



**EPI**  
Volume 6 ~ Summer 2015

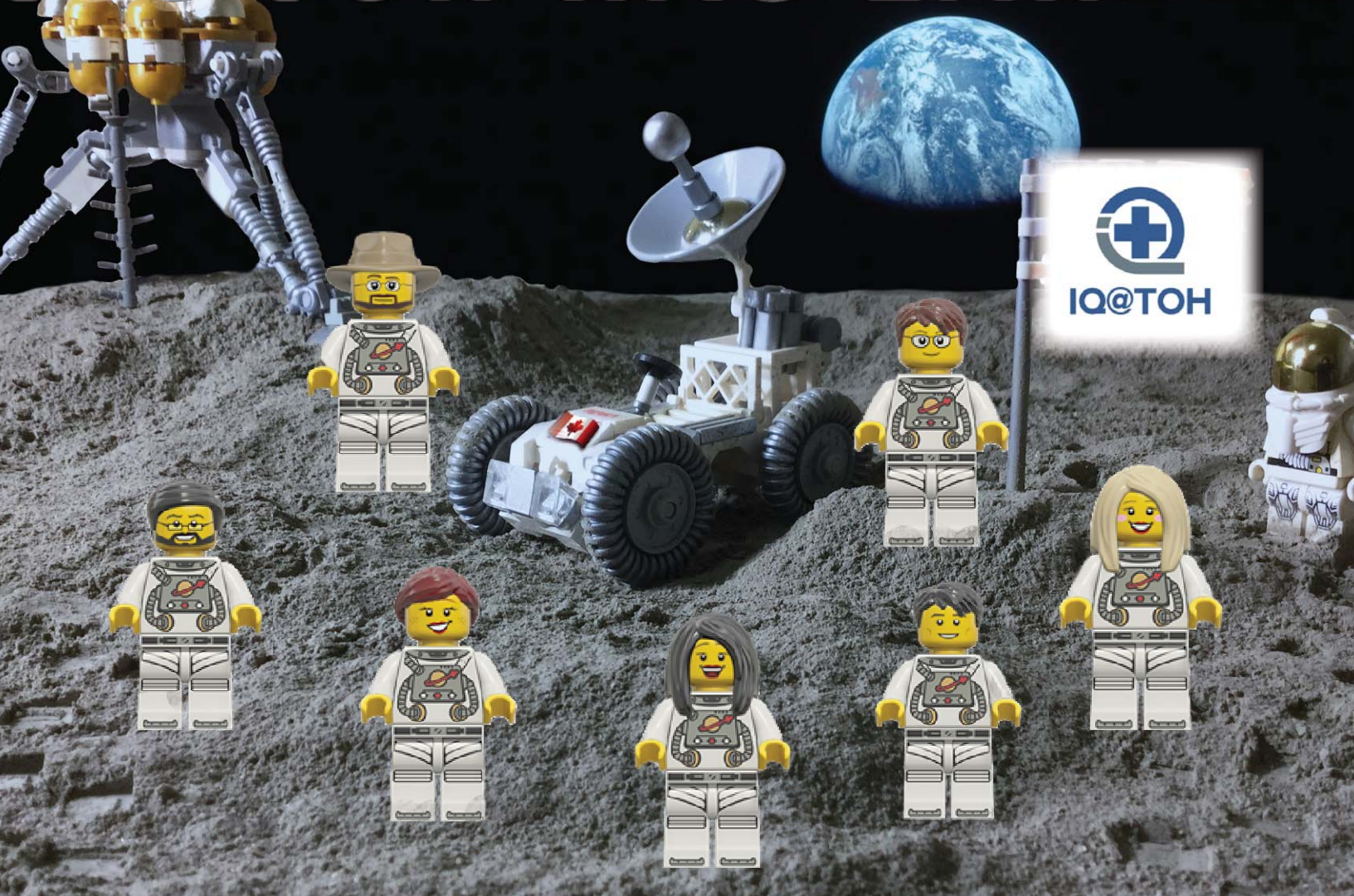
focusing on CEP news and events that matter to you

**gram**

# NOW PLAYING

IMPROVING QUALITY AT TOH AND BEYOND...

## IQ@TOH HAS LANDED



**STARRING RESEARCHERS AND  
STAFF FROM THE OTTAWA HOSPITAL  
RESEARCH INSTITUTE AND  
THE OTTAWA HOSPITAL**

**PRODUCED BY THE IQ@TOH TEAM  
DIRECTED BY THE GOAL OF ACHIEVING  
TOP 10% IN QUALITY**

**PG**

**PARENTAL GUIDANCE SUGGESTED**

Some material may not be suitable for children



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# Message from the Director

Where has the time gone! With the beautiful summer weather winding down, we are approaching the time of year when two important Ottawa Hospital Research Institute events take place.

The first is Clinical Research Week running from Monday, October 19 to Friday, October 23rd. This year marks the **10<sup>th</sup> anniversary of OHRI's Clinical Research Training Course!** The week will be an exciting time of celebrations, hot topics and new learning opportunities so I encourage all staff to register now at: <http://www.ohri.ca/clinicalresearchtraining/Home.aspx>. I am also inviting you to submit a clinical research poster to profile the work that you are doing. The posters will be shown on Monday, October 19th from 9am to noon in CCW 5225 (General campus). If you are interested in displaying your work, please email [crtc@ohri.ca](mailto:crtc@ohri.ca) before the deadline on Friday, October 16<sup>th</sup>.

The other major event is **OHRI Research Day** taking place on Wednesday, November 18th at the St. Elias Centre. This year, the OHRI will be featuring keynote lectures by two world-renowned researchers - Dr. Peter Zandstra from the University of Toronto and Dr. Harvey Chochinov from University of Manitoba. Between 7:30am and 5:30pm, the Elias Centre will be buzzing with exciting new research in the areas of clinical epidemiology, cancer, chronic disease, neuroscience, and regenerative medicine. All staff is invited and encouraged to attend this annual showcase event. It is free of charge so register now at: <http://www.ohri.ca/OHRIEvents/ResearchDay/>. I hope to see a great turnout from CEP scientists and staff.

You can find out more information about these two events inside of this volume of EPIgram!

Dr. Dean Fergusson

Centre for Practice-Changing Research at the General campus



## About us

The Ottawa Hospital Research Institute's Clinical Epidemiology Program (CEP), affiliated with the University of Ottawa, aims to put knowledge to work – performing high quality clinical research that can inform health decisions and ensuring that results are optimally applied to improve health. CEP is known globally for its expertise in clinical trials, systematic reviews, knowledge translation, clinical decision rules and patient decision aids. To this end, the CEP is organized into six main themes, namely: Knowledge synthesis; Health research methods; Maternal and fetal health; Emergency medicine and Critical care; Circulatory and respiratory health; Knowledge translation, quality and safety. CEP is also affiliated with The Ottawa Hospital Rehabilitation Centre (TOHRC).





# Message from OMC Scientific Director, Dr. Tim Ramsay

It's been a big year for the Ottawa Methods Centre (OMC). As many of you know, last fall it was formally announced that the OMC was selected to be one of 12 collaborating centres making up the Ontario SPOR Support Unit (OSSU). OSSU is the Ontario component of the new Canadian Strategy for Patient Oriented Research (SPOR), and is jointly funded by CIHR and the Government of Ontario. In November, OSSU announced a competition for high impact, patient oriented trials and applicants were specifically instructed to seek consultation and support from OSSU collaborating centres. There were 126 registered letters of intent, of which only 16 were invited to submit a full application. The OMC provided design and methods support for 13 of those 16. Finally, seven trials were funded with the OMC supporting six of them. The icing on the cake is that two of the funded trials came from the University of Ottawa's Faculty of Medicine. The principal investigators are OHRI scientists **Dr. Christian Vaillancourt** and **Dr. Simon Hatcher**, of the Department of Psychiatry. For more information on how the OMC can support patient oriented research, please contact Lisa McGovern, our SPOR Program Facilitator: [spor-omc@ohri.ca](mailto:spor-omc@ohri.ca). ✨



Tim is holding a hen-of-the-woods mushroom that he picked in Britannia woods (Ottawa). It's an excellent mushroom for eating and a single one can be as big as a hundred pounds. The one he's holding is actually really small, about five pounds.

CENTRE  
METHODES  
OTTAWA  
METHODS  
CENTRE

## #saveCochraneCanada

Cochrane Canada, based at The Ottawa Hospital and led by **Dr. Jeremy Grimshaw**, is set to close when its funding runs out in September 2015. Its primary funder, the Canadian Institutes of Health Research (CIHR), has not renewed its support. Cochrane Canada is part of an independent global network of over 30,000 health care practitioners, researchers, patient advocates and others. Cochrane works to turn the evidence generated through research into useful information for making everyday decisions about health. Cochrane Canada was established in 1993 and is one of 14 centres worldwide. More than 120 countries belong to this nonprofit collaboration. This funding decision is not based on the organization's performance, but rather on changes to the CIHR grant structure. Cochrane Canada is undertaking a campaign to try to help keep its doors open and is asking for your help. ✨



Find out how you can help to **#saveCochraneCanada**

# CEP in the news

## March

### Younger immigrants at greater risk of developing IBD: study

CTV covered a study by **Drs. Eric Benchimol and Doug Manuel** that found younger immigrants were more likely to develop inflammatory bowel disease (IBD) than their parents and at a similar rate to children born in Ontario, suggesting there are environmental factors that affect a younger population.

