Corinne M Hohl

List of Publications by Year in descending order

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Version: 2024-02-01

60 papers 2,044 citations

22 h-index

304743

265206 42 g-index

69 all docs

69 docs citations

69 times ranked

2115 citing authors

#	Article	IF	Citations
1	Incidence, severity and preventability of medication-related visits to the emergency department: a prospective study. Cmaj, 2008, 178, 1563-1569.	2.0	248
2	Clinical Decision Rules to Rule Out Subarachnoid Hemorrhage for Acute Headache. JAMA - Journal of the American Medical Association, 2013, 310, 1248.	7.4	178
3	The Effect of Ketamine on Intracranial and Cerebral Perfusion Pressure and Health Outcomes: A Systematic Review. Annals of Emergency Medicine, 2015, 65, 43-51.e2.	0.6	162
4	ICD-10 codes used to identify adverse drug events in administrative data: a systematic review. Journal of the American Medical Informatics Association: JAMIA, 2014, 21, 547-557.	4.4	113
5	Risk Factors for Misuse of Prescribed Opioids: A Systematic Review and Meta-Analysis. Annals of Emergency Medicine, 2019, 74, 634-646.	0.6	102
6	Do Emergency Physicians Attribute Drug-Related Emergency Department Visits to Medication-Related Problems?. Annals of Emergency Medicine, 2010, 55, 493-502.e4.	0.6	83
7	Outcomes of Emergency Department Patients Presenting With Adverse Drug Events. Annals of Emergency Medicine, 2011, 58, 270-279.e4.	0.6	81
8	Adverse drug event reporting systems: a systematic review. British Journal of Clinical Pharmacology, 2016, 82, 17-29.	2.4	68
9	The Effect of a Bolus Dose of Etomidate on Cortisol Levels, Mortality, and Health Services Utilization: A Systematic Review. Annals of Emergency Medicine, 2010, 56, 105-113.e5.	0.6	64
10	Electrical versus pharmacological cardioversion for emergency department patients with acute atrial fibrillation (RAFF2): a partial factorial randomised trial. Lancet, The, 2020, 395, 339-349.	13.7	60
11	Clinical Decision Rules to Improve the Detection of Adverse Drug Events in Emergency Department Patients. Academic Emergency Medicine, 2012, 19, 640-649.	1.8	53
12	Validation of the Ottawa Subarachnoid Hemorrhage Rule in patients with acute headache. Cmaj, 2017, 189, E1379-E1385.	2.0	53
13	Evaluating adverse drug event reporting in administrative data from emergency departments: a validation study. BMC Health Services Research, 2013, 13, 473.	2.2	49
14	Impact of early in-hospital medication review by clinical pharmacists on health services utilization. PLoS ONE, 2017, 12, e0170495.	2.5	49
15	Why Clinicians Don't Report Adverse Drug Events: Qualitative Study. JMIR Public Health and Surveillance, 2018, 4, e21.	2.6	46
16	The effect of early inâ€hospital medication review on health outcomes: a systematic review. British Journal of Clinical Pharmacology, 2015, 80, 51-61.	2.4	44
17	Emergency Hospitalizations for Adverse Drug Events. New England Journal of Medicine, 2012, 366, 858-860.	27.0	37
18	Adherence to emergency department discharge prescriptions. Canadian Journal of Emergency Medicine, 2009, 11, 131-138.	1.1	36

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19	Prospective Validation of Clinical Criteria to Identify Emergency Department Patients at High Risk for Adverse Drug Events. Academic Emergency Medicine, 2018, 25, 1015-1026.	1.8	33
20	Prospective Implementation of the Ottawa Subarachnoid Hemorrhage Rule and 6-Hour Computed Tomography Rule. Stroke, 2020, 51, 424-430.	2.0	32
21	Short communication: Systematic review on effectiveness of micro-induction approaches to buprenorphine initiation. Addictive Behaviors, 2021, 114, 106740.	3.0	32
22	Designing an Adverse Drug Event Reporting System to Prevent Unintentional Reexposures to Harmful Drugs: Study Protocol for a Multiple Methods Design. JMIR Research Protocols, 2016, 5, e169.	1.0	29
23	Performance of trigger tools in identifying adverse drug events in emergency department patients: a validation study. British Journal of Clinical Pharmacology, 2016, 82, 1048-1057.	2.4	26
24	Naloxone dosing in the era of ultra-potent opioid overdoses: a systematic review. Canadian Journal of Emergency Medicine, 2020, 22, 178-186.	1.1	25
25	Development of the Canadian COVID-19 Emergency Department Rapid Response Network population-based registry: a methodology study. CMAJ Open, 2021, 9, E261-E270.	2.4	23
26	Adverse Drug Event Reporting From Clinical Care: Mixed-Methods Analysis for a Minimum Required Dataset. JMIR Medical Informatics, 2018, 6, e10248.	2.6	21
27	Pilot-testing an adverse drug event reporting form prior to its implementation in an electronic health record. SpringerPlus, 2016, 5, 1764.	1.2	19
28	Preventable adverse drug events: Descriptive epidemiology. British Journal of Clinical Pharmacology, 2020, 86, 291-302.	2.4	17
29	Treatments, resource utilization, and outcomes of COVID-19 patients presenting to emergency departments across pandemic waves: an observational study by the Canadian COVID-19 Emergency Department Rapid Response Network (CCEDRRN). Canadian Journal of Emergency Medicine, 2022, 24, 397-407.	1.1	17
30	Characteristics of frequent emergency department users in British Columbia, Canada: a retrospective analysis. CMAJ Open, 2021, 9, E134-E141.	2.4	16
31	The CCEDRRN COVID-19 Mortality Score to predict death among nonpalliative patients with COVID-19 presenting to emergency departments: a derivation and validation study. CMAJ Open, 2022, 10, E90-E99.	2.4	16
32	The effect of pharmacist-led medication review in high-risk patients in the emergency department: an evaluation protocol. CMAJ Open, 2015, 3, E103-E110.	2.4	15
33	Can reporting of adverse drug reactions create safer systems while improving health data?. Cmaj, 2015, 187, 789-790.	2.0	15
34	Repeat adverse drug events associated with outpatient medications: a descriptive analysis of 3 observational studies in British Columbia, Canada. CMAJ Open, 2019, 7, E446-E453.	2.4	14
35	Methods for evaluating adverse drug event preventability in emergency department patients. BMC Medical Research Methodology, 2018, 18, 160.	3.1	13
36	Naloxone interventions in opioid overdoses: a systematic review protocol. Systematic Reviews, 2019, 8, 138.	5. 3	13

