

Research Caritas Research Centre

Who are We?

The Caritas Research Centre was officially opened in March of 2003. The Centre is located in Room INW-23 at the Misericordia Hospital. Our office is open Monday to Thursday from 8:45-2:15. Phone: 930-5274 Fax: 930-5674 Email: caritasresearch@cha.ab.ca

What is our Purpose?

The purpose of the Caritas Research Centre is to:

- facilitate a Research Network among established and potential researchers,
- work with the research network to encourage and facilitate implementation of research findings,
- provide study design consulting services,
- work with Health Information analysts over issues of privacy and confidentiality of patient information,
- promote regular forums to encourage the development of research ideas,
- handle the process for acquiring Caritas administrative approval for studies and chart review requests, and
- handle requests for funding from the Caritas Research Grant fund.

What is the Approval Process?

All research carried out at a Caritas Health Group site, where Caritas resources are utilized or Caritas patients are involved, must receive Ethical Approval and Caritas Administrative Approval.

Ethical approval is granted by the Health Research Ethics Board (HREB). The HREB is a joint committee of membership from the University of Alberta Sciences Faculties, Capital Health and the Caritas Health Group.

Caritas Administrative approval is provided by the Managers and Site Leaders of the relevant clinical areas and supporting departments, and by the Chair of the Caritas Research Steering Committee. The Treasury & Risk Management, Finance Office handles any legal reviews and contracts.

There are two Caritas approval forms:

- The Request for Research Administrative Approval form has to be completed for requesting Caritas approval for research studies.
- The Chart Review Request for Research and Education form has to be completed for chart review requests.

You can receive a copy of these forms by contacting us at 930-5274. We can either email, mail or fax a copy of the forms to you.

For the Health Research Ethics Board application form you can contact Judith Abbott at 492-9724 or visit their website at <http://www.hreb.ualberta.ca>

We would like to thank staff who completed and returned the Safety Culture Survey sent out in March. We look forward to analyzing the data and will make you aware of the results at a later date.

-Caritas Patient Safety Quality Assurance Committee



Research Day 2006

Mark your calendars now! The next Research Day is planned for Thursday, January 26, 2006. Program and registration information will be publicized in the fall.

For information on how you can support the Caritas Hospitals Foundation or for details on our Planned Giving opportunities, please contact:

Caritas Hospitals Foundation
3C60, 11111 Jasper Avenue
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Caritas Hospitals Foundation

A Foundation of the Edmonton General & Grey Nuns & Misericordia

Caritas Research

Issue #3 June 2005

Caritas, with its strong affiliation to the Faculty of Medicine and Dentistry, has two primary care facilities located at the Grey Nuns and Misericordia Community Hospitals. This issue of Caritas Research highlights the activities and some of the research performed in these two busy family medicine centres.

Dr. Fred MacDonald, Caritas Research Centre

The heart of teaching and patient care

Whether talking about the clinics or giving a guided tour, Dr. Neil Bell and Dr. Rick Spooner are eager to show off the features of the Misericordia Family Medicine Centre and the Grey Nuns Family Medicine Centre.

"Maybe it's because family physicians generally pay attention to the specifics, but we are very proud of the details of our clinics," says Dr. Spooner, a family physician at the Grey Nuns Family Medicine Centre. "Things like examining room layout, waiting room design, art on walls we believe they're important. They ensure that the clinic meets the needs of our patients."

Both the Grey Nuns and Misericordia Family Medicine Centres are teaching sites for the University of Alberta's Department of Family Medicine. The family physicians who work in the centres have academic appointments. They teach both medical students and recently graduated physicians (residents). Residents must also do two research projects during their two-year family medicine residency.

"Space can become an issue in teaching clinics," notes Dr. Bell, a family physician at the Misericordia Family



Medicine Centre. "Because patients are usually seen by a resident and their physician, we need more space to accommodate people in the examining rooms. We also need space to hold teaching and research seminars. Proper planning was critical to ensure that the clinic functions well for both patient care and teaching. That's why we are so proud to show off what we have accomplished."

Family Medicine Research

“What undertaking could be more protean than research and scholarly work done under the rubric of Family Medicine? A student once asked me if there was anything that was not relevant, in one way or another, to family medicine. I must admit that I couldn't think of any exclusions. Family medicine research spans the spectrum from immunology to systems of health care delivery.”