### DNA test slashes wait times for tuberculosis diagnosis in Iqaluit

**Dr. Gonzalo Alvarez** was in the news across the country after publishing a study showing that a simple DNA test could dramatically reduce the time to diagnose and treat tuberculosis in Iqaluit. Previously, sputum samples had to be flown to Ottawa for a testing process that could take a week to more than a month. The new process, done entirely in Iqaluit, allowed patients to be treated less than two days after samples were collected. The results prompted the Government of Nunavut to fund the continuing use of the DNA test. The results are published in CHEST Journal.

CEP Co-authors: **Drs. Deborah Van Dyk, Marc Desjardins, Shawn Aaron, William Cameron, Smita Pakhale.**



### When life gets in the way of immunization

The Ottawa Citizen interviewed **Dr. Kumanan Wilson** about so-called “vaccine delinquent” people, who don’t get vaccinated because they simply don’t get around to it (as opposed to anti-vaxxers who actively oppose it). This group represents a significant threat to high immunization coverage, but they are not often talked about in the vaccine debate.

### Ontario decision to cover costly hepatitis C drug a lifesaver

**Dr. Curtis Cooper** told the Ottawa Citizen that Ontario’s decision to pay for an expensive new hepatitis C is a “landmark event” that will change the lives of thousands of people with



the disease. Dr. Cooper and his team have played a key role in clinical trials leading to the approval of new drugs that are revolutionizing the treatment of hepatitis C.

## April

### End-of-life care accounts for 10% of health budget

A new study led by **Dr. Peter Tanuseputro**, a research fellow in Dr. Doug Manuel’s group, shows that Ontario spends \$4.7 billion annually (approximately 10% of the health care budget) on care in the last year of life. Inpatient hospital stays, which rise sharply in the last few months of life, are the biggest driver of costs, accounting for 43% of all funds spent on health care in the last year of life. This uniquely detailed analysis of 265,000 deaths was conducted through powerful ICES databases, which anonymously link many types of medical records for all Ontarians. The results support the desire of patients and health administrators to have better options for health care at home during the end-of-life. This study was published in PLOS ONE and was featured on the front page of the National Post, as well as in other newspapers such as the Winnipeg Free Press, Ottawa Citizen and Montreal Gazette.

CEP Co-author: **Dr. Douglas Manuel**

### Researchers develop mobile solution for immunization reporting

**Dr. Kumanan Wilson** is part of a team that launched a pilot project to allow Ottawa parents to use the ImmunizeCA smartphone app to report their children’s immunization information to Ottawa Public Health. The ImmunizeCA app, launched in March 2014, helps parents store, manage and back-up their families’ vaccination records and easily access their provincial or territorial vaccination schedule. “This pilot is the beginning of the next generation of immunization systems where mobile technologies empower people to hold and share their family’s vaccination records,” states Dr. Wilson. “It will help public health teams get the information they need to better protect the public from vaccine preventable diseases.”

Partners: CHEO’s Better Outcomes Registry & Network (BORN), Ottawa Public Health, Canadian Public Health Association, Immunize Canada.





## In the media



**Dr. Paul Beaulé** was interviewed on CBC Radio and TV as part of a series on joint problems and joint surgery, including research that is helping to improve patient care.

results, published in the New England Journal of Medicine, are expected to improve patient care and reduce screening costs around the world. Unexplained blood clots have long been thought of as a possible early warning sign of cancer, with previous studies suggesting that up to 10% of patients with unexplained clots will be diagnosed with cancer within the year. Dr. Carrier's study shows that the rate of cancer is actually less than half that in these patients and CT scanning does not help detect additional cancers or improve survival. CEP Co-authors: **Ms. Kim Danovitch, Drs. Gregoire Le Gal, Phil Wells, Daniel Corsi, Tim Ramsay, Doug Coyle, Marc Rodger** ✨



## June

**Tool can accurately predict risk of death within one year of hospital admission**

An accurate assessment of risk of death, particularly if that risk is high, could motivate and inform discussions between patients and physicians regarding goals of care  
~ Carl van Walraven



Has someone you love recently been admitted to the hospital? Would you like to know what their chance of dying is within the next year? If so, this can now be easily calculated using the HOMR (Hospital-patient One-year Mortality Risk) model developed by **Dr. Carl van Walraven** and colleagues. They recently published a study in the Canadian Medical Association Journal (CMAJ) validating the HOMR tool in more than 3 million patients in Ontario, Alberta and Boston. "An accurate assessment of risk of death, particularly if that risk is high, could motivate and inform discussions between patients and physicians regarding goals of care," said Dr. van Walraven. The model could also help hospitals measure and compare performance. Dr. van Walraven was interviewed about this research in the Ottawa Sun. CEP Co-author: **Dr. Steven Hawken**

**CT scanning does not improve cancer detection in people with unexplained blood clots**

A national clinical trial led by **Dr. Marc Carrier** has found that contrary to expectations, a CT scan of the abdomen and pelvis does not improve cancer detection in people with unexplained blood clots in their legs and lungs. The



## 1980 in the news...

### Never too young

**Alan Forster** ran his second Ottawa marathon - fourth marathon overall - at the age of 10. Alan was the youngest entrant in 1980 - but there were 14 boys and three girls age 14 and under who ran that year. He ran much of the marathon with his father John, but at mile 19 set off on his own because his dad "couldn't keep up." He went on to win a national cross-country title while at the University of Ottawa. He is now Dr. Alan Forster and continues to run.

# Getting to know the Knowledge Synthesis Group (KSG)

~by Roxanne Ward, Research Program Manager, KSG




**The KSG**

## Who are we?

The KSG includes approximately 25 individuals under the leadership of **Dr. David Moher**. We are an academic, diverse group made up of clinicians, nurses, physiotherapists, epidemiologists, health economists, methodologists, an information specialist, a library assistant, and statisticians. We've been part of the Ottawa Methods Centre since 2008 and have been exclusively engaged in knowledge synthesis and related methods work since 2002.

The KSG is home to several international research initiatives

including the Cochrane Collaboration's Bias Methods Group (BMG), the Consolidated of Reporting Initiatives for Randomized Controlled Trials (CONSORT) group; Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) group; the Coordinating Centre for the Knowledge Synthesis (KS) Canada Network; and one of CIHR's designated Drug Safety and Effectiveness Network (DSEN) Collaborating Centre for Network Meta-Analysis. We were recently named a Health Technology Assessment (HTA) Centre for the Canadian Agency for Drugs and Technology in Health (CADTH). 



So, by now, you are probably yawning and saying “so what?” and “who cares?”. But, a lot of the work that we have done has had an impact on decisions made by policy makers, has influenced our health care system which ultimately affects the health care that we receive.

## So, what is it that do we do?

We synthesize knowledge (no, we don’t make it up!). Using rigorous methods, we search out available evidence to answer specific questions. Not only do we search for evidence, we gauge the quality of the evidence. It is not enough to say that the evidence suggests that we treat disease X with drug Y; if the quality of the evidence is poor, then this can affect the decisions made based on this evidence. One example of such a review that we conducted, looked at the association of the use of serotonin reuptake inhibitors (SSRIs) and other antidepressants on the risk of fractures and changes in bone mineral density.

KSG is committed to developing high quality knowledge syntheses such as systematic reviews; health technology assessments; scoping reviews; and rapid reviews. It has garnered international recognition having conducted knowledge synthesis research for local, provincial, national and international stakeholders. Our team understands that access to evidence-based information is central to making informed decisions that harness the benefits of technology while ensuring that there is ‘value for money’ in making health technology decisions.

We’re very lucky in that we collaborate with many investigators and clinicians here locally on various projects. We have a number of projects underway that are led by OHRI investigators and feel that it is important to support the growth of our local research talent.

## Recent claims to fame

Last July, we were approached by the World Health

Organization to conduct a rapid review on the effectiveness of personal protective equipment for health care workers involved in the Ebola virus outbreak in West Africa. We successfully completed a rapid review within the eight week time frame required and this work contributed to the development of their guidelines on the use of personal protective equipment for their health care workers.

We have conducted several systematic reviews for the Belgium Knowledge Centre to provide the evidence they required for the development and revision of their clinical care guidelines. We have developed a good working relationship with BORN and have conducted a number of rapid reviews that have provided the background evidence needed for the development of Key Performance Indicators.

We are fortunate to have two health economists, Kednapa Thavorn and Sasha Van-Katwyk, join our team and they have been busy since they arrived.

Last year, KSG was successfully awarded a Drug Safety and Effectiveness Network (DSEN) Network Meta-analysis (NMA) Centre under the direction of Brian Hutton and others from the University of Ottawa Heart Institute and St. Michael’s Hospital. The focus of this work will involve conducting NMA’s which use sophisticated statistical methods for quantitatively addressing indirect comparisons of several competing interventions.

Several members of the team are interested in the area of Journalology, the studies of publication science in the broadest sense. David Moher has successfully received funding to conduct research in this area; one of the projects will look at the core competencies of journal editors with the ultimate goal of developing a list of core competencies for Cochrane editors as well as a package of training resources to enable editors to achieve these competencies.

## KSG Limerick

There once was a group called KSG  
Made up of talented people, says me.  
You don’t see us much,  
But we are a good bunch  
And think that SR’s are the  
**bees knees!**



So, as you can see, we are a busy collaborative group with a variety of projects on the go. Please feel free to come and see any one of us if you have a question about systematic reviews, methods, or just want to chat. ✨

Contact the KSG:

**[KSGroup@toh.on.ca](mailto:KSGroup@toh.on.ca)**







Wednesday, November 18, 2015  
7:30 a.m. to 5:30 p.m.

