Andrew D Mcrae

List of Publications by Year in descending order

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86 papers

1,713 citations

331670 21 h-index 330143 37 g-index

87 all docs

87 docs citations

87 times ranked

2286 citing authors

#	Article	IF	CITATIONS
1	External validation of a low HEAR score to identify emergency department chest pain patients at very low risk of major adverse cardiac events without troponin testing. Canadian Journal of Emergency Medicine, 2022, 24, 68-74.	1.1	8
2	A comparative evaluation of the strengths of association between different emergency department crowding metrics and repeat visits within 72Âhours. Canadian Journal of Emergency Medicine, 2022, 24, 27-34.	1.1	7
3	Wide-complex tachycardias in the ED: how do we make good care even better?. Canadian Journal of Emergency Medicine, 2022, 24, 111-112.	1.1	O
4	Age-varying effects of repeated emergency department presentations for children in Canada. Journal of Health Services Research and Policy, 2022, 27, 278-286.	1.7	2
5	Ethical, legal and administrative implications of the use of video and audio recording in an emergency department in Ontario, Canada. BMJ Innovations, 2021, 7, 224-230.	1.7	5
6	Which Patients Should Have Early Surgical Intervention for Acute Ureteral Colic?. Journal of Urology, 2021, 205, 152-158.	0.4	14
7	Characteristics of frequent users of emergency departments in Alberta and Ontario, Canada: an administrative data study. Canadian Journal of Emergency Medicine, 2021, 23, 206-213.	1.1	9
8	A randomized, controlled comparison of electrical versus pharmacological cardioversion for emergency department patients with acute atrial flutter. Canadian Journal of Emergency Medicine, 2021, 23, 314-324.	1.1	5
9	Does early intervention improve outcomes for patients with acute ureteral colic?. Canadian Journal of Emergency Medicine, 2021, 23, 679-686.	1.1	O
10	Recommendations for enhancing collaboration between the Canadian emergency department quality improvement and research communities. Canadian Journal of Emergency Medicine, 2021, 23, 303-309.	1.1	1
11	Starting, building and sustaining a program of research in emergency medicine in Canada. Canadian Journal of Emergency Medicine, 2021, 23, 297-302.	1.1	O
12	Transfusions in patients with iron deficiency anemia following release of Choosing Wisely Guidelines. Canadian Journal of Emergency Medicine, 2021, 23, 475-479.	1.1	3
13	Changes in presentation, presenting severity and disposition among patients accessing emergency services during the first months of the COVID-19 pandemic in Calgary, Alberta: a descriptive study. CMAJ Open, 2021, 9, E592-E601.	2.4	13
14	Adverse Events Among Emergency Department Patients With Cardiovascular Conditions: A Multicenter Study. Annals of Emergency Medicine, 2021, 77, 561-574.	0.6	2
15	The Perioperative Surgical Home, Enhanced Recovery After Surgery and how integration of these models may improve care for medically complex patients. Canadian Journal of Surgery, 2021, 64, E381-E390.	1.2	7
16	Hydronephrosis severity clarifies prognosis and guides management for emergency department patients with acute ureteral colic. Canadian Journal of Emergency Medicine, 2021, 23, 687-695.	1.1	4
17	Point-of-care ultrasound-guided regional anaesthesia in older ED patients with hip fractures: a study to test the feasibility of a training programme and time needed to complete nerve blocks by ED physicians after training. BMJ Open, 2021, 11, e047113.	1.9	2
18	2021 CAEP Acute Atrial Fibrillation/Flutter Best Practices Checklist. Canadian Journal of Emergency Medicine, 2021, 23, 604-610.	1.1	25

