dentistry
School of Public Health, Tropical Medicine and Rehabilitation Sciences

Monash Medical Centre
Monash University
Faculty of Health

Queensland University of Technology
Epidemiology and Preventive Medicine
- School of Nursing
- School of Public Health and Social Work
Faculty of Science and Engineering

The University of Melbourne
Department of Mathematics Education

The University of Queensland
Critical Care and Anaesthesia
- School of Population Health
Critical Care Research Group
Department of Paediatric and Child Health
Division of Anaesthesiology and Critical Care
Faculty of Health and Behavioural Sciences
Division of Physiotherapy, School of Health and Rehabilitation Sciences
- School of Health and Rehabilitation Sciences
- School of Human Movement Studies
Faculty of Medicine and Biomedical Sciences
- School of Medicine
Faculty of Science - School of Veterinary Science

The University of Western Australia
University of South Australia
University of Sunshine Coast
School of Health and Sport Sciences
School of Nursing
University of Sydney
Faculty of Pharmacy



EMERGENCY MEDICINE FOUNDATION



On August 18, 2014, we launched the Emergency Medicine Foundation (EMF) as a fundraising initiative to attract new funding for research into emergency care, retrieval and medicine.

Leveraging the skills, networks and knowledge established by QEMRF, EMF will deliver significant economic and health savings to all Australians. EMF will also be a source of funding for Queensland emergency medicine researchers, and demonstrates the Board's commitment to safeguarding local and national research funding.

Establishing EMF involved considerable effort during the past year, and achievements included securing fundraising licenses in every Australian state and territory, brand development and a national launch, and introduction of fundraising and marketing capabilities.

SUCCESSFUL LAUNCH

EMF was launched with the Seven Network's support, with EMF chair Dr David Rosengren and medical expert Dr Andrew Rochford promoting the need for public education on the use of Automated External Defibrillators (AEDs).

#ashockingappeal proved an effective awareness campaign to launch EMF. It attracted a \$50,000 donation from a philanthropist passionate about improving care outcomes for rural and remote Australians. Zoll Medical Australia Pty Ltd matched funding.

The campaign also secured significant national media and social media coverage, including:

- 56 news clips
- cumulative audience reach of 1,393,294
- equivalent advertising spend of \$232,000
- print and online community service announcements.

INAUGURAL GRANT ROUND

EMF opened its inaugural National Rural and Remote Grant Round in September 2015, seeking applications for research grants into emergency care, retrieval and medicine in rural and remote areas.

In response, EMF received a high number of quality applications - 160 expressions of interest from across Australia, totalling \$11.7 million in funding requests - highlighting the latent need to fund emergency medicine research in rural and remote areas.

Areas of research need identified included:

- road (and other) trauma including airways and spinal injuries
- mental health (including suicide prevention, FIDO/ DIDO, mining, alcohol and domestic violence)
- farming and agriculture health
- children's health
- Aboriginal Australians and culturally appropriate care
- telehealth and other interventions to provide care closer to home
- toxicology (poisons and poisonous animals, climate and the environment)
- heart health (cardiac, vascular and defibrillation)
- education and training for remote emergency care.

INAUGURAL GRANT RECIPIENT

A research grant for \$95,000 to investigate the benefit of on-site pathology testing for people living in rural and remote areas of Australia was awarded.

The research will be conducted in six health centres in the Northern Territory and will specifically investigate patients with acute chest pain, acute diarrhoea and acute renal failure.

The study will determine the patient benefit and cost savings of 'point-of-care testing' (POCT), which enables people to be tested and diagnosed locally.

Research leader and Flinders University Professor Mark Shephard said the aim was to assess if POCT led to better, faster patient care and treatment as well as reduced costly medical evacuations from remote parts of the country.

He said POCT could assist doctors to either rule out a potential acute problem, to stabilise the patient in their own community, or confirm if an emergency evacuation was required.





OUR GOVERNANCE

As a non-profit organisation, QEMRF is governed by its Board of Directors and operations are led by the Chief Executive Officer. In 2014/15, QEMRF conducted a corporate governance review. As a result, QEMRF incorporated a number of changes to the governance committees, which saw the establishment of the Strategic Grants Committee and the appointment of new Committee Chairs.

QEMRF STRUCTURE AS AT 30 JUNE 2015





BOARD OF DIRECTORS



Associate Professor Peter Aitken MBBS, FACEM, EMDM, MClinEd

Director and Chair since 11 November 2014

A/Prof Peter Aitken is an emergency physician with post-graduate qualifications in disaster medicine and clinical education. Dr Aitken is the Medical Director of the Retrieval Services and Counter Disaster Unit in Queensland Health, an Associate Professor at James Cook University (JCU) and Adjunct Professor at Queensland University of Technology (QUT). His work at JCU has seen the development of the undergraduate emergency medicine curriculum, the first Australian post graduate education qualification in disaster health, and the first cross-discipline (medical, nursing, paramedic) Australian post-graduate education qualification in aeromedical retrieval.



Dr David Rosengren MBBS, FACEM

Director and Chair from April 2009 to November 2014

Dr David Rosengren is Chair of the Queensland Clinical Senate, Chair of Queensland Faculty of the Australasian College for Emergency Medicine, Director of the Emergency Centre at Greenslopes Private Hospital and Senior Staff Specialist, Department of Emergency Medicine at Royal Brisbane and Women's Hospital (RBWH). Dr Rosengren is a Member of ACEM Private Practice and Accreditation committees, and Queensland Emergency Department Strategic Advisory Panel. Dr Rosengren has a strong interest in wilderness and adventure medicine and is a Fellow of the Academy of Wilderness Medicine.



Ms Jane Schmitt LLB, LLM, GAICD

Director since 27 February 2012

Ms Schmitt is a lawyer by profession, having worked in private and corporate arenas. Her move into executive management has seen her in roles at Australia's largest medical indemnity insurer and Master Builders Australia, before taking on the role of Chief Executive Officer at AMA Queensland. Her expertise lies in initiating innovative operational and strategic changes to enhance the influence and profile of communities and businesses. She is a strategic thinker, a straight talker and contributes vision and enthusiasm, strong leadership skills and business acumen. She is also a graduate of the AICD Company Director's course.