St. Elias Centre, 750 Ridgewood Ave.  
(Across from Mooney's Bay)

# OHRI RESEARCH DAY 2015

**Registration is now open!**

<http://www.ohri.ca/OHRIEvents/ResearchDay/>

**Featuring**

**Keynote lectures from two world-renowned researchers**

- ★ **Dr. Peter W. Zandstra**, Canada Research Chair in Stem Cell Bioengineering, University of Toronto
- ★ **Dr. Harvey Max Chochinov**, Canada Research Chair in Palliative Care, University of Manitoba, Cancer Care Manitoba

- Mini-symposia focusing on exciting new research in areas such as cancer, chronic disease, clinical epidemiology, neuroscience, and regenerative medicine. Basic, clinical and translational research will be included
- More than 100 research posters from trainees and staff
- Prizes for the best poster (in Masters, PhD, Postdoctoral categories) and for the best oral presentations: \$500 for 1st, \$250 for 2nd and \$100 for 3rd
- **IMPACT Award** for identifying innovations stemming from research and considering how that research could benefit society: \$500 for 1st, \$250 for 2nd and \$100 for 3rd
- Breakfast, hot lunch and snacks
- Excellent networking opportunities at a centrally located, premier conference facility
- Free parking and wireless internet
- Reception and cash bar

## Who should attend?

All trainees, scientists and clinician investigators at the Ottawa Hospital Research Institute  
Any other staff at The Ottawa Hospital and the Research Institute with an interest in research and supervisor approval to attend

## You should know...

This event is free of charge for members of The Ottawa Hospital and the Research Institute

Questions? Contact Jane Canniff [jcanniff@ohri.ca](mailto:jcanniff@ohri.ca)

# Ria De Gorter

B.Sc.

Research Coordinator for Dr. Lisa Calder,  
Emergency Medicine  
Clinical Epidemiology Program, OHRI



## Ria's favorite things:

**to eat & drink:** pizza, sushi,  
taro-flavored bubble tea

**movie:** The Sandlot & Forest Gump

**tv show:** Sex & the City

**sport:** tennis

**music:** Boyz II Men

Ria with Titan, an 8 month Samoyed



**EPIgram:** What was your first job?

**RDG:** My first job was making beaver tails at the Toronto Zoo! The BEST part (other than eating beaver tails and experimenting with flavours) was that I got to walk by the polar bears every time I came in for a shift, as well as free entrance to the zoo itself.

**EPIgram:** What drives you to do research?

**RDG:** I am driven by the knowledge that the research's results will eventually help patients and the health care system to provide better service to patients.

**EPIgram:** What are you currently working on?

**RDG:** Most of my time is currently spent on coordinating a Canada wide, multi centre study for Dr. Lisa Calder, the **CarE study**, "A Multicenter Prospective Cohort Study of Adverse Events Among Patients Discharged with Sentinel **C**ardiovascular **E**mergency Department Diagnoses". At the moment, we are in the data cleaning and verifying stage of the study (enrollment closed as of December 1st, 2014). Otherwise, I assist with a number of other studies and tasks, such as scheduling various research meetings for Dr. Calder, ensuring all studies are running on budget, and overseeing a couple of research assistants and medical students working on our projects.

**EPIgram:** What accomplishment are you most proud of?

**RDG:** I am glad I made the decision to move to a different city. Although it was a bit scary to leave a full-time position (I used to work at Sunnybrook Research Institute) as a Trauma research assistant for Orthopaedics





# Ria De Gorter

Surgery, to go back to school (I was accepted into the University of Ottawa's Population Health Risk Assessment and Management graduate certificate program), as well as leave my family and friends, I think the risk paid off. I was fortunate enough to find my current position two months after I completed the graduate certificate program, and I've been here since (three years in July). I enjoy working for Dr. Calder and with our team and find the research we are conducting is fascinating and very innovative.

**EPIgram:** If you hadn't become someone who works in research, what would you be doing?

**RDG:** Tough question. I do not think I would ever have done something outside of research. If I was forced to choose, I guess I would work in an animal shelter.

**EPIgram:** What do you like to do in your spare time?

**RDG:** I enjoy spending time with my husband, Ryan, and our ten month old puppy, Titan (a Samoyed), reading and travelling to new places. I also enjoy going for long bike rides throughout the city and playing tennis.

**EPIgram:** What one word would you use to describe yourself?

**RDG:** Cheerful

**EPIgram:** What's the one thing about you few people know?

**RDG:** When I was younger, I really wanted to become a famous singer!

**EPIgram:** What inspires you to do good?

**RDG:** Knowing that it helps others, and you could be the reason that someone's day is that much better, due to small random acts of kindness.

**EPIgram:** Where did you grow up and what was it like?

**RDG:** I grew up in Manila, Philippines until I was five years old, then my family immigrated to Scarborough (Toronto), Ontario. At first, it was hard to make new friends in this country, but then it became easier and I enjoyed having four seasons in a year. My childhood was pretty great, and I formed lasting friendships in elementary school that have lasted until adulthood (two friends were part of my bridesmaids when I was married last year). Although it was financially tough for the first couple of years, my parents made sure my sisters and I (three girls in total, I am the middle child), understood the value of hard work and achieving your goals.

**EPIgram:** What are some goals you are still trying to accomplish?

**RDG:** Travelling more and to learn how to play a new instrument, such as the guitar or violin.

**EPIgram:** What are you really bad at that you'd love to be great at?

**RDG:** Knitting; to be fair, I haven't really focused enough energy into it to be good (I still have not finished a scarf I started three years ago)!

**EPIgram:** Do you have any phobias?

**RDG:** Spiders - all insects; I hate the thought of them even crawling on me!!

**EPIgram:** If you could possess one super human power, what would it be? Why?

**RDG:** To fly. It would cut down travel time, be environmentally friendly, and I would still be able to see the scenery go by and visit whomever and wherever I want.




Ria and Ryan during our hike in the Samaria Gorge, Crete, Greece June 2014



# Discover Tugwell's new Team

~by Jordi Pardo Pardo



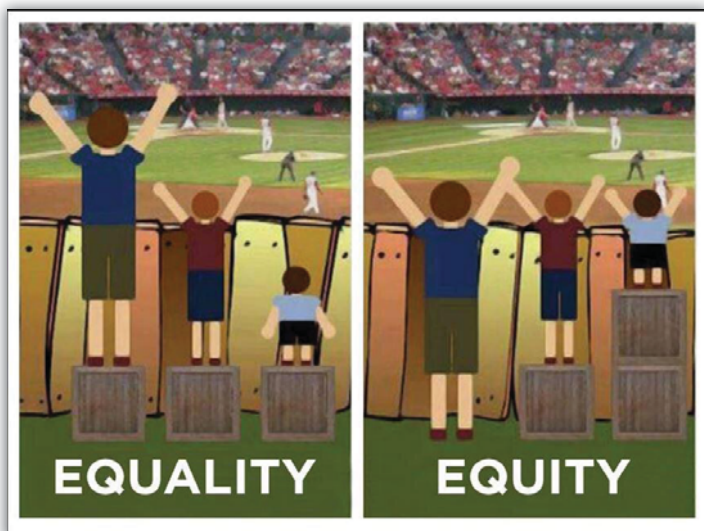
**Dr. Peter Tugwell** has been around CEP for a while, but after several years at the Institute of Population Health, he now has his main office in the Centre for Practice-Changing Research (CPCR). Peter is a passionate Cochrane contributor (infected with the Cochrane bug by Iain Chalmers himself!) and a lot of the work he does is related to systematic reviews. Peter's research focuses on rheumatology and health equity. 





## Rheumatology


Do you wonder what are the best treatments for arthritis and other painful chronic conditions? Peter does too! He is one of the two coordinating editors of Cochrane Musculoskeletal, managing the editorial process of hundreds of reviews of all sort of painful conditions. Peter is also part of the OMERACT executive group; a group of clinicians, researchers, patients, industry and regulators looking to generate a core set of outcomes for studies in rheumatology.



## Health Equity

There is an old joke that says a statistician is the person who believes that if you eat one chicken and I eat nothing we both eat half a chicken. Do you see the problem? Then, this is similar to what looking at health equity can show to you. Beyond the average estimates, there are differences in health outcomes based on different aspects like gender, socio-economic status or education, to mention a few. Peter's research looks at finding these differences and look for a solution to diminish such unfair differences.

## Now let's meet Peter's team...

- 1** **Lara Maxwell** Since 2004 Lara has been involved with the Cochrane Collaboration and OMERACT. As managing editor of the Cochrane Musculoskeletal Group, she conducts and facilitates the production of systematic reviews on a wide range of interventions for arthritis. She is involved in the risk of bias and multiple intervention methods initiatives within the Cochrane Collaboration. She received a MSc in Epidemiology from the University of Ottawa and is currently enrolled in a PhD program at the University of Split. You won't see her often, because she has her base in Belgrade, Serbia.
- 2** **Jennifer Petkovic** Jennifer has a BSc in Health Sciences from Brock University, a MSc in Population and Public Health (Global Health) from Simon Fraser University and is currently a PhD student at the University of Split in Croatia. In her role as coordinator of the Equity Methods Group, she provides Campbell and Cochrane systematic review authors with guidance on methods for equity focused systematic reviews. Jennifer discovered late in life a passion for curling and now is following it with passion and enthusiasm!
- 3** **Elizabeth Ghogomu** Elizabeth Tanjong-Ghogomu has an MD degree from the University of Yaounde, Cameroon and an MSc in Public Health from Oxford Brookes University in the UK. As the assistant managing editor of the Cochrane Musculoskeletal Group, Elizabeth coordinates and facilitates the production of systematic reviews the Group publishes on musculoskeletal conditions. Given the Cochrane Collaboration's global scope, this involves facilitating and organizing the communication and collaboration of researchers around the world. Elizabeth loves singing, but you will need to work really hard to hear a demonstration of her talent!
- 4** **Bob Shumsky** Bob joined the group in January 2010 as its financial and administration manager. Bob has worked in both the public and the private sectors. Bob is invaluable to keep the accounts in order and he's the director of operations of the team. Bob is fluent in Russian, so if you want to practice, don't miss the chance to speak with him. 

