

Brian R Holroyd

List of Publications by Year in descending order

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Version: 2024-02-01

78
papers

3,665
citations

172457
29
h-index

133252
59
g-index

78
all docs

78
docs citations

78
times ranked

3217
citing authors

#	ARTICLE	IF	CITATIONS
1	The Canadian C-Spine Rule versus the NEXUS Low-Risk Criteria in Patients with Trauma. New England Journal of Medicine, 2003, 349, 2510-2518.	27.0	582
2	Comparison of the Canadian CT Head Rule and the New Orleans Criteria in Patients With Minor Head Injury. JAMA - Journal of the American Medical Association, 2005, 294, 1511.	7.4	414
3	Characteristics of Patients Who Leave Emergency Departments without Being Seen. Academic Emergency Medicine, 2006, 13, 848-852.	1.8	142
4	Frequency, Determinants and Impact of Overcrowding in Emergency Departments in Canada: A National Survey. Healthcare Quarterly, 2007, 10, 32-40.	0.7	142
5	Impact of a Triage Liaison Physician on Emergency Department Overcrowding and Throughput: A Randomized Controlled Trial. Academic Emergency Medicine, 2007, 14, 702-708.	1.8	141
6	Implementation of the Canadian C-Spine Rule: prospective 12 centre cluster randomised trial. BMJ: British Medical Journal, 2009, 339, b4146-b4146.	2.3	129
7	Osteoporosis Follow-up After Wrist Fractures Following Minor Trauma. Archives of Internal Medicine, 2001, 161, 1309.	3.8	114
8	A prospective cluster-randomized trial to implement the Canadian CT Head Rule in emergency departments. Cmaj, 2010, 182, 1527-1532.	2.0	112
9	The canadian CT head rule study for patients with minor head injury: Rationale, objectives, and methodology for phase I (derivation). Annals of Emergency Medicine, 2001, 38, 160-169.	0.6	110
10	The Role of Triage Liaison Physicians on Mitigating Overcrowding in Emergency Departments: A Systematic Review. Academic Emergency Medicine, 2011, 18, 111-120.	1.8	90
11	Predictive Validity of a Computerized Emergency Triage Tool. Academic Emergency Medicine, 2007, 14, 16-21.	1.8	84
12	Persistence, reproducibility, and cost-effectiveness of an intervention to improve the quality of osteoporosis care after a fracture of the wrist: results of a controlled trial. Osteoporosis International, 2007, 18, 261-270.	3.1	84
13	ED management of cellulitis: A review of five urban centers. American Journal of Emergency Medicine, 2001, 19, 535-540.	1.6	77
14	The Role of Triage Nurse Ordering on Mitigating Overcrowding in Emergency Departments: A Systematic Review. Academic Emergency Medicine, 2011, 18, 1349-1357.	1.8	75
15	Canadian CT head rule study for patients with minor head injury: Methodology for phase II (validation) Tj ETQq1 1 0,784314 rgBT /Overl	0.6	74
16	Consultations in the emergency department: a systematic review of the literature. Emergency Medicine Journal, 2008, 25, 4-9.	1.0	73
17	Standardized Reporting Guidelines for Studies Evaluating Risk Stratification of ED Patients with Potential Acute Coronary Syndromes. Academic Emergency Medicine, 2004, 11, 1331-1340.	1.8	65
18	Reliability of Computerized Emergency Triage. Academic Emergency Medicine, 2006, 13, 269-275.	1.8	61

