Department of Surgery Annual Report 2007

Together, leading and creating excellence in surgical care

For the Period April 1, 2007 to March 31, 2008

UNIVERSITY OF CALGARY

Alberta Health Services
Calgary Health Region

Cover Photo: Dr. Carmen Brauer and Dr. Paul Beaudry are Pediatric Surgeons. See their story on page 16.

Report Designed, Compiled and Edited by Angi Fletcher and Marie McEachern.

Content and Photographs Provided by Angi Fletcher, Marie McEachern, Dr. John Kortbeek, and numerous Department Members.


Angi Fletcher

We Wish to Thank all the Surgeons, Administrators and other team members, whose tremendous efforts made this report possible.

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FROM THE DEPARTMENT HEAD

Delivering safe patient care, educating surgical teams for today and the future, improving surgical care through research and innovation. Sounds simple, but as the breadth of work summarized in the annual report demonstrates, it's anything but.

Organizational structures come and go but one thing remains constant; the commitment of our faculty and surgical teams to build programs of excellence on a strong foundation of safe patient care. The recent announcement of a single Regional Board and CEO to direct and govern healthcare in the province, has the stated goal of ensuring sustainable healthcare with more accountability. The Department is well-poised to meet this challenge, as summarized by the work of Ms. Shanda Naylor and Drs. Lea Austen and Paule Poulin. The Surgical Efficiency and Access Targets Program has been several years in the making. It will deliver robust data not only on surgical activity, but will provide detailed information on population health demand describing wait list by disease, as well as OR utilization and efficiency compared to national and international benchmarks. This data will provide a strong foundation for our continued efforts to seek adequate infrastructure and operating budgets to support expansion of much needed programs and services in Calgary.

In addition, the work of Drs. Poulin and Austen provide the impetus to support requests for capital and operating dollars for acquisition of new technologies which improve surgical outcomes and increase efficiency and cost-effectiveness of healthcare delivery.

Surgeons have also been leaders in developing and adopting processes to reduce risk related to surgical intervention, terms to describe these processes and the methods themselves have evolved over the years. Nonetheless, we remain at the forefront. This important work has benefited from the leadership of Dr. Beth Lange. Dr. Lange has outlined the tremendous work undertaken in the past year as well as ambitious goals for the future.

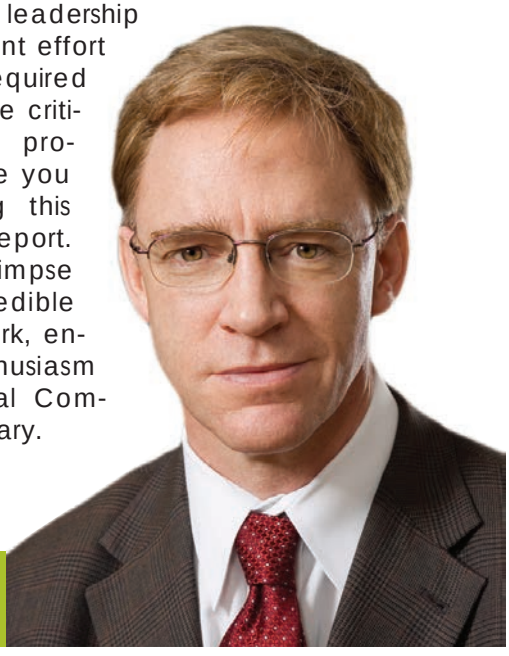
In the information age, our ability to assess and report outcomes will continue to improve. It is critical that these tools be developed and led by front-line providers if they are to be useful and effective. The Department and Region will be working closely with Dr. Lange in the coming years to develop and support this work.

The Department has a rich heritage of innovation and research as evidenced by the academic productivity summarized in the report. We will continue to build on this solid foundation by recruiting members with special interests and expertise. In research and innovation, we are pleased to profile Dr. Carmen Brauer and Dr. Paul Beaudry, who we were fortunate enough to recruit to our faculty in 2007. They represent the future ambitions and potential of academic surgery in Calgary.

The Office of Surgical Research in Calgary has benefited greatly from Dr. David Sigalet who will complete his term this year. He is being succeeded by Dr. Rob Harrop who I have no doubt, will rise to the task.