Professor David Taylor MBBS, FACEM

Director from February 2012 to November 2014

Prof Taylor is Director of Emergency and General Medicine Research and Chair of the Human Research Ethics Committee at Austin Health, Melbourne. He is also Chair of the Australian College of Emergency Medicine (ACEM) Clinical Trials Group, the International Federation for Emergency Medicine (IFEM) Research Committee and the Consultative Council for Clinical Trials Research (an advisory council to the Victorian Government). He also serves on the Board of the ACEM Foundation. A Melbourne University graduate, he undertook post-graduate training in the UK, worked as a volunteer in Papua New Guinea, as a medical officer in Antarctica and as a Research Fellow and Attending Physician in the USA. Prof Taylor now undertakes clinical research full-time and supervises a range of junior researchers from undergraduates to PhD candidates.



Professor Anthony Brown MBChB, FRCP, FRCSEd, FACEM, FCEM

Director from March 2012 to November 2014

Professor Brown is currently a Senior Staff Specialist in Emergency Medicine at Royal Brisbane and Women's Hospital (RBWH), Professor Discipline of Anaesthesiology and Critical Care, School of Medicine, University of Queensland and former Editor-in-Chief of *Emergency Medicine Australasia*. Prof Brown is also a Senior Examiner for ACEM and a recent Member and Senior Adjudicator for the ACEM Trainee Research Committee. His particular interests include medical editing and writing, anaphylaxis, medical education, and medicolegal medicine. As an accomplished author, Prof Brown has published widely in numerous peer-reviewed journals and written many medical textbooks from large multi-author to small handbooks.



Mr Cameron Smith MBA

Director since 13 November 2012

Mr Smith is the Managing Director of Enterprise Brokers, a strategy and performance improvement consultancy that services the finance, construction and manufacturing industries. Prior to heading up Enterprise Brokers, he was a consultant with McKinsey and Company where he was involved with a variety of clients in the airline, petroleum, steel and beverage industries. He has also held senior management roles in Boral and Origin Energy and was a Captain in the Australian Army. He holds a Royal Commission from the Portsea Military College and an MBA from the University of Virginia, Darden Graduate School of Business Administration.



Associate Professor Sally McCarthy MBBS, FACEM, MBA

Director since 12 November 2013

A/Prof McCarthy is the inaugural Medical Director of the Emergency Care Institute of NSW, established in 2011 as part of the NSW Agency for Clinical Innovation. The Institute exists to network emergency services, spread best practice emergency care, promote research and innovation, and advocate on emergency care issues. Senior specialist emergency physician at Prince of Wales Hospital in Sydney and Conjoint Associate Professor at UNSW, A/Prof McCarthy is an experienced director of emergency medicine departments across Australia. As the immediate past president of the Board of the Australasian College for Emergency Medicine and a founding member of the Board of the International Federation for Emergency Medicine, she brings a wealth of experience and knowledge to QEMRF. In 2015, A/Prof McCarthy was invited by the Prime Minister to be part of the Prime Minister's Ice Taskforce. A/Prof McCarthy has a Masters of Business Administration from the Australian Graduate School of Management.



Ms Susanne Le Boutillier BA, GDIR Bus, GradCert Bus, GAICD

Director since 4 June 2014

Ms Le Boutillier is a health executive focused on building strong leadership, improving systems and delivering outcomes. Her achievements were recognised when she was awarded QUT Business School's Fostering Executive Women International Scholarship to the Harvard Business School Women's Leadership Forum in 2012. During Ms Le Boutillier's more than 25 years in Queensland Health, she has worked in corporate-level human resources and industrial relations, led Medical Workforce Advice and Coordination (MWAC), Clinical Education and Training Queensland (ClinEdQ), and the Queensland Health Reform Transition Office (QHRTO) from 1 July 2012. She has broad experience in achieving change, stakeholder engagement, negotiation, managing programs, mitigating risk and developing and implementing strategy. She is currently the Senior Director, Hunter Review Implementation with the Department of Health, Queensland and is a graduate of the AICD Company Directors Course.



Associate Professor Louise Cullen MBBS (Hon), FACEM

Director since 11 November 2014

A/Prof Cullen is currently a Senior Staff Specialist at the Department of Emergency Medicine, Royal Brisbane and Women’s Hospital, Associate Professor of the Queensland University of Technology, and senior lecturer for the University of Queensland. She is an active clinician-researcher with particular interests in acute cardiac diseases, syncope, biomarkers and basic pathophysiology of disease processes, and translational research. She is widely published in numerous peer-reviewed journals, including *Lancet*, *Medical Journal of Australia*, *Journal of the American College of Cardiology*, *The American Journal of Medicine*, *The Medical Journal of Australia*, *Clinical Biochemistry*, *Heart, Lung & Circulation*, *Australian Journal of Emergency Management*, *Emergency Medicine Journal*, *International Journal of Cardiology*, *European Heart Journal & Critical Pathways in Cardiology*.



Associate Professor Ed Oakley MBBS, FACEM

Director since 11 November 2014

A/Prof Oakley is a paediatric emergency medicine specialist, Director of Emergency Medicine, Royal Children’s Hospital, Melbourne and an honorary research fellow at Murdoch Children’s Research Institute. He undertook training in emergency medicine in Australia and has worked as a paediatric emergency medicine specialist since 1998. He is a member of the Paediatric Leadership Group of the Victorian Paediatric Clinical Network; the clinical trials group of the Australasian College for Emergency Medicine; the Scientific Advisory Committee for the Queensland Emergency Medicine Research Foundation, and is a section editor of *Emergency Medicine Australasia* journal. A/Prof Oakley is the chief investigator for the Paediatric Emergency Medicine Centre of Research Excellence and a chief investigator on several other National Health and Medical Research Council grants through the Paediatric Research in Emergency Departments International Collaborative.