5 **Maria Cannataro** Maria is a part-time administrative assistant for the team. She has previous experience working in the epidemiology departments of the Ottawa Hospital Research Institute (OHRI) and Canadian Blood Services. She holds a Bachelor of Science degree from the University of Western Ontario. Maria is invaluable to keep the team in line when submitting grants or managing CVs: an oasis of calm when more is needed!

6 **Jordi Pardo Pardo** Jordi was trained as a journalist, but early in his career he started working on health research in the Iberoamerican Cochrane Centre in Barcelona, Spain, where he is from. Jordi contributes as one of the managing editors of the Cochrane Musculoskeletal Group, and supporting the activities of the Equity Methods Group. When he is not busy working or convincing someone to present at the Clinical Epidemiology Debates every other Wednesday, he is probably watching soccer. If not, he is coaching soccer or playing soccer. We can safely assume he likes soccer.

7 **Vivian Welch** Vivian is a Clinical Epidemiology methodologist at the Bruyère Research Institute, lead of the BRI Method Centre, assistant professor at University of Ottawa, and deputy director of the Centre for Global Health, University of Ottawa. Vivian's research interests involve systematic reviews, health equity, global health, knowledge translation and clinical guidelines. She is passionate about running and considers Cabot Trail Relay Race a religious experience. ✨



In photo: 2014 Christmas party at Peter's house. This group consists of the following teams within the Centre for Global Health:

- Cochrane Methods Equity
- Cochrane Musculoskeletal
- OMERACT team
- PhD Students
- Journal of Clinical Epidemiology (JCE)



## KEITH'S FAVORITE:

**Food:** Yogurt with almonds and honey.

**T.V. show:** Jeopardy (I actually record it on the PVR!).

**Sport:** I have become a gym enthusiast in the last few years, going several times a week.

**Music:** "Blood on the Tracks" era Bob Dylan.



**KEITH  
WILSON, PhD**

Associate Scientist, Clinical Psychology



**The Psychology of Chronic Pain**

# KEITH WILSON

**EPIgram:** What drives you to do research?

**KW:** I still find that psychology is a fascinating field and there are really interesting questions that we can actually answer. Some of these answers help people to change their lives in meaningful ways.

**EPIgram:** What are you currently working on?

**KW:** My colleagues and I are working in the area of chronic pain management at The Ottawa Hospital Rehabilitation Centre. We have a particular interest in concurrent problems that people with chronic pain often experience, such as insomnia and suicidal thoughts. We are looking at how common these problems are (sadly, very common), how they affect people (badly), and whether we can treat them (yes, but we can do better).

**EPIgram:** What accomplishment are you most proud of?

**KW:** Professionally, I had the privilege of leading a national team of researchers in palliative cancer care, which produced a number of important findings about acceptance of a life threatening prognosis, mental health problems, the multidimensional experience of suffering, and the factors that motivate physician-assisted suicide.

Personally, I am pretty proud that I taught my daughter, Gaby, how to play the guitar. She is now a fabulous singer and songwriter.

**EPIgram:**

What was your first job?

**KW:** I filed income tax returns in a big government warehouse on Lisgar Street in downtown Ottawa.

**EPIgram:** What do you like to do in your spare time?

**KW:** I bang away on an old guitar. I also like going to Bytown movies, visiting friends, and binge-watching old TV shows on Netflix.

**EPIgram:** What one word would you use to describe yourself?

**KW:** Without over-thinking it, I'm inclined to say "patient" – which took some time and work to achieve.


**EPIgram:** What's the one thing about you few people know?

**KW:** My wife, Maggy, and I know a lot about mental health and addiction problems, and the harm they bring to people, families, and communities. We are very supportive of recovery activities in the community.

**EPIgram:** Where did you grow up and what was it like?

**KW:** I grew up in Aylmer, Quebec with a lot of other baby boomers. It was far out, man!

**EPIgram:** What are some goals you are still trying to accomplish?

**KW:** On my office wall, I have pinned up a "bucket list" of completed research projects that I would like to see published before I retire. Every now and again, I cross one off. 

Keith and his wife, Maggy in support of Ottawa Recovery Day which takes place on September 27, 2015



## DID YOU KNOW?

During the month of September, Canadians in recovery from addiction join with friends and family to build awareness, challenge societal stigma, and celebrate the role that recovery plays in improving the lives of individuals, families, and communities. More info: <http://www.recoveryday.ca/>



# KEITH WILSON

**EPIgram:** What are you really bad at that you'd love to be great at?

**KW:** I used to be a good golfer. Not so much any more.

**EPIgram:** Do you have any phobias?

**KW:** I have a subclinical case of coulrophobia\*.

**EPIgram:** What actor would play you in a movie about your life?

**KW:** I often get told I look like John Cusack (not a bad thing), although Kevin Spacey has also been mentioned (oh well!). ✨



Keith receiving the Research Excellence Award from the Canadian Association of Psychosocial Oncology in 2013

## Happiness

Apparently, the word “happiness” comes from an old Middle English word, “hap”, which means “luck”, suggesting that we are “happy” when we are the beneficiaries of external good fortune.

I prefer a definition that views “happiness” as more internally generated, a state of appreciative contentment, inner calm, awareness, acceptance, serenity, and confidence that one can handle whatever obstacles “happen” to crop up.

~ Dr. Keith Wilson

## \*coulrophobia



Line breaks: coul|ro|phobia

Pronunciation: /ˌkɒlrəˈfəʊbiə/  
noun

Extreme or irrational fear of clowns

~Oxford dictionary

# Celebrating a **Decade** of Continuing Clinical Research Education

~by Tammy Beaudoin,  
Clinical Research Facilitator & Monitor



Ten years ago, Facebook opened to anyone over 13 years of age, just about every radio station was playing Justin Timberlake's smash hit "Sexy Back", one of the hottest toys on the market was the Nintendo Wii, and while we might not have made the news, we were making history here too!

Over ten years ago, Dr. Phil Wells had a vision for clinical research in which investigators and research staff would come together in an effort to ensure continuing research education and a commitment to research quality. Ten years ago, the OHRI's **Clinical Research Training Course (CRTC)** was born and since that time we've educated, grown and advanced clinical research within the walls of The Ottawa Hospital as well as for clinicians and research staff in surrounding areas.

This October marks the ten year anniversary of the CRTC and the Clinical Research Administration team is thrilled to announce that we will celebrate **Clinical Research Week October 19 – 23!** A great deal of planning and preparation has been going on behind the scenes in an effort to ensure a week that is filled with celebrations, hot research topics and new learning opportunities for all who attend.

## Mark your calendars!

Monday, October 19	Tuesday, October 20	Tuesday, October 20
Opening Celebrations	Medical Grand Rounds: Patient Engagement Session	Investigator stream: Methods and Efficiencies and Patient Engagement Focus
Wednesday, October 21	Wednesday, October 21	Thursday, October 22
Nursing Research	Evening Community Session (RA Centre)	Clinical Research Training Course (full day): speakers and workshops
Friday, October 23	<b>Learn with us</b> <b>Collaborate with us</b> <b>Celebrate with us!</b>	
Awards and Recognition Ceremony Grand Finale		

Registration is now **open!** Go to: <http://www.ohri.ca/clinicalresearchtraining/Home.aspx>



# WANTED!

## LOOKING FOR

In preparation for the upcoming **Clinical Research Week** taking place **October 19th to the 23rd**, we are requesting clinical research posters that highlight the many successes of our clinical research teams have seen! This will provide an opportunity for you to profile your research and share your success with your colleagues.

It is incredible to see the advances and changes to clinical practice that have taken place as a result of the research that is conducted each and every day at The Ottawa Hospital.

Posters will be on display at the General Campus in CCW5225 on Monday, October 19th from 9:00 am to 12:00 noon. Everyone is welcome to drop by for refreshments and poster viewing. A brief welcome address will take place at 10:00 am.

If you are interested in displaying your poster during this event, please email [crtc@ohri.ca](mailto:crtc@ohri.ca).

**Submission deadline: Friday, October 16**

**PLEASE JOIN US AND SHOWCASE YOUR WORK!  
WE CAN'T DO THIS WITHOUT YOU!**

# Cover Story

## IQ@TOH: IMPROVING QUALITY OF CARE AT THE OTTAWA HOSPITAL

~by Saskia Vanderloo, Research Coordinator & Alison Jennings, Research Coordinator

### IQ@TOH

noun | iq@t'oh \ i-'kyü \ ət, 'at \ 'tē 'ō 'äch\

French: QI@L'HO

1. a team dedicated to generating knowledge that will support the achievement of TOH's vision
2. improving quality at The Ottawa Hospital
3. intelligence quotient at The Ottawa Hospital
4. *qualité et innovation à l'hôpital d'Ottawa*



### QUALITY & SAFETY AT THE OTTAWA HOSPITAL

The Ottawa Hospital (TOH) has a goal to be among the top 10% in North America for quality and patient safety. TOH's leadership team recognizes that in order to achieve top performer status, it is important to use scientific methods and rigour to guide priority setting, implement change, and evaluate impact.

### HOW CAN THE OTTAWA HOSPITAL RESEARCH INSTITUTE HELP?

The OHRI-Clinical Epidemiology Program (CEP) has several world class scientists who have dedicated their careers to these goals. Currently, there is not sufficient collaboration between hospital leaders, care providers and scientists.