Finally, a sustainable health system rests on the bedrock of solid undergraduate, residency and post-graduate education programs. A tremendous amount of time, energy and commitment is devoted by our faculty, allowing these programs to succeed.

We owe a debt of gratitude to the leaders in the Office of Surgical Education, including Dr. Norman Schachar, Dr. Rick Buckley and Dr. John Graham, with the support of Ms. Anita Jenkins, our Residency Program Directors, and Leaders in Faculty, Undergraduate and CME Committees including Dr. Gwen Hollaar and Dr. Paul Petrasek. We will continue to advise our new leadership of the important effort and support required to sustain these critical and vital programs. I hope you enjoy reading this year's annual report. It provides a glimpse of the incredible amount of work, energy and enthusiasm of the Surgical Community in Calgary.



DR. JOHN KORTBEEK,
REGIONAL HEAD, DEPARTMENT OF SURGERY

Foothills Medical Centre (FMC)

Alberta Children's Hospital (ACH)

Peter Lougheed Centre (PLC)

Rockyview General Hospital (RGH)

SURGICAL EXECUTIVE

These are the members of the Surgical Executive Team.

Dr. John Kortbeek, Regional Clinical Department Head
Dr. David Sigalet, Director Office of Surgical Research and Deputy Head
Dr. Eduardo Kalaydjian, Division Chief, Dentistry & Oral Health,
Dr. Francis Sutherland, Division Chief, General Surgery,
Dr. Ken Romanchuk, Division Chief, Ophthalmology
Dr. Brian Whitestone, Division Chief, Oral Maxillofacial Surgery
Dr. Cy Frank, Division Chief, Orthopedics,
Dr. Wayne Matthews, Division Chief, Otolaryngology,
Dr. William Hyndman, Division Chief, Pediatrics, and Site Chief, ACH
Dr. Brent Haverstock, Division Chief, Podiatry
Dr. Robert Lindsay, Division Chief, Plastic Surgery
Dr. Walley Temple, Division Chief, Surgical Oncology
Dr. Gary Gelfand, Division Chief, Thoracic
Dr. Serdar Yilmaz, Division Chief, Transplant,
Dr. Paul Petrasek, Division Chief, Vascular,
Dr. John Dushinski, Division Chief, Urology, and Site Chief, RGH
Dr. James Nixon, Site Chief, PLC
Dr. Richard Hu, Site Chief, FMC
Dr. Norm Schachar, Director, Office of Surgical Education
Dr. Beth Lange, Physician Leader, Quality and Safety
Dr. Lea Austen, Physician Leader, Health Technology and Innovation
Dr. Andrew Kirkpatrick, Physician Leader, Trauma Program
Dr. Greg Abelseth, Physician Leader, Informatics
Ms. Marie McEachern, Regional Manager, Department of Surgery
Ms. Christine Bourgeois, Administrative Assistant to Dr Kortbeek
Ms. Andrea Robertson, Vice President, Interventional Services
Ms. Marg Semel, Director, Surgical Inpatients & Ambulatory Surgery
Ms. Shanda Naylor, Director, Surgical Suites
Ms. Shawna Syverson, Director, Bone & Joint Health
Dr. JN Armstrong, Department Head, Anesthesia
Dr. Ian Lange, Department Head, Obstetrics & Gynecology
Dr. William Kidd, Representative, Cardiac Sciences
Dr. Raj Midha, Representative, Clinical Neurosciences
Dr. Mark Heard, Representative, Rural Health
Ms. Michele Austad, Regional Manager, Department of Anesthesia
Ms. Toni MacDonald, Director, Alberta Children's Hospital
Dr. David Halpenny, Chair, PLC OR Committee
Ms. Lynda Phelan, Communications

The Department of Surgery, in the Calgary Health Region, is among the largest Surgical Departments in North America.

We are a total of 289 members

- 199 Surgeons
- 66 Members in Dentistry & Oral Health
- 13 Members in Oral Maxillofacial Surgery
- 11 Members in Podiatric Surgery
- 14 Divisions in Total

Each of the 14 Divisions has a Division Chief, all of whom meet with other Department and Health Region leaders to form the Surgical Executive Committee. This committee serves to make decisions and recommendations, and develops policies regarding research, education and clinical practice, as well as resource utilization and allocation. Our members are committed to a professional and academic culture that is continually progressing and improving. We are dedicated to providing excellence in clinical care, teaching and research.