BOARD MEETING ATTENDANCE 2014/15

| Name | 22 Jul 2014 | 16 Sept 2014 | 21 Oct 2014 | 11 Nov 2014 | 17 Feb 2015 | 11 Mar 2015 | 9 Apr 2015 | 29 Apr 2015 | 3 Jun 2015 | Total |
|-------------------------|-------------|--------------|-------------|-------------|-------------|-------------|------------|-------------|------------|-------|
| Dr David Rosengren | Y | Y | Y | Y | | | | | | 4/4 |
| Ms Jane Schmitt | Y | Y | A | Y | Y | Y | A | Y | Y | 7/9 |
| Prof David Taylor | Y | Y | Y | Y | | | | | | 4/4 |
| Prof Anthony Brown | Y | Y | Y | Y | | | | | | 4/4 |
| Mr Cameron Smith | A | Y | Y | Y | Y | A | A | Y | L | 5/8 |
| A/Prof Sally McCarthy | Y | Y | A | Y | Y | Y | Y | A | Y | 7/9 |
| Ms Susanne LeBoutillier | Y | A | A | Y | A | Y | Y | Y | Y | 6/9 |
| A/Prof Louise Cullen | | | | | Y | Y | Y | Y | Y | 5/5 |
| A/Prof Peter Aitken | | | | | A | Y | Y | Y | Y | 4/5 |
| A/Prof Ed Oakley | | | | | Y | Y | Y | Y | Y | 5/5 |
| Mrs Karen Murphy | Y | Y | Y | Y | Y | Y | Y | Y | Y | 9/9 |
| Mrs Beth Chapman | Y | Y | Y | Y | Y | Y | Y | Y | Y | 9/9 |

Key: Y - In attendance; N - Not in attendance; A - Apology received prior to meeting; L - Leave of absence



RECEPTION 1
PLEASE CHECK IN AND
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THANK YOU.



COMMITTEE CHAIRS

Our thanks go to QEMRF committee members who give tirelessly to the Foundation.

FINANCE RISK AND AUDIT COMMITTEE (FRAC)

The Finance, Risk and Audit Committee advises the Board on financial reporting, audit and risk management matters. The Chair is appointed by the Board.



Mr Jason Currie (Chair) BSc, LLB, MIP, GCPA

Jason Currie has worked in the healthcare improvement and innovation space for more than a decade and is currently a Program Manager in Vanguard Health. Jason has delivered statewide improvement programs, established support programs for medical research, provided policy advice to various government departments, and worked as a patent examiner in IP Australia. Jason has a passion challenging the status quo, for fostering innovation and reducing the time delay between research creation and practice change.

SCIENTIFIC ADVISORY COMMITTEE (SAC)

The SAC's primary role is to provide strategic advice to our Board, audit research matters referred by QEMRF, and oversee an annual audit of QEMRF grant administration processes. The Chair is appointed by the Board and the committee comprises an experienced pool of experts from Australia-wide.



Associate Professor Gerben Keijzers (Chair) MSc, MBBS FACEM

Associate Professor Gerben Keijzers completed a Master's degree in epidemiology and medical degree in Nijmegen, The Netherlands. He came to Australia in 2002 and completed his Fellowship in Emergency Medicine in 2008 and completed a PhD in trauma care in 2014. He is a Staff Specialist at the Gold Coast Hospital Health Service (Gold Coast University Hospital and Robina Hospital Emergency Departments) and is associated with both Bond University and Griffith University on the Gold Coast.

A/Prof Keijzers is the immediate past chair of the Queensland Emergency Research Collaborative, a member of the clinical trials group of the Australasian College for Emergency Medicine and is section editor (original research) for *Emergency Medicine Australasia*. He has over 40 peer-reviewed publications and over \$AUD 1.5 million in successful competitive grant applications. He is involved with more than a dozen active research projects and his research interests are broad, revolving around clinical trials and quality and safety. He likes to engage and enthuse others for research in the broadest sense. Part of this engagement is through being the clinical lead and supervisor for medical students on emergency medicine rotation. Gerben has taught and tutored evidence-based medicine at Bond University.

STRATEGIC GRANTS COMMITTEE (SGC)

The SGC was established for the first time in 2014/15 to help align grant allocations to the organisation's objectives. The Chair is appointed by the Board.



A/Prof Anthony Bell (Chair) MBBS FACEM MBA MPH FRACMA

Associate Professor Anthony Bell is the Director of the Emergency Department of the Royal Brisbane & Women's Hospital. As a healthcare leader with more than 20 years' experience, he is passionate about positively influencing system improvements. A/Prof Bell holds numerous leadership positions including Chair of the Queensland Health Statewide Clinical Network Chairs, and Chair of the Queensland Emergency Department strategic advisory panel. He holds academic appointments with the University of Queensland's School of Medicine and Queensland University of Technology's Centre for Emergency and Disaster Medicine.

RESEARCH EVALUATION PANEL (REP)

The REP has responsibility for peer review of all QEMRF grant applications against specified selection criteria and for ranking grant applications using a scoring system. Members of the REP may vary with each grant round, depending on the expertise required. The Chair is appointed by the Board and the Chair of the REP is also a member of the SGC.



Dr Peter Isdale AM (Chair) PhD, BA (Hons), MAICD

Dr Isdale is the Managing Director of Intergyre Pty Ltd and the Chair of The Wetlands and Grasslands Foundation, Ecoreps Pty Ltd and ReefCSI.org. He has held directorships on boards of private, public and ASX-listed companies in Australia, Asia and the Pacific Rim for almost 40 years. He reached senior executive level with Transpacific Industries Group, an ASX150 corporation (Australia's largest waste management and recycling group).

He spent 15 years as a marine scientist at the Australian Institute of Marine Science (AIMS) before being appointed the Institute's Business Director. He has been involved in the authorship on more than 50 scientific papers in the field of marine science. He has been the Chief Executive of technology translation companies for two major universities, University of Queensland (UQ) and Queensland University of Technology (QUT), and is experienced in finding and bringing high quality research outcomes into practical, useful and enduring applications.