### HOW WILL IQ@TOH HELP?

**IQ@TOH** will facilitate collaboration between decision makers, clinicians and CEP scientists. It will align our existing skills and expertise with current hospital priorities. We will accomplish this through the following functions:

#### DID YOU KNOW?

The majority of CEP scientists would be interested in contributing to an organization such as **IQ@TOH**  
[According to 62 completed responses from Survey to CEP Scientists, June 2014]

**RAPID REVIEWS HTA** – Systematic reviews typically take 6 to 12 months to complete. Often decisions have to be made urgently or emergently. Rapid Reviews (RRs) have emerged as a tool to get evidence to decision-makers more quickly, often in 12 weeks.

**CAPITAL INVESTMENTS AND DISINVESTMENTS** – Large (dis)investments in the construction of facilities, purchase of diagnostic and treatment technologies, or information technology platforms. Health technology assessment can help support investment and disinvestment decisions at TOH to improve health care quality, ensure decisions align with strategic priorities, and represent a more efficient use of limited health care resources. 



**IMPLEMENTATION** – Evidence based methods and strategies to promote the integration of research findings and evidence into healthcare policy and practice. Intended to:

- investigate and address major bottlenecks (e.g. social, behavioural, economic, management) that may impede effective implementation
- test new approaches to improve health programing
- determine a causal relationship between the intervention and its impact

**EVALUATION** – Application of systematic methods for collecting, analyzing, and using information to answer questions about projects, policies and programs – particularly about their effectiveness and efficiency.

**FACILITATION** – Develop and manage a training curriculum for quality improvement for clinical quality champions and to attract high quality students interested in advancing knowledge related to quality and patient safety. Build capacity among TOH clinical leaders to disseminate quality improvement knowledge among their peers.

**EVIDENCE-INFORMED DECISION MAKING CAPACITY** – Targeted training to increase capacity at TOH for ‘evidence informed decision making’ (EIDM); the systematic process of bringing the best available scientific evidence on specific questions together with other relevant information to help weigh options and inform decisions that will affect priorities, policies, programs and practices. This will also be achieved through **IQ@TOH** adopting an integrated KT (iKT) approach, involving key stakeholders, policy makers, and other end-users in all stages of project activities including the design, implementation, evaluation, dissemination and uptake of research results.

## WHAT COULD THIS LOOK LIKE?

**Supporting implementation:** Access for urgent surgery

**Problem:** Inappropriate wait times for urgent surgery

**Solution:** We looked at data on operation room (OR) utilization for urgent surgery cases and implemented a new priority classification for urgent/emergent surgical cases. With this information, TOH was able to design a more efficient and cost effective OR schedule. For example, more operating time was set aside for urgent surgeries.

After implementation, urgent surgical wait times decreased significantly and patient outcomes improved.

While this project achieved intended results, working with implementation and knowledge uptake expertise from OHRI scientists would have led to changes in practice much sooner.



## THE TEAM

Currently our team consists of leadership from Drs. Dean Fergusson, Alan Forster, David Moher and Jeremy Grimshaw, and is supported by Alison Jennings, Chantelle Garritty and Saskia Vanderloo.

## WHAT'S NEXT?

We are working on proof of concept projects that have been identified as priorities following discussions with clinical leaders, hospital administrators, and senior CEP scientists. ✨

Have an idea? Want to contribute? Contact:  
**[IQ@toh.on.ca](mailto:IQ@toh.on.ca) / [QI@lho.on.ca](mailto:QI@lho.on.ca)**

# Research performance metrics at The Ottawa Hospital

## How do we measure research success at The Ottawa Hospital?

We have a lot of great research stories to tell, but it is also important that we back these up with metrics that can be measured over time and compared with other organizations.

The Ottawa Hospital's Board of Governors has approved a set of strategic and corporate goals (<http://www.ottawahospital.on.ca/wps/portal/Base/TheHospital/AboutOurHospital/StrategicDirections>) that includes research. The results are reported back to the Hospital Board on a quarterly basis. There are eight corporate goals for 2015/16, including a composite research metric. The five components of the research composite metric are included in Table below:

	Baseline	Scale					16.7
		1	2	3	4	5	
# of Publication for 2014	2013 (Actual) 1089	(<0%) 1067	(0%) 1089	(+2%) 1111	(+4%) 1133	(+6%) 1154	16.7
Cites/paper (goals for papers 2010-2012)	(papers 2009-2011) 18.6	(< 0%) ≤18.6	(0%) 18.6	(+1%) 18.8	(+2%) 19.0	(3%) 19.2	16.7
# patients participating in Clinical Trials (2014/15)	2013/14 (Actual) 6,855	(-5%) 6,512	(0%) 6,855	(+3%) 7,061	(+4%) 7,129	(+5%) 7,198	16.7
# patients providing Permission to be contacted by Research (Cumulative March 31, 2016)	Cumulative Aug 2013 to Mar 2015 51,898	<82,000	82,000	88,000	94,000	100,000	16.7
Total Research Funding (Infosource rank for 2013/14)	(2012/13) 5 <sup>th</sup> in Canada	9-10 <sup>th</sup>	7-8 <sup>th</sup>	6 <sup>th</sup>	5 <sup>th</sup>	4 <sup>th</sup>	33.3





## Measuring research success

Each metric is rated on a scale of one to five with five being a superior rating. Typically a rating of 2 would relate to maintain the status quo. A rating of one would be a reduction in performance and ratings of 3, 4 & 5 are increasingly more challenging stretch goals. For the first time the research metric includes items specifically related to clinical research (#3-4).

Research metrics are selected on the following basis:

- the item can be measured fairly accurately and improvement is aligned with the hospital's mission and vision
- there is room for improvement
- there is an ability to benchmark against peer institutions or at the very least against prior year's activity

In addition, the Research Institute's Senior Management Team and Board of Directors review a number of other research metrics including data that is reported annually to the Council of Academic Hospitals of Ontario (CAHO).

Examples of other metrics that are reviewed include:

- # of scientists cited in the top 1% or 10% in their research discipline
- # of active clinical trials and # new clinical trials per year
- # of trainees
- # of patents and spin off companies
- ranking in terms of annual hospital-based CIHR funding (currently 3rd in Canada)
- % success rate on CIHR grant reviews (typically we are well above the national average)

Investigators and research staff can now visualize how their work factors in to (or contributes to) the research composite metric. Moreover, you can now see how the Research Institute's targets and performance contribute to the overall corporate mandate of TOH.

At the end of the fiscal year we will report back on how well we did against each of the five Research Metrics.

**We welcome your feedback and suggestions.** 🌟

**“Celebrate what you’ve accomplished, but raise the bar a little higher each time you succeed.”**

~Mia Hamm





## Coffee Grounds: 6 Ways to Reuse Them

### Save your coffee grinds to:

**Fertilize plants:** Save them to fertilize rosebushes, azaleas, rhododendrons, evergreens, and camellias. It's better to use grounds from a drip coffeemaker than the boiled grounds from a percolator. The drip grounds are richer in nitrogen.

**Keep cats out of the garden:** Kitty won't think of your garden as a latrine anymore if you spread a pungent mixture of orange peels and used coffee grounds around your plants. The mix acts as great fertilizer too.

**Deodorize a freezer:** Get rid of the smell of spoiled food after a freezer failure. Fill a couple of bowls with used or fresh coffee grounds and place them in the freezer overnight. For a flavoured-coffee scent, add a couple of drops of vanilla to the grounds.

**Don't raise any dust:** Before you clean the ashes out of your fireplace, sprinkle them with wet coffee grounds. They'll be easier to remove, and the ash and dust won't pollute the atmosphere of the room.

**Keep worms alive:** A cup of used coffee grounds will keep your bait worms alive and wiggling all day long. Just mix the grounds into the soil in your bait box before you dump in the worms. They like coffee almost as much as we do, and the nutrients in the grounds will help them live longer.

**Boost carrot harvest:** To increase your carrot harvest, mix the seeds with fresh-ground coffee before sowing. Not only does the extra bulk make the tiny seeds easier to sow, but the coffee aroma may repel root maggots and other pests. As an added bonus, the grounds will help add nutrients to the soil as they decompose around the plants. You might also like to add a few radish seeds to the mix before sowing. The radishes will be up in a few days to mark the rows, and when you cultivate the radishes, you will be thinning the carrot seedlings and cultivating the soil at the same time.



# CONTRACT

# UPDATES

There is a **Research Contracts Tab** in IRIS! All contracts that were initiated after August 2013 are listed.

Simply click on the **"Contracts"** tab that now appears in your IRIS profile and a list of your pending and previously executed agreements will appear, along with the name of the contracts officer responsible for the file, the current status of the agreement in the negotiation process, and the date the status was last changed. You can even send an email directly to the contracts officer working on a specific file by clicking on their name.

If you do not see the Contracts tab, or if you wish to allow other members of your research team to see your contract information, please contact **Mike Hendley** and his team via

[irissupport@ohri.zendesk.com](mailto:irissupport@ohri.zendesk.com)

and provide them with a list of the designated individuals. They can then provide them with the required access and confirm when it is complete.

### Industry Related Contracts

**Alison Lennon** (née Irwin) has returned from maternity leave and is now responsible for industry related contracts (CDAs and CTAs). We wish Alex Verrilli all the best in his future endeavors!

### Service Agreements

All CEP service agreement requests and drafts should be sent to **Vanessa Lybanon-Daigle** [vlybanondaigle@ohri.ca](mailto:vlybanondaigle@ohri.ca) for review. She will use the OHRI approved template or forward on to the contracts office when necessary.

As always, please forward new contracts to [contracts@ohri.ca](mailto:contracts@ohri.ca) so that they can be entered into our system and assigned to the appropriate reviewer.