Dr. Norm Schachar is the Director of the Office of Surgical Education. This office manages all levels of Surgical Education, from Undergraduate and Clerkship through to Residency, Fellowship and Continuing Medical Education.

Dr. David Sigalet is finishing his term as the Director of the Office of Surgical Education, and taking his place in the coming year will be Dr. Rob Harrop. The Associate Director, Paule Poulin, PhD, is also moving to focus completely on health technology and taking her place will be Elizabeth Oddone Paolucci, PhD.

The Department would like to acknowledge the following promotions, new members and appointments which all occurred in the 2007-2008 fiscal year.

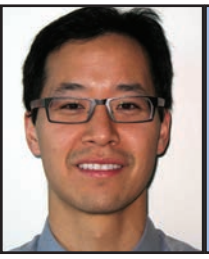
Congratulations and Thank you for your contributions.

Appointments

- Dr. Paul Petrasek has been appointed Division Chief of Vascular Surgery in the Department of Surgery, Calgary Health Region, and the University of Calgary effective August 1, 2007.
- Dr. Brian Whitestone has accepted the position of Division Chief of Oral Maxillofacial Surgery in the Department of Surgery, Calgary Health Region and University of Calgary.

New Faculty

- Dr. Paul Beaudry joined the Division of Pediatric Surgery (General Surgery).
- Dr. Carmen Brauer joined the Division of Pediatric Surgery (Orthopedic Surgery).
- Dr. Christine Bell joined the Division of Pediatric Dentistry in July 2007.


Health & Technology

Waiting for Surgery

Alumni Stories

Office of Surgical Research

New Faculty *(continued)*

- Dr. James Brookes joined the Division of Pediatric Surgery in July 2007.
- Dr. Tony Carlsson has joined the Division of Ophthalmology.
- Dr. Linda Cooper became a member in Pediatric Surgery on September 1, 2007. Her subspecialty is Pediatric Ophthalmology and Strabismus.
- Dr. Frankie Fraulin joined the Division of Pediatric Surgery (Plastic Surgery) in August 2007.
- Dr. Brad Mechor joined the Division of Otolaryngology in July 2007.
- Dr. Ahmed Al-Ghoul joined the Division of Ophthalmology in January 2008.
- Dr. Robert Korley joined the Division of Orthopedic Surgery in January 2008.
- Dr. Ganesh Swamy joined the Division of Orthopedic Surgery in January 2008 as an active physician.
- Dr. Darrell Paul joined the Division of Podiatric Surgery in March 2008.

Promotions

- Dr. Duncan Nickerson in the Division of Plastic Surgery has been promoted to Clinical Assistant Professor
- Dr. Christiaan Schrag in the Division of Plastic Surgery has been promoted to Clinical Assistant Professor
- Dr. Rob Harrop in the Division of Plastic Surgery has been promoted to Clinical Associate Professor
- Dr. Femida Kherani in the Division of Ophthalmology has been promoted to Clinical Assistant Professor
- Dr. Amin Kherani in the Division of Ophthalmology has been promoted to Clinical Associate Professor
- Dr. Karim Punja in the Division of Ophthalmology has been promoted to Clinical Associate Professor
- Dr. Michael Ashenhurst in the Division of Ophthalmology has been promoted to Clinical Associate Professor
- Dr. Roger Cho in the Division of Orthopedics has been promoted to Clinical Assistant Professor
- Dr. Nick Mohtadi in the Division of Orthopedics has been promoted to Clinical Professor

RETREAT ADDRESSES EDUCATION IN THE DEPARTMENT

In early May 2008, Members of the Department of Surgery met at the scenic Banff Centre to discuss education within the Department. The Retreat focused on several major themes, two of which were; building simulation into residency training, and improving our faculty evaluation and development programs.

