Abstract Appendix for PPC 2017 Poster Abstracts
Document supplémentaire pour les résumés des affiches de la CPP 2017

Appendix Table: Results

Demographics		
	Gender	Male: 84%
	Age	Mean 29.9 (20-49)
Perceived smoking cessation education provided at clinic to be adequate		93%
Preferred frequency of follow-up		
	Every week	1(5.8%)
	Every 2 weeks	38 (36.8%)
	Every 4 weeks	22 (21.1%)
	Every 6 weeks	5 (4.8%)
	At the end of 12 weeks	11 (10.6%)
	Do not wish to be contacted	19 (18.3%)
Preferred length of each follow-up interaction		
	1-5 min	46 (44.2%)
	6-10 min	34 (32.7%)
	11-15min	14 (13.5%)
	16 min or longer	1 (1%)
Preferred method of contact		
	Work phone	8 (7.7%)
	Cell phone	33 (31.7%)
	Home phone	6 (5.8%)
	E-mail	39 (37.5%)
	Face-to-face	4 (3.8%)
Response rate		
	Surveys distributed	N=104
	Non-respondents	3 (2.9%)

Supplementary material for Lui K, Han L, Lin M. Following-up in smoking cessation – What do patients want? [abstract]. *Can J Hosp Pharm.* 2017;70(1):65.

Appendix Table: cpKPI Ranked Most Important by Stakeholder Subgroup and Province

Province	Health care professionals/ administrators	Patients	Pharmacists
AB	Admission medication reconciliation (50%, 14/28)	N/A* *patients not recruited at this study site	Pharmaceutical care plan (100%, 2/2)
BC	Patient education at discharge (58%, 7/12)	Bundled patient care interventions (40%, 6/15)	Admission medication reconciliation (55%, 18/33)
NS	Discharge medication reconciliation (50%, 11/22)	Discharge medication reconciliation (60%, 6/10)	Bundled patient care interventions (100%, 1/1)
ON	Admission medication reconciliation (62%, 18/29)	Patient education at discharge (47%, 8/17)	Drug therapy problems resolved (68%, 21/31)
Pooled (National)	Admission medication reconciliation (47%, 41/88)	Discharge medication reconciliation (51%, 20/39)	Drug therapy problems resolved (63%, 48/76)

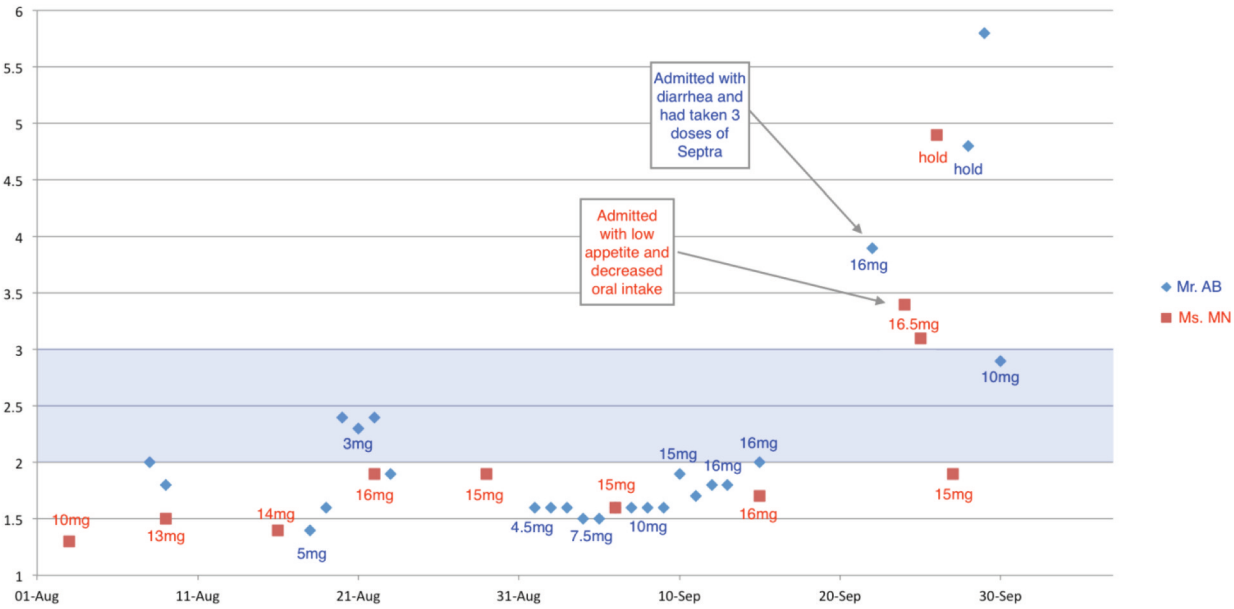
Supplementary material for Mourao D, Raymond C, Slobodan J, Gorman S, Meade A, Toombs K, et al. How do patient, pharmacist and interprofessional stakeholder perspectives on clinical pharmacy key performance indicators compare across Canada? [abstract]. *Can J Hosp Pharm.* 2017;70(1):76.