# Funded

April to June 2015

CEP Investigators	Project	Funder (s)	Length (years)
Shi Wu Wen (PI) Mark Walker Laura Gaudet Monica Taljaard	Congenital heart disease in infants born to mothers conceived by assisted reproductive technology: a record linkage study with Ontario registries	Heart and Stroke Foundation	3 yrs
Gregoire Le Gal (PI)	Improving the diagnostic management of venous thromboembolism	HSFC Clinician Scientist	3 yrs
David Schramm (PI)	National Surgical Quality Improvement Program	Health Quality Ontario (HQP)	1 yr
Sylvain Boet (PI)	Enhancing perioperative patient outcomes through education and knowledge translation	Canadian Anesthesiologists' Society	2 yrs
Brian Hutton (PI) Dean Fergusson Salmaan Kanji David Moher	Systematic Review of non-hormonal interventions for management of hot flashes in breast cancer and prostate cancer	CIHR	1 yr
Venk Thiruganasambandamoorthy (PI) Jamie Brehaut Dawn Stacey Monica Taljaard Kednappa Thavorn Ian Stiell (Knowledge User)	Optimal Management of Low-Risk Syncope Patients	Canadian Arrhythmia Network	3 yrs
Venk Thiruganasambandamoorthy (PI) Ian Stiell George Wells Monica Taljaard	Out-of Hospital Live Cardiac Monitoring of Syncope Patients at Risk for Serious Arrhythmias after Emergency Department Discharge – A Pilot Randomized Study	TOHAMO	3 yrs
Venk Thiruganasambandamoorthy (PI) Ian Stiell Roland Booth George Wells Monica Taljaard	Early Disposition of Chest Pain Patients Using the New Troponin Assay to Improve Emergency Department Overcrowding - Phase II	TOHAMO	3 yrs
Philippe Phan (PI) Eugene Wai Darren Roffery	Prediction of functional and neurological recovery for spinal cord injury patients using acute post-traumatic data from a Canadian multi-centre database.	TOHAMO	3 yrs
Paul Beaulieu (PI) Wade Gofton Kednappa Thavorn Geoffrey Dervin	Efficacy of preoperative muscle training on postoperative recovery and function in patients undergoing total hip or knee replacement	TOHAMO	4 yrs
Shaun Kilty (PI) Dean Fergusson (PI)	Endoscopic Polypectomy Performed in Clinic (EPIC) for Chronic Rhinosinusitis with Polyps: Pilot Study of the EPIC Randomized	TOHAMO	3 yrs
Cheemum Lum (PI) Rebecca Thornhill Monica Taljaard	Next-day discharge after elective intracranial aneurysm coiling: feasibility and safety	TOHAMO	4 yrs



CEP Investigators	Project	Funder (s)	Length (years)
Jordan Hudson (PI) Kathryn Momtahan (PI) James Chan Allen Huang Jacinthe Lampron Edmund Kwok Peggy Guilbeault	eHandover: Improving the quality and safety of patient care handover with an electronic tool	TOHAMO	2 yrs
Sanjay Murthy (PI) Tim Ramsay Eric Benchimol Alaa Rostom	Impact of repeat colonoscopy following a negative colonoscopy on the risks of colorectal cancer and colorectal cancer related death in average risk patients	TOHAMO	3 yrs
Christian Vaillancourt (PI) Jamie Brehaut Jeremy Grimshaw Ian Stiell George Wells	Innovative Use of AEDs by Nurses and Respiratory Therapists During In-Hospital Cardiac Arrest	TOHAMO	4 yrs
Guy Trudel (PI)	The biological measure of rehabilitation potential for hospitalized patients with deconditioning	TOHAMO	3 yrs
Sebastien Gilbert (PI) Andrew Seely Donna Maziak Sudhir Sundaresan	Continuous Quality Improvement in the Management of Pulmonary Air Leaks after Lung Surgery Phase III: Signal Analysis of Pulmonary Air Leaks	TOHAMO	2 yrs
Alan Tinmouth (PI) Dean Fergusson (PI) Michaël Chassé Lauralyn McIntyre	Transfusion of Plasma Prior to Invasive Procedures Pilot Trial	CIHR	2 yrs
Patricia Poulin (PI) Catherine Smyth Colin McCartney	Improving Chronic Pain for all Canadians: A Patient Engagement Project to Identify Research Priorities	CIHR	1 yr
Daniel McIsaac (PI) Paul Beaulé Homer Yang Allen Huang Alan Forster Gregory Bryson	Identifying older patients at high risk of poor outcomes after joint replacement surgery	Technology Evaluation in the Elderly Network (TVN)	1 yr
Gregoire Le Gal (PI) Tim Ramsay Marc Rodger Phil Wells	Age-adjusted D-dimer cutoff levels to rule out deep vein thrombosis (The ADJUST-DVT Study)	Heart and Stroke Foundation	3 yrs
Daniel McIsaac (PI) Allen Huang Claire Kendall Carl van Walraven	Optimizing the Care of Frail Elderly Patients in the Perioperative Period (Phase 1): A Population-Based Analysis of Structures and Processes of Care to Inform the Design of a Perioperative Surgical Home for Frail Elderly Patients	Canadian Anesthesiologists' Society	1 yr





CEP Investigators	Project	Funder (s)	Length (years)
Daniel McIsaac (PI) Allen Huang Janet Squires Claire Kendall Daniel Corsi Carl van Walraven Jeremy Grimshaw	Optimizing the Care of Frail Elderly Patients in the Perioperative Period (Phase 1 and 2): A Population-Based Analysis of Structures and Processes of Care, and a Theory-Guided Implementation of Routine Preoperative Frailty Assessment, to Support the Design of a Perioperative Surgical Home for Frail Elderly Patients	University of Ottawa Anesthesia Research	1 yr

## As well as...

### \$670,000 grant to advance development of exoskeleton for rehabilitation

**Dr. Edward Lemaire** and his research team have been awarded a \$670,000 VIP II grant from the Ontario Centres of Excellence to evaluate and develop the new ARKE exoskeleton, in partnership with Canadian company Bionik Laboratories Inc. This wearable robotic suit is designed to help people with spinal cord injuries or lower extremity weakness walk. This exploratory study will evaluate ARKE use within a physical rehabilitation environment to improve physical capacity for people with spinal cord injury and then use this information to refine ARKE so that it is ready for everyday use.

### National research awards announced


**Dr. Sylvain Boet** is the winner of the 2015 CAS Career Scientist Award in Anesthesia. This is the Canadian Anaesthesiologist Society's most prestigious research award and is a salary award worth \$60,000 over two years. The Career Scientist Award recognizes "the novelty and importance of the applicant's proposed research program in either basic or clinical sciences related to anesthesia and perioperative medicine." Dr. Boet's application focuses on the use of education theory and knowledge translation principles to implement evidence-based care at the bedside. The award is granted on a research agenda and not for a specific project. It rewards both the accomplishments and vision of the applicant.

**Dr. Dan McIsaac**, along with other OHRI investigators including, **Drs. Carl van Walraven, Allen Huang, Daniel Corsi**, as well as **Dr. Claire Kendall** from the Bruyère RI, are the winners of the 2015 Dr. R A Gordon Research Award for Innovation in Patient Safety. Dr. McIsaac's project uses population health data in ICES databases to evaluate the processes of care and outcomes of frail elderly patients undergoing non-cardiac surgery. The award comes with a grant of \$29,922 and was among the highest scored projects in this year's competition. It follows hot on the heels of Dr. McIsaac's win at the CAS's 2014 Richard Knill Research Competition.

### Ontario early researcher award

A \$100,000 Ontario early researcher award was announced for **Dr. Janet Squires**. Her project focuses on understanding context in knowledge translation. CEP co-investigators: **Jamie Brehaut, Ian Graham and Jeremy Grimshaw**.

### \$1.5M grant could improve care for trauma patients and save \$10M per year

**Drs. Christian Vaillancourt and Ian Stiell** have been awarded \$1.5M from the Ontario SPOR (Strategy for Patient Oriented Research) Support Unit to evaluate a strategy to reduce unnecessary immobilization of trauma patients by paramedics. Currently, paramedics in Ontario transport all trauma victims to hospital using a backboard, collar and head immobilizer, even though less than 1% of these patients have a neck fracture that requires immobilization. Patients can spend many hours in this uncomfortable position as they wait for x-rays. The research team previously developed the Canadian C-Spine Rule to help health professionals determine which patients truly require immobilization. Recently the rule was successfully implemented among Ottawa paramedics, and will now expand to 12 new communities across Ontario. They estimate the rule could save \$10M per year in Ontario. CEP co-investigators: **Dean Fergusson, Monica Taljaard, Kednapa Thavorn, Jamie Brehaut, Ian Graham, Lisa Calder, Tim Ramsay, Peter Tugwell, Lucy Turner, Martin Osmond, Simone Dahrouge.** 



# EPIgram's Grant in **FOCUS**

## Development and evaluation of a mobile app to promote the use of the Ottawa Ankle and Knee Rules and the Canadian C-Spine Rule.

Principal Investigators: **Drs. Kumanan Wilson and Ian Stiell**


Co-Investigator: **Dr. Alan Forster**

Funder: The Ottawa Hospital Academic Medical Organization (TOHAMO)

### Abstract

The Ottawa Rules and Canadian C-spine Rule, developed by Dr. Ian Stiell's team, are proven effective clinical decision rules. Given the value of these rules to health care, it is critical that they are effectively disseminated to the new generation of wired clinicians. Dr. Kumanan Wilson has successfully developed the world's first government endorsed national immunization app.

They propose combining the expertise of these two CEP scientists with TOH's leadership in the area of mobile healthcare to create a novel app for the rules; compatible with smartphones, tablets, and desktop computers. This app would enhance clinician access to the rules with the goal of improving patient care. However, little is known about what constitutes an effective knowledge translation app for clinician use.

