



EPICORE 2015 Annual Report

EPICORE SCORES! – Supporting Clinical and Outcomes Research

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DIRECTOR'S MESSAGE

Director's Message

Thanks for taking the time to read our 2015 annual report. Unlike that “other” team in Edmonton who seem to always be rebuilding, we have built our dream team of players and are reaping the benefits.

2015 was a productive year which saw EPICORE acknowledged in 32 publications. We have continued to increase the number of investigators whose research we have supported (now over 200 individual investigators and 553 projects).

Financially, the year brought good news as well – an increase in project revenue and a decrease in expenses – a success that shows that our business model works.



As always, our success is due to our team members. This year we recognize our Trainee MVP, Meagan Dunn, RN, BScN who is completing her MSc in Medicine, our Staff MVP, Glennora Dowding (a 20-year veteran), who provides administrative support as well as acting as a valuable research assistant, and our Alumni MVP, Dr. Marcelo Shibata who completed his fellowship at EPICORE and is now a Clinical Associate Professor and Director of the Cardiac Sciences Program at the Misericordia Hospital. I would also like to recognize Dr. Yazid Al Hamarneh, who completed his postdoctoral research fellowship with us and has now joined us as the Assistant Director and Scientific Officer of the Consultation and Research Services Platform of the Alberta SPOR SUPPORT Unit. Congratulations Yazid – we are lucky to hang on to him as other teams clamored to sign him up as a free agent! I am indebted to our advisors, Mr. Paul Braconnier and Dr. Terry Montague whose wisdom and sage advice have been invaluable. Finally, no discussion of the team is complete without recognition of the administrative team at the Department of Medicine, starting with the strong support from our Department Chair, Dr. Barbara Ballermann and Tim Bulger, Amy Gong, Margo Desmarais and Len Wong.

A major event this year was the launching of the Alberta SPOR SUPPORT Unit – for which I was selected as the platform lead for Consultation and Research Services. This partnership with EPICORE brings in some infrastructure funding and expands our ability to provide support for patient-oriented research. Read on for more details on this significant breakthrough.

Henry Ford said “If everyone is moving forward together, then success takes care of itself”. Thanks for supporting our team.

A handwritten signature in blue ink, which appears to be 'R. Tsuyuki'.

Dr. Ross Tsuyuki
Professor of Medicine
Director, EPICORE
Department of Medicine
Faculty of Medicine and Dentistry
University of Alberta

WHO WE ARE

Who We Are

EPICORE is an operating unit within the Department of Medicine, which itself is a department of the Faculty of Medicine and Dentistry at the University of Alberta.

Faculty of Medicine and Dentistry

Mission: The Faculty of Medicine & Dentistry serves the public good through excellence in medical and health professions education, research and patient care. We build partnerships essential to a high-performing academic health sciences centre.

Department of Medicine

Mission: To improve the health and health care of current and future generations through excellence and innovation in education, research and clinical care.

EPICORE

Mission: To serve the Faculty and our community by generating new knowledge in the areas of health and health care through the design, execution and analysis of clinical trials, health outcomes research and epidemiologic studies.

EPICORE supports the mission of the Faculty of Medicine and Dentistry and the Department of Medicine through:

- Conducting innovative research that makes a difference in health and health care
- Furthers this excellence through service to other health researchers
- Education of the next generation of health researchers through graduate student programs and courses
- Partnerships with like-minded individuals and organizations



WHAT WE DO

What We Do

Our Goal: As noted on the cover, EPICORE SCORes (**S**upporting **C**linical and **O**utcomes **R**esearch). We **assist** by ensuring that our clients achieve their clinical/outcomes research objectives.

EPICORE is involved in the full range of activities necessary for the conduct of clinical trials and outcomes/health services research, including protocol/research design consultations, case report forms design, database creation, study management, implementation, site coordination (for multicentre trials), data management, biostatistical consultation and analyses and assistance with grant preparation.

EPICORE has completed over 553 projects (Appendix A) for over 200 different investigators (Appendix B).

In 2015, we:

- worked on 62 projects, ranging from consultations to multicentre trials (Appendix C)
- were recognized on 32 publications (Appendix D)
- received 2 awards (1 from a trainee)



WHAT WE DO

EPICORE Numbers: Some Team Stats



OUR FANS

What Our Fans Say



“Although it took us a while to get INFORM off the ground, working with your team has been a pleasure – Lily in particular is responsive and on point – I think we are going to position ourselves – with EPICORE’s help to be able to gather and analyze this international data set in a very meaningful way. thanks so much!”

Dr. Leah Gramlich, Associate Professor, Division of Gastroenterology, Department of Medicine, and Associate Professor, Department of Agriculture, Food and Nutritional Science



“Our whole team appreciates the way that Dr. Tsuyuki and his staff have helped us through the planning, management and analytical aspects of dealing with our precious data. They are always attentive to the nuances of our projects and patient with the investigators, staff and students involved. They are helping us to overcome some tremendous hurdles and make our projects the very best.”

Dr. Rhonda Bell, Professor, Division of Human Nutrition, Department of Agricultural, Food and Nutritional Science



“Our team has been very pleased with EPICORE’s statistical expertise. They were able to provide independent verification of the results of our randomised control trial, “Implementation and evaluation of the 5As of obesity management in primary care,” and to help us create an excellent format for the statistical presentation. Their assistance in formulating the statistical responses to peer review simplified that process. We will certainly use their skills in future projects.”

Dr. Denise Campbell-Scherer, Associate Professor, Department of Family Medicine, University of Alberta

OUR FANS



“The Division of Rheumatology at the University of Calgary has contracted EPICORE to build a longitudinal database to collect a core data set for patients with inflammatory arthritis across the age spectrum entitled, ‘Rheum4U.’ This is unique as it spans both pediatric and adult Rheumatology. EPICORE was chosen as a vendor based on our previous positive experience with the development of our Early Inflammatory Arthritis database and RAPPORT, a pharmacovigilance database for biologic therapies inclusive of both the University of Alberta and the University of Calgary. Presently, we are embarking on a pilot project to test the feasibility to have patient entered data via web page or iPad. This interface has been developed by EPICORE to collect data in real time. We continue to work closely with EPICORE in the on-going development of Rheum4U.”

Dr. Diane Mosher, Professor and Director, Division of Rheumatology, University of Calgary



“I want to comment on how immensely helpful EPICORE services have been in developing my research project and preparing a CIHR application. After a first contact with Prof Tsuyuki, a meeting with an expert biostatistician was immediately arranged, followed by several consultations and email communications. They were always prompt and willing to answer my questions and adjust to changes in the protocol. EPICORE’s staff are very knowledgeable, insightful, willing to help and committed to excellence in research. They offer a wide array of research support services which are essential to all phases of research projects, especially for clinical trials, which take away much of the stress of planning and conducting a project. EPICORE’s focus on the quality of research, eventually strengthens any project they are involved with. As new to the University of Alberta, what was also really valuable to me was their ability to make me feel welcome and confident.”

Dr. Elizabeth Papathanassoglou, Associate Professor, Faculty of Nursing

Our Best Games: A 'hat trick' of innovation

EPICORE was acknowledged in 32 publications in 2015 (Appendix D). Here are 3 examples of our work.

THE FIRST GOAL:

Citation: Rowe BH, Villa-Roel C, Majumdar SR, Agu-Laban RB, Aaron SD, Stiell IG, Johnson J, Senthilselvan A, for the AIR Investigators. Rates and Correlates of Relapse Following ED Discharge for Acute Asthma. *Chest* 2015; 147(1): 140-149.

Highlighted Researcher: Dr. Brian Rowe, Professor, Department of Emergency Medicine, University of Alberta; Scientific Director, Institute of Circulatory and Respiratory Health, Canadian Institutes of Health Research; Scientific Director, Emergency Strategic Clinical Network, Alberta Health Services.

Methods: In this prospective cohort study, Dr. Rowe and colleagues followed patients who were treated for acute asthma and discharged from 20 Canadian emergency departments. They sought to determine the frequency and factors associated with asthma relapse following discharge from the emergency department.

Main Findings: Of the 807 patients enrolled, relapse occurred in 18% within 4 weeks of discharge. Factors associated with relapse were: female sex, symptom duration of >24h before emergency department visit, previous use of oral steroids, current use of inhaled steroids, and use of a spacer device.

Impact: This study has identified a set of easily identifiable clinical factors which are associated with a higher risk of relapse for patients with acute asthma. This could help guide healthcare providers to focus on more intensive management and discharge planning in these higher risk individuals.

Funding: Canadian Institutes of Health Research and the Medical Services Incorporated Foundation (MSI).

EPICORE's role: We helped with the data management plan, develop the case report forms, built the database, entered the data and performed quality assurance procedures on the data. One of our current research coordinators, Ms. Debbie Boyko, also participated as a site coordinator at a local ED.



Rates and Correlates of Relapse Following ED Discharge for Acute Asthma

A Canadian 20-Site Prospective Cohort Study

Brian H. Rowe, MD, FCCP; Cristina Villa-Roel, MD; Sumit R. Majumdar, MD, MPH; Riyad B. Abu-Laban, MD, MHSc; Shawn D. Aaron, MD; Ian G. Stiell, MD; Jeffrey Johnson, PhD; and Ambikaipakan Senthilselvan, PhD; for the AIR Investigators

BACKGROUND: Acute asthma is a common ED presentation. In a prospective, multicenter cohort study, we determined the frequency and factors associated with asthma relapse following discharge from the ED.

METHODS: Adults aged 18 to 55 years who were treated for acute asthma and discharged from 20 Canadian EDs underwent a structured ED interview and a follow-up telephone interview 4 weeks later. Standardized antiinflammatory treatment was offered at discharge. Multivariable analyses were performed.

RESULTS: Of 807 enrolled patients, 58% were women, and the median age was 30 years. Relapse occurred in 144 patients (18%) within 4 weeks of ED discharge. Factors independently associated with relapse occurrence were female sex (women, 22% vs men, 12%; adjusted OR [aOR], 1.9; 95% CI, 1.2-3.0); symptom duration of ≥ 24 h prior to ED visit (long duration, 19% vs short duration, 13%; aOR, 1.7; 95% CI, 1.3-2.3); ever using oral corticosteroids (ever use, 21% vs never use, 12%; aOR, 1.5; 95% CI, 1.1-2.0); current use of an inhaled corticosteroid ([ICS]/long-acting β -agonist combination product (combination product, 25% vs ICS monotherapy, 15%; aOR, 1.9; 95% CI, 1.1-3.2); and owning a spacer device (owning one, 24% vs not owning one, 15%; aOR, 1.6; 95% CI, 1.3-1.9).