Appendix Table

Theme	Number of Participants Contributing to Theme (n=43)
Education is welcome at any time	34
Patients want use of layman's terms	21
All cpKPIs are important	18
cpKPI-related activities prevent drug therapy problems (DTP)	14
More is better and stay with patient for journey in hospital	12
cpKPI-related activities improve outcomes and quality of life	9
Patients learned about hospital pharmacist roles	7
Timing of cpKPI delivery is important, sometimes	6
Patients want post-discharge follow-up	4
DTP resolution is a unique pharmacist role	3
Patients felt empowered by providing feedback	3

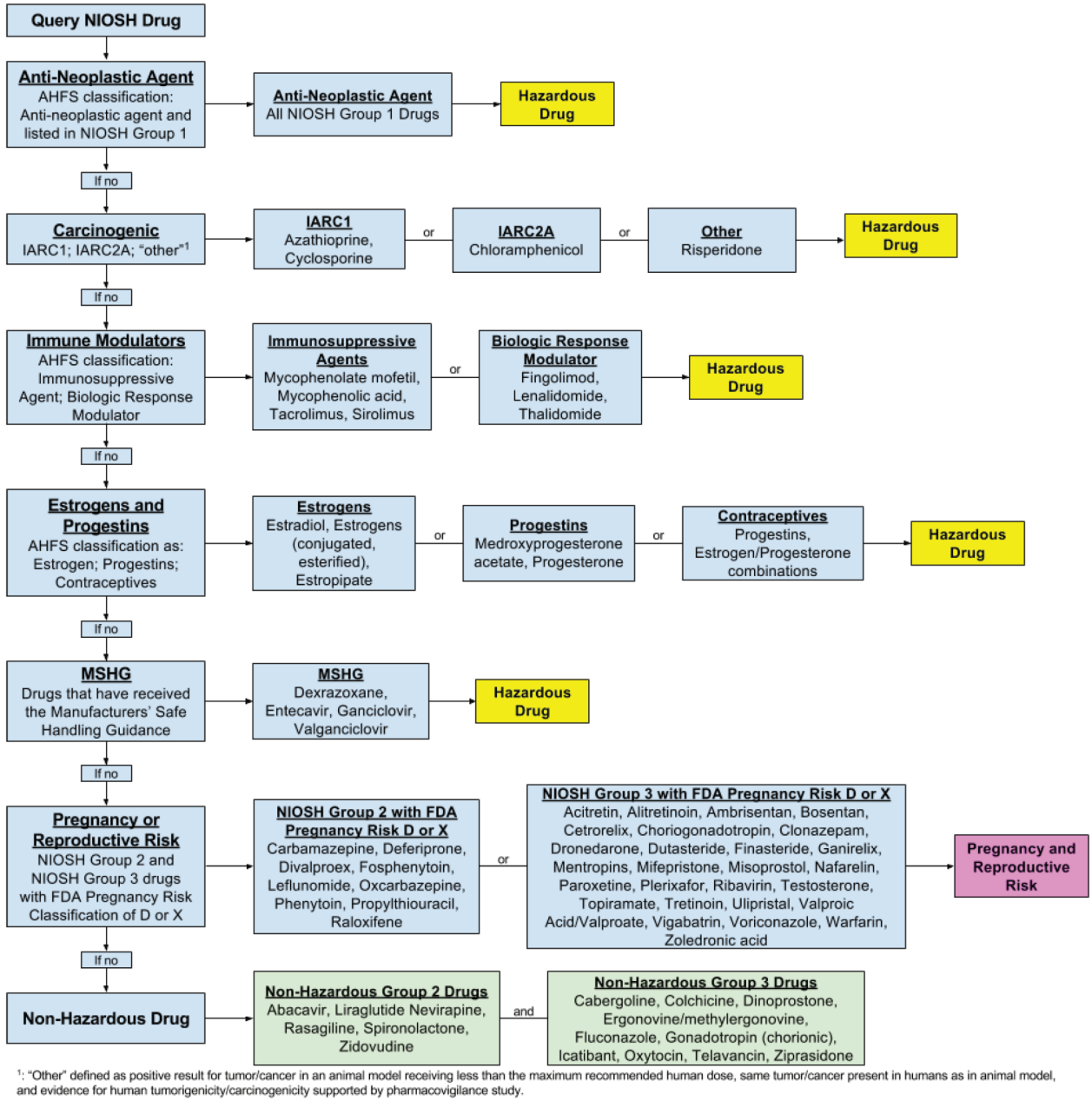
Supplementary material for Gorman S, Raymond C, Mourao D, Meade A, Toombs K, Poggemoeller K, et al. Patient perspectives on clinical pharmacy key performance indicators: a qualitative study [abstract]. *Can J Hosp Pharm*. 2017;70(1):78.

Appendix Figure 1: INR and daily warfarin doses for patients AB and MN



Supplementary material for Hooper C, Dool P. Managing warfarin-rifampin drug interaction: a case series [abstract]. *Can J Hosp Pharm*. 2017;70(1):79-80.

Appendix Figure 1: Algorithm evaluating NIOSH-listed drugs for occupational risk



[1]: "Other" defined as positive result for tumor/cancer in an animal model receiving less than the maximum recommended human dose, same tumor/cancer present in humans as in animal model, and evidence for human tumorigenicity/carcinogenicity supported by pharmacovigilance study.

Supplementary material for Ma N, Carating H, Charbonneau F, Iazzetta J, Marchesano R, Mascioli M, et al. Development of an algorithm for a systematic evaluation and classification of hazardous drugs [abstract]. *Can J Hosp Pharm*. 2017;70(1):82-3.

Appendix Table: Regulatory status of oral drugs requiring compounding and availability of oral pediatric formulations outside Canada

Case scenario	CANADA			OUTSIDE CANADA		N(%) N=98
	Adult indication	Pediatric indication	Pediatric formulation	Pediatric indication	Pediatric formulation	
A	X	X		X	X	21 (21)
B	X	X		X		14 (14)
C	X	X				0
D	X			X	X	14 (14)
E	X			X		12 (12)
F	X					25 (26)
G				X	X	4 (4)
H						8 (8)

Supplementary material for Carli A, Litalien C, Sedighi S, Lebel D, Théoret Y, Giroux D, et al. Compounding of oral drugs for children in a Canadian pediatric academic health centre [abstract]. *Can J Hosp Pharm*. 2017;70(1):85.