Dr. G.R. Spooner
Excerpt taken from “Message From the Department Chair”, Family Medicine Research Report 2000-2002

The following is a list of family medicine research that has been approved to take place in a Caritas facility since 2002. For a complete list of family medicine research please refer to the Department of Family Medicine, Faculty of Medicine and Dentistry, University of Alberta. <http://www.med.ualberta.ca>

Title: The effect of removing cervical mucous on the quality of PAP smears in an urban family practice.
Type: Clinical Trial
Status: Completed
Investigators: Dr. N. Hans, Dr. A. Cave, Dr. G. Johnson, Dr. P. Klemka, Dr. G.R. Spooner, Dr. S. Schipper

Title: Accuracy of MSD ICD-9 diagnostic billing codes for patients with musculoskeletal disorders in Alberta community family practice settings: Comparison of ICD-9 diagnostic billings codes with a reference database
Type: Chart Review
Status: Ongoing
Investigators: Dr. L. Steblecki

Title: The effectiveness and safety of an individualized Symbicort Turbuhaler maintenance dosing regimen (Symbicort Asthma Control Plan) versus Symbicort Turbuhaler given as regular twice daily therapy SMART (study code DC-039-0001)
Type: Drug Study
Status: Closed

Bulletin boards

Did you know that the Caritas Research Centre has bulletin boards at the Misericordia and Grey Nuns Hospitals? Research-related seminar information is posted. In addition every 2-3 months the research display is updated to highlight some of the research studies taking place at Caritas facilities.

Misericordia Bulletin Board is located outside our office at 1NW-23.

Grey Nuns Bulletin Board is located outside the Doctor's Lounge/behind Admitting.

Investigators: Dr. R. Brownoff, Dr. E. Krikke

Title: Factors associated with the retention of hospital privileges by urban family physicians in Alberta
Type: Survey
Status: Ongoing
Investigators: Dr. N. Bell, Dr. S. Khera, Dr. G.R. Spooner, Dr. E. Krikke, Dr. R. Brownoff, Dr. L. Steblecki

Title: Improving care for patients with chronic diseases: An organized approach centered on the practices of family physicians
Type: Qualitative Study
Status: Acquiring Approval
Investigators: Dr. N. Bell, Dr. G.R. Spooner

Title: Attracting Family Physicians back to Acute Care hospitals
Type: Survey
Status: Ongoing
Investigators: Dr. R. Brownoff, Dr. N. Bell, Dr. S. Khera, Dr. E. Krikke

A note from the Libraries

There are useful tools for doing literature searches on the web. Go to <http://gateway.ovid.com>. Ignore the id and password prompts and just click on the START OVID button. You have access to several medical databases accessing thousands of journals, some of which are evidence-based.

With the e-Library (<http://intranet.cha.ab.ca/e-library>) you have access to a variety of sources, such as MD Consult, Micromedex Healthcare Series, Natural Medicines Comprehensive Database, Nursing Books @ Ovid, PubMed, and Stat!Ref.

Need Help? The Library staff would be happy to assist you with literature searches. Find out more about Caritas Library Services at: <http://www.caritas.ab.ca/hospitals/greynuns/on+site+services/libraryservices>



Grey Nuns Family Medicine Centre

Cedars Professional Centre, across the street from the Grey Nuns Hospital

Physicians:
Dr. Michelle Levy
Dr. Donna Manca
Dr. Shirley Schipper
Dr. Ginetta Salvalaggio
Dr. Ron Shute
Dr. Rick Spooner

The centre also employs 2 registered nurses and 2 clinical assistants.

The Grey Nuns Family Medicine Centre averages 12,000 patient visits per year, and trains 12 residents per year.



Misericordia Family Medicine Centre

Adjacent to the Misericordia Hospital

Physicians:
Dr. Marjan Abbasi
Dr. Neil Bell
Dr. Rene Brownoff
Dr. Sheny Khera
Dr. Egbert Krikke
Dr. Lisa Steblecki

The centre also employs two registered nurses and two clinical assistants.

The Misericordia Family Medicine Centre averages 13,000 patient visits per year, and trains 12-14 residents per year.

Research that helps your doctor help you

Mention research, and for many people it conjures up an image of people in white coats working a laboratory. But when it comes to family medicine, this picture doesn't fit. By and large, the research questions that family doctors ask do not involve laboratory science. They're not looking for a gene that causes a particular disorder or developing the next great arthritis drug. Rather, these healthcare professionals are looking for answers to issues they face on a daily basis.