The Retreat was well attended by Division Chiefs, Site Chiefs, and leaders in education in the Department as well as by Faculty with specific expertise and interest in education. The Retreat was headlined by two invited speakers: **Dr. Claudio Violato,** from the Department of Community Health Sciences and **Dr. Laura Cooke** from the Office of Faculty Development at the University of Calgary. Dr. Violato lectured on educational issues in surgery and implications for the Department, focusing on the assessment and adoption of simulation technologies. Dr. Cooke lectured on teaching residents and faculty members to teach. Their presentations generated a very healthy discussion.

The group that attended the Banff Retreat addressed many questions and set strategy in the Department, with the serene backdrop of Banff to facilitate the discussions.

Photo: Courtesy of The Banff Centre and Donald Lee

The Banff Centre provided a perfect location for the annual retreat, this year regarding education in the Department.

The work then proceeded to review current evaluation processes across the department and to develop a specific proposal for consideration by the Post Graduate Surgical Training Committee. It was noted that weaknesses in the current process include: heterogeneous evaluation tools, and a lack of meaningful evaluation criteria and feedback. It was noted that there was a significant advantage to linking evaluations that are meaningful in terms of clinical experience and professionalism as defined by the CanMEDS criteria.

The Faculty of Medicine is currently developing a Clinical Teaching Assessment Tool, CTAT, which is being proposed for a pilot study. There was tremendous enthusiasm to suggest to PGSTC that the CTAT tool be adopted as a pilot by all programs within the Department. In addition, a standardized delayed feedback process to both the Program Heads and the Division Chiefs was felt to be a highly desirable. A standardized process would support recognition of excellence in teaching and academic promotion within Divisions, as well as revealing opportunities for enhanced faculty development.

Under Dr. Cooke's leadership, The Faculty Development Office in the Faculty of Medicine has been busy developing a wide array of tools to support our members in enhancing the educational experience for faculty, residents and students.

The status of the simulation proposal and e-SIM project was also discussed. The e-SIM project encompasses an umbrella of simulation activities across the Calgary Health Region of which the clinical skills laboratory would be a central hub. A formal proposal has been submitted for a surgical skills laboratory. Both the Calgary Health Region and the University of Calgary Faculty of Medicine have made this a priority. Discussions are on-going regarding suitable space, and we anticipate an announcement soon on final approval and development of this project in order to position the Department for success. Divisions considered their initial plans for adoption of simulation training within residency programs.

One significant idea that was brought forward at the retreat was the development of a core residency surgical skills training course that would be provided to all junior surgical residents in their formative years. This idea will be followed up on by the Department and the Post Graduate Surgical Training Committee.

The Department recently supported an interesting project under the leadership of **Dr. Carol Hutchinson** and **Dr. Alicia Ponton-Carrs**. They successfully completed an evaluation of combining surgical skills assessment with evaluation of professionalism in a surgical skills environment. The work will be presented at scientific meetings and will be submitted for publication. It was profiled at Surgeon's Day and also led to exposure in the local media where it was profiled by CTV.

The Retreat demonstrated once again, the energy and enthusiasm of our Faculty for the education mission as we continue to build programs of excellence.

TECHNOLOGY AND HEALTH

LOCAL RESEARCH TO GLOBAL SUCCESS

TENET Medical Engineering, a company that originated from research done through the University of Calgary and the Calgary Health Region, is changing the way Orthopedic Surgeons work.

Before TENET, surgeons often required assistants to hold up limbs during long surgeries which left more room for error caused by fatigue, and further crowded already busy operating rooms with extra people. However several new products have changed that.

TENET president Ken Moore said all the engineers with the company are graduates of the University of Calgary. From Left, Brent King, Mark Allen, Simon McCurdy, Kara Chomistek, Moore and Matt Beer.

The company now produces two main lines of positioning systems with a multitude of accessories to make all kinds of Orthopedic surgeries easier for surgeons.

But the company didn't actually begin in positioning systems. According to **Ken Moore**, the president of TENET, it all started with a research project that he and his colleagues thought had some "commercial potential."