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19	Adverse Events Associated With Electrical Cardioversion in Patients With Acute Atrial Fibrillation and Atrial Flutter. Canadian Journal of Cardiology, 2021, 37, 1775-1782.	1.7	9
20	Decision support for computed tomography in the emergency department: a multicenter cluster-randomized controlled trial. Canadian Journal of Emergency Medicine, 2021, 23, 631-640.	1,1	4
21	Development of the Canadian COVID-19 Emergency Department Rapid Response Network population-based registry: a methodology study. CMAJ Open, 2021, 9, E261-E270.	2.4	23
22	S100B protein level for the detection of clinically significant intracranial haemorrhage in patients with mild traumatic brain injury: a subanalysis of a prospective cohort study. Emergency Medicine Journal, 2021, 38, 285-289.	1.0	5
23	Personalised risk prediction following emergency department assessment for syncope. Emergency Medicine Journal, 2021, , emermed-2020-211095.	1.0	5
24	High-Sensitivity Cardiac Troponins and Clinical Decision Making in Caring for Patients With Chest Pain. Annals of Internal Medicine, 2021, , .	3.9	1
25	SARS-CoV-2 vaccination should be required to practise medicine in Canada. Cmaj, 2021, 193, E1816-E1817.	2.0	1
26	CCEDRRN COVID-19 Infection Score (CCIS): development and validation in a Canadian cohort of a clinical risk score to predict SARS-CoV-2 infection in patients presenting to the emergency department with suspected COVID-19. BMJ Open, 2021, 11, e055832.	1.9	13
27	Patient classification based on volume and case-mix in the emergency department and their association with performance. Health Care Management Science, 2020, 23, 387-400.	2.6	2
28	Derivation and Internal Validation of a Clinical Risk Prediction Tool for Hyperkalemia-Related Emergency Department Encounters Among Hemodialysis Patients. Canadian Journal of Kidney Health and Disease, 2020, 7, 205435812095328.	1.1	5
29	Benefit of hospital admission for detecting serious adverse events among emergency department patients with syncope: a propensity-score–matched analysis of a multicentre prospective cohort. Cmaj, 2020, 192, E1198-E1205.	2.0	4
30	Chest ultrasonography versus supine chest radiography for diagnosis of pneumothorax in trauma patients in the emergency department. The Cochrane Library, 2020, 2020, CD013031.	2.8	29
31	Is conservative management noninferior to interventional treatment for moderate to large primary spontaneous pneumothoraces?. Canadian Journal of Emergency Medicine, 2020, 22, 772-773.	1.1	0
32	Frequent users of emergency departments and patient flow in Alberta and Ontario, Canada: an administrative data study. BMC Health Services Research, 2020, 20, 938.	2.2	10
33	Multicenter Emergency Department Validation of the Canadian Syncope Risk Score. JAMA Internal Medicine, 2020, 180, 737.	5.1	50
34	Prospective comparative evaluation of the European Society of Cardiology (ESC) 1-hour and a 2-hour rapid diagnostic algorithm for myocardial infarction using high-sensitivity troponin-T. Canadian Journal of Emergency Medicine, 2020, 22, 712-720.	1.1	5
35	CJEM Debate Series: #TropandGo â€" Negative high sensitivity troponin testing is safe as a final test for most emergency department patients with chest pain. Canadian Journal of Emergency Medicine, 2020, 22, 14-18.	1.1	1
36	Electrical versus pharmacological cardioversion for emergency department patients with acute atrial fibrillation (RAFF2): a partial factorial randomised trial. Lancet, The, 2020, 395, 339-349.	13.7	60