“The questions we need answered would never occur to most medical researchers,” notes Dr. Rick Spooner, a family physician at the Grey Nuns Family Medicine Centre. “While the studies we do might appear to be mundane, the results tend to have a very direct impact on how we care for patients. They make a difference right away.”

For example, Dr. Spooner points to a study led by Mary Jo Gregoire, a registered dietitian at the Grey Nuns Hospital. Her team developed a nutrition questionnaire to be used by family doctors to identify patients who are at nutritional risk. These patients can then be referred to a dietitian.

The results of the study were published in 1999, and requests for reprints continue to come in.



Dr. R. Spooner



Research Corner

Dianne Drummond and Suzanne Hare, both dietitians at Grey Nuns Hospital, presented the results of their study Eating disorder prevention in schools: longitudinal evaluation of a Wellness Approach at the 7th London, England International Eating Disorders conference in early April 2005. The title of their presentation was "Primary Prevention of Eating Disorders: Best Practice Guidelines and Evaluation of a Wellness-Based Program".

They also took two poster presentations of this same research to the 2005 International Conference on Eating Disorders: Global Advances in Eating Disorders Treatment, Prevention and Research held in Montreal, Quebec, April 28-30, 2005.

Dr. Jana Rieger of Compru, Misericordia Hospital, published the results of a research study in the February 2005 issue of the Archives of Otolaryngol: Head Neck Surgery. The title of the research was Submandibular Gland Transfer for Prevention of Xerostomia after Radiation Therapy. A reference to this research was found on the Reuters Health Information website. These are some excerpts from the article:

"A technique of transferring the submandibular gland, known as the Seikaly-Jha procedure (SJP), improves the

xerostomia that occurs after radiation therapy for head and neck cancer, according to Canadian researchers. Moreover, the surgery promotes more efficient swallowing."

"This efficiency has implications for the overall well-being and nutritional status of patients with head and neck cancer", lead author Dr. Jana Rieger, from Misericordia Hospital in Edmonton, and colleagues note in the February issue of the Archives of Otolaryngology: Head and Neck Surgery.

Dr. Irena Buka, with the Misericordia Pediatric Environmental Health Specialty Clinic and Dr. Stephen Tsekrekos, published an article on lead levels of Canadian children in the April 2005 issue of Paediatric Child Health, Volume 10 Number 4. The title of the article is **Lead Levels in Canadian Children: Do we have to review the standard?** Research indicates that the blood lead levels that were once considered safe can adversely affect the neurodevelopment of children. The article reviews issues surrounding lead exposure in children, including sources, chronic low levels of exposure, and recommendations for prevention.

Are you a researcher who would like to place a note in this section for our fall issue? Please contact the Caritas Research Centre at (780) 930-5274 or email caritasresearch@cha.ab.ca

Donors make a difference

Caritas Hospitals Foundation

The impact of generous donations made to the Caritas Hospitals Foundation is felt everyday throughout Caritas Health Group's three health facilities: the Grey Nuns and Misericordia Community Hospitals and the Edmonton General Continuing Care Centre.

"Donors make a huge difference to the care patients receive," says John Boucher, Executive Director of the Caritas Hospitals Foundation. "Donations support leading-edge programs and services, the purchase of state-of-the-art healthcare equipment and research and education. The ongoing support of donors enables us to advance health care beyond today's standards and enhance resources to our hospitals and the people we serve."

Thanks to the generosity of donors, the Caritas Hospitals Foundation has a very healthy balance sheet with \$13.4 million in assets and \$8 million in endowment funds. Fundraising in the past year was particularly successful—net revenues of more than \$4.6 million were achieved.

Since 2001, the Foundation has taken a strategic approach to fundraising priorities. Key projects are identified by the Caritas Senior Executive Team (SET), and then the Foundation organizes its fundraising efforts around these projects. For example, the three priorities for 2005/2006 are the Caritas Health Group Surgical Centres of Excellence,

Innovative Breast Care at the Misericordia Community Hospital and the Electric Bed Replacement Plan at the Edmonton General Continuing Care Centre.

Another goal of the Foundation is to build up its Board Endowment to a goal of \$10 million. To date, this fund amounts to approximately \$5 million. Unlike donor-directed endowment funds (\$3M to date), which support specific programs, the Board Endowment is an unrestricted fund. Annual revenue from this fund will be held in perpetuity to provide a stable source of future income for the unmet needs of the Caritas Health Group.