The group's specific research questions are the following: 1) What modality of presenting the rules in the app is most preferred by emergency department clinicians and 2) Does the provision of an app for the rules have an impact on ankle/foot, knee and c-spine diagnostic imaging (DI) use at TOH, and is the change in DI use greater for one modality of information provision compared to another? 







From left to right:  
Veronique (Vero)  
Perreault, Wayne  
Gretzky, Stefanie  
Linklater at the  
World Exchange  
Plaza in Ottawa.

## On May 21, 2015...

Our Gretzky meeting was completely by chance!

Dr. Ian Graham, Vero and I were downtown to make arrangements for the upcoming Knowledge Utilization Colloquium and had to make a stop at the World Exchange Plaza. We were tipped off to Gretzky's arrival by a TD Waterhouse employee in the elevator. Luckily for us, the person we were supposed



to meet with was on lunch, so we were told to come back later. On our way out of the building, Gretzky had just arrived at the TD bank. After much moral support from Ian, Vero snuck us in for a quick picture! Gretzky was very patient and kind with all of the people taking pictures and readily posed for a picture with us. He was everything you would hope a Canadian icon would be! ✨

~by Stefanie Linklater

# Save the Date!

October 19 to 23	October 29	November 4
10 <sup>th</sup> Annual Clinical Research Week (more info on pages 18 , 19)	11th Annual Patient Safety conference (more info on page 33 )	Grade 9 Job Shadow Day
November 18	December 8	December 11
OHRI Research Day (more info on page 9)	TOH Staff Holiday Reception	OHRI Annual Holiday Bowling at Merivale Bowling Centre

# **EPI**gram **KUDOS 2 U!**

## **Manosilah Yoganathan** recognized for outstanding research in Co-op Program

University of Ottawa's Faculty of Graduate and Post-doctoral Studies has named Manosilah Yoganathan the Best Co-op Student of 2014. Working under the mentorship of Dr. Dawn Stacey, Manosilah developed one page patient decision aids based on research evidence from Cochrane reviews, helped coordinate an international collaboration, conducted and analyzed research interviews and helped submit Research Ethics Board applications. She is also named as a co-author on an abstract submitted to an international conference. In addition to her co-op work and academic studies, Manosilah also acts as a facilitator for CHEO's YouthNet program, which seeks to raise awareness of youth mental health issues.




I wrote the letter of nomination for her – she was an absolutely fantastic student.

~ Dr. Dawn Stacey



## **In March, 6 CEP scientists at The Ottawa Hospital awarded University of Ottawa Faculty of Medicine Clinical Research Chairs**

The University of Ottawa's Faculty of Medicine has announced the recipients of 13 Clinical Research Chairs, including the following six awarded to CEP scientists at the Ottawa Hospital Research Institute:

**Dr. Gregory Knoll** (Tier 1 Research Chair in Clinical Transplantation Research), **Dr. Grégoire Le Gal** (Tier 1 Research Chair in Diagnosis of Venous Thromboembolism), **Dr. Marc Rodger** (Tier 1 Research Chair in Venous Thrombosis and Thrombophilia), **Dr. Ian Stiell** (Tier 1 Research Chair in Acute Cardiac Conditions), **Dr. Gonzalo Alvarez** (Tier 2 Research Chair in Tuberculosis in Canadian Aboriginal Communities), **Dr. Christian Vaillancourt** (Tier 2 Research Chair in Emergency Medicine). Congratulations to all! 



## **Dr. Paul Beaulé** recognized for insight into the cause of hip osteoarthritis

The Canadian Orthopaedic Foundation has honoured Dr. Paul E. Beaulé with the 2014 J. Edouard Samson Award, the premier research award for orthopaedic surgery in Canada. Dr. Beaulé and a multi-disciplinary team of basic science researchers looking at gait analysis, as well as bone and cartilage imaging, have furthered our understanding of how a deformity of the femur's head-neck junction (i.e. cam type femoroacetabular impingement) is a major cause of hip osteoarthritis. This problem usually develops during late




adolescence when bones are maturing and could be caused by too much sporting activity at a young age. These deformities cause localized stress and bone remodelling that increases friction between the bone and cartilage, eventually resulting in cartilage failure. Understanding this means that early joint preservation techniques could delay or even avoid the onset of this painful condition and the eventual need for hip replacements, potentially reducing the health-care costs by hundreds of millions of dollars a year.



## **Dr. Jeremy Grimshaw** honoured as a Fellow by Scotland's national academy

On Monday, March 2nd Dr. Jeremy Grimshaw was named a Fellow of the Royal Society of Edinburgh (RSE), along with an elite group of "outstanding scientists, celebrated writers and eminent academics." He became a Corresponding Fellow, which is an honour for people who have "attained high international standing in any subject" and do not reside in the U.K. Dr. Grimshaw is a leader in the field of knowledge translation. Aside from evaluating how to effectively get evidence into the hands of, and used by, clinicians, he is renowned for his leadership in the Cochrane Collaboration, and heads up Cochrane Canada and Knowledge Translation Canada. Also in the RSE's 2015 cohort are former President of Ireland Mary Robinson and best-selling crime author Ian Rankin. The RSE is an organization working to "place the advancement of learning and useful knowledge at the centre of public life in Scotland."

## **New research chair will focus on turning research results into action**

**Dr. Janet Squires** has been appointed University Research Chair in Health Evidence Implementation for the uOttawa Faculty of Health Sciences' School of Nursing. Dr. Squires will focus her extensive experience on implementation science and knowledge translation, showing how research results can be leveraged to improve health-care practice and outcomes for patients. For example, Dr. Squires is studying strategies to reduce the overuse of diagnostic imaging in early stage breast cancer. This study will help implement research results recently published by Dr. Mark Clemons and co-authors related to unnecessary imaging in Stage 1 and 2 breast cancer patients. Dr. Angel Arnaout is co-principal investigator on this project. 



## Creators of ImmunizeCA mobile app win national award for community impact

The Ottawa Hospital Research Institute, the Canadian Public Health Association and Immunize Canada, creators of the ImmunizeCA app, received the Canadian Wireless Telecommunications Association's (CWTA) "Connected to the Community" award on May 27th. The award honours organizations that use wireless technology to improve the lives of Canadians.

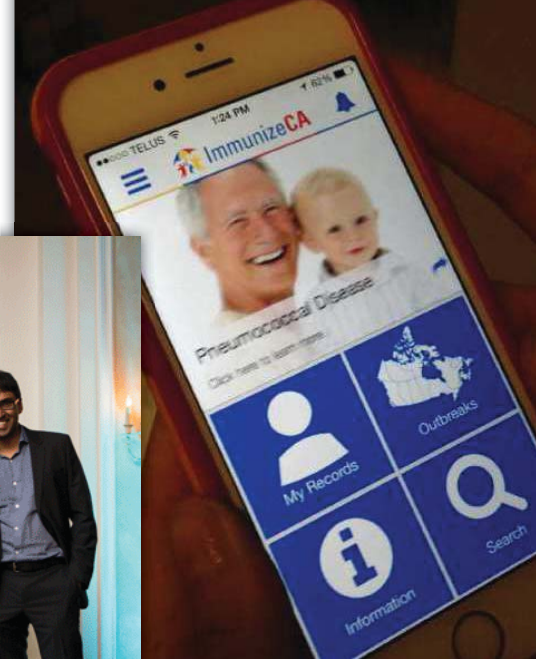
**Dr. Kumanan Wilson** accepted the award at the CWTA's 30th anniversary event in Ottawa. The ImmunizeCA app, launched in March 2014, helps parents store, manage and back-up their families' vaccination records and easily access their provincial or territorial vaccination schedule on their smartphones. It also provides local outbreak alerts on infectious diseases



and up-to-date, accurate information on vaccinations for children, adults and travellers.

In Photo left to right:

CWTA President Bernard Lord; Candice Bergen, Minister of State for Social Development and Member of Parliament for Portage-Lisgar; Lucie Marisa Bucci, Senior Manager, Immunize Canada, Canadian Public Health Association; Dr. Kumanan Wilson, Senior Scientist, Clinical Epidemiology Program, Ottawa Hospital Research Institute. ✨



## GRILLED STREET CORN

**TOTAL TIME:** Prep: 15 min. Grill: 20 min.

### Ingredients

- 6 medium ears sweet corn
- 1/2 cup sour cream (or plain Greek yogurt)
- 1/4 cup grated Parmesan cheese
- 1 tablespoon lime juice
- 1/2 teaspoon chili powder
- 1/4 teaspoon salt
- 1/8 teaspoon pepper

### Directions

1. Carefully peel back corn husks to within 1 inch of bottoms; remove silk. Re-wrap corn in husks; secure with kitchen string. Rinse corn under water, moistening husks. Grill corn, covered, over medium heat 20-25 minutes or until tender, turning often.
2. In a small bowl, mix remaining ingredients until blended. Cut string from corn and peel back husks. Spread corn with sour cream mixture. Yield: 6 servings.



~ Grilled Street Corn recipe & photo courtesy of Taste of Home



# 11th Annual TOH Patient Safety Conference

Ottawa Conference Centre: 200 Coventry Road



COLLABORATING  
FOR PATIENT  
SAFETY ACROSS  
THE HEALTH SYSTEM

The theme of this year's conference is *"Collaborating for Patient Safety across the Health System"*. Our keynote and plenary speakers will cover information to help you and your organization succeed in providing safe and high-quality care. **These topics will include (but not limited to) the dimensions listed below:**

- transitions of care
- best practices in patient safety
- teamwork and communication
- safety event identification, analysis, and feedback
- innovations / education for safety
- embedding the patient voice
- keeping staff healthy and safe



This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada for five credits. This program has also been accredited for up to five Mainpro-M1 credits. This program has been reviewed and approved by the University of Ottawa, Office of Continuing Medical Education.