Dr Isdale's later career has included CEO and Board appointments in the fields of technology, innovation and conservation. He continues in advisory and mentoring roles to Executives and Board Members of several organisations. Dr Isdale was made a Member in the General Division of the Order of Australia (AM) in 2006 for services to marine science through research and as a contributor to the development and commercialisation of biotechnology.





COMMITTEE MEMBERS & EXPERT REVIEWERS

Almost 70 professionals have participated as expert reviewers for QEMRF since the Foundation's establishment. QEMRF acknowledges those who have reviewed five times or more as at 30 June 2015.

TIMES REVIEWED

14 Prof Gerry FitzGerald

13 A/Prof Gerben Keijzers

10 A/Prof Peter Leggat
Dr Jaimi Greenslade

8 Dr Jeremy Furyk
A/Prof Julia Crilly

7 Prof Tony Brown Dr Maree Boyle
A/Prof David Taylor Dr Kerriane Watt

6 Prof Anne-Maree Kelly

5 Dr Mieke Van Driel Dr Susan Jordan
Dr Ogilvie Thom Dr Ruth Barker
Dr Diana Battistutta Dr Rob Eley
Prof Julie Campbell

Thank you to the team of expert reviewers and committee members who assisted QEMRF and to those who joined the pool of expert reviewers in 2014/15:

Dr Glenn Arendts MBBS, FACEM, MMed
Centre for Medical Research, The University of Western Australia.

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

Dr Emma Bosley PhD
Director, Information Support, Research & Evaluation, Queensland Ambulance Service.

Dr Maree Boyle B Arts (Hons 1), PhD
Dept of Employment Relations and Human Resources/
Centre for Work, Organisation and Well-being, Griffith Business School; Consulting Methodologist, Griffith Social and Behavioural Sciences Research College, Griffith University.

Giles Nicholas Cattermole MA, FCEM
Head of Student Ministries, Christian Medical Fellowship (UK).

Dr Kevin Chu MBBS, MSc
Clinical Research Design & Statistical Analysis, FACEM
Director of Emergency Medicine Research and Senior Staff Specialist, Department of Emergency Medicine, Royal Brisbane and Women's Hospital.

A/Prof Julia Crilly RN, MN (Emerg) Hons, PhD
Associate Professor, Emergency Care and Nurse Researcher, Emergency Department Clinical Network; RCCCP, Griffith University.

Dr Suhail Doi MBBS, MMed, MCLinEpid, PhD, FRCP
Associate Director (Education), Research School of Population Health & Associate Professor of Clinical Epidemiology at the School's National Centre for Epidemiology & Population Health. ANU College of Medicine, Biology and Environment.

A/Prof Diann Eley BSc MSc PhD MBBS
Program Research Coordinator, MBBS Post-Graduate Coordinator, Honours Coordinator, and Chair School of Medicine Internal Ethics Committee at The University of Queensland.

Dr Rob Eley BSc MSc PhD FSB CBiol CSci
Academic Research Manager, Emergency Medicine Research Program, University of Queensland, Princess Alexandra Hospital; Adjunct Assoc Prof, Centre for Rural and Remote Area Health, a jointly badged centre of The University of Southern Queensland and The University of Queensland.

Prof Daniel Fatovich MBBS, FACEM, PhD
Professor/Head, Centre for Clinical Research in Emergency Medicine at The University of Western Australia.

Prof Gerry Fitzgerald MD, FACEM, FRACMA, FCHSM
Professor of Public Health and Director, Centre for Emergency and Disaster Management, School of Public Health, Queensland University of Technology.

Dr Jeremy Furyk MBBS MPH&TM MScCT FACEM FACTM
Senior Staff Specialist and Director of Emergency Research, The Townsville Hospital; Adjunct Associate Professor, James Cook University.

Dr Jaimi Greenslade
Principal Research Fellow, Royal Brisbane & Women's Hospital; Senior Lecturer (Adjunct) at School of Medicine, University of Queensland and Associate Professor (Adjunct) at School of Public Health and Social Work, Queensland University of Technology.

Dr Catherine Hurn FACEM
Emergency Physician, Department of Emergency Medicine, Royal Brisbane and Women's Hospital.



Dr Peter Isdale AM PhD, B.A (Hons), MAICD
Managing Director, Intergyre Pty Ltd; Chair, The Wetlands and Grasslands Foundation; Chair, Ecoreps Pty Ltd and Chair, ReefCSI.org.

Dr Amy Johnston

Research Fellow, Emergency Department, Gold Coast Hospital & Health Service; Centre for Health Practice Innovation (HPI), Menzies Health Institute Queensland, Griffith University.

Dr Susan Jordan

Team Head, Cancer Causes and Care, QIMR Berghofer.

A/Prof Gerben Keijzers MSc, MBBS FACEM
Staff Specialist Emergency Physician, Department of Emergency Medicine, Gold Coast Hospital and Health Service.

Prof Peter A Leggat AM JP, MD, PhD, DrPH, FAFPHM, FACTM, FFTM (ACTM), FFTM RCPS (Glasg), FACRRM, FAICD, FSIA, FACE, FRGS, ACPHM (CMSA), WSO-CSE, MRO (AUS & USA)

Acting Dean, College of Public Health, Medical and Veterinary Sciences, Division of Tropical Health and Medicine, James Cook University, Townsville.

Dr Bill Lukin MBBS, FACEM

Senior Staff Specialist, Emergency Department, Royal Brisbane and Women's Hospital Foundation.

Dr Stephen MacDonald BSc MBChB Edin, DCH W.Aust, MRCP, MRCP, FACEM

Centre for Clinical Research in Emergency Medicine, Harry Perkins Institute of Medical Research Emergency Department, Armadale Health Service Emergency Department, Royal Perth Hospital Emergency Medicine, University of Western Australia.