Boucher notes that the Foundation's sole purpose is to support Caritas Health Group's mission: Healing the Body, Enriching the Mind and Nurturing the Soul. "If Caritas staff see a need, we encourage them to talk to their site administrator about fundraising priorities. We work in partnership with our dedicated healthcare staff, donors and volunteers."

www.caritashospitalsfoundation.org



John Boucher

Recently, Dr. Spooner submitted a proposal to do a study that examines the standard practice of giving palliative care patients a stool softener twice a day. "There is not enough evidence that this works," he says. "We want to know: are we doing these patients any good? Our focus is on the patients."

Dr. Neil Bell, a family physician at the Misericordia Family Medicine Centre, shares Dr. Spooner's point of view. He sees a need to evolve from an emphasis on acute care that is reactive, to care that is much more proactive. He believes the family doctor has a central role in the evolution to proactive care.

"Take a disease like diabetes what would happen if we could identify patients earlier? How would it affect quality of life or cost-effectiveness? We don't know, but I think we should find out.

"I worry that if we don't start to do a better job of this, we are going to be in big trouble in the future with an aging population and an even greater need for chronic disease management. The reality of a family medicine practice is that our patients come in with multiple conditions. So as a family doctor, I need a system to deal with them all."

Dr. Bell notes that the research capacity in family medicine has improved in recent years. Part of the improvement is due to physicians like Dr. Bell who have taken extra training in research. He has a Master of Science degree in epidemiology from Harvard University. One of his

colleagues at the Misericordia Family Medicine Centre, Dr. Lisa Steblecki, recently returned from Boston where she received a Master in Public Health degree from the Harvard School of Public Health. Dr. Sheny Khera is currently in Boston working towards her Master in Public Health degree.

There's also been more support for family physicians who wish to undertake research projects. For example, the Alberta Family Practice Research Network (AFPRN) is a network of family physicians in community practice devoted to improving the care of patients through involvement in research.

Even patients have been getting into the act. Generous donations, mainly from patients, allowed the Grey Nuns Family Medicine Centre to set up a Research and Education Fund. It provides funds for small-scale research projects done by Edmonton area family physicians (not just physicians who work at the Grey Nuns clinic). There is a formal application process, and proposals are evaluated by an expert panel.

"Our projects are usually in the \$3000 range—they're not expensive by medical research standards," says Dr. Spooner. "However, there really are no agencies that fund the kind of research that family physicians do. That's why the contributions from donors have been so critical to us, and we are very grateful for donations. They've allowed us to move forward."

Bridging the care gap

Any asthmatic patient or parent of an asthmatic child knows the drill—the frantic trip to the emergency department when the usual medications just aren't working. A couple hours there, and everything is fine again...right? Wrong—that emergency visit may mean that something is amiss with the patient's long-term asthma management plan. And even though the emergency room doctor will probably advise a visit to the family doctor to explore this further, many asthmatic patients do not make these follow-up visits.

"We know there is a gap in care between what happens in the emergency department and what goes on with the family physician," says Dr. Neil Bell, a family physician at the Misericordia Family Medicine Centre and Professor of Family Medicine, University of Alberta. "We wanted to see if we could help bridge this gap."

Dr. Bell's team included co-investigators Drs. Don Sin and Paul Man (pulmonologists who are now based in Vancouver). They enrolled 125 asthmatic patients, aged 5



Dr. N. Bell

through 50 years, at the Misericordia Hospital's emergency department. Half the patients received 'usual care'; that is, they were encouraged to visit their regular family doctor, but no attempts were made to make the appointment for

them and no telephone reminders were provided.

The other half received 'enhanced care'. This involved having a nurse make a follow-up appointment with the patient's regular family doctor. If the patient did not have a regular family doctor the patient was asked to choose a physician from a pre-established list of physicians. Patients in the enhanced care arm received a reminder phone call 1-2 days before the scheduled follow-up appointment.

The results were significant, and were reported in the American Journal of Medicine (October 2004). Six months after their emergency department visits, quality-

of-life scores were higher in the enhanced care group than in the usual care group. The enhanced care group also had a higher rate of follow-up office visits, was more likely to have written action plans, and had fewer asthma symptoms.

"This was a simple intervention," says Dr. Bell. "Yet it showed that we can bridge the care gap."

Study Title: Effects of Increased Primary Care Access on Process of Care and Health Outcomes among Patients with Asthma Who Frequent Emergency Departments

Investigators on the study were: Drs. Don Sin, Neil Bell, Paul Man

To swab or not to swab?