Nurses, pharmacists and other health-care professionals may include their participation in this conference as part of continuing education and quality assurance programs established by their professional association or regulatory body.

**Registration? More Information? Go to:**

<https://www.ottawahospital.on.ca/wps/portal/Base/TheHospital/Resources/PatientSafetyConference>

# CEP Appointment Update

Congratulations on these recent appointments and promotions in  
the Clinical Epidemiology Program (CEP)

## Congratulations and Farewell

**Dr. Jason Tay**

(Thrombosis) will be  
leaving CEP to start  
a new Hematology  
position at the University  
of Calgary.

We wish him all the best!

### Scientists

Justin Presseau (PhD)

### Clinician Investigators

Debra Pugh (MD, Dept. of Medicine, Division of General Medicine)

Pasteur Rasuli (MD, Dept. of Medical Imaging) re-appointed

Mary Marquardt (Perugini) (PhD) re-appointed

Asif Doja (MD, Dept. of Obstetrics/Gynecology and Newborn Care, Division of Neonatology)

Nataliya Milman (MD, Dept. of Medicine, Division of Rheumatology)

Debra Bournes (RN, PhD, Mental Health, Obstetrics / Gynecology and Newborn Care)

Joyce Schachter (MD, Dept. of Obstetrics/Gynecology and Newborn Care, Division of Urogynecology & Reconstructive Pelvic Surgery)

Jennifer Jackson (RN, BScN, Critical Care and Nephrology)

Jordan Hudson (MD, Dept. of Anesthesiology)

Christopher Pysyk (MD, Dept. of Anesthesiology)

Loree Boyle (MD, Dept. of Medicine, Division of General Medicine)

Lara Williams (MD)

Carolina Souza (MD, Dept. of Medical Imaging) re-appointed

Rakesh Jetly (MD, Dept. of Medicine, Division of Physical Medicine and Rehabilitation)

Muhammad Bayat (MD, Dept. of Medical Imaging)

Janice Bissonnette (PhD, RN (EC), APN, MScN, CACCN(c))

Kwadwo Kyeremanteng (BSc MD FRCPC, Division of Palliative Care and Critical Care Medicine)

Gloria Rockwell (MD, MSc, FRCSC, Dept. of Surgery, Division of Plastic Surgery)

Amy Neville (MD, FRCSC, Dept. of Surgery)

Jacinthe Lampron (MD, FRCSC, Dept. of Surgery)

Justin Yan (MD, Dept. of Emergency)

Warren Cheung (MD, FRCPC, Dept. Emergency Medicine)

Jason Frank (MD MA(Ed) FRCPC, Dept. Emergency Medicine)

Aleisha Mumaghan (BSc, MD, MHPE, FRCPC, Dept. Emergency Medicine)

Chantal Backman (RN, MHA, PhD, School of Nursing)

Paul James (MD, Dept. of Medicine)

Jing Zhang (MD, Dept. of Surgery, Division of Plastic Surgery)

Isabelle Raiche (MD, Dept. General Surgery)

Ruth Ellen (MD, FRCPC, Dept. of Medicine, Division of Geriatrics)

### Affiliate Investigators

Jason Tay (MD, MSc, FRCPC, University of Calgary)

Alexis Turgeon (MD MSc(Epid) FRCPC, CHU de Québec, Hôpital de l'Enfant-Jésus)

### Promotions

Monica Taljaard - Senior Scientist

Janet Squires - Scientist

Venkatesh Thiruganasambandamoorthy - Scientist

Tim Ramsay - Senior Scientist

Andrew Seely - Scientist





# Unique Author Identifiers... What? Why? How?

**Unique Author Identifiers** provide a persistent identifier for authors that are similar to the identifiers created for content entities on digital networks (DOI). Designed to address the problem that author names are inherently difficult to identify when:

- there is more than one author with the same name
- authors change their name
- there are cultural differences in name order
- there are inconsistencies in how authors identify themselves

Unique Author Identifiers are unique alphanumeric codes that are registered to a particular author. The idea of a centrally administered system to identify authors has been around since the 1940s, but has recently grown in popularity in the past decade. The benefits of unambiguous author identification include:

- Less ambiguity
- Ability to accurately measure citations of individual papers or authors
- Easier evaluation of an author's productivity and impact
- Simplified data handling and storage; author identification only has to be stored in one place
- Richer cross-referencing possible, e.g., search engines, browsers, and other applications can create links between an author's biographical information and published works
- Opportunity to create new networks of data, e.g., academic genealogies

This was such a good idea that many different organizations created Unique Author Identifiers. The two most globally accepted systems are **ORCHID** (Open Researcher and Contributor ID) and **ResearcherID** (used by Thomson Reuters Web of Science).

It is highly recommended that researchers and contributors register. You can register for ORCHID at [www.orchid.org](http://www.orchid.org) and/or for ResearcherID at [www.researcherID.com](http://www.researcherID.com).

After registration, researchers need to link your author identifier to other accounts and identifiers you may have, such as your Linked In profile and your Scopus account. If you register for both ORCHID and ResearcherID, you will have to link the two Unique Author Identifiers together. In addition you need to use these IDs for all of your research output and grant applications to make sure you get credit for your work. ✨

# CEP Publications\*

## March

Surgical management of stage T1 renal tumours at Canadian academic centres. [Lavallée LT](#), Tanguay S, Jewett MA, Wood L, [Kapoor A](#), Rendon RA, Moore RB, Lacombe L, Kawakami J, Pautler SE, Drachenberg DE, Black PC, Lattouf JB, [Morash C](#), [Cagiannos I](#), Liu Z, [Breau RH](#). Can Urol Assoc J. 2015 Mar-Apr;9(3-4):99-106.

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The NEW ENGLAND  
JOURNAL of MEDICINE

### Old blood as good as fresh in patients with life threatening illnesses

A large international clinical trial led by [Drs. Dean Fergusson, Alan Tinmouth](#) and others has found that contrary to popular belief, blood stored for three weeks is just as good as fresh blood for transfusions in critically ill patients. The definitive results are expected to put the debate about blood freshness to rest and avert an unnecessary and costly reorganization of the blood supply system.

CEP Co-authors: [Elham Sabri, Dong Vo](#)



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### JABFM JOURNAL OF THE AMERICAN BOARD OF FAMILY MEDICINE

#### eConsult reduces wait times and gets high marks from primary care providers

**Drs. Clare Liddy** and Erin Keely continue to advance their research on eConsult, a virtual consultation tool they developed that dramatically decreases wait times for specialty medical advice. A recent publication in the Journal of the American Board of Family Medicine revealed that more than 90 percent of primary care providers surveyed found the use of eConsults very valuable for their patients and themselves. Another study published in the Journal of the American Association of Nurse Practitioners examined differences in how nurse practitioners and family physicians use eConsult. And finally, an economic analysis published in the Global Telehealth 2015: Integrating Technology and Information for Better Healthcare conference papers revealed that as eConsult becomes more widely used, it will have significant potential for cost-savings. The tool is now available throughout Eastern Ontario, Mississauga Halton region and Nunavut.

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### **Weight loss program and clinical trial helped Janet Handy get rid of her asthma**

For years, Janet Handy had trouble walking up stairs, tying her shoelaces...and just plain breathing. But after enrolling in The Ottawa Hospital's Weight Management Clinic and participating in a clinical trial, she shed 60 pounds and her asthma disappeared. The trial, led by **Dr. Smita Pakhale**, found that weight loss in obese adults with asthma can reduce asthma severity and improve lung function and quality of life. The paper was published in CHEST. CEP Co-authors: **Justine Baron, Robert Dent, Katherine Vandemheen, Shawn D. Aaron.**

## Publications

Short-term risk of arrhythmias among emergency department syncope patients with non-sinus rhythm.

Thiruganasambandamoorthy V, Kwong K, Stiel IG, Swampillai J, Toarta C, Sumner GL, Kuriachan VP, Mukarram M, Taljaard M, Hazra S, Wells GA, Sheldon R. Int J Cardiol. 2015 Jun 15;189:12-4.

*\*Highlighted names = CEP staff*

*This publication list was compiled using PubMed searches on all CEP Scientists. We tried our best to make this list all inclusive. Please accept our apologies for any oversight(s).* ✨

LEGO got its name when the founder, Ole Kirk Christiansen, took the first two letters of the Danish words LEG GODT, meaning “play well”, and put them together – quite unaware that LEGO in Latin means ... “I put together” How many?



LEGO is 82 years old.

## LEGO FACTS

- Q: Take six eight-stud LEGO bricks (2x4) – how many ways can they be combined?  
A: With the aid of computers, the exact number of combinations has been calculated as 915,103,765!
- Just so you know, two eight-stud LEGO bricks can be combined in 24 different ways and three eight-stud LEGO bricks in 1,060 ways.
- Originally called “Automatic Binding Bricks,” LEGO wasn’t the first to market the toy. Kiddicraft holds that distinction, and LEGO just improved on the design.
- A LEGO brick from 1958 would still interlock with a LEGO brick made today.
- The world’s tallest LEGO tower was 94 feet high and utilized 465,000 bricks.
- The factory process is so streamlined that only 18 out of every million LEGO pieces fail to meet company standard.
- LEGO is the world’s largest producer of rubber wheels—more than Bridgestone, more than Goodyear, more than anyone.
- There has been approximately 4 billion minifigures produced – making it the world’s biggest population group.
- There are about 2,350 different elements in the LEGO range – plus 52 different LEGO colours. Each element may be sold in a wide variety of different colours and decorations, bringing the total number of active combinations to more than 7,000.

~ Source for facts: National Geographic, the Huffington Post, BuzzFeed Geeky



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