CONCLUSIONS: Despite receiving guideline-concordant antiinflammatory treatments at ED discharge, almost one in five patients relapsed within 4 weeks. Female sex, prolonged symptoms, treatment-related factors, and markers of prior asthma severity were significantly associated with relapse. These results may help physicians target more aggressive interventions for patients at high risk of relapse.

CHEST 2015; 147(1):140-149

Manuscript received April 16, 2014; revision accepted September 8, 2014; originally published Online First October 23, 2014.

ABBREVIATIONS: aOR = adjusted OR; ICS = inhaled corticosteroid; LABA = long-acting β -agonist; OCS = oral corticosteroid; PEF = peak expiratory flow

AFFILIATIONS: From the Department of Emergency Medicine (Drs Rowe and Villa-Roel), the Department of Medicine (Dr Majumdar), and the School of Public Health (Drs Rowe, Villa-Roel, Johnson, and Senthilselvan), University of Alberta, Edmonton, AB; the Department of Emergency Medicine (Dr Abu-Laban), University of British Columbia, Vancouver, BC; and the Department of Medicine (Dr Aaron) and the Department of Emergency Medicine (Dr Stiell), The Ottawa Hospital Research Institute, University of Ottawa, Ottawa, ON.

FUNDING/SUPPORT: This study was supported by the Canadian Institutes of Health Research (CIHR), Ottawa, Ontario, and the Medical Services Incorporated Foundation (MSI), Edmonton, Alberta.

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DOI: 10.1378/chest.14-0843

OUR BEST GAMES

THE SECOND GOAL:

Citation: Tsuyuki RT, Houle SKD, Charrois TL, Kolber MR, Rosenthal MM, Lewanczuk R, Campbell NR, Cooney D, McAlister F. Randomized Trial of the Effect of Pharmacist Prescribing on Improving Blood Pressure in the Community: The Alberta Clinical Trial in Optimizing Hypertension (RxACTION). *Circulation* 2015;132:93-100. doi: 10.1161/CIRCULATIONAHA.115.015464.

Highlighted Researcher: Dr. Ross Tsuyuki. Professor of Medicine (Cardiology), EPICORE Centre, Department of Medicine, Faculty of Medicine and Dentistry, University of Alberta.



Methods: This was a randomized controlled trial of pharmacist prescribing and care conducted in 23 communities in Alberta. Patients with poorly controlled hypertension were identified by their pharmacist and randomized to receive an intervention (advanced care by their pharmacist including blood pressure and cardiovascular risk assessment, patient education, prescribing, laboratory testing and follow-up monthly for 6 months) or usual pharmacist/physician care with no scheduled follow-up.

Main Findings: A total of 248 patients were enrolled. The intervention group had a 6.6 mmHg greater reduction in systolic blood pressure after 6 months compared to usual care. The adjusted odds of achieving blood pressure targets was 2.32 in favour of the intervention.

Impact: This is the first randomized trial of pharmacist prescribing and showed a clinically important reduction in blood pressure. This represents a novel patient-centric, community-based approach to chronic disease management.

Funding: Canadian Institute of Health Research, Alberta Innovates – Health Solutions, Merck Canada, the Canadian Foundation for Pharmacy, and the Cardiovascular Health and Stroke Strategic Clinical Network of Alberta Health Services.

EPICORE's Role: The project lead was Dr. Sherilyn Houle, who did this as part of her PhD thesis. EPICORE faculty members, Dr. Kolber and McAlister were co-investigators, PhD student Dr. Meagan Rosenthal was also a co-investigator. EPICORE was responsible for the case report forms, data entry, data quality assurance and statistical analyses.



Health Services and Outcomes Research

Randomized Trial of the Effect of Pharmacist Prescribing on Improving Blood Pressure in the Community

The Alberta Clinical Trial in Optimizing Hypertension (RxACTION)

Ross T. Tsuyuki, BSc(Pharm), PharmD, MSc; Sherilyn K.D. Houle, BSP, PhD;
Theresa L. Charrois, BSc(Pharm), PhD; Michael R. Kolber, MD, MSc;
Meagen M. Rosenthal, MA, PhD; Richard Lewanczuk, MD, PhD; Norm R.C. Campbell, MD;
Dale Cooney, BScPharm; Finlay A. McAlister, MD, MSc; for the RxACTION Investigators*

Background—Hypertension control rates remain suboptimal. Pharmacists' scope of practice is evolving, and their position in the community may be ideal for improving hypertension care. We aimed to study the impact of pharmacist prescribing on blood pressure (BP) control in community-dwelling patients.

Methods and Results—We designed a patient-level, randomized, controlled trial, enrolling adults with above-target BP (as defined by Canadian guidelines) through community pharmacies, hospitals, or primary care teams in 23 communities in Alberta. Intervention group patients received an assessment of BP and cardiovascular risk, education on hypertension, prescribing of antihypertensive medications, laboratory monitoring, and monthly follow-up visits for 6 months (all by their pharmacist). Control group patients received a wallet card for BP recording, written hypertension information, and usual care from their pharmacist and physician. Primary outcome was the change in systolic BP at 6 months. A total of 248 patients (mean age, 64 years; 49% male) were enrolled. Baseline mean±SD systolic/diastolic BP was 150±14/84±11 mmHg. The intervention group had a mean±SE reduction in systolic BP at 6 months of 18.3±1.2 compared with 11.8±1.9 mmHg in the control group, an adjusted difference of 6.6±1.9 mmHg ($P=0.0006$). The adjusted odds of patients achieving BP targets was 2.32 (95% confidence interval, 1.17–4.15 in favor of the intervention).

Conclusions—Pharmacist prescribing for patients with hypertension resulted in a clinically important and statistically significant reduction in BP. Policy makers should consider an expanded role for pharmacists, including prescribing, to address the burden of hypertension.

Clinical Trial Registration—URL: <http://www.clinicaltrials.gov>. Unique identifier: NCT00878566.
(*Circulation*. 2015;132:93-100. DOI: 10.1161/CIRCULATIONAHA.115.015464.)

Key Words: delivery of health care ■ hypertension ■ outcome assessment (health care) ■ pharmacists

Hypertension is a key risk factor for cardiovascular disease and premature mortality worldwide, affecting 1 in 5 North American adults and with 35% to 50% remaining uncontrolled.^{1,2} Because the prevalence of hypertension increases with age,^{2,3} it is expected that an aging population will lead to an even higher prevalence of hypertension and a greater burden on existing healthcare resources to manage elevated blood pressure (BP) and its sequelae in the coming years.

Editorial see p 75 Clinical Perspective on p 100

Given the increasing workloads placed on primary care physicians, pharmacists are well positioned to take on a greater role in the management of chronic disease. Indeed, research has demonstrated the effectiveness of pharmacist-provided disease management activities, including for hypertension.⁴⁻¹⁰ Specific to hypertension, a recent systematic

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From EPICORE Centre/COMPRIS, Faculty of Medicine and Dentistry (R.T.T., S.K.D.H., T.L.C., M.R.K., M.M.R., F.A.M.), Department of Medicine, Faculty of Medicine and Dentistry (R.T.T., S.K.D.H., M.M.R., R.L., F.A.M.), Mazankowski Alberta Heart Institute (R.T.T., S.K.D.H., R.L., F.A.M.), Faculty of Pharmacy and Pharmaceutical Sciences (T.L.C.), and Department of Family Medicine, Faculty of Medicine and Dentistry (M.R.K.), University of Alberta, Edmonton, Canada; School of Pharmacy, University of Waterloo, Kitchener, ON, Canada (R.T.T., S.K.D.H.); Department of Medicine, Faculty of Medicine, University of Calgary, AB, Canada (N.R.C.C.); and Alberta College of Pharmacists, Edmonton, Canada (D.C.).

*A complete list of the RxACTION Investigators can be found in the online-only Data Supplement.

The online-only Data Supplement is available with this article at <http://circ.ahajournals.org/lookup/suppl/doi:10.1161/CIRCULATIONAHA.115.015464/-DC1>.

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OUR BEST GAMES

THE THIRD GOAL:

Citation: Kahlon S, Pederson J, Majumdar SR, Gelga S, Lau D, Fradette M, Boyko D, Bakal JA, Johnston C, Padwal RS, McAlister FA. Association between frailty and 30-day outcomes after discharge from hospital. *CMAJ* 2015; 187(11): 799-804.

Highlighted Researcher: Dr. Finlay McAlister, Professor, Department of Medicine, University of Alberta.

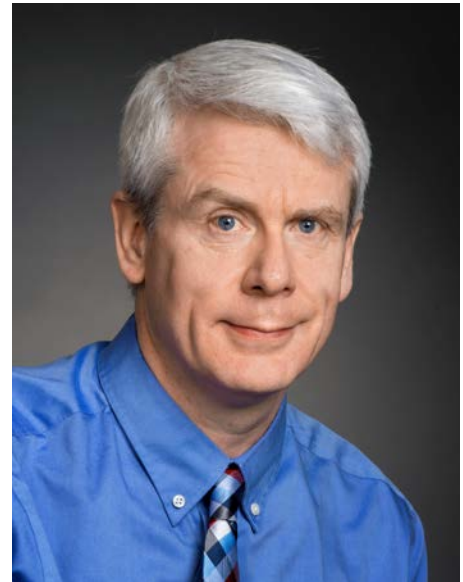
Methods: In this prospective study, Dr. McAlister and colleagues enrolled patients discharged from 7 medial wards at 2 hospitals. They measured frailty using the Clinical Frailty Scale and looked at readmission or death within 30 days of hospital discharge.

Main Findings: Of the 495 patients enrolled, one third were frail. At 30 days, readmission and death occurred more frequently in those who were frail (24.1% compared to those who were not frail (13.8%). Moderate to severe frailty was found to be an independent risk factor, and was associated with a 2.19 fold higher risk for readmission or death at 30 days

Impact: Frailty is common amongst hospitalized patients and is associated with a substantially increased risk of early readmission or death after discharge from medical wards. The authors recommend the routine use of the Clinical Frailty Scale to identify high risk patients being discharged from medical wards.

Funding: Alberta Innovates – Health Solutions

EPICORE's Role: We helped develop the case report forms and built the database. Two of our study coordinators: Miriam Fradette and Debbie Boyko contributed to data acquisition.



Association between frailty and 30-day outcomes after discharge from hospital

Sharry Kahlon MD MHA, Jenelle Pederson BA, Sumit R. Majumdar MD MPH, Sara Belga MD, Darren Lau MD PhD, Miriam Fradette BScPharm, Debbie Boyko RN, Jeffrey A. Bakal PhD, Curtis Johnston MD, Raj S. Padwal MD MSc, Finlay A. McAlister MD MSc

CMAJ Podcasts: author interview at soundcloud.com/cmajpodcasts/150100-res

ABSTRACT

Background: Readmissions after hospital discharge are common and costly, but prediction models are poor at identifying patients at high risk of readmission. We evaluated the impact of frailty on readmission or death within 30 days after discharge from general internal medicine wards.

