

# Anthony Bell

## List of Publications by Year in descending order

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Version: 2024-02-01

36  
papers

673  
citations

623734

14  
h-index

580821

25  
g-index

36  
all docs

36  
docs citations

36  
times ranked

898  
citing authors

#	ARTICLE	IF	CITATIONS
1	After-hours emergency department care: Does time or day of arrival affect survival?. EMA - Emergency Medicine Australasia, 2021, 33, 232-241.	1.1	2
2	Higher quality of care in emergency departments with physiotherapy service models. EMA - Emergency Medicine Australasia, 2021, , .	1.1	3
3	Emergency department models of care in Queensland: a multisite cross-sectional study. Australian Health Review, 2019, 43, 363.	1.1	2
4	Review article: Best practice management of common shoulder injuries and conditions in the emergency department (part 4 of the musculoskeletal injuries rapid review series). EMA - Emergency Medicine Australasia, 2018, 30, 456-485.	1.1	9
5	Understanding ED performance after the implementation of activity-based funding. International Journal of Health Planning and Management, 2018, 33, 405-413.	1.7	4
6	Review article: Methodology for the "rapid review"™ series on musculoskeletal injuries in the emergency department. EMA - Emergency Medicine Australasia, 2018, 30, 13-17.	1.1	11
7	Review article: Best practice management of low back pain in the emergency department (part 1 of the Tj ETQq1 1 0.784314 rgBT /Ove	1.1	36
8	Review article: Best practice management of common ankle and foot injuries in the emergency department (part 2 of the musculoskeletal injuries rapid review series). EMA - Emergency Medicine Australasia, 2018, 30, 152-180.	1.1	20
9	Review article: Best practice management of common knee injuries in the emergency department (part 3) Tj ETQq1 1 0.784314 rgBT /Ove 327-352.	1.1	14
10	Review article: Best practice management of neck pain in the emergency department (part 6 of the Tj ETQq0 0 0 rgBT /Overlock 10 Tf 5	1.1	16
11	Review article: Best practice management of closed hand and wrist injuries in the emergency department (part 5 of the musculoskeletal injuries rapid review series). EMA - Emergency Medicine Australasia, 2018, 30, 610-640.	1.1	8
12	Re: Limited evidence for screening for serious pathologies using red flags in patients with low back pain presenting to the emergency department. EMA - Emergency Medicine Australasia, 2018, 30, 437-438.	1.1	2
13	The seven habits of highly effective clinical support time. EMA - Emergency Medicine Australasia, 2018, 30, 567-568.	1.1	0
14	Deconstructing the 4-h rule for access to emergency care and putting patients first. Australian Health Review, 2018, 42, 698.	1.1	5
15	Two <sc>H</sc>our <sc>E</sc>valuation and <sc>R</sc>eferral <sc>M</sc>odel for <sc>S</sc>horter <sc>T</sc>urnaround <sc>T</sc>imes in the emergency department. EMA - Emergency Medicine Australasia, 2017, 29, 315-323.	1.1	19
16	Ethnographic analysis on the use of the electronic medical record for clinical handoff. Internal and Emergency Medicine, 2017, 12, 1265-1272.	2.0	7
17	Analysing the emergency department patient journey: Discovery of bottlenecks to emergency department patient flow. EMA - Emergency Medicine Australasia, 2017, 29, 18-23.	1.1	25
18	The ED&inpatient dashboard: Uniting emergency and inpatient clinicians to improve the efficiency and quality of care for patients requiring emergency admission to hospital. EMA - Emergency Medicine Australasia, 2017, 29, 363-366.	1.1	24

#	ARTICLE	IF	CITATIONS
19	Report on the 4-h rule and National Emergency Access Target (NEAT) in Australia: time to review. Australian Health Review, 2016, 40, 319.	1.1	56
20	Propofol or Ketofol for Procedural Sedation and Analgesia in Emergency Medicine—The POKER Study: A Randomized Double-Blind Clinical Trial. Annals of Emergency Medicine, 2016, 68, 574-582.e1.	0.6	42
21	Developing quality indicators for the care of patients with musculoskeletal injuries in the Emergency Department: study protocol. BMC Emergency Medicine, 2016, 17, 14.	1.9	7
22	The Ethical Imperative to Move to a Seven-Day Care Model. Journal of Bioethical Inquiry, 2016, 13, 251-260.	1.5	5
23	Communication and Influencing for ED Professionals: A training programme developed in the emergency department for the emergency department. EMA - Emergency Medicine Australasia, 2016, 28, 404-411.	1.1	3
24	Performance management versus bullying and harassment: An educator perspective. EMA - Emergency Medicine Australasia, 2015, 27, 468-472.	1.1	5
25	Review article: Emergency department models of care in the context of care quality and cost: A systematic review. EMA - Emergency Medicine Australasia, 2015, 27, 95-101.	1.1	31
26	Quality Indicators for Musculoskeletal Injury Management in the Emergency Department: a Systematic Review. Academic Emergency Medicine, 2015, 22, 127-141.	1.8	23
27	Funding emergency care: Australian style. EMA - Emergency Medicine Australasia, 2014, 26, 408-410.	1.1	5
28	Strength in unity: the power of redesign to align the hospital team. Australian Health Review, 2014, 38, 271.	1.1	4
29	Procedural sedation practices in Australian Emergency Departments. EMA - Emergency Medicine Australasia, 2011, 23, 458-465.	1.1	18
30	Risk factors for sedation-related events during procedural sedation in the emergency department. EMA - Emergency Medicine Australasia, 2011, 23, 466-473.	1.1	38
31	Factors associated with failure to successfully complete a procedure during emergency department sedation. EMA - Emergency Medicine Australasia, 2011, 23, 474-478.	1.1	12
32	A Randomized Controlled Trial Comparing Patient-Controlled and Physician-Controlled Sedation in the Emergency Department. Annals of Emergency Medicine, 2010, 56, 502-508.e2.	0.6	7
33	What is the nature of the emergence phenomenon when using intravenous or intramuscular ketamine for paediatric procedural sedation?. EMA - Emergency Medicine Australasia, 2009, 21, 315-322.	1.1	32
34	Profiling adverse respiratory events and vomiting when using propofol for emergency department procedural sedation. EMA - Emergency Medicine Australasia, 2007, 19, 405-410.	1.1	44
35	Optimization of propofol dose shortens procedural sedation time, prevents re-sedation and removes the requirement for post-procedure physiologic monitoring. EMA - Emergency Medicine Australasia, 2007, 19, 411-417.	1.1	16
36	Characteristics and outcomes of older patients presenting to the emergency department after a fall: a retrospective analysis. Medical Journal of Australia, 2000, 173, 179-182.	1.7	118