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19	Emergency Triage: Comparing a Novel Computer Triage Program with Standard Triage. Academic Emergency Medicine, 2005, 12, 502-507.	1.8	59
20	The role of a rapid assessment zone/pod on reducing overcrowding in emergency departments: a systematic review. Emergency Medicine Journal, 2012, 29, 372-378.	1.0	59
21	Tracking Emergency Department Overcrowding in a Tertiary Care Academic Institution. Healthcare Quarterly, 2009, 12, 99-106.	0.7	56
22	Medical Control. JAMA - Journal of the American Medical Association, 1986, 256, 1027.	7.4	54
23	Canadian C-Spine Rule study for alert and stable trauma patients: I. Background and rationale. Canadian Journal of Emergency Medicine, 2002, 4, 84-90.	1.1	48
24	The competency-based medical education evolution of Canadian emergency medicine specialist training. Canadian Journal of Emergency Medicine, 2020, 22, 95-102.	1.1	41
25	Educational intervention to reduce falls and fear of falling in patients after fragility fracture: Results of a controlled pilot study. Preventive Medicine, 2006, 42, 316-319.	3.4	40
26	Prehospital patients refusing care. Annals of Emergency Medicine, 1988, 17, 957-963.	0.6	38
27	Cocaine-associated dissection of the thoracic aorta. Journal of Emergency Medicine, 1992, 10, 723-727.	0.7	38
28	The effect of training on nurse agreement using an electronic triage system. Canadian Journal of Emergency Medicine, 2007, 9, 260-266.	1.1	35
29	Canadian C-Spine Rule study for alert and stable trauma patients: II. Study objectives and methodology. Canadian Journal of Emergency Medicine, 2002, 4, 185-193.	1.1	34
30	Uptake of validated clinical practice guidelines: experience with implementing the Ottawa Ankle Rules. American Journal of Emergency Medicine, 2004, 22, 149-155.	1.6	29
31	The role of full capacity protocols on mitigating overcrowding in EDs. American Journal of Emergency Medicine, 2012, 30, 412-420.	1.6	29
32	Updated framework on quality and safety in emergency medicine. Emergency Medicine Journal, 2020, 37, 437-442.	1.0	29
33	Choosing Wisely Canada [®] : Five tests, procedures and treatments to question in Emergency Medicine. Canadian Journal of Emergency Medicine, 2017, 19, S9-S17.	1.1	28
34	Predictors of Admission in Adult Unscheduled Return Visits to the Emergency Department. Western Journal of Emergency Medicine, 2018, 19, 912-918.	1.1	23
35	Patient race, ethnicity, and care in the emergency department: A scoping review. Canadian Journal of Emergency Medicine, 2020, 22, 245-253.	1.1	23
36	Delphi Consensus on the Feasibility of Translating the ACEP Clinical Policies Into Computerized Clinical Decision Support. Annals of Emergency Medicine, 2010, 56, 317-320.	0.6	21

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37	Adherence to Practice Guidelines for Transient Ischemic Attacks in an Emergency Department. Canadian Journal of Neurological Sciences, 2002, 29, 358-363.	0.5	20
38	Supporting Clinical Practice at the Bedside Using Wireless Technology. Academic Emergency Medicine, 2004, 11, 1186-1192.	1.8	19
39	Evaluation of patient satisfaction and outcomes after assessment for acute ankle injuries. American Journal of Emergency Medicine, 2002, 20, 18-22.	1.6	18
40	Assessing the Sensibility of Two Clinical Decision Support Systems. Journal of Medical Systems, 2008, 32, 361-368.	3.6	18
41	Decision Support Technology in Knowledge Translation. Academic Emergency Medicine, 2007, 14, 942-948.	1.8	18
42	Decision Support Technology in Knowledge Translation. Academic Emergency Medicine, 2007, 14, 942-948.	1.8	17
43	First Nations status and emergency department triage scores in Alberta: a retrospective cohort study. Cmaj, 2022, 194, E37-E45.	2.0	17
44	CAEP 2014 Academic Symposium: "How to make research succeed in your emergency department: How to develop and train career researchers in emergency medicine" Canadian Journal of Emergency Medicine, 2015, 17, 334-343.	1.1	16
45	Characteristics of frequent emergency department users in British Columbia, Canada: a retrospective analysis. CMAJ Open, 2021, 9, E134-E141.	2.4	16
46	First Nations emergency care in Alberta: descriptive results of a retrospective cohort study. BMC Health Services Research, 2021, 21, 423.	2.2	15
47	Opioid use disorder treatment disruptions during the early COVID-19 pandemic and other emergent disasters: a scoping review addressing dual public health emergencies. BMC Public Health, 2021, 21, 1471.	2.9	14
48	Low-acuity presentations to the emergency department in Canada: exploring the alternative attempts to avoid presentation. Emergency Medicine Journal, 2017, 34, 249-255.	1.0	13
49	Emergency Medicine Training and Practice in Canada: Celebrating the Past & Evolving for the Future. Canadian Journal of Emergency Medicine, 2017, 19, S1-S8.	1.1	13
50	Multi-site intervention to improve emergency department care for patients who live with opioid use disorder: A quantitative evaluation. Canadian Journal of Emergency Medicine, 2020, 22, 784-792.	1.1	13
51	Predictors of Admission in Adult Unscheduled Return Visits to the Emergency Department. Western Journal of Emergency Medicine, 2018, 19, 912-918.	1.1	13
52	Administration and leadership competencies: establishment of a national consensus for emergency medicine. Canadian Journal of Emergency Medicine, 2015, 17, 107-114.	1.1	12
53	Nebulized Ipratropium Bromide in Acute Pediatric Asthma: Does It Reduce Hospital Admissions Among Children Presenting to the Emergency Department?. Annals of Emergency Medicine, 1999, 34, 75-85.	0.6	11
54	Residency Training Via Videoconference - Satisfaction Survey. Telemedicine Journal and E-Health, 2000, 6, 425-428.	2.8	11