A/Prof Ed Oakley MBBS, FACEM

Paediatric emergency medicine specialist, Director of Emergency Medicine, Royal Children's Hospital, Melbourne and honorary research fellow at Murdoch Children's Research Institute.

Dr Andrew Page PhD, BA(Psych) Hons

Centre for Health Research, School of Medicine, University of Western Sydney.

Dr Stephen Priestley MBBS, FACEM

District Director, Nambour General Hospital.

Dr David Rosengren MBBS, FACEM

Director, Emergency Centre at Greenslopes Private Hospital; Senior Staff Specialist, Department of Emergency Medicine Royal Brisbane and Women's Hospital; Chair, Queensland Clinical Senate; Chair, Queensland Faculty of the Australasian College for Emergency Medicine (ACEM); Member of ACEM Private Practice and Accreditation Committees and Queensland Emergency Department Strategic Advisory Panel.

Ms Jane Schmitt LLB, LLM, GAICD

Chief Executive Officer, Australian Medical Association Queensland.

A/Prof Jamie Seymour BSc (Hons), PhD

Australian Institute for Tropical Health and Medicine, Centre for Biodiscovery & Molecular Development of Therapeutics, Faculty of Medicine, Health & Molecular Sciences, James Cook University.

Dr Karen Theobald Doctor of Philosophy, MHLthSc, GCert (Higher Ed), BAppSc

Senior Lecturer, Director of Academic Programs, Emergency Nursing Study Area Coordinator, School of Nursing / Institute of Biomedical Innovation, Queensland University of Technology.

Dr Ogilvie Thom MBBS, FACEM, Grad Cert Clin Res Methods Senior Staff Specialist and Director of Emergency Medicine Research, Redcliffe Hospital and Lead Investigator Emergency Medicine Research Critical Care Research Group, Nambour Hospital; Committee Member, ACEM Clinical Trials Group; Senior Lecturer, University of Queensland.

A/Prof Erika Turkstra MSc PhD

Principal Research Fellow Health Technology Assessment, Centre for Applied Health Economics, School of Medicine, Griffith University.

Prof Zee Upton PhD

School of Biomedical Sciences, Faculty of Health, Tissue Repair and Regeneration Program, Institute of Health and Biomedical Innovation, Queensland University of Technology.

Prof Marianne Wallis RN, BSc (Hons), FRCNA, PhD

Professor of Nursing, School of Nursing and Midwifery, University of the Sunshine Coast and Visiting Research Fellowship with Sunshine Coast Hospital and Health Service.

A/Prof Kerriane Watt BSc (hons), PhD (Epidemiology)

Associate Professor, Injury Epidemiology / Research Methods, Discipline of Public Health & Tropical Medicine, College of Public Health, Medical and Veterinary Sciences, James Cook University, Townsville.

Prof Patsy Yates PhD, MSocSc, BA, DipAppSc

Head, School of Nursing, Queensland University of Technology, Director, Centre for Palliative Care Research and Education, Queensland Health.

Prof John Younger MD, MS

Department of Emergency Medicine, University of Michigan.

QEMRF has access to a pool of more than 90 expert reviewers in Australia and internationally.





FINANCIAL CONTROLLER'S REPORT

QEMRF continues its commitment to good governance and financial reporting. Management, in conjunction with the Board and the Finance, Risk and Audit Committee (FRAC), have focused on strategic planning, reporting and risk management.

KEY ACTIVITIES

- Development of policies and procedures in relation to allocation of costs across entities and reporting lines.
- Grant accountability and consolidation of SmartyGrants (grants administration system) to allow for streamlined financial reporting.
- QEMRF investments have been placed wholly in the Queensland Treasury Corporation (QTC) cash fund, which is 100 per cent guaranteed and provided better returns many than other possible options and is in line with requirements of the funding agreement.
- In accordance with Australian accounting standards and to be conservative, a provision for impairment of the loan to the Emergency Medicine Foundation has been made in the accounts of QEMRF. This does not preclude recovery of this debt at some future time. The total borrowing amount impaired in the accounts includes funds provided to EMF to establish a bank guarantee in relation to the lease on the premises at 15 Lang Parade. Upon expiration of the lease, the funds will transfer back to QEMRF. This is separate from monies loaned to EMF to fund its operations.

CHANGE IN EQUITY

The current Queensland Health funding agreement expired on 30 June 2015. Whilst the new agreement was being finalised, funding for the 2015/16 financial year was not received in June 2015 as would have been the usual practice. This has contributed to a change in equity. All key factors contributing to a change in equity were:

- \$2,000,000

Queensland Health income not received June 2015.

+ \$400,000

Increase in grant payments to grant recipients over the previous financial year, following achievement of milestones.

+ \$520,000

Investment in the EMF strategy over two years.

FINANCIAL HIGHLIGHTS

- The Corpus increased in 2014/15 as a result of a reduction in the amount of payments outstanding to committed grants. This included a change in strategy with regard to the QEMRF Research Support Network with the adoption of a pilot roll-out. The success, or otherwise, of this pilot will be assessed and the continuation of future funding considered at a later date.
- 22 per cent increase in grant payments. Refer pages 8-15 for further detail in relation to grants awarded.

The FRAC meets bi-monthly, prior to QEMRF Board meetings and is responsible for organisational financial reporting, scrutiny, audit and risk management.

Thank you to all the members of the FRAC Committee for their invaluable contribution during the 2014/15 financial year; Mr Jason Currie (Chair), Mr Paul Monaghan, Ms Susanne Le Boutillier and Mr Mark Henley, who resigned in May 2015.

Beth Chapman was appointed in August 2013 and is responsible for carrying out and overseeing all aspects of financial management, company secretarial and statutory reporting obligations.

Beth brings extensive experience from the private, public and not-for-profit sectors, both in Australia and in the United Kingdom, with over 20 years spent in senior positions across various organisations.