Methods: We prospectively enrolled patients discharged from 7 medical wards at 2 teaching hospitals in Edmonton. Frailty was defined by means of the previously validated Clinical Frailty Scale. The primary outcome was the composite of readmission or death within 30 days after discharge.

Results: Of the 495 patients included in the study, 162 (33%) met the definition of frailty: 91 (18%) had mild, 60 (12%) had moderate, and 11 (2%) had severe frailty. Frail patients

were older, had more comorbidities, lower quality of life, and higher LACE scores at discharge than those who were not frail. The composite of 30-day readmission or death was higher among frail than among nonfrail patients (39 [24.1%] v. 46 [13.8%]). Although frailty added additional prognostic information to predictive models that included age, sex and LACE score, only moderate to severe frailty (31.0% event rate) was an independent risk factor for readmission or death (adjusted odds ratio 2.19, 95% confidence interval 1.12–4.24).

Interpretation: Frailty was common and associated with a substantially increased risk of early readmission or death after discharge from medical wards. The Clinical Frailty Scale could be useful in identifying high-risk patients being discharged from general internal medicine wards.

Competing interests: None declared.

This article has been peer reviewed.

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CMAJ 2015, DOI:10.1503/cmaj.150100

Readmissions within 30 days after hospital discharge are common and costly occurrences. Although many studies have attempted to identify patients at highest risk of readmission, neither experienced clinicians nor experienced researchers using rigorously developed administrative data-rich algorithms can accurately predict which patients will not successfully transition back into the community.^{1–6} This suggests that currently unrecognized factors likely play a major role in readmission risk. Identification of these factors would be important for future initiatives to reduce readmission rates by targeting resources to those at highest risk.

Frailty is a frequently underdiagnosed condition, with prevalence estimates ranging from 27% to 80% among inpatients^{7–9} and from 4% to 59% among older adults living in the community,¹⁰ depending on the frailty measure used and the population evaluated. Frailty is a multidimensional syndrome of decreased reserve and

resistance to stressors leading to increased vulnerability to adverse outcomes.^{11–14} The 2 models of frailty most commonly used in the literature are the phenotype model (e.g., the approach proposed by Fried and colleagues,¹⁵ which is based on 5 objective variables assessed at one point in time that do not include psychosocial and cognitive variables) and the cumulative deficit model (e.g., the Clinical Frailty Index, which is based on a mix of more than 30 variables capturing function in many domains over time).^{16–18}

Although the gold standard for frailty assessment is a comprehensive geriatric assessment by a multidisciplinary team, both the phenotype and cumulative deficit models appear reasonably accurate for identifying frailty. However, both are somewhat cumbersome for routine use at the bedside.¹² For these reasons, the Clinical Frailty Scale was developed and relies on clinical judgment based on history taking and clinical examination. The Clinical Frailty Scale is easy to ad-

OUR TEAM

Our Team: Some of our MVPS

TRAINEE MVP – **MEAGAN DUNN, BScN, RN**

Birthplace: Edmonton, Alberta

Playing History:

- BScN, University of Alberta
- Clinical Nurse Educator, Cardiac Care Unit, Royal Alexandra Hospital
- Staff Nurse, Cardiac Care Unit, Royal Alexandra Hospital

Position: MSc (Medicine) candidate

Length of Time with the Team: 3 years

Contributions:

Meagan is a part time student in the MSc program in Medicine while continuing as a Clinical Nurse Educator in the Cardiac Care Unit at the Royal Alexandra Hospital.

She is interested in therapeutic hypothermia (“brain cooling”) as a treatment for patients who have been successfully resuscitated from a cardiac arrest. To this end, she leads a team (the “Cool Club”) at the Royal Alexandra Hospital who educate and provide therapeutic hypothermia care to patients in the Cardiac and Intensive Care Units. In particular, Meagan is interested in neurologic recovery after therapeutic hypothermia – an area which has not been well studied and yet is important for patients and their families.

Her research has included a systematic review of therapeutic hypothermia and it’s impact on mortality and neurologic outcomes. Her review of 40 studies and almost 18,000 patients confirmed the value of therapeutic hypothermia to reduce mortality. Although the measures employed were crude, she also found a significant increase in favourable neurologic outcomes in patients who received therapeutic hypothermia, compared to those who did not. The manuscript is being submitted for publication shortly.

She has also started a registry of cardiac arrest survivors at the Royal Alexandra Hospital and so far has enrolled 110 patients. She is employing a systematic approach to assessment of neurologic recovery, using validated instruments such as the Montreal Cognitive Assessment tool (MoCA). Enrolment will continue until the end of February 2016, with the final patient follow-up anticipated in September, 2016.

Meagan has been an invited guest speaker on the topic of therapeutic hypothermia at the South China Cardiology Congress in 2013, as well as more recently at the Cardiac Sciences Edmonton Zone NP Forum in 2016.



OUR TEAM

STAFF MVP – GLENNORA DOWDING

Birthplace: Brookfield, NL

Playing History:

- Clerk, Government of Newfoundland and Labrador 1974-1980
- Secretary, Alberta Gas Chemicals Ltd., 1980-1989
- Administrative Assistant to the Director, Division of Cardiology, 1991-1995

Position: Administrative Assistant, Research Assistant (and overall organizer of us all)

Length of Time with the Team: 20 years

Contributions:

Glennora is a multipurpose player. She has multiple roles, from administrative assistant, to setting up meetings (including investigator meetings and, for 14 years, the Cardiac Sciences Research Day), to data entry, to building case report forms, and annual reports.

Glennora will be retiring in June of 2016 with our appreciation and gratitude. She leaves a legacy of commitment and service – EPICORE all the way!



OUR TEAM

ALUMNI MVP – MARCELO SHIBATA, MD FAHA

Birthplace: Sao Paulo, Brazil

Playing History:

- Graduated 1988 Faculdade de Medicina da Fundacao do ABC (Sao Paulo)
- Internal Medicine 1989-1990 INAMPS (Sao Paulo)
- Cardiology 1991-1995 Instituto Dante Pazzanese de Cardiologia (Sao Paulo)
- Cardiology fellow - 1999-2001 at Imperial College of Science Technology and Medicine - Royal Brompton NHS Trust, London England
- Post Doctoral fellow at EPICORE from 2001 to 2002



Position:

- Associate Clinical Professor, Division of Cardiology, University of Alberta
- Staff Cardiologist with a cross appointment at University of Alberta, Division of Cardiology, EPICORE Centre and at Department of Cardiology, Covenant Health Group Misericordia Hospital, from 2002 to ongoing
- Director of the Cardiac Sciences Program at Misericordia Hospital from 2013 to ongoing

Contributions:

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OUR TEAM

Our Team: The Players



Lily Yushko, MEd
Position: Team Lead, Clinical Research
Infomatics



Debbie Boyko, RN
Position: Research Coordinator



Imran Hassan, MSc(Biostats)
Position: Biostatistician



Glennora Dowding
Position: Administrative Support,
Data Entry

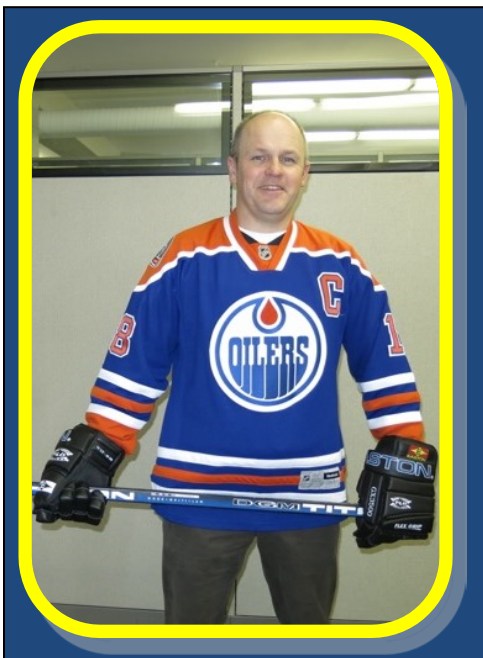
OUR TEAM



Miriam Fradette, BSc(Pharm)
Position: Research Coordinator



Tammy Bungard, BSP, PharmD
Position: Associate Professor of
Medicine (Cardiology)



Michael Kolber, MD, MSc, CCFP
Position: Assistant Professor, Family
Medicine

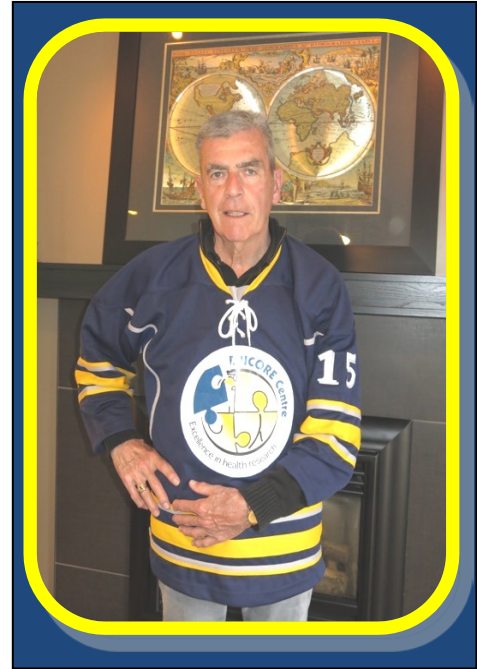


**Ross Tsuyuki, BSc(Pharm), PharmD,
MSc, FCSHP, FACC**
Position: Director, EPICORE Centre,
Professor of Medicine (Cardiology)

OUR TEAM



Paul Braconnier, BBA, CA
Position: Business and Management
Advisor



Terrence Montague, CD, MD
Position: Policy and Management
Advisor

OUR TEAM

Our Team: Future Superstars

Our Trainees:



Marcie Smigorowsky, RN, NP, PhD
(Medicine) student
(Supervisors: Dr. Ross Tsuyuki and
Dr. Colleen Norris)



Meagan Dunn, BScN, RN, MSc
(Medicine) student



Saurabh Vashishtha, MSc, PhD
student (Supervisors: Dr. Gordon
Broderick and Dr. Ross Tsuyuki)



Hanni Puspitasari, Visiting PhD
student from University of Sydney,
Australia

OUR TEAM



Yazid Al Hamarneh, BSc(Pharm), PhD
Position: Postdoctoral Research
Fellow

Congratulations to Dr. Yazid Al Hamarneh, who completed his postdoctoral research fellowship certificate. He received his certificate from the Department of Medicine in September. Yazid has now been appointed as the Assistant Director/ Scientific Officer of the SPOR SUPPORT Unit Consultation and Research Services Platform.

Congratulations to Dr. Hanni Puspitasari who completed her PhD from the University of Sydney and has started as a lecturer at the school of pharmacy at Airlangga University in Surabaya, Indonesia.