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37	Temporal trends in emergency department volumes and crowding metrics in a western Canadian province: a population-based, administrative data study. BMC Health Services Research, 2020, 20, 356.	2.2	15
38	A Multicenter Assessment of the Sensitivity and Specificity for a Single High-Sensitivity Cardiac Troponin Test at Emergency Department Presentation for Hospital Admission. journal of applied laboratory medicine, The, 2019, 4, 170-179.	1.3	8
39	Safe Cardioversion for Patients With Acute-Onset Atrial Fibrillation and Flutter: Practical Concerns and Considerations. Canadian Journal of Cardiology, 2019, 35, 1296-1300.	1.7	13
40	Low High-Sensitivity Troponin Thresholds Identify Low-Risk Patients With Chest Pain Unlikely to Benefit From Further Risk Stratification. CJC Open, 2019, 1, 289-296.	1.5	6
41	Response by Thiruganasambandamoorthy et al to Letters Regarding Article, "Duration of Electrocardiographic Monitoring of Emergency Department Patients With Syncope― Circulation, 2019, 140, e655-e656.	1.6	1
42	The Canadian Cardiovascular Society 2018 guideline update for atrial fibrillation – A different perspective. Canadian Journal of Emergency Medicine, 2019, 21, 572-575.	1.1	11
43	Prevalence of Pulmonary Embolism Among Emergency Department Patients With Syncope: AÂMulticenter Prospective Cohort Study. Annals of Emergency Medicine, 2019, 73, 500-510.	0.6	10
44	Duration of Electrocardiographic Monitoring of Emergency Department Patients With Syncope. Circulation, 2019, 139, 1396-1406.	1.6	35
45	Sex-specific, high-sensitivity cardiac troponin T cut-off concentrations for ruling out acute myocardial infarction with a single measurement. Canadian Journal of Emergency Medicine, 2019, 21, 26-33.	1.1	17
46	CAEP Acute Atrial Fibrillation/Flutter Best Practices Checklist. Canadian Journal of Emergency Medicine, 2018, 20, 334-342.	1.1	35
47	Engaging emergency clinicians in emergency department clinical research. Canadian Journal of Emergency Medicine, 2018, 20, 443-447.	1.1	8
48	Performance of high-sensitivity cardiac troponin in the emergency department for myocardial infarction and a composite cardiac outcome across different estimated glomerular filtration rates. Clinica Chimica Acta, 2018, 479, 166-170.	1,1	17
49	Prediction of Early Adverse Events in Emergency Department Patients With Acute Heart Failure: A Systematic Review. Canadian Journal of Cardiology, 2018, 34, 168-179.	1.7	16
50	Contemporary Emergency Department Management of Patients with Chest Pain: A Concise Review and Guide for the High-Sensitivity Troponin Era. Canadian Journal of Cardiology, 2018, 34, 98-108.	1.7	30
51	Profile of Roche's Elecsys Troponin T Gen 5 STAT blood test (a high-sensitivity cardiac troponin assay) for diagnosing myocardial infarction in the emergency department. Expert Review of Molecular Diagnostics, 2018, 18, 481-489.	3.1	19
52	Variability of renal colic management and outcomes in two Canadian cities. Canadian Journal of Emergency Medicine, 2018, 20, 702-712.	1.1	12
53	Age-adjusted D-dimer thresholds in the investigation of suspected pulmonary embolism: A retrospective evaluation in patients ages 50 and older using administrative data. Canadian Journal of Emergency Medicine, 2018, 20, 725-731.	1.1	12
54	Comparative Evaluation of 2-Hour Rapid Diagnostic Algorithms for Acute Myocardial Infarction Using High-Sensitivity Cardiac Troponin T. Canadian Journal of Cardiology, 2017, 33, 1006-1012.	1.7	27