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55	Informatics and Knowledge Translation. Academic Emergency Medicine, 2007, 14, 996-1002.	1.8	11
56	Identifying subgroups and risk among frequent emergency department users in British Columbia. Journal of the American College of Emergency Physicians Open, 2021, 2, e12346.	0.7	11
57	Informatics and Knowledge Translation. Academic Emergency Medicine, 2007, 14, 996-1002.	1.8	10
58	Current political issues facing emergency medicine in Canada. EMA - Emergency Medicine Australasia, 2004, 16, 190-194.	1.1	9
59	CAEP 2015 Academic Symposium: Leadership within the emergency medicine academic community and beyond. Canadian Journal of Emergency Medicine, 2016, 18, S1-S9.	1.1	9
60	Emergency department presentations for atrial fibrillation and flutter in Alberta: a large population-based study. BMC Emergency Medicine, 2016, 17, 2.	1.9	9
61	Increasing the Use of Anti-Inflammatory Agents for Acute Asthma in the Emergency Department: Experience with an Asthma Care Map. Canadian Respiratory Journal, 2008, 15, 20-26.	1.6	8
62	People who make frequent emergency department visits based on persistence of frequent use in Ontario and Alberta: a retrospective cohort study. CMAJ Open, 2022, 10, E220-E231.	2.4	7
63	Impacts of racism on First Nations patients' emergency care: results of a thematic analysis of healthcare provider interviews in Alberta, Canada. BMC Health Services Research, 2022, 22, .	2.2	7
64	Cardiology and emergency medicine: United We Stand, divided we fall. Annals of Emergency Medicine, 2002, 39, 164-167.	0.6	6
65	Volume Matters: Improved Outcomes for Patients Presenting to High-Volume Emergency Departments with Atrial Flutter and Fibrillation. PLoS ONE, 2016, 11, e0165894.	2.5	6
66	Sex Differences in Outcomes After Discharge from the Emergency Department for Atrial Fibrillation/Flutter. Canadian Journal of Cardiology, 2017, 33, 806-813.	1.7	6
67	Geographic Clustering of Emergency Department Presentations for Atrial Fibrillation and Flutter in Alberta, Canada. Academic Emergency Medicine, 2015, 22, 965-975.	1.8	5
68	Choosing Wisely Canada's emergency medicine recommendations: Time for a revision. Canadian Journal of Emergency Medicine, 2019, 21, 717-720.	1.1	5
69	Manpower crisis in emergency medicine: Can residency programs make an impact?. Canadian Journal of Emergency Medicine, 2000, 2, 103-105.	1.1	4
70	Clinical risk scoring beyond initial troponin values: Results from a large, prospective, unselected acute chest pain population. Canadian Journal of Cardiology, 2007, 23, 287-292.	1.7	4
71	Clinical Informatics Competencies in the Emergency Medicine Specialist Training Standards of Five International Jurisdictions. AEM Education and Training, 2018, 2, 293-300.	1.2	4
72	Template for uniform reporting of emergency department measures, consensus according to the Utstein method. European Journal of Emergency Medicine, 2019, 26, 417-422.	1.1	4

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73	Guidelines for the use of imaging techniques for the investigation of venous thromboembolic disease. Journal of Emergency Medicine, 1998, 16, 663-668.	0.7	3
74	The future of emergency medicine in Canada: Reflections one year after the release of the Collaborative Working Group final report. Canadian Journal of Emergency Medicine, 2017, 19, S38-S39.	1.1	3
75	Emergency Strategic Clinical Network. Cmaj, 2019, 191, S24-S26.	2.0	3
76	Subgroups of people who make frequent emergency department visits in Ontario and Alberta: a retrospective cohort study. CMAJ Open, 2022, 10, E232-E246.	2.4	3
77	New Models for Emergency and Ambulatory Care at Academic Health Centersâ€”Part III: Boston and Alberta, Canada. Academic Emergency Medicine, 1995, 2, 1001-1006.	1.8	1
78	Despite Having Worse Risk Profiles, Northern Albertans Wait Longer for Specialist Follow-up After Emergency Department Visits for Atrial Fibrillation. CJC Open, 2020, 2, 610-618.	1.5	0