Beth Chapman
Financial Controller
& Company Secretary





RESEARCH GRANTS HIGHLIGHTS

| Financial year | # of applications | # of successful applications | Amount requested | Amount awarded | Amount returned |
|----------------|-------------------|------------------------------|------------------|----------------|-----------------|
| 2008-2009 | 30 | 20 | \$2,392,317 | \$1,316,300 | — |
| 2009-2010 | 28 | 20 | \$5,320,428 | \$2,708,489 | \$ 438,146 |
| 2010-2011 | 24 | 13 | \$4,030,515 | \$1,671,377 | \$ 64,582 |
| 2011-2012 | 15 | 8 | \$1,727,419 | \$876,531 | — |
| 2012-2013 | 20 | 12 | \$2,975,786 | \$1,025,535 | \$ 41,270 |
| 2013-2014 | 22 | 10 | \$3,114,609 | \$1,085,014 | — |
| 2014-2015 | 22 | 12 | \$3,294,469 | \$1,792,706 | — |
| | 161 | 95 | \$ 22,855,543 | \$ 10,475,952 | \$ 543,998 |

This table represents a summary of research grants awarded by financial year (not including promotion and education grants). At the end of the reporting period, 45 research projects were open and ongoing.



STATEMENT OF FINANCIAL POSITION

FOR YEAR ENDED 30 JUNE 2015

| | Note | 2015 \$ | 2014 \$ |
|--------------------------------------|------|------------------|-------------------|
| ASSETS | | | |
| CURRENT ASSETS | | | |
| Cash and cash equivalents | 7 | 8,591,109 | 10,640,126 |
| Trade and other receivables | 8 | 91,944 | 89,444 |
| Other assets | 9 | 10,810 | 18,557 |
| Financial assets | 10 | 40,901 | 790,901 |
| TOTAL CURRENT ASSETS | | 8,734,764 | 11,539,028 |
| NON-CURRENT ASSETS | | | |
| Trade and other receivables | 8 | - | 355,621 |
| Property, plant and equipment | 11 | 29,427 | 37,712 |
| TOTAL NON-CURRENT ASSETS | | 29,427 | 393,333 |
| TOTAL ASSETS | | 8,764,191 | 11,932,361 |
| LIABILITIES | | | |
| CURRENT LIABILITIES | | | |
| Trade and other payables | 12 | 327,283 | 430,873 |
| TOTAL CURRENT LIABILITIES | | 327,283 | 430,873 |
| NON-CURRENT LIABILITIES | | | |
| Provision | 13 | 2,747 | 3,727 |
| TOTAL NON CURRENT LIABILITIES | | 2,747 | 3,727 |
| TOTAL LIABILITIES | | 330,030 | 434,600 |
| NET ASSETS | | 8,434,161 | 11,497,761 |
| EQUITY | | | |
| Settlement sum | | 10 | 10 |
| Retained surplus | | 8,434,151 | 11,497,751 |
| TOTAL EQUITY | | 8,434,161 | 11,497,761 |

AS AT 30 JUNE 2015

Please note that funds from Queensland Health for 2015/16 were not received in 2014/15, resulting in a decreased equity position.

| | |
|---|------------------|
| Total equity as indicated by Auditor for the 2014-2015 financial year | \$8,434,161 |
| Minus amount paid by Queensland Health for 2015-2016 financial year | \$0 |
| Minus committed funds for ongoing research projects | \$3,294,393 |
| Minus Corpus* | \$5,000,000 |
| UNALLOCATED EQUITY | \$139,808 |

The Corpus is an amount set aside by the Board so as to provide adequate reserves to meet existing commitments should current funding be withdrawn. The Corpus would allow the Foundation to continue its valuable work for several years whilst securing additional funding.

The Corpus increased in 2014/15 as a result of a review of the Research Support Network Program and moving to a phased approach.

A full set of QEMRF's financial statements is available online at qemrf.org.au.



AUDITOR'S STATEMENT

Queensland Emergency Medicine Research Foundation

ABN 37 814 620 674

INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEE OF QUEENSLAND EMERGENCY MEDICINE RESEARCH FOUNDATION

Report on the financial statements

We have audited the accompanying financial statements of Queensland Emergency Medicine Research Foundation (the Foundation), which comprises the statement of financial position as at 30 June 2015 and the statement of comprehensive income, statement of changes in equity, statement of cash flows for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the Directors of the Trustee Company's (the trustee's) declaration.

Trustee's responsibility for the financial statements

The trustee of the Foundation is responsible for the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations), the Australian Charities and Not-for-profit Commission Act 2012 and the trust deed and for such internal control as the directors determine is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on the financial statements based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the trustee, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of Australian professional ethical pronouncements.

Opinion

In our opinion the financial report of the Queensland Emergency Medicine Research Foundation has been prepared in accordance with the trust deed and Division 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

- a) Giving a true and fair view of the trust's financial position as at 30 June 2015 and of its financial performance and cash flows for the year ended on that date; and
- b) Complying with Australian Accounting Standards - Reduced Disclosure Requirements and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