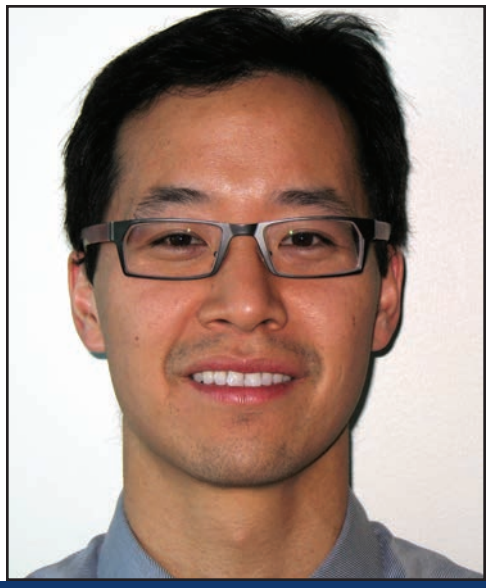
Moore said that the McCaig Bone and Joint Centre had developed some new products, but "had either not gotten them to market fast enough, or had sold the rights to American companies." Moore, and several others, decided that it would be better to produce the products themselves, rather than let others take the credit, and profit, for their ideas.

The first device they worked on was an arthroscopic indenter, which can detect cartilage softening, an early sign of degradation in a joint. However, they soon realized it was more of a research tool and didn't have the sales potential they had anticipated. Then they began working with hospitals and found that there was a need for positioning systems.

One of their two main products now is the SPIDER limb positioner, designed mostly for wrist, elbow and shoulder surgery.

Moore said that a product like the SPIDER can replace a number of different products that existed before it, because it works in multiple positions which previously required multiple systems.

TENET products are distributed in over 50 countries worldwide, and they are always adding to the list.



Dr. Ian Lo specializes in shoulder surgery, and helped TENET engineers develop some of their product lines.

"The SPIDER is just a product that's able to do a lot of different functions so that's the big distinguishing feature between that and other products; that, and how much range of motion it has to be able to position those arms and legs wherever you want."

The bottom attaches to a standard OR table and the top attaches to the patient, either by wrapping the patient's gripped hand or extended fingers around the handle.

Once the patient is attached, the SPIDER's joints are locked in place until the surgeon steps on a foot pedal. Through a pneumatic pump, the joints then release and the surgeon can move the arm to exactly where they need it. When the surgeon steps back off the pedal, the joints lock into place again. It functions somewhat like the children's toy that collapses when the bottom is pushed in, except that it can be repositioned and held there.

"It's a relatively simple design idea. The engineering behind it took a little more effort," Moore said. "You know, the best ideas aren't always the most complex."

But this simple idea has really made surgery a little easier for doctors.

Dr. Ian Lo, an Orthopedic surgeon who specializes in shoulder surgery and helped to develop several of TENET's products, including the SPIDER, agrees that simple technology is often best.

He said that TENET's products really make a difference for surgeons and that they were the first major improvement in at least 20 or 25 years, "since the beginning of shoulder arthroscopy."

"The stuff that was out there before was really quite poor. They had very archaic patient positioning products," Dr. Lo said. He described prior systems as "almost like a glorified IV pole."

In fact, those previous systems were so poor that they often required an assistant to hold the limb even after it was positioned because the limb wasn't necessarily all that steady. That extra person also adds significantly to the cost of a surgical procedure.

"Where I trained in the States, we had another specific person across the table just to hold the arm and it works OK if you run a private clinic and you can hire your own people…In Canada, it's basically not possible," Dr. Lo said. "And then you get too many people (in the OR) because the person that's across from you gets in your way."

Though Dr. Lo said it has taken some time, surgeons are adapting to the new technology.

"The market is still expanding because some people are still traditionalists," he said. "Surgeon's traditionally don't like change, but it's clearly better so (TENET products) are getting pretty good worldwide acceptance."

He also said one of the best things about the company is that they are local and able to respond to the needs of surgeons by observing and asking about problems. Ken Moore agreed that TENET tries to work with the people who use their products.

"The ideas for the products basically come from the end users, so it might be the surgeons, it might be the nurses … that are in the procedures watching many, many, many cases and saying 'There's got to be an easier way," Moore said.

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President Ken Moore and Bob Spence, VP Sales and Marketing, discuss a map that shows all the countries where TENET products are distributed.

And even more importantly, by improving the systems used by doctors to allow for a more ergonomic posture and better control, patients are immediately better cared for.

"We are trying to work with surgeons and healthcare practitioners to try and improve the quality of surgery," Moore said. "It's better for the surgeon and ultimately for the patient."