That was indeed the question asked by a group of Edmonton family physicians led by Dr. Narpinder Hans. They wanted to know whether cleaning the cervix with a cotton swab affects the quality of pap smears.

"Quite a bit of mythology has sprung up around pap smears," explains Dr. Andrew Cave, one of the study's co-investigators. "Sometimes pap smears sent to the lab cannot be analyzed because they do not have enough cells from the cervix on them. So the patient must be called back for another test. It has been stated that removing mucus from the cervix before taking a pap smear results in better samples. But there's been no evidence to support this procedure."

The Edmonton group set out to test the effectiveness of the procedure. Beginning in June 2002, the year-long study enrolled approximately 600 patients at the Grey Nuns Family Medicine Centre, the Northeast Community Health Centre and Dr. Hans' medical office. Patients were randomized into two groups—Swab or No Swab. The quality of the pap smear was determined by the presence/absence of endocervical cells, noted on the report.

Analysis revealed no difference in the quality of the pap smear between the two groups. The team concluded that cleaning the cervix with a cotton swab does not appear to affect the quality of pap smears. Dr. Cave presented these results on behalf of the research team at the North American Primary Care Research Meeting in Florida in October 2004. A manuscript is also being prepared for submission to a professional journal.

"The subject of swabbing or not swabbing may sound mundane but this is a very relevant issue for those of us in primary care," notes Dr. Cave. "We want to get the best



Dr. Narpinder Hans

samples the first time because the reality is that patients do not always come back to have the test redone. This kind of research is vital so we can ensure that we're doing the best possible job."

Study Title: Effect of removing cervical mucous on quality of pap smear in an Urban family practice.

Investigators on the study were: Drs. Narpinder Hans (principal investigator), Andrew Cave, Gordon Johnson, Philip Klemka and Richard Spooner.

Getting family doctors back into the hospital

Family doctors with hospital privileges were once the rule, now they are the exception. There are many reasons for the loss of family doctors from acute-care hospitals, but one thing is clear—hospitals need them back.

"There is a real shortage of family physicians in our hospitals and it is putting a strain on the staff who are there," explains Dr. Rene Brownoff, a family physician at the Misericordia Family Medicine Centre and Associate Professor, Family Medicine, University of Alberta.

"And it's not just about workload. Within Caritas, family physicians are a big part of the function and culture of our hospitals. There's an important continuity of care that takes place when doctors can see their patients in the hospital. If they can't, these patients are 'orphan patients' and someone else must take them on."

Dr. Brownoff has embarked on a study to delve into the reasons why doctors relinquish their hospital privileges. Questionnaires have recently been sent out to family doctors who once had privileges at the Grey Nuns or Misericordia Hospitals. They will be asked a series of questions, including what it would take to attract them back to the hospitals. There are plans to follow this questionnaire up with a survey of doctors who have never had hospital privileges—enquiring what it would take to get them into the hospital.



Dr. R. Brownoff

"We really need to find out what the issues are, if we are to have any hope of attracting family doctors to our hospitals," says Dr. Brownoff. "This is an important first step."

Study Title: Attracting Family Physicians Back to Acute Care
Investigators on the study are: Dr. R. Brownoff, Dr. N. Bell, Dr. S. Khera, Dr. E. Krikke



The articles in this newsletter were written by Connie Bryson. Connie is an Edmonton-based freelance writer specializing in science, technology and business topics. She is the winner of the 1999 ASTech Excellence in Science and Technology Journalism Prize.

Did you Know That?

- Chronic airway diseases, such as asthma, are on the rise in Canada, the US and elsewhere around the world.
- The number of office visits for asthma has doubled over the past twenty years, while the number of asthma deaths increased by 61%.
- Asthma is the most common chronic illness in Alberta. It affects an estimated 7% of adults and 13% of school children in Alberta.
- More than 2 million Canadians, many of them children, suffer from asthma.
- 28% of asthmatics visited the emergency department at least once in the past year.
- An estimated 20 children and 500 adults die of asthma each year in Canada.
- When asthma is not controlled, it can result in permanent narrowing of the airways. Asthma education can help individuals with the disease learn to avoid triggers, monitor their asthma and use their medications effectively.
- Although there have been several advances in the understanding and management of asthma over the past two decades, it remains the leading cause of physician visits, emergency admissions, hospitalizations and missed school days.

References: The Lung Association (Alberta & NWT), Asthma & Allergy Fact Sheet
Alberta Strategy to Help Manage Asthma, HealthCare Quarterly 2004, Heather M. Sharpe et al