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55	Undetectable Concentrations of a Food and Drug Administration–approved Highâ€sensitivity Cardiac Troponin T Assay to Rule Out Acute Myocardial Infarction at Emergency Department Arrival. Academic Emergency Medicine, 2017, 24, 1267-1277.	1.8	32
56	Prospective and Explicit Clinical Validation of the Ottawa Heart Failure Risk Scale, With and Without Use of Quantitative <scp>NT</scp> â€pro <scp>BNP</scp> . Academic Emergency Medicine, 2017, 24, 316-327.	1.8	40
57	A cohort study on physician documentation and the accuracy of administrative data coding to improve passive surveillance of transient ischaemic attacks. BMJ Open, 2017, 7, e015234.	1.9	11
58	Predicting Shortâ€term Risk of Arrhythmia among Patients With Syncope: The Canadian Syncope Arrhythmia Risk Score. Academic Emergency Medicine, 2017, 24, 1315-1326.	1.8	23
59	Limitations of pulmonary embolism ICD-10 codes in emergency department administrative data: let the buyer beware. BMC Medical Research Methodology, 2017, 17, 89.	3.1	68
60	Slow or swift, your patients' experience won't drift: absence of correlation between physician productivity and the patient experience. Canadian Journal of Emergency Medicine, 2017, 19, 372-380.	1.1	2
61	Moderate sensitivity and high specificity of emergency department administrative data for transient ischemic attacks. BMC Health Services Research, 2017, 17, 666.	2.2	17
62	Intravenous and Oral Contrast vs Intravenous Contrast Alone Computed Tomography for the Visualization of Appendix and Diagnosis of Appendicitis in Adult Emergency Department Patients. Canadian Association of Radiologists Journal, 2016, 67, 234-241.	2.0	12
63	Cluster-randomized trials: A closer look. Clinical Trials, 2016, 13, 294-300.	1.6	9
64	Sexâ€related Differences in Emergency Department Renal Colic Management: Females Have Fewer Computed Tomography Scans but Similar Outcomes. Academic Emergency Medicine, 2016, 23, 1153-1160.	1.8	13
65	Clinical performance of a new blood control peripheral intravenous catheter: A prospective, randomized, controlled study. International Emergency Nursing, 2016, 25, 59-64.	1.5	10
66	A prehospital treat-and-release protocol for supraventricular tachycardia. Canadian Journal of Emergency Medicine, 2015, 17, 395-402.	1.1	8
67	Emergency department management of syncope: need for standardization and improved risk stratification. Internal and Emergency Medicine, 2015, 10, 619-627.	2.0	32
68	Highly-sensitive troponin T algorithm facilitates early discharge of low-risk chest pain patients within 1 h of emergency department arrival. Evidence-Based Medicine, 2015, 20, 144-144.	0.6	0
69	The impact of high-sensitivity troponin implementation on hospital operations and patient outcomes in 3 tertiary care centers. American Journal of Emergency Medicine, 2015, 33, 1790-1794.	1.6	17
70	Canadian Institutes of Health Research dissemination grant on high-sensitivity cardiac troponin. Clinical Biochemistry, 2014, 47, 155-157.	1.9	7
71	Computerized physician order entry and decision support improves ED analgesic ordering for renal colic. American Journal of Emergency Medicine, 2014, 32, 958-961.	1.6	12
72	Researchers' perceptions of ethical challenges in cluster randomized trials: a qualitative analysis. Trials, 2013, 14, 1.	1.6	60

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73	Challenges in the research ethics review of cluster randomized trials: International survey of investigators. Clinical Trials, 2013, 10, 257-268.	1.6	20
74	Reporting of patient consent in healthcare cluster randomised trials is associated with the type of study interventions and publication characteristics. Journal of Medical Ethics, 2013, 39, 119-124.	1.8	4
75	The Ottawa Statement on the Ethical Design and Conduct of Cluster Randomized Trials. PLoS Medicine, 2012, 9, e1001346.	8.4	218
76	Influence of publicly available online wait time data on emergency department choice in patients with noncritical complaints. Canadian Journal of Emergency Medicine, 2012, 14, 237-246.	1.1	8
77	What is the role and authority of gatekeepers in cluster randomized trials in health research?. Trials, 2012, 13, 116.	1.6	39
78	Inadequate reporting of research ethics review and informed consent in cluster randomised trials: review of random sample of published trials. BMJ: British Medical Journal, 2011, 342, d2496-d2496.	2.3	47
79	Ethical issues posed by cluster randomized trials in health research. Trials, 2011, 12, 100.	1.6	110
80	Does clinical equipoise apply to cluster randomized trials in health research?. Trials, 2011, 12, 118.	1.6	29
81	Who is the research subject in cluster randomized trials in health research?. Trials, 2011, 12, 183.	1.6	39
82	When is informed consent required in cluster randomized trials in health research?. Trials, 2011, 12, 202.	1.6	74
83	Ethical and policy issues in cluster randomized trials: rationale and design of a mixed methods research study. Trials, 2009, 10, 61.	1.6	41
84	U.S. Federal Regulations for Emergency Research: A Practical Guide and Commentary. Academic Emergency Medicine, 2008, 15, 88-97.	1.8	12
85	Risk in Emergency Research Using a Waiver of/Exception from Consent: Implications of a Structured Approach for Institutional Review Board Review. Academic Emergency Medicine, 2005, 12, 1104-1112.	1.8	7
86	Lessons from everyday lives: A moral justification for acute care research*. Critical Care Medicine, 2002, 30, 1146-1151.	0.9	66