Another place that TENET takes inspiration from is their symbiotic relationship with the research groups that spawned them. They maintain this relationship, in part by donating a portion of profits back into research.

"When we first established the company, it was one of the initial goals," Moore said. "We allocated, at that point in time, some shares to go back into research."

Moore also said that some of TENET's shareholders also donate extra money back into research. In total, in the last few years, Moore said TENET has donated between $100,000 and $200,000 to research.

"Basic research might help a little bit more in developing some products which we can develop and create some income and so then there can be more money going back into basic research," Moore said.

The current co-vice chair of the Alberta Bone and Joint Health Institute, and the head of the Division of Orthopedic Surgery in Calgary, **Dr. Cy Frank**, also discussed this relationship, calling it a "cycle of innovation."

"That would be endless in terms of reinvesting and building new, better, faster, cheaper things that are going to benefit patients and help the University and the Health Region," Dr. Frank said. "Everybody literally wins, and TENET is a model of that."

He said the difference that TENET makes to a research institute like the ABJHI, is immeasurable, and really sustains the group.

"(TENET) is just one proof of concept, so if you had five or six TENETs, that could drive research here for lifetimes."

More information on TENET Medical Engineering, including videos that explaining their products, can be obtained on their website at www.tenetmedical.com.

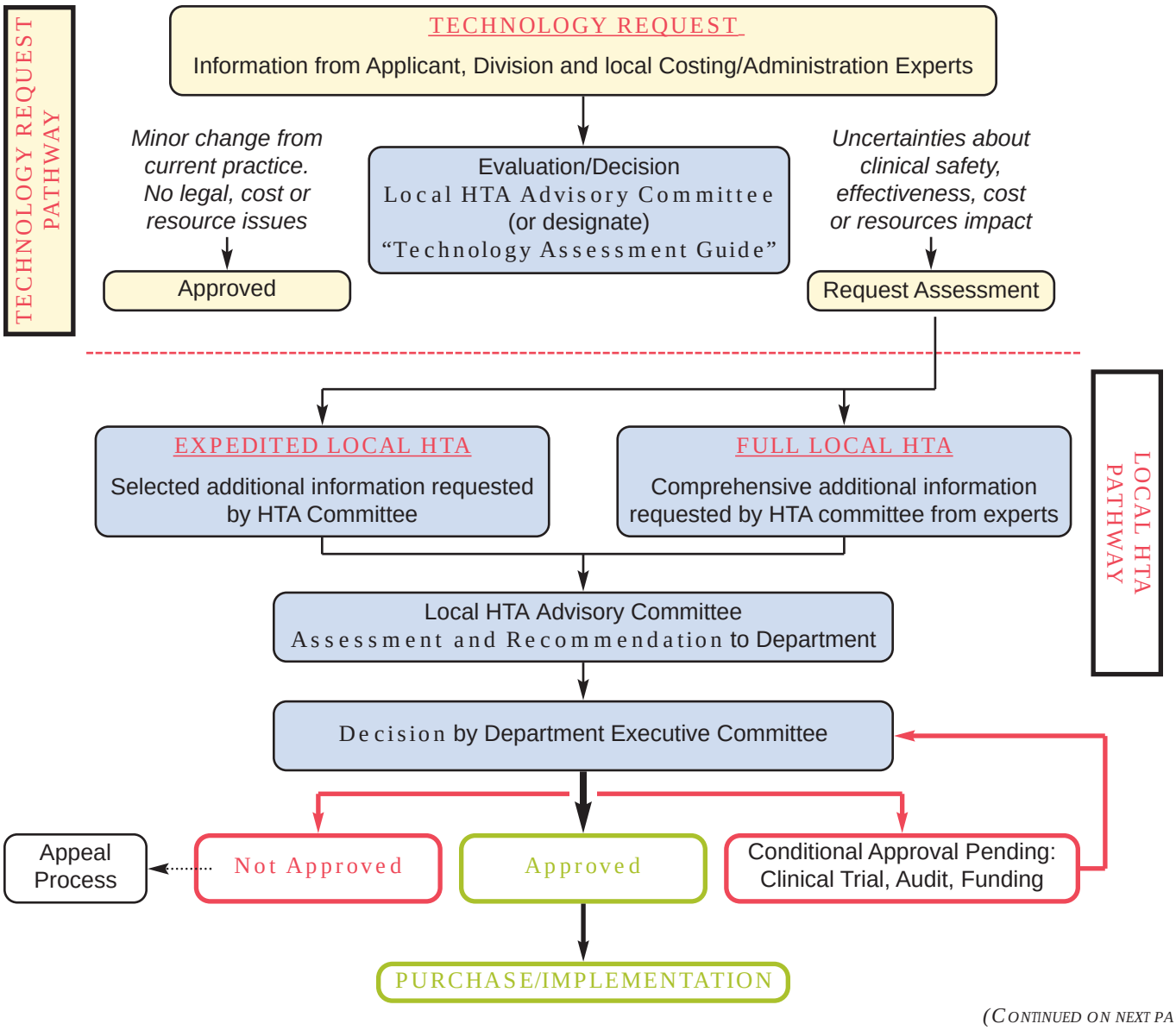
The SPIDER, one of TENET's main products, uses a pneumatic pump to reposition limbs during Orthopedic surgery.