OUR TEAM

Training Camp:

MED 600: Introduction to Clinical Trials (Co-coordinators Dr. Ross Tsuyuki, Ms. Lesley Mitchell): This graduate-level course has been run by EPICORE since 2001. MED 600 covers aspects of clinical trial design, including justifying the research question, patient population, randomization, dealing with confounding and bias, case report form design, sample size, analytical plan, research ethics and consent, grantsmanship, and budgeting in a practical small group setting. It remains a popular course, frequently over subscribed and highly rated.

“Overall, great course. One of the best courses I’ve ever taken.” Excerpt from MED 600 student evaluation.



IN THE DRESSING ROOM

In the Dressing Room: Significant Events



SPOR Germinates: The Strategy for Patient-Oriented Research is a joint initiative from the Canadian Institutes of Health Research and Alberta Innovates – Health Solutions. The objective of SPOR is to foster evidence-informed health care by bringing innovative diagnostic and therapeutic approaches to the point of care, so as to ensure greater quality, accountability and accessibility of care (<http://www.cihr-irsc.gc.ca/e/41204.html>). As reported last year, Dr. Tsuyuki was selected as the lead for the Consultation and Research Services Platform of the Alberta SPOR SUPPORT Unit. We are pleased that the platform has now “germinated” and begun providing research services to investigators across Alberta. Please see our webpage at: <http://www.researchalberta.ca/initiatives/province-initiatives/spor/partner-organizations/consultation-research-services>.

The SPOR SUPPORT Unit provides infrastructure funding for EPICORE Centre to act as a host/secretariat to the Platform – supporting partial salaries for database design, biostatistics, administrative support and a coordinator. Two other important positions are funded by SPOR. We have hired our former postdoctoral fellow Dr. Yazid Al Hamarneh as the Assistant Director and Scientific Officer for the Platform. Dr. Al Hamarneh will oversee the services provided by the Consultation and Research Services platform. In the near future, we will also be recruiting a business manager for the Platform. SPOR is funded in until 2020.



Consultation &
Research Services
Platform

AROUND THE LEAGUE

Around the League: Awards



Dr. Ross Tsuyuki Tier 1 Clinical Mentoring Award, Faculty of Medicine and Dentistry, University of Alberta

Marcie Smigrowsky Canadian Council of Cardiovascular Nurses Clinical Excellence Award, 2015



Draft Picks: Future Prospects

The future is looking bright indeed. Here are but a few of the shining stars for our future:

Rheum4U (Dr. Dianne Mosher, Professor and Director, Division of Rheumatology, University of Calgary, Dr. Clare Barber, Assistant Professor, Division of Rheumatology, University of Calgary). The Rheum4U program aims to develop a system for electronic capture of clinical information, including patient reported outcomes, in all patients referred to the adult rheumatology service at the University of Calgary. This is a highly innovative project which will be rolled out in several phases. It will use iPads to collect patient information (such as quality of life and symptom severity scores) while in the waiting room and make this available to clinic staff. Rheum4U will also serve as a data source for future evaluations of rheumatologic care in Calgary.



EPICORE Centre is designing the data collection elements, including the iPad and clinician interfaces.

RxEACH (Dr. Ross Tsuyuki, Professor of Medicine (Cardiology), University of Alberta; Dr. Yazid Al Hamarneh, Postdoctoral Research Fellow, EPICORE Centre; Dr. Charlotte Jones, Associate Professor, Southern Medical Program, University of British Columbia; and Dr. Brenda Hemmelgarn, Professor and Chair, Department of Community Health Sciences, University of Calgary): Cardiovascular disease remains the biggest killer of Canadians. Risk factors for cardiovascular disease are well known, however their identification and management are still poor. RxEACH is a unique randomized trial of community pharmacist identification and management (including patient education, prescribing, ordering lab tests and follow-up) of cardiovascular risk factors. A total of 723 patients have been enrolled in this study which began in 2013. The results will be available in early 2016. RxEACH is funded by Alberta Health, Alberta Health Services (Cardiovascular and Stroke Strategic Clinical Network) and an investigator-initiated grant from Merck Canada.

EPICORE Centre has designed the case report forms, is responsible for the data management, has recruited and trained the investigators, managed the study, and will conduct the biostatistical analyses.

CHANGE Alberta (Dr. Douglas Klein, Associate Professor, Department of Family Medicine, University of Alberta): Metabolic syndrome (characterized by dyslipidemia, high blood sugar, high blood pressure and being overweight) is a strong risk factor for cardiovascular disease and diabetes. CHANGE is a behavioural change intervention delivered by a dietician, kinesiologist and family physician team. The CHANGE Study will test this intervention in a cluster randomized trial conducted in 16 primary care networks in Alberta. The expected outcome is a reduction in metabolic syndrome parameters. EPICORE Centre is responsible for the data management (case report forms, database, quality assurance of the data) and biostatistical support. This study is supported by CIHR, Alberta Cancer Prevention Legacy Fund, Metabolic Syndrome Canada, and SPOR.

OUR STATS

Our Stats: Financial Highlights

Project revenue for calendar year 2015 was higher by \$90,000 at \$474,802, compared with \$384,440 in 2014, as a result of more projects coming on stream this year. As noted in last year's report, 2014 was the final year for the Faculty of Medicine and Dentistry (FoMD) grant of \$250,000.

Total expenses have decreased by \$87,000, from \$398,000 to \$311,000. The principal reason for this decrease is that a number of staff members were partially seconded to the SPOR project mentioned in the Significant Events section of the annual report. These secondments started April 1, 2015 and are scheduled to continue until March 31, 2020.

Net income decreased \$100,000, from \$264,000 in 2014 to \$164,000 in 2015. As noted above, the conclusion of the FoMD grant in 2014 is the principal reason for this decline.

Overall, the financial health of the organization is excellent, with project revenue continuing to increase. Further, salary costs for existing staff will be lower in 2016 due to a full year of secondment to the SPOR project, compared to only 8 months in the current year.



APPENDIX A

Appendix A: Cumulative List of All EPICORE Projects

	Name	PI	Status
1	A.C.S.Database		Completed
2	Ace Inhibitor		Completed
3	ACES and Appendicitis		Completed
4	Advanced Cancer Staging		Completed
5	AFib cohort		Completed
6	Agitation & Tobacco Withdrawal		Completed
7	Anesthesia techniques for cardiac cath - Dr. F. Ru		Completed
8	Antimicrobial Catheter Study		Completed
9	Antiretrovirals in Pregnancy		Completed
10	ASCEND Mapping		Completed
11	Bleed Risk		Completed
12	Bowering Diabetes Project		Completed
13	Brain Cancer		Completed
14	Breast Implant		Completed
15	Bronchiolitis		Completed
16	Bronchoscopy		Completed
17	C.V. Awareness		Completed
18	Cadaver Study - Dept. of Anesthesiology		Completed
19	Capital Health Chart Review		Completed
20	Cardiac Access		Completed
21	Cardiovascular Risk		Completed
22	Cardioversion Wait List Study		Completed
23	Cefazolin		Completed
24	CH Chart Review		Completed
25	CHIH - Discharge Database		Completed
26	Clopidogrel following Coronary Stenting		Completed
27	Contrast		Completed
28	Creating Supports for Change and Transition		Completed
29	CRP		Completed
30	CSF – Meningitis, Encephalitis		Completed
31	CV ICU - Readmissions		Completed
32	Dept. of Medicine Database		Completed
33	Device Database		Completed
34	DOPPLER Study		Completed
35	Dr. Kunimoto consultation		Completed

APPENDIX A

36	Dumper ENT		Completed
37	Early Fibrinogen transfusions in Trauma Patients -		Completed
38	ECHO - AF		Completed
39	Echo Clinical Database		Completed
40	ECLS		Completed
41	Edmonton Flu Study		Completed
42	EPIC - Enhancing Practice to Improve Care		Completed
43	Esophageal Cancer Study		Completed
44	Exacerbation of Heart Failure		Completed
45	EXACT		Completed
46	Facial Trauma		Completed
47	Firefighter Lung Project - Medicine		Completed
48	FLAP - Surgery		Completed
49	Fragrance Study		Completed
50	FRESH		Completed
51	Geriatric Assessment		Completed
52	Glaucoma and Robot Prostatectomy - Anesthesiology		Completed
53	Globus Pharyngis		Completed
54	GRIST		Completed
55	HEALD- PCN		Completed
56	Heart Health Project		Completed
57	Hip & Knee Fracture		Completed
58	HIV/HCV Coinfection neurological diseases		Completed
59	HIV-Disease incidence/prevalence vs. neurologi		Completed
60	Hyperglycemia & Oncology		Completed
61	IBD Clinics Chart Review		Completed
62	ICD-10		Completed
63	Immunotherapy in Cat Allergy Subjects		Completed
64	IMR		Completed
65	Inhaled Milrinone and the R. Ventricle - Dept. of		Completed
66	Insulin Protocol		Completed
67	LipSplitScar Study		Completed
68	Mandibulotomy - Friend or Foe		Completed
69	MAp Study		Completed
70	MESH		Completed
71	MONO		Completed
72	NARG Dialysis Study		Completed

APPENDIX A

73	Neonatal HSV		Completed
74	NeuroSugery - Matnaj		Completed
75	NHP and Potential Adverse Events Survey		Completed
76	Niemann-Pick Type C		Completed
77	NIMV		Completed
78	Nursing Project - James		Completed
79	Osteoporosis (2003)		Completed
80	Osteoporosis (Andrea)		Completed
81	Osteoporosis Study		Completed
82	Patient Safety in CHA		Completed
83	Peds Oncology Study		Completed
84	Peds/Fever/Surgery		Completed
85	PET Database		Completed
86	Pharmacist Hypertension Project		Completed
87	Pharmacy Student Surveys		Completed
88	PICU - Fever Study		Completed
89	PPS Diabetes		Completed
90	PRECEPT		Completed
91	Pregnancy Risks		Completed
92	Prevention of Delirium		Completed
93	PTSD		Completed
94	Pulmonary involvement of Chrohns Ps on IFX - Dr. R		Completed
95	Rats IVS		Completed
96	REASSESS		Completed
97	Reducing Restraints		Completed
98	Risk Reduction Live Database		Completed
99	Risk Reduction Study		Completed
100	RURAL AMI		Completed
101	S.V.G.		Completed
102	Sample size claulation Oct 01/08 - Andrea Trai		Completed
103	Scarring		Completed
104	Smile Sonica		Completed
105	Statin Utilization		Completed
106	Stroke and First Nations		Completed
107	Supporting Vulnerable Children - AI-HS, Sharon And		Completed
108	Surgery - Toy		Completed
109	Surgery Practice - Seema		Completed
110	Surgery/Mrad		Completed

