

The specialty of intensive care medicine is characterised by rapid changes and constant evolution. Especially over the past two decades, the direction of the specialty in Australia and New Zealand has been very much directed toward an expansion of services to the rest of the hospital, particularly in the form of the Medical Emergency Team (MET), even in the paediatric world.<sup>1</sup>

In many teaching hospitals, MET calls now exceed 3000 a year and highlight the need to further improve safety in hospital wards. In this issue of *CCR*, the Austin Health Critical Care Outreach Physician Investigators<sup>2</sup> report the first findings on the new concept of the critical care outreach physician. As highlighted in the accompanying editorial,<sup>3</sup> this new function of the intensive care team is now developing in Victoria and may represent yet another major way in which the intensive care unit (ICU) provides pervasive preventive assessment, care, and rescue for deteriorating ward patients. It may be that a major aspect of the future of the specialty is not in the ICU but outside!

Like METs, organ donation is another key function that has been taken over by the intensive care team.<sup>4,5</sup> Thus, the implications of the new *Victoria Human Tissue Amendment Act 2020* (Vic) are of great interest as reviewed by Philpot and Anderson.<sup>6</sup>

*CCR* has been committed to the publication of protocols and statistical analysis plans of pivotal Australian and New Zealand trials and results of phase 2 studies.<sup>7-10</sup> This is because they highlight the role that our two countries have had and continue to have in evidence-based medicine. In this issue, we present both the TEAM trial<sup>11</sup> and BLING III trial protocols.<sup>12</sup>

Assessment of quality of care and performance and safety are also part of the intensive care community<sup>13</sup> and are highlighted by articles on hospital-acquired complications of critical illness,<sup>14</sup> interhospital transport of sick children,<sup>15</sup> and assessment of ICU activity and strain.<sup>16</sup>

Coronavirus disease 2019 (COVID-19) has been a dominant topic in the pages of *CCR* since the onset of the pandemic.<sup>17-23</sup> In this issue, Burrell and colleagues<sup>24</sup> present the changes in patient characteristics and outcomes between the first and the second wave of COVID-19 in Australia.

The importance and the optimal use of albumin have been the subject of several recent investigations in *CCR*.<sup>25-27</sup> In this issue, Yanase et al<sup>28</sup> study the importance of the speed of albumin fluid bolus administration in cardiac surgery patients.

Higgins and colleagues<sup>29</sup> focus on the cost-effectiveness of early goal-directed resuscitation, and Thomson et al<sup>30</sup> report on sepsis in Indigenous Australians. Both are important health economics and quality of care indicators.

Finally, the monitoring and importance of the vital sign of temperature has also been the focus of much research recently presented in *CCR*.<sup>31,32</sup> In this issue, Cutuli and colleagues<sup>33</sup> present overwhelming evidence that non-invasive body temperature measurement is highly inaccurate in critically ill patients.

Once again, *CCR* brings out the best of Australian and New Zealand research to its readers and tries to educate and trigger reflection and new ideas.

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## Errata

Raman S, Brown G, Long D, et al; the Australian and New Zealand Intensive Care Society Paediatric Study Group (ANZICS PSG). Priorities for paediatric critical care research: a modified Delphi study by the Australian and New Zealand Intensive Care Society Paediatric Study Group. *Crit Care Resusc* 2021; 23: 194-201.

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Yanase F, Cutuli SL, Naorungroj T, et al. Temperature and haemodynamic effects of a 100 mL bolus of 20% albumin at room versus body temperature in cardiac surgery patients. *Crit Care Resusc* 2021; 23: 14-23.

In this article, on page 19 and 20, Figure 1 and Figure 2 footers were incorrect. The figures were shown as mean and standard deviation, not mean and standard error.

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