Dr. Cy Frank, Division Chief of Orthopedics, said that TENET Medical shows that reciprocal relationships between research and companies can help both succeed.

OFFICE OF HEALTH TECHNOLOGY & INNOVATION

Health services throughout the world have adopted a range of approaches to evaluate new technologies before their widespread adoption. Health Technology Assessment (HTA) is one technique that has been adapted by the Department of Surgery Health Technology & Innovation (HT&I) program to help clinicians and decision makers manage the introduction and appropriate use of new technologies to support innovation and OR excellence.

This year, the HT&I team worked with many departments, including Anesthesia, Cardiac Sciences, Critical Care Medicine, Internal Medicine, Surgery and Surgical Services, to review and improve the assessment process. We also established a Local HTA Advisory Committee composed of **Dr. Lea Austen**, HT&I Physician Leader and Chair, and a wide variety of members representing surgeons, nurses, managers, researcher and surgical services representatives. As a result of these improvement initiatives, the new HT&I program now consist of 2 main assessment pathways as shown below:



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1. **Technology Request Pathway**, is a rapid pathway used for minor change of practice
2. **Local HTA Pathway**, is a more extensive pathway that is used when there are uncertainties about a technology's impact on clinical outcomes, education, resources or finances. The Local HTA Pathway requires extra information about the technology in addition to that contained in the "Technology Request Form", as determined by the Local HTA Advisory Committee. Depending on the amount of extra information required, the process is sub-divided into the **Expedited Local HTA Pathway** or the **Full Local HTA Pathway**.

Using these assessment pathways to guide our review process, in 2008, the HT&I team reviewed more than 19 new technologies requested by surgeons from up to seven divisions. It is obvious from this that Calgary surgeons are consistently exploring innovative surgical procedures to advance OR excellence.

Furthermore, the new HT&I program reflects a renewed emphasis on innovation as it is well designed and unique it its structure to support both, innovative and experimental technologies as well as well proven technologies that have not yet been used within our region while minimizing the potential for inappropriate decisions.

For example, assessment of a technology early in its life-cycle will inevitably involve a degree of uncertainty around the safety, its clinical and economic effectiveness as well as its impact on our institution. Making decisions under uncertainty for technologies early following its regulatory approval, or for technologies that have not yet been used by our clinical teams may result in decisions that are subsequently shown to be clinically or cost-ineffective. Conversely, a decision may restrict a technology that later proves to be clinically and cost-effective.

To address these issues, the formalized framework used by the HT&I team not only employs consistent evaluation criteria to fully evaluate a technology and forecast its impact within the region, it also supports and interfaces with other initiatives within the region including Knowledge Transfer and Evidence-Based Medicine, Research and Innovation, Quality Assurance and Patient Safety, Medical Device Safety and Risk Management, Capital and Operational expenditure process as well as Medical Education and Dissemination.

Knowledge Transfer and Evidence-Based Medicine:

The HT&I Program promote knowledge-transfer and evidence-based medicine by ensuring that the current best evidence is used in making decisions about new technology. If the assessment process determines that a systematic review of the medical literature is required, then a request is submitted to the Canadian Agency for Drugs and Technology in Health (CADTH) which offers a variety of review process services including full formalized HTA reports as well as Health Technology Information Services (HTIS).