APPENDIX A

111	T-Echo Study		Completed
112	TEE Emboli		Completed
113	Telehealth		Completed
114	The Optics of Transdisciplinary Behaviours in		Completed
115	Thyroid Orbithopathy		Completed
116	Tobeornottobe - Peter D.		Completed
117	Tooth Root Resorption		Completed
118	Treatment & Control of hypertension in the Eld		Completed
119	Trends in Nosocomial Blood Stream Infections		Completed
120	Use of Pain Pumps after Abdominoplasty		Completed
121	VAC		Completed
122	Validation of a Risk Model for Mode of Death		Completed
123	VHR-ESSC		Completed
124	ABBOTT - ASPROSE Survey	ABBOTT	Completed
125	ABBOTT - ASPROSEUAH	ABBOTT	Completed
126	ABBOTT - ASPROSEUK	ABBOTT	Completed
127	ABBOTT - ASPROSEUSA	ABBOTT	Completed
128	ABBOTT - RAPROSE survey	ABBOTT	Completed
129	ABBOTT - RAPROSENL	ABBOTT	Completed
130	ABBOTT - RAPROSEUAH	ABBOTT	Completed
131	ABBOTT - RAPROSEUSA	ABBOTT	Completed
132	HESA Study - Abbott Labs	ABBOTT	Completed
133	HESA Study - Abbott Labs	ABBOTT	Completed
134	Parent Burden RSV - ABBOTT	ABBOTT	Completed
135	Comparison of Scan Methods	Abdul, A	Completed
136	Pharmacy/Cardiologist Focus Groups	Ackman, M	Completed
137	Epilepsy Clinical Database	Ahmed	Completed
138	VRR Worksite	AHS CV-SCN	Completed
139	T.V. Comparison	Allen, M	Completed
140	CAPTORS	Armstrong, P	Completed
141	WEST	Armstrong, P	Completed
142	Liver Transplantation	Bagshaw, S	Completed
143	HepC	Bailey	Completed
144	PhotoGraph	Beard, K	Completed
145	REGAIN	Beaupre, L	Completed
146	LV Strain	Becher, H	Completed
147	VAT Surgery	Bedard, E	Completed
148	Metformin and Exercise	Boule, N	Completed

APPENDIX A

149	CAMERA	Braam, B	Completed
150	Paralysis in Gastroschisis	Bratu, I	Completed
151	Gulf War Vets and CFS Databases	Broderick, G	Completed
152	Propensity Analysis	Brown, N	Completed
153	AMS - Patient Opinion Survey	Bungard, T	Completed
154	AMS Anticoagulant Control	Bungard, T	Completed
155	AMS Benchmarking for Clot	Bungard, T	Completed
156	AMS Eval. of Main.Dosing vs Loading	Bungard, T	Completed
157	AMS HAS-BLED	Bungard, T	Completed
158	AMS On the way to practice change	Bungard, T	Completed
159	AMS Physician Survey	Bungard, T	Completed
160	AMS Point of Care	Bungard, T	Completed
161	AMS Satellite Clinics	Bungard, T	Completed
162	Assessment of Atrial Fibrillation management	Bungard, T	Completed
163	Blood Pressure Assessment in the Anticoagulated Patient	Bungard, T	Completed
164	EASE Analysis	Bungard, T	Completed
165	LMWH in pregnancy	Bungard, T	Completed
166	Patient Self-Mangement of Warfarin	Bungard, T	Completed
167	Warfarin Knowledge Survey	Bungard, T	Completed
168	Diagnosis of Accuracy of Cardiac MRI	Butler, C	Completed
169	ROC Curve	Butler, C	Completed
170	Angioembolization/Spleen	Cadili, A	Completed
171	Endo Aneurysm Repair - Surgery	Cadili, A	Completed
172	Melanoma Study	Cadili, A	Completed
173	Nasogastric	Cadili, A	Completed
174	Pancreatic cyst	Cadili, A	Completed
175	SLNB	Cadili, A	Completed
176	Spleen Study	Cadili, A	Completed
177	Paravertebral Blocks/Breast Cancer	Cameron, J	Completed
178	Supraclavicular Brachial Plexus	Cameron, J	Completed
179	GP Practice	Campbell-Scherer, D	Completed
180	CHIRP Clinical Database	Casey, L	Completed
181	Scalpel and Cautery	Chao, J	Completed
182	MSS - Dr. Chari	Chari, R	Completed
183	Evidence trend	Chowdhury, R	Completed
184	Contrast Stress Echo	Choy, J	Completed
185	Echo Contract Study	Choy, J	Completed

APPENDIX A

186	Echo Stats	Choy, J	Completed
187	ENDOCARDITIS	Choy, J	Completed
188	Surg. Meno	Chubaty, A	Completed
189	Head and Neck Database	COMPRU	Completed
190	Suppression of Myocardial F-FDG uptake	Coulden, R	Completed
191	VRR Worksite	CV-SCN/Padwal, R	Completed
192	Heart Function ClinicProject	Dewart, K	Completed
193	Ulcerative Colitis and Prebiotics	Dieleman, L	Completed
194	Regional Anesthesia Database	Dillane, D	Completed
195	Dementia	Drummond, J	Completed
196	Families First Edmonton	Drummond, J	Completed
197	Control of PPH	Dryden, A	Completed
198	Alberta Heart	Dyck, J	Completed
199	Mositurizers Study	Dytoc, M	Completed
200	Total Glossectomy	Dziegielewski, P	Completed
201	Degner Project	Estabrooks, C	Completed
202	PHANTOM	Eurich, D	Completed
203	Infliximab Adherence	Evaschesen, C	Completed
204	WalkAid	Everaert, D	Completed
205	AHF-em	Ezekowitz, J	Completed
206	ARCTIC-D	Ezekowitz, J	Completed
207	CAM-CV	Ezekowitz, J	Completed
208	Canadian Heart Failure Registry	Ezekowitz, J	Completed
209	Heart Failure Clinic Data merging	Ezekowitz, J	Completed
210	HFC - Device Implant	Ezekowitz, J	Completed
211	HFC Abstract	Ezekowitz, J	Completed
212	HFC Core Data Collection	Ezekowitz, J	Completed
213	Resveratrol Study	Ezekowitz, J	Completed
214	Sodium H.F.	Ezekowitz, J	Completed
215	Vertebral Fractures in Heart Failure	Ezekowitz, J	Completed
216	VITA-H.F.	Ezekowitz, J	Completed
217	Dose Escalation	Fedorak, R	Completed
218	Pulmonary Crohns	Fedorak, R	Completed
219	VSL #3	Fedorak, R	Completed
220	Pearlium/Effectical	Fedorak, R /Sinoveda	Completed
221	TNF Alpha	Fedorak, R/Alistair	Completed
222	Pedicle Screw Insertion	Fox, R	Completed
223	Creating Bone & Joint Health	Frank, C	Completed

APPENDIX A

224	Creating Bone and Joint Health	Frank, C	Completed
225	CHAMP	Galvin, D/Jones, C	Completed
226	COPD Analyses	Garneau Lung Lab	Completed
227	How many are too many?	Garros, D	Completed
228	Propofol increases vascular relaxation - Dept of Anesthesiology	Gragasin, F	Completed
229	APPROACH Audit and Feedback Project	Graham, M	Completed
230	esSTROKE	Green, T	Completed
231	Marijuana and Epilepsy	Gross, D	Completed
232	PRP Breast Study	Guenther, C/Anzarut, A	Completed
233	RIPC	Guerra, G	Completed
234	Big Five Inventory - hosp. pharm.	Hall, J	Completed
235	Costco Pharmacists Intervention	Hanna, J	Completed
236	Breast Cancer vs Heart Failure	Haykowsky, M	Completed
237	KITE	Haykowsky, M	Completed
238	Aliskiren	Hossini, F	Completed
239	B.P. Reduction Sample Size	Houle, S	Completed
240	Catheter	Hunt, I	Completed
241	CAREERS	IHE	Completed
242	IHE Survey (Arto)	IHE	Completed
243	IHE Survey (Ollie)	IHE	Completed
244	VASTVALUS	Jacka, M	Completed
245	SPSS Syntax Development	Janzen, W	Completed
246	STRIP Type2	Johnson, J	Completed
247	IPAD Survey	Johnston, B	Completed
248	Co Morbidities	Jones, A	Completed
249	PREP Study	Jones, A	Completed
250	Memantine/ALS	Kalra, S and Chan, M	Completed
251	Acute Kidney Injury	Kanji, H	Completed
252	Colonoscopy	Kao, D	Completed
253	Fecal Transplant	Kao, D/Madsen, K.	Completed
254	Vaccination of RA patients	Keeling, S	Completed
255	IDEAL	Kimber, S	Completed
256	SATTURN Study	Kimber, S	Completed
257	STICK	King, K	Completed
258	VTE and Thrombocytopenia	Kopolovic, I	Completed
259	STATIN	Koshman, S	Completed
260	Statin Utilization 2	Koshman, S	Completed

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261	TIC TAC	Koshman, S	Completed
262	Beck Study	Kroeker, K	Completed
263	Childhood IBD	Kroeker, K	Completed
264	Fatigue in IBD	Kroeker, K	Completed
265	PIVOT Trial	Kumar, D	Completed
266	Anorectal Manometry	Lazaurescu, A	Completed
267	Banding Study	Lazaurescu, A	Completed
268	Infliximab Infusion	Lee, T/Fedorak, R	Completed
269	Iron IV vs. Oral	Lee, T/Fedorak, R	Completed
270	BNA Questionnaire	Long, R	Completed
271	T.B. Study	Long, R	Completed
272	TB Transmission - Medicine	Long, R	Completed
273	Dr. Gavin Low	Low, G	Completed
274	Genetic Mutation	Lu, C	Completed
275	Sample size calculation Oct. 01/08	Ma, M	Completed
276	AVOID	Majumdar, S	Completed
277	Opinion Leader Study	Majumdar, S	Completed
278	STOP #	Majumdar, S	Completed
279	WREST	Majumdar, S	Completed
280	Wrist Fracture	Majumdar, S	Completed
281	WRIST Fracture SubStudy	Majumdar, S	Completed
282	Impact of Pharmacists	Makowsky, M	Completed
283	E-Triage	Maksymowych, W	Completed
284	OARSI-OMERACT	Maksymowych, W	Completed
285	Seniors' Clinic Chart Review	Marin, A/Sadowski, C	Completed
286	Allergy Labeling	Marra, C	Completed
287	DMARD	Marra, C	Completed
288	Pharmacy AdaptaionServices in B.C.	Marra, C	Completed
289	PHIND-OA	Marra, C	Completed
290	PHIT OA	Marra, C	Completed
291	CAP - Antibiotic Failure	Marrie, T	Completed
292	CAP - Bacteremia	Marrie, T	Completed
293	CAP - COPD	Marrie, T	Completed
294	CAP - Etiology - Extended Diagnostic Testing	Marrie, T	Completed
295	CAP - Etiology - Non-pneumonia Patients	Marrie, T	Completed
296	CAP - Etiology - Urine Normals Substudy	Marrie, T	Completed
297	CAP - Etiology & Cytokine Profile	Marrie, T	Completed
298	CAP - Etiology & TB NMR	Marrie, T	Completed