PRIESTLEYS
Chartered Accountants

Liability limited by a scheme approved under Professional Standards Legislation

B G HILEY
Partner

Signed at Brisbane this 15th day of September 2015





PUBLICATIONS

- Baker, K, Mitchell G, Thompson, A, Stieler, G, & Rippey, J 2015, 'Lung ultrasound in heart failure: Lessons from re-analysis of LUS2011 database', *Australasian Journal of Ultrasound in Medicine* Feb 2015 18(1).
- Bell A, Crilly J, Williams G, et al 2014, 'Funding emergency care: Australian style', *Emergency Medicine Australasia*, vol. 26, pp. 408-10.
- Bodnar D, Rashford S, Hurn C, Quinn J, Parker L, Isoardi K, et al. 2014, 'Characteristics and outcomes of patients administered blood in the prehospital environment by a road based trauma response team', *Emergency Medicine Journal*, vol. 31:7, pp. 583-588.
- Body R, Burrows G, Carley S, Cullen L, et al 2015, 'High-Sensitivity Cardiac Troponin T Concentrations below the Limit of Detection to Exclude Acute Myocardial Infarction: A Prospective Evaluation', *Clinical Chemistry*, May 15. pii: clinchem.2014.231530.
- Burkett E, Marwick T, Thom O, & Kelly A-M 2014, 'A comparative analysis of risk stratification tools for emergency department patients with chest pain'. *International Journal of Emergency Medicine*, 7(10).
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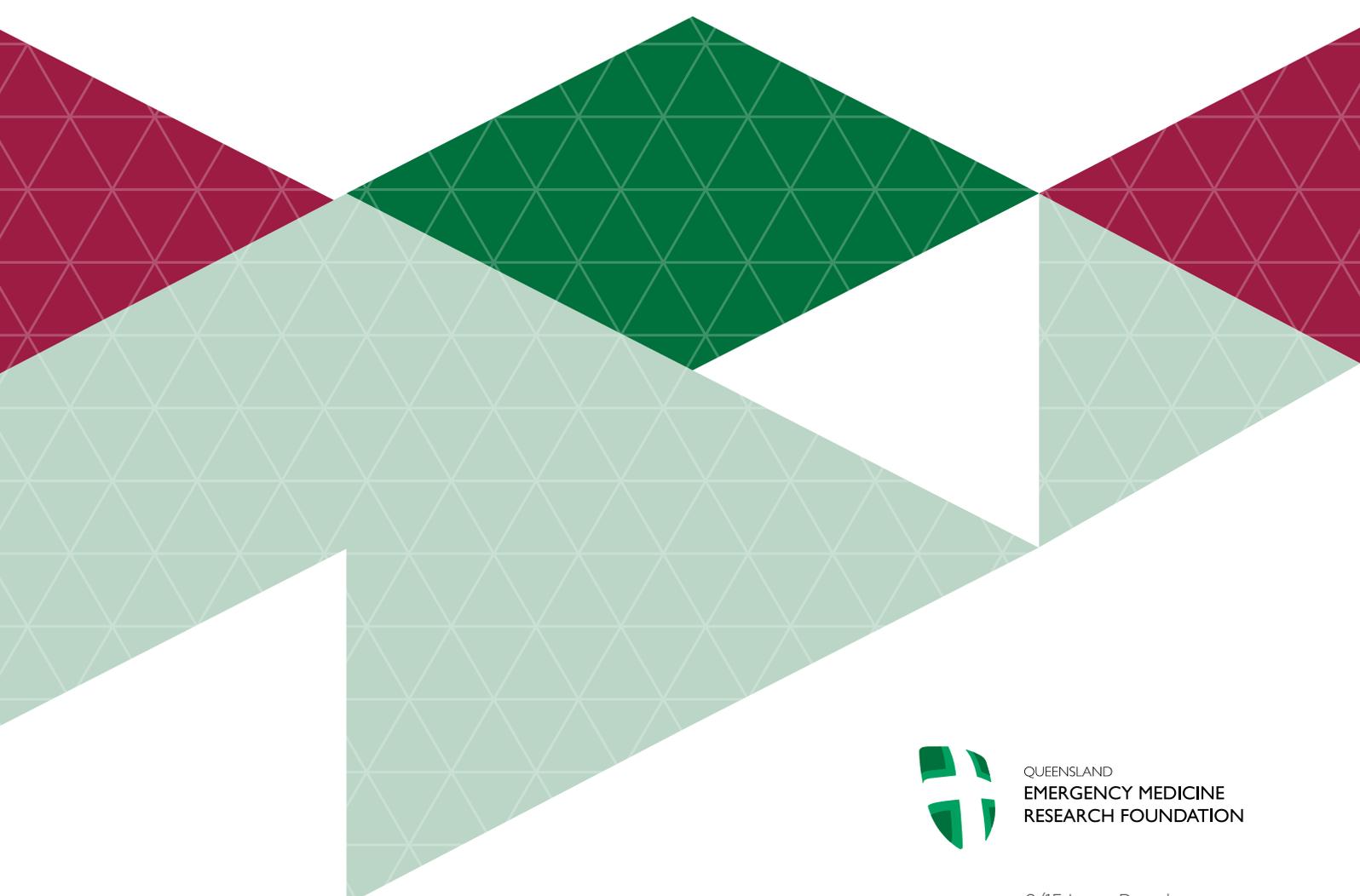
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ACRONYMS AND DEFINITIONS