Research and Innovation:

The HT&I Program support research and innovation when insufficient evidence about the technology's efficacy or safety exists usually during the development stage and before the technology has received Health Protection Branch approval. The applicant is encouraged to proceed with a clinical trial, with the results to be brought back to the Departmental Local HTA Committee and Executive Committee for re-review.

Quality Assurance and Patient Safety

The HT&I Program decision outcome "restricted approval under audit" is generally used when a technology's efficacy and safety have been shown, but the technology has not been used in the local setting. In this case, a small number of devices are approved for testing, and the applicant reports back to the Departmental Local HTA Committee and Executive Committee for re-review.

Medical Device Safety and Risk Management

The HT&I Program support the Medical Device Safety and Risk Management issues by ensuring that the training and credentialing of our surgeons and surgical teams are adequate for each new technology.

Capital and Operational Expenditure Processes:

Capital and Operational expenditure Processes: The decision outcome "approval in principle pending funding" feeds the technology application into regional capital and operational expenditure planning processes.

Medical Education and Dissemination:

The HT&I team members were invited to deliver workshops on the Department of Surgery HT&I program to a variety of audiences including: Putting Knowledge Into Action –Knowledge Into Action Seminar – Calgary Health Research, Calgary Health Region; Healthcare Management for Bioengineers, Schulich School of Engineering from the University of Calgary; Health Workforce Research Network of Alberta; and the Department of Surgery CanMeds Program, University of Calgary.

Paule Poulin, PhD, (left) and Dr. Lea Austen oversee the Office of Health Technology and Innovation.

We were also invited to present our work at a series of National and International Conferences including: Beyond Overcrowding: A Western Canadian Forum on Innovation and Evidence-Based Decision Making in Emergency Care, Regina, Saskatchewan; The 2008 Canadian Agency for Drugs and Technologies in Health (CADTH) Annual Invitational Symposium: BEYOND THE EVIDENCE: Making Tough Decisions; The 2008 International Society for Pharmacoeconomics and Outcomes Research (ISPOR) conference; and the 2008 Health Technology Assessment International 5th Annual Meeting.

Taken together, our program ensures that patient access to promising new technologies is not prevented by the lack of evidence and is managed in a coordinated way, while also generating additional local evidence to reduce uncertainty about the adoption of new technologies. The HT&I mission is to support quality, innovation and continuous improvement and excellence in the OR, to enhance both patient care and patient and provider satisfaction.

If you have any questions regarding the Health Technology & Innovation program, do not hesitate to contact **Paule Poulin**, PhD, HT&I Scientific Administrator, or **Dr. Lea Austen**, MD, MSc, FRCSC, HT&I Physician Leader, either by email, or at 403-944-1652.

SURGICAL SERVICES LAUNCHES NEW WEBSITES FOR PATIENTS AND STAFF

The plan to create an IT support framework for surgery began with a project proposal in the fall of 2006, and the wheels have been turning since then to get comprehensive internal and external websites up and running.

Since last September, the website for Surgical Services — which includes the Department of Surgery, the Department of Anesthesia, Surgical Inpatients/Outpatients, Surgical Suites and Children's Surgical Services — has been launched. The site is designed to be accessible and informative for both internal and external audiences, which required some careful planning to ensure.

A team of people, including **Marie McEachern**, the Regional Manager of Surgery, as well as **Dr. John Kortbeek**, Regional Department Head of Surgery, **Dr. Greg Abelseth**, Informatics Chair for the Department of Surgery, and leaders from Anesthesia, Surgical Inpatients/Outpatients, Surgical Suites and Children's Surgical Services created a proposal with very particular goals.

The main objectives of the project were essentially to:

- Create and improve access to the results of patient safety initiatives
- Improve the way operating room time is used by making sure time isn't wasted and rooms stay busy
- Measure and try to reduce wait times for patients
- Provide a single place to find necessary forms and publications for all types of surgery
- Ensure accessibility of information about Research and Education in the Department
- Allow for feedback regarding team performance, safety and other topics
- Serve as a communication tool for team members, internal colleagues and the public, including patients and families, and medical and academic