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299	CAP - Etiology of Staph Aureus	Marrie, T	Completed
300	CAP - ICU	Marrie, T	Completed
301	CAP - Low Risk admissions	Marrie, T	Completed
302	CAP - Pregnancy	Marrie, T	Completed
303	CAP - QFever	Marrie, T	Completed
304	CAP – Serial Metabolomics	Marrie, T	Completed
305	CAP - Urine Normals	Marrie, T	Completed
306	CAP - Wetaskiwin	Marrie, T	Completed
307	CAP Study (Main)	Marrie, T	Completed
308	CAPS - Patterns of Antibiotic Use	Marrie, T	Completed
309	CAP-Telehealth	Marrie, T	Completed
310	Med Student Clinical Skills	Marrie, T	Completed
311	UACAPS	Marrie, T	Completed
312	Early Inflammatroty Arthritis	Martin, L	Completed
313	Lupus HealthNet	Martin, L	Completed
314	ASTHMA - Bridging the Gap	Mayers, I	Completed
315	ASTHMA - Phase 2	Mayers, I	Completed
316	ASTHMA - Phase 3	Mayers, I	Completed
317	ASTHMA - Physician Survey	Mayers, I	Completed
318	ASTHMA Phase 1	Mayers, I	Completed
319	ASTHMA School Questionnaire	Mayers, I	Completed
320	COPD Education Initiative	Mayers, I	Completed
321	MedImmune	Mayers, I	Completed
322	ASTHMA - All Phases	Mayers, I/Man, P	Completed
323	DAAFI -2	McAlister, F	Completed
324	ESP-CAD	McAlister, F	Completed
325	Heart Failure Database	McAlister, F	Completed
326	PREVENTION	McAlister, F	Completed
327	DCA in PHT Grant	Michelakis, E	Completed
328	Data Transfer	Miciak, G	Completed
329	Thrombosis	Mitchell, L	Completed
330	Quality of Life in Kidney Disease	Molzahn, A	Completed
331	Acute Kidney Injury in Children	Morgan, C	Completed
332	Long Term Renal Outcomes	Morgan, C	Completed
333	Renal Oxygenation as Predictors of AKI	Morgan, C	Completed
334	RFFF vs ALTF	Morrissey	Completed
335	Nose Bleed Study	Morrissey, A	Completed
336	GN Registry	Murray, A	Completed

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337	Myocarditis	Nee/Paterson	Completed
338	Relationship between OT and Trust	Norris, C	Completed
339	Treatment for depression /CAD	Norris, C	Completed
340	Oropharyngeal Cancer Survival	O'Connell	Completed
341	OPSCC	O'Connell, D	Completed
342	Fingerprinting in patients with CAD	Oudit, G	Completed
343	HELP	Oudit, G	Completed
344	Novel Study	Oudit, G	Completed
345	Bairhugger Study	PACU-RAH	Completed
346	APPLES Study	Padwal, R	Completed
347	Sample size estimation Equivalence design	Padwal, R	Completed
348	WELCOME	Padwal, R	Completed
349	EP Ablation	Pantano, A	Completed
350	LV Function Recovery in Myocarditis	Pate	Completed
351	Breast Cancer	Patel	Completed
352	Proximal RCA	Paterson, I	Completed
353	Kidney Disease and Q of L	Pauly, R	Completed
354	NHD Interviews	Pauly, R	Completed
355	Niacin Pilot Study	Pearson, G	Completed
356	ABI Study	Pehowich, M	Completed
357	SBE Prophylaxis	Pharis	Completed
358	HIV-Antiepileptic Drug Study	Power, C	Completed
359	Neuropsychological Testing Study	Power, C	Completed
360	TB Rsch	Rennert-May, E	Completed
361	Endocarditis in Pediatric Patients	Robinson, J	Completed
362	IVCRB in Children - Pediatric	Robinson, J	Completed
363	Initial Access Prescribing by Pharmacists in AB	Rosenthal, M	Completed
364	SUPPORT CDM II	Rosenthal, M	Completed
365	BeIMR	Ross, D/Pretorius, V	Completed
366	ACE	Rowe, B	Completed
367	AIR	Rowe, B	Completed
368	ED-Directed Interventions	Rowe, B	Completed
369	Educate Asthma	Rowe, B	Completed
370	Emergency Depart. Projects	Rowe, B	Completed
371	The Lung Attack Alert Study	Rowe, B	Completed
372	WHIPLASH	Russell, A	Completed
373	Whiplash Survey	Russell, A	Completed
374	GDM	Ryan, E	Completed

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375	Hypoglycemic Agent	Ryan, E	Completed
376	Fecal Incontinence in men	Sadowski, D	Completed
377	SCOPE Pilot Project	Sadowski, D	Completed
378	EP Ablation Substudy - ICD	Sandhu, R	Completed
379	Graduating Students Survey	Schindel, T	Completed
380	DOXCABG	Schulze, C	Completed
381	Benefit from Anticoagulation	Shanks, M	Completed
382	Dell Obesity Trial	Sharma, A/Tsuyuki, R	Completed
383	ASTHMA Professional Practice Survey	Sharpe, H	Completed
384	ASTHMA WAP	Sheldon S.	Completed
385	Preclampsia	Sia, W	Completed
386	Urine P/C Ratio Study	Sia, W	Completed
387	GBS	Siddiqi, Z	Completed
388	MMF withdrawal Study	Siddiqi, Z	Completed
389	Vascular Intervention Program	Simpson, S/Johnson, J	Completed
390	CV ICU - Glycemic Control	Singh, G	Completed
391	Compression AF	Sivakumaran, S	Completed
392	Factor X	Sivakumaran, S	Completed
393	START Study	Slaughter, S	Completed
394	Sample Size	Smigorowsky, M	Completed
395	Risedronate + CA and Vit. D	Soo, I	Completed
396	Smoking	Spencer, T	Completed
397	Sample size J. Stewart	Stewart, J	Completed
398	Fort Chip Project	Svenson, L	Completed
399	Refractory ascites	Tandon, P	Completed
400	TOSCA	Teo, K	Completed
401	Digoxin Levels	Thompson, A	Completed
402	Need and Method Training	Thomson, A	Completed
403	exSALT	Tredget, T	Completed
404	Thermal Injury Study	Tredget, T	Completed
405	Difficult Airway (Anesthesiology)	Tsui, B	Completed
406	Edm ARA Acute Pain Service	Tsui, B	Completed
407	Electrical Impedance	Tsui, B	Completed
408	ACHIEVA	Tsuyuki, R	Completed
409	BREATHE	Tsuyuki, R	Completed
410	Characterizing Pharmacy's Professional Culture - D	Tsuyuki, R	Completed
411	COLLABORATE Survey	Tsuyuki, R	Completed
412	Compensation for Pharmacists	Tsuyuki, R	Completed

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413	CONCORDANCE	Tsuyuki, R	Completed
414	COPE Study	Tsuyuki, R	Completed
415	Determining Glycemic Control- Pilot	Tsuyuki, R	Completed
416	Effect of mixed messages on pharmacy practice change	Tsuyuki, R	Completed
417	EPI SOB	Tsuyuki, R	Completed
418	epiPAD	Tsuyuki, R	Completed
419	EpiSOB - Saskatchewan	Tsuyuki, R	Completed
420	HEARTT	Tsuyuki, R	Completed
421	HF Medication Burden	Tsuyuki, R	Completed
422	Hypertension Care in PCN	Tsuyuki, R	Completed
423	Improving the Pharmaceutical Care of Canadians - D	Tsuyuki, R	Completed
424	Knowledge Translation Canada	Tsuyuki, R	Completed
425	Management of CHF in Long-Term Care	Tsuyuki, R	Completed
426	Misaligned Culture and Mindset	Tsuyuki, R	Completed
427	MORE SCRIP	Tsuyuki, R	Completed
428	PaKSAC	Tsuyuki, R	Completed
429	Parmalat	Tsuyuki, R	Completed
430	Pharmacy Culture	Tsuyuki, R	Completed
431	Pharmacy Survey	Tsuyuki, R	Completed
432	PSAP7	Tsuyuki, R	Completed
433	REACT	Tsuyuki, R	Completed
434	REACT - Ex	Tsuyuki, R	Completed
435	Relationship between personality traits and pharma	Tsuyuki, R	Completed
436	RxACT	Tsuyuki, R	Completed
437	RxACTION	Tsuyuki, R	Completed
438	RxING	Tsuyuki, R	Completed
439	SCRIP - HTN	Tsuyuki, R	Completed
440	SCRIP Plus	Tsuyuki, R	Completed
441	SCRIP Plus Extension	Tsuyuki, R	Completed
442	Statin Survey	Tsuyuki, R	Completed
443	COLLABORATE	Tsuyuki, R/AHS Pharmacy	Completed
444	SDM Optimum Study	Tsuyuki, R/Tonelli, M	Completed
445	Red Yeast	Tyrrell, B	Completed
446	SPAT 2005	Tyrrell, G	Completed
447	Vaccine paper - Temp	Tyrrell, L	Completed
448	Conduction Block in Atrial Fibrillation	Valtuille, L	Completed
449	EP ABLATION - Pilot study	Valtuille, L	Completed

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450	Colonoscopy	Van Zantem, S	Completed
451	ReadToMe	Van Zantem, S	Completed
452	Support for Clinical Practice Change	Van, D	Completed
453	Epistaxis	Vethanayagam, D	Completed
454	HHT	Vethanayagam, D	Completed
455	CARE - CAM	Vohra, S	Completed
456	CARE - CHEO	Vohra, S	Completed
457	CARE - HC-AWR	Vohra, S	Completed
458	CARE - Maternal hypothyroidism	Vohra, S	Completed
459	Cold FX	Vohra, S	Completed
460	DELPHI	Vohra, S	Completed
461	Melatonin RCT	Vohra, S	Completed
462	MY NAP	Vohra, S	Completed
463	Pediatric Integrative Medicine	Vohra, S	Completed
464	Rhodiola Rosea	Vohra, S	Completed
465	SONAR	Vohra, S	Completed
466	ASRLS/SafetyNET	Vohra, S and Pohlman, K	Completed
467	Urinary Tract Infections	Wagg, A	Completed
468	Mini-Metrxics	Wang, S	Completed
469	Mini-METRIXICS - Validation	Wang, S	Completed
470	AIM 3	Webber	Completed
471	Cardiopulmonary Exercise Testing	Welsh, R	Completed
472	MetaAnalysis	Welsh, R	Completed
473	PCI Registry	Welsh, R	Completed
474	PHAST Care Survey	Welsh, R	Completed
475	PROACT Biomarkers Study	Welsh, R	Completed
476	PURGE	Welsh, R	Completed
477	Radial Artery Occlusion	Welsh, R	Completed
478	REMCON - STEMI	Welsh, R	Completed
479	Rural STEMI Database	Welsh, R	Completed
480	STREAM	Welsh, R	Completed
481	STREAM	Welsh, R	Completed
482	VHR - MVD	Welsh, R	Completed
483	VHR - RADAR	Welsh, R	Completed
484	Vital Heart Response	Welsh, R	Completed
485	Z-PROACT	Welsh, R	Completed
486	Imuran Study	Wong, J	Completed
487	Frontal Sinus	Wright	Completed