| | | | | | | |
|----------|----------------|---|-----------------------|---|---|--|
| A | A/Prof | Associate Professor | Establishment funding | The non refundable \$5 million initially provided to QEMRF by Queensland Health for the establishment and ongoing operations of the Foundation. | | |
| | ACEM | Australasian College of Emergency Medicine | | | | |
| | ACHSM | Australasian College of Health Service Management | | | | |
| | ACRE | Accelerated Chest Pain Risk Evaluation | F | FACE | Fellow of the Australian College of Education | |
| | ACTM | Australian College of Tropical Medicine | | FACEM | Fellow of the Australasian College of Emergency Medicine | |
| | AICD | Australian Institute of Company Directors | | FACRRM | Fellow of the Australian College of Rural and Remote Medicine | |
| | Allocated cash | This term describes cash holdings and investments that are earmarked (such as awarded and unpaid grants). | | FACTM | Fellow of the Australasian College of Tropical Medicine | |
| | AMAQ | Australian Medical Association (Queensland) | | FAFPHM | Fellow of Australian Faculty of Public Health Medicine | |
| | ASM | Annual Scientific Meeting | | FAICD | Fellow of the Australian Institute of Company Directors | |
| | ASMOFQ | Australian Salaried Medical Officers' Federation (Queensland) | | FCEM | Fellow of the College of Emergency Medicine | |
| | Aus | Australia | | FCPA | Fellow of CPA Australia | |
| | | | | FFTM | Fellow of the Faculty of Travel Medicine of the Australasian College of Tropical Medicine | |
| B | B MedSci | Bachelor of Medical Science | | FRAC | Finance, Risk and Audit Committee | |
| | BA | Bachelor of Arts | | FRACMA | Fellow of the Royal Australasian College of Medical Administrators | |
| | BAppSci | Bachelor of Applied Science | | FRACP | Fellow of the Royal Australasian College of Physicians | |
| | BSc | Bachelor of Science | | FRCNA | Fellow of the Royal College of Nursing Australia | |
| C | CBiol | Chartered Biologist | | FRCP | Fellow of the Royal College of Physicians | |
| | Cash in bank | The total cash holdings and cash investments in all accounts | | FRCSEd | Fellow of the Royal College of Surgeons Edinburgh | |
| | CDR | Clinical Decision Rule | | FRGS | Fellow of the Royal Geographical Society | |
| | CEDM | Centre of Emergency and Disaster Management | | FSB | Fellow of the Society of Biology | |
| | CEO | Chief Executive Officer | | G | GAICD | Graduate of the Australian Institute of Company Directors |
| | ClinEdQ | Clinical Education and Training Queensland | | | GCPA | Graduate of CPA Australia |
| | CMSA | Case Management Society of Australia & New Zealand | | | GCUH | Gold Coast University Hospital |
| | CPA | Certified Practising Accountant | | | GDIR | Graduate Diploma of Business in Industrial Relations |
| | CPR | Cardiopulmonary resuscitation | | | GEMSIG | Geriatric Emergency Medicine Special Interest Group |
| | CSci | Chartered Scientist | | | GI | Gastrointestinal |
| | Corpus | An amount of cash that has been agreed to remain untouched and unallocated, unless formally agreed. | | | Grad Cert Clin. Res Methods | Graduate Certificate in Clinical Research Methods |
| D | DCH | Diploma in Children's Health | | | GradCert Bus Grants | Graduate Certificate Business |
| | DipAppSci | Diploma in Applied science | | | | Any amount of money awarded by QEMRF; competitive, strategic or discretionary. |
| | Dr | Doctor | | | | |
| | DrPH | Doctor of Public Health | | | | |
| E | EBA | Enterprise Bargaining Agreement | | | | |
| | ECG | Electrocardiogram | | | | |
| | ED | Emergency Department | | | | |
| | EDLOS | Emergency Department Length of Stay | | | | |
| | EM | Emergency Medicine | | | | |
| | EMDM | European Master in Disease Medicine | | | | |
| | EMF | Emergency Medicine Foundation | | | | |

| | | |
|----------|---------------|---|
| H | HF | High Flow |
| | HFNC | High Flow Nasal Canula |
| | HHS | Hospital and Health Service |
| | HI | Head Injury |
| | Hons | Honours |
| I | IFEM | International Federation for Emergency Medicine |
| | IS | Irukandji Syndrome |
| | IV | Intravenous |
| J | JCU | James Cook University |
| | JP | Justice of the Peace |
| L | LAM | List of Approved Medications |
| | LLB | Bachelor of Laws |
| | LLM | Master of Laws |
| | LSHTM | London School of Hygiene and Tropical Medicine |
| M | MA | Master of Arts |
| | MAICD | Member of the Australian Institute of Company Directors |
| | MBA | Master of Business Administration |
| | MBBS | Bachelor of Medicine, Bachelor of Surgery |
| | MBChB | Bachelor of Medicine, Bachelor of Surgery |
| | MClinEd | Master of Clinical Education |
| | MD | Doctor of Medicine |
| | MEpi | Master of Medicine (Clinical Epidemiology) |
| | MHlthSci | Master of Health Sciences |
| | MIP | Master of Intellectual Property Law |
| | MMed | Master of Medicine |
| | MN (Emerg) | Master of Nursing (Emergency) |
| | MoLIE Program | More Learning for Interns in Emergency Program |
| | MPH | Master of Public Health |
| | MRCGP | Member of the Royal College of General Practitioners (UK) |
| | MPH&TM | Master of Public Health and Tropical Medicine |
| | MRCP (US) | Member of the Royal College of Physicians |
| | MRO | Medical Review Officer |
| | MS | Master of Science |
| | MSc | Master of Science |
| | MScCT | Master of Science - Clinical Trials |
| | MSocSci | Master of Social Sciences |
| | MWAC | Medical Workforce Advice and Coordination |
| N | NEAT | National Emergency Access Target |
| | NHMRC | National Health & Medical Research Council |
| | NSW | New South Wales |
| P | PAH | Princess Alexandra Hospital |

| | | |
|------------------|---|--|
| PCCRG | Paediatric Critical Care Research Group | |
| PhD | Doctor of Philosophy | |
| PREDICT | Paediatric Research in Emergency Departments International Collaborative | |
| Prof | Professor | |
| Q | QCOSS | Queensland Council of Social Services |
| QEMRF | Queensland Emergency Medicine Research Foundation | |
| QERC | Queensland Emergency Research Collaborative | |
| QHRTO | Queensland Health Reform Transition Office | |
| QI | Quality Indicator | |
| QLD | Queensland | |
| QPSU | Queensland Public Sector Union | |
| QUT | Queensland University of Technology | |
| R | RBWH | Royal Brisbane and Women's Hospital |
| RCPS | Royal College of Physicians and Surgeons of Glasgow | |
| REP | Research Evaluation Panel | |
| RN | Registered Nurse | |
| RSN | Research Support Network | |
| S | SAC | Scientific Advisory Committee |
| SGC | Strategic Grants Committee | |
| T | TXA | Tranexamic acid |
| U | UQ | The University of Queensland |
| UK | United Kingdom | |
| Unallocated cash | This term describes cash holdings and cash investments not earmarked for any purpose. | |
| UNSW | University of New South Wales | |
| USA | United States of America | |
| W | WSO-CSE | World Safety Organisation - Certified Safety Executive |



The Queensland Emergency Medicine Research Foundation (QEMRF) was established in 2007 with the support of the Queensland Government to allocate grants to individuals and groups working to improve patient care in Queensland hospital emergency departments.

The QEMRF vision is for Queensland to be regarded as a world leader in Emergency Medicine research and be the location of choice for the brightest minds in Emergency Medicine.

QEMRF is a company registered as a charitable institution.



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