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37	CCEDRRN COVID-19 Infection Score (CCIS): development and validation in a Canadian cohort of a clinical risk score to predict SARS-CoV-2 infection in patients presenting to the emergency department with suspected COVID-19. BMJ Open, 2021, 11, e055832.	1.9	13
38	Risk factors for addiction among patients receiving prescribed opioids: a systematic review protocol. Systematic Reviews, 2017, 6, 265.	5. 3	11
39	Identifying subgroups and risk among frequent emergency department users in British Columbia. Journal of the American College of Emergency Physicians Open, 2021, 2, e12346.	0.7	11
40	Patient-reported adverse drug-related events from emergency department discharge prescriptions. Canadian Journal of Emergency Medicine, 2010, 12, 331-338.	1.1	9
41	Emergency department-based medication review on outpatient health services utilization: interrupted time series. BMC Health Services Research, 2020, 20, 254.	2.2	9
42	Patient Perspectives on Health Data Privacy and Implications for Adverse Drug Event Documentation and Communication: Qualitative Study. Journal of Medical Internet Research, 2021, 23, e21452.	4.3	9
43	Adverse Events Associated With Electrical Cardioversion in Patients With Acute Atrial Fibrillation and Atrial Flutter. Canadian Journal of Cardiology, 2021, 37, 1775-1782.	1.7	9
44	Incidence of clinically relevant medication errors in the era of electronically prepopulated medication reconciliation forms: a retrospective chart review. CMAJ Open, 2017, 5, E345-E353.	2.4	8
45	Effectiveness of micro-induction approaches to buprenorphine initiation: A systematic review protocol. Addictive Behaviors, 2020, 111, 106551.	3.0	7
46	People who make frequent emergency department visits based on persistence of frequent use in Ontario and Alberta: a retrospective cohort study. CMAJ Open, 2022, 10, E220-E231.	2.4	7
47	Should natriuretic peptide testing be incorporated into emergency medicine practice?. Canadian Journal of Emergency Medicine, 2006, 8, 259-261.	1.1	5
48	A randomized, controlled comparison of electrical versus pharmacological cardioversion for emergency department patients with acute atrial flutter. Canadian Journal of Emergency Medicine, 2021, 23, 314-324.	1,1	5
49	Using ActionADE to create information continuity to reduce re-exposures to harmful medications: study protocol for a randomized controlled trial. Trials, 2021, 22, 119.	1.6	5
50	The Utility of Different Data Standards to Document Adverse Drug Event Symptoms and Diagnoses: Mixed Methods Study. Journal of Medical Internet Research, 2021, 23, e27188.	4.3	5
51	Organizational implications of implementing a new adverse drug event reporting system for care providers and integrating it with provincial health information systems. Healthcare Management Forum, 2019, 32, 208-212.	1.4	4
52	Factors influencing time to computed tomography in emergency department patients with suspected subarachnoid haemorrhage. Emergency Medicine Journal, 2017, 34, 20-26.	1.0	3
53	Prospective evaluation of World Health Organization guidelines for diagnosis of pneumonia in children presenting to an emergency department in a resource-limited setting. Paediatrics and International Child Health, 2020, 40, 227-230.	1.0	3
54	Canada-wide mixed methods analysis evaluating the reasons for inappropriate emergency department presentation in patients with a history of atrial fibrillation: the multicentre AF-ED trial. BMJ Open, 2020, 10, e033482.	1.9	3

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55	Subgroups of people who make frequent emergency department visits in Ontario and Alberta: a retrospective cohort study. CMAJ Open, 2022, 10, E232-E246.	2.4	3
56	Characterizing people with frequent emergency department visits and substance use: a retrospective cohort study of linked administrative data in Ontario, Alberta, and B.C., Canada. BMC Emergency Medicine, 2022, 22, .	1.9	2
57	Barriers to scaling up participatory design interventions in health IT. , 2018, , .		1
58	CJEM journal club: corticosteroids use for critically ill COVID-19 patients. Canadian Journal of Emergency Medicine, 2021, 23, 162-163.	1.1	1
59	Optimizing collaborative relationships in emergency medicine research. Canadian Journal of Emergency Medicine, 2021, 23, 291-296.	1.1	1
60	Relationship between GP visits and time spent in-hospital among insulin-dependent Canadians with type 2 diabetes. Canadian Family Physician, 2020, 66, e69-e77.	0.4	0