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488	Botox	Yuksel, N	Completed
489	Chronic Pelvic Pain	Yuksel, N	Completed
490	Osteopharm	Yuksel, N	Completed
491	Testosterone therapy	Yuksel, N	Completed
492	CVICU Frailty Study	Bagshaw, S	Ongoing
493	ICU Frailty Study	Bagshaw, S	Ongoing
494	SPARK	Bagshaw, S	Ongoing
495	GLADIATOR	Bagshaw, S/Singh, G	Ongoing
496	GLS from Biplane Contrast Echo	Becher, H	Ongoing
497	IMAGE -CAD Study	Becher, H	Ongoing
498	APRoN	Bell, R	Ongoing
499	Peas and Beans	Bell, R	Ongoing
500	AMS Database	Bungard, T	Ongoing
501	C-PASS	Butcher, K	Ongoing
502	ICH ADAPT II	Butcher, K	Ongoing
503	CMV Infection & Disease in High-Risk Tx Recipients	Cervera, C	Ongoing
504	Brain Cooling	Chan, Michael	Ongoing
505	Ultrasound test for Pressure Ulcer	Chan, Ming	Ongoing
506	ABLE - cGVHD Study	Cuvelier, G	Ongoing
507	Prebiotics for Prevention of UC	Dieleman, L	Ongoing
508	Diet in Ulcerative Colitis	Dieleman, L/Madesen, K	Ongoing
509	Pheochromocytoma Resection	Duttchen, K	Ongoing
510	Northern Alberta Cirrhosis Cohort	Garcia, L/Tandon P	Ongoing
511	Improving CPR Quality in PICU	Gilfoyle, E	Ongoing
512	INFORM	Gramlich, L	Ongoing
513	Diabetes Care Optimization	Gyenes, G	Ongoing
514	Perceptions of Pharmacist's Role and Professional Development	Hughes, C	Ongoing
515	RA Risk Reduction	Keeling, S	Ongoing
516	ON TRAAC	Keeling, S/Katz S	Ongoing
517	esACS Substudy	Khan, N	Ongoing
518	SWI - Vancomycin Sternal Wound	Khani-Hanjani	Ongoing
519	esACS	King-Shier, K	Ongoing
520	CHANGE ALBERTA	Klein, D	Ongoing
521	C-STOP	Majumdar, S	Ongoing
522	Medication Risk Assessment Survey	Makowsky, M	Ongoing
523	e-HEALS	Makowsky, M/Cor, K	Ongoing
524	FORCAST	Maksymowych, W	Ongoing

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525	RAPPORT	Maksymowych, W	Ongoing
526	RAPPORT - Newfoundland	Maksymowych, W	Ongoing
527	Early Inflammatory Arthritis	Martin, L	Ongoing
528	RAPPORT – Calgary	Martin, L	Ongoing
529	HAART Study	Mason, A	Ongoing
530	PROACTIVE	McAlister, F	Ongoing
531	ABLE – Thrombosis	Mitchell, L	Ongoing
532	BMS Biomarkers	Mitchell, L	Ongoing
533	Rheum4U	Mosher, D/Devoe, D/Emrick, A/Barber C	Ongoing
534	Smart-e-Pants	Mushahwar, V/Chan, Ming/Dukolow, S/Zygun, D	Ongoing
535	RAPPORT - Biologics - IHE	Ohinmaa, A/IHE	Ongoing
536	EVOLUTION	Padwal, R	Ongoing
537	An Integrative Intervention to Improve Critically Ill Patients' Pain, Physiological and Psychological Outcomes	Papathansoglou, E	Ongoing
538	SETS	Parent, E	Ongoing
539	Manticore Study	Paterson, I	Ongoing
540	ABLE - Cisplatin and Hearing loss	Rassekh, R	Ongoing
541	ABLE – Clinical Trial – Prevention of Hearing Loss	Rassekh, R	Ongoing
542	Antibiotics in Cystic Fibrosis	Saad, E/Brown, N	Ongoing
543	Lower Urinary Tract Symptoms Screening	Sadowski, C	Ongoing
544	ABLE	Schultz, K	Ongoing
545	Mystery CRT	Sivakumaran, S	Ongoing
546	EVADE	Tomczak, C	Ongoing
547	Asbestosis and Silicosis	Tsuyuki, R	Ongoing
548	RxEACH	Tsuyuki, R	Ongoing
549	SPAT	Tyrrell, G/Marrie, T	Ongoing
550	SPAT 4	Tyrrell, G/Marrie, T	Ongoing
551	CV ICU Readmission	Van Diepen, S	Ongoing
552	COMPACT	Van Diepen, S,	Ongoing
553	ABLE - Cisplatin and Kidney Disease	Zappitelli, M	Ongoing

APPENDIX B

Appendix B: Partial List of Investigators Served

1	ABBOTT/Abbvie
2	Abdul, A
3	Ackman, M
4	Allen, M
5	Armstrong, P
6	Bagshaw, S
7	Bailey
8	Barber, C
9	Beard, K
10	Beaupre, L
11	Becher, H
12	Bedard, E
13	Bell, N
14	Bell, R
15	Boule, N
16	Braam, B
17	Bratu, I
18	Broderick, G
19	Brown, N
20	Bungard, T
21	Burton, J
22	Butcher, K
23	Butler, C
24	Cadili, A
25	Cameron, J
26	Campbell-Scherer, D
27	Casey, L
28	Cervera, C
29	Chan, Michael
30	Chan, Ming
31	Chao, J
32	Chari
33	Chowdhury, R
34	Choy, J
35	Chubaty, A
36	Coulden, R

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37	Cuvelier, G
38	CV-SCN (AHS)
39	Devoe, D
40	Dewart, K
41	Dhaliwal, R
42	Dieleman, L
43	Dillane, D
44	Dong, K
45	Drummond, J
46	Dukolow, S
47	Duttchen, K
48	Dyck, J
49	Dytoc, M
50	Dziegielewski, P
51	El Biale, T
52	Emrick, A
53	Estabrooks, C
54	Eurich, D
55	Evaschesen, C
56	Everaert, D
57	Ezekowitz, J
58	Fedorak, R
59	Fedorak/Alistair
60	Fox, R
61	Frank, C
62	Galvin, D
63	Garcia, L
64	Garneau Lung Lab
65	Garros, D
66	Gilfoyle, E
67	Gonzales
68	Gragasin, F
69	Graham, M
70	Gramlich, L
71	Green, T
72	Gross, D
73	Guenther, C/Anzarut, A
74	Guerra, G
75	Gyenes, G

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76	Hall, J, Hall, K
77	Hanna, J
78	Haykowsky, M
79	Hossini, F
80	Houle, S
81	Hughes, C
82	Hunt, I
83	Institute of Health Economics
84	Jacka, M
85	Janzen, W
86	Johnson, JA
87	Johnston, B
88	Jones, A
89	Kalra, S
90	Kanji, H
91	Kao, D
92	Katz, S
93	Keeling, S
94	Keshteli, A
95	Khan, N
96	Khani-Hanjani, A
97	Kimber, S
98	King-Shier, K
99	Klein, D
100	Kopolovic, I
101	Koshman, S
102	Kroeker, K
103	Kumar, A
104	Lai, F
105	Lazaurescu, A
106	Lee, T/Fedorak, R
107	Lehr, E
108	Li, Suqing
109	Long, R
110	Lu, C
111	Ma, M
112	Madsen, K
113	Majumdar, S
114	Makaroff, C

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115	Makowsky, M
116	Makskmowych, W
117	Manns, B
118	Marin, A
119	Marra, C
120	Marrie, T
121	Martin, L
122	Mason, A
123	Mayers, I
124	McAlister, F
125	McNeely, M
126	Michelakis, E
127	Miciak, G
128	Mitchell, L
129	Molzahn, A
130	Morgan, C
131	Morrissey, A
132	Mosher, D
133	Murray, A
134	Mushahwar, V
135	Nee/Paterson
136	Norris, C
137	O'Connell, D
138	Ohinmaa, A
139	Oudit, G
140	PACU-RAH
141	Padwal, R
142	Pantano, A
143	Papathansoglou, E
144	Parent, E
145	Pate
146	Patel
147	Paterson, I
148	Pauly, R
149	Pearson, G
150	Pehowich, M
151	Pharis
152	Power, C
153	Pretorius, V

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154	Rassekh, R
155	Ravid, N
156	Reid, S
157	Robinson, J
158	Rolfson, D
159	Rosenthal, M
160	Ross, D
161	Rowe, B
162	Russell, A
163	Ryan, E
164	Saad, E
165	Sadowski, C
166	Sadowski, D
167	Sandhu, R
168	Schindel, T
169	Schultz, K
170	Schulze, C
171	Shanks, M
172	Sharma, A
173	Sharpe, H
174	Sheldon, S
175	Shibata, M
176	Sia, W
177	Siddiqi, Z
178	Siffeldeem, J
179	Simpson, S
180	Sinclair, D
181	Singh, G
182	Sivakumar, L
183	Sivakumaran, S
184	Slaughter, S
185	Smigorowsky, M
186	Soo, I
187	Spencer, T
188	Svenson, L
189	Tandon, P
190	Teo, K
191	Thompson, A
192	Thomson, A

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193	Tonelli, M
194	Tredget, T
195	Tsui, B
196	Tsuyuki, R
197	Tyrrell, B
198	Tyrrell, G
199	Tyrrell, L
200	Valtuille, L
201	Van Diepen, S
202	Van Zanten, S
203	Vethanayagam, D
204	Vohra, S
205	Wagg, A
206	Wang, S
207	Webber
208	Welsh, R
209	Wong, J
210	Wright
211	Yuksel, N
212	Zappitelli, M
213	Zygun, D

APPENDIX C:

Appendix C: Current Projects

	Project	Principal Investigators/Co-investigators/Project Managers
1	CVICU Frailty Study	Bagshaw, S
2	ICU Frailty Study	Bagshaw, S
3	SPARK	Bagshaw, S
4	GLADIATOR	Bagshaw, S & Singh, G
5	GLS from Biplane Contrast Echo	Becher, H
6	IMAGE -CAD Study	Becher, H/Sarban, V
7	APRoN	Bell, R
8	Peas and Beans	Bell, R
9	AMS Database	Bungard, T
10	C-PASS	Butcher, K/Sivakumar, L
11	ICH ADAPT II	Butcher, K/Sivakumar, L
12	CMV infection and disease in high-risk transplant recipients (CMV donor positive and recipient negative) in the era of universal prophylaxis	Cervera, C
13	Brain Cooling Study	Chan, Michael, Dunn, M
14	Ultrasound test for Pressure Ulcer	Chan, Ming
15	ABLE - cGVHD Study	Cuvelier, G
16	Prebiotics for Prevention of Ulcerative Colitis	Dieleman, L
17	Diet in Ulcerative Colitis	Dieleman, L/Madsen K/Keshteli, A
18	Preoperative alpha-blockade for pheochromocytoma resection: Canada Vs USA	Duttchen, K
19	Northern Alberta Cirrhosis Cohort	Garcia, L/Tandon P
20	Impact of Improving CPR Quality on Patient Outcome in PICU	Gilfoyle, E
21	INFORM	Gramlich, L/Dhaliwal, R
22	Diabetes Care Optimization	Gyenes, G/Li, Suqing
23	Perceptions of Pharmacist's Role and Professional Development	Hughes, C
24	RA Risk Reduction	Keeling, S
25	ON TRAAC	Keeling, S and Katz
26	esACS Substudy	Khan, N
27	SWI – Vancomycin Sternal Wound	Khani-Hanjani, A
28	esACS Study	King-Shier, K
29	CHANGE ALBERTA	Klein, D/ Humphries, S

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30	C-STOP	Majumdar, S
31	Medication Risk Assessment Survey	Makowsky, M
32	e-HEALS	Makowsky, M/Cor, K
33	FORCAST	Maksymowych, W
34	RAPPORT	Maksymowych, W
35	RAPPORT - Newfoundland	Maksymowych, W
36	Early Inflammatory Arthritis	Martin, L
37	RAPPORT - Calgary	Martin, L
38	HAART Study	Mason, A
39	PROACTIVE	McAlister, F
40	ABLE - Thrombosis	Mitchell, L
41	BMS Biomarkers	Mitchell, L
42	Rheum4U	Mosher, D/Devoe, D/Emrick A/Barber, C
43	Smart-e-Pants	Mushahwar, V/Chan, Ming/Dukolow, S/Zygun, D
44	RAPPORT - Biologics	Ohinmass, A/Institute of Health Economics
45	EVOLUTION	Padwal, R
46	An Integrative Intervention to Improve Critically Ill Patients' Pain, Physiological and Psychological Outcomes	Papathansoglou, E
47	SETS – Schroth Exercise - Scoliosis	Parent, E
48	MANTICORE	Paterson, I
49	ABLE - Cisplatin and Hearing loss	Rassekh, R
50	ABLE - Clinical Trial - Prevention of Hearing Loss	Rassekh, R.
51	Antibiotics in Cystic Fibrosis	Saad, E/Brown N
52	Lower Urinary Tract Symptoms Screening	Sadowski, C
53	ABLE	Schultz, K
54	Mystery CRT	Sivakumaran, S
55	EVADE	Tomczak, C
56	RxEACH	Tsuyuki, R
57	Asbestosis and Silicosis	Tsuyuki, R
58	SPAT	Tyrrell, G/Marrie, T
59	SPAT 4	Tyrrell, G/Marrie, T
60	COMPACT	Van Diepen, S
61	CV ICU Readmission	Van Diepen, S
62	Cisplatin and Kidney Disease	Zappitelli, M

Appendix D: EPICORE Centre Publications - 2015

1. Wong JN, Olson JL, Morhart MJ, Chan KM. Electrical Stimulation Enhances Sensory Recovery: A Randomized Controlled Trial. *Ann Neurol* 2015;77:996-1006.
2. Sebastianski M, Tonelli M, Tsuyuki RT. Ethnic Differences in Prevalence of Peripheral Artery Disease in Patients Undergoing Hemodialysis. *J Racial Ethnic Health Disparities* 2015;2:275-279. Published online December 2014. DOI 10.1007/s40615-014-0066-7.
3. Rosenthal MM, Houle SKD, Tsuyuki RT. A cluster-randomized controlled knowledge translation feasibility study in Alberta community pharmacies using the PARIHS framework: Study Protocol. *Pilot and Feasibility Studies* 2015;1:2.
4. Santschi V, Tsuyuki RT, Paradis G. Evidence for Pharmacist Care in the Management of Hypertension. *Can Pharm J* 2015;148(1):13-16.
5. Bagshaw S, Stelfox T, Johnson J, McDermid R, Rolfson D, Tsuyuki R, Ibrahim Q, Majumdar S. Long-Term Association Between Frailty and Health-Related Quality-of-Life Among Survivors of Critical Illness: A Prospective Multi-Centre Cohort Study. *Critical Care Medicine* 2015;43(5):973-982. DOI: 10.1097CCM.0000000000000860.
6. Omran D, Majumdar SR, Johnson JA, Tsuyuki RT, Lewanczuk RZ, Guirguis LM, Makowsky M, Simpson SH. Pharmacists on Primary Care Teams: Effect on Antihypertensive Medication Management in Patients with Type 2 Diabetes. *J Am Pharm Assoc*.2015;55:265-268.
7. Rosenthal MM, Houle SKD, Eberhart G, Tsuyuki RT. Prescribing by pharmacists in Alberta and its relation to culture and personality traits. *Res Soc Admin Pharm* 2015;11(3):401-411.
8. Foster BC, Cvijovic K, Boon HS, Tam TW, Liu R, Murty M, Vu D, Jaeger W, Tsuyuki RT, Barnes J, Vohra S. Melatonin Interaction Resulting in Severe Sedation. *J Pharm Pharm Sci* 2015;18(2):124-131.
9. Rosenthal M, Sutton J, Austin Z, Tsuyuki R. Relationship between personality traits and pharmacist performance in a pharmacy practice research trial. *Can Pharm J* 2015;148(4):209-216. DOI: 10.1177/1715163515586846.
10. Adamko D, Nair P, Mayer I, Tsuyuki RT, Regush S, Rowe BH. Metabolomic profiling of asthma and COPD: A pilot study differentiating diseases. *J Allergy Clinical Immunol* 2015;136(3):571-580.e3.
11. Tsuyuki RT, Houle SKD, Charrois TL, Kolber MR, Rosenthal MM, Lewanczuk R, Campbell NR, Cooney D, McAlister F. Randomized Trial of the Effect of Pharmacist Prescribing on Improving Blood Pressure in the Community: The Alberta Clinical Trial in Optimizing Hypertension (RxACTION). *Circulation* 2015;132:93-100. doi: 10.1161/CIRCULATIONAHA.115.015464.
12. Houle SKD, Padwal R, Poirier L, Tsuyuki RT. The 2015 Canadian Hypertension Education Program (CHEP) guidelines for pharmacists: An update. *Can Pharm J* 2015;148(4):180-186. DOI:10.1177/1715163515586847.
13. Simpson SH, Majumdar SR, Tsuyuki RT, Lewanczuk RZ, Spooner R, Johnson JA. Cost-Effectiveness Analysis of Adding Pharmacists to Primary Care Teams to Reduce Cardiovascular Risk in Patients with Type 2 Diabetes: Results from a Randomized Controlled Trial. *Diab Medicine* 2015;32(7):899-906.
14. Rosenthal M, Hall KW, Bussi eres JF, Tsuyuki RT. Professional Culture and Personality Traits of Hospital Pharmacists Across Canada: a Fundamental First Step in Developing Effective Knowledge Translation Strategies. *Can J Hosp Pharm* 2015;68(2):127-135.
15. Al Hamarneh Y, Sauriol L, Tsuyuki RT. After the diabetes care trial ends, now what? A 1-year follow-up of the RxING study. *BMJ Open* 2015;5:e008152. doi:10.1136/bmjopen-2015-008152.

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16. Curtis C, Balint C, Al Hamarneh YN, Donald M, Tsuyuki RT, McBrien K, Jackson W, Hemmelgarn B. Online clinical pathway for managing adults with chronic kidney disease. *Can Pharm J* 2015;148(5):257-262.
17. Gabriel GG, Tsuyuki RT, Wagg A, Hunter K, Tannenbaum C, Sadowski CA. A pharmacist's guide to care of adult patients presenting with lower urinary tract symptoms. *Can Pharm J* 2015;148(5):249-256.
18. Al Hamarneh YN, Hemmelgarn B, Curtis C, Balint C, Jones CA, Tsuyuki RT. Community pharmacist Targeted Screening for Chronic Kidney Disease. *Can Pharm J* 2015;149(1):13-17.
19. Rowe BH, Villa-Roel C, Majumdar SR, Abu-Laban RB, Aaron SD, Johnson JA, Stiell IG, Senthilselvan A for the AIR Investigators. Rates and correlates of relapse following ED discharge for acute asthma: a Canadian 20-site prospective cohort study. *Chest*. 2015; 147: 140-149.
20. Kahlon S, Pederson J, Majumdar SR, Belga S, Lau D, Fradette M, Boyko D, Bakal JA, Johnston C, Padwal RS, McAlister FA. Association between frailty and 30-day outcomes after discharge from hospital. *CMAJ*. 2015; 187: 799-804.
21. Duhaney T, Campbell N, Niebylski ML, Kaczorowski J, Tsuyuki RT, Willis K, Mang E, Arango M, Morris D, Ashley L. Death by diet: The role of food pricing interventions as a public policy response and health advocacy opportunity (Editorial). *CJC* 2015;31:112-116.
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APPENDIX E

Appendix E: Summary Income Statement

EPICORE Income Statement

For the 12 month periods ending December 31, 2015 and 2014

	2015	2014
Revenues		
Project income	\$ 474,802	\$ 384,440
Faculty of Medicine and Dentistry Grant	-	250,000
Accrued revenue not invoiced	-	28,096
Total revenue	<u>474,802</u>	<u>662,536</u>
Expenses		
Salaries and benefits	206,769	335,773
Consulting and outside services	10,750	12,014
Supplies	4,258	5,481
Computer and office supplies	6,068	2,231
Telecommunications	5,689	6,217
Facility and equipment related costs	4,579	4,721
Travel	4,306	3,902
Parking and other registrations	-	442
Bad debts	68,402	27,335
Total expenses	<u>310,821</u>	<u>398,116</u>
Net income	<u>\$ 163,981</u>	<u>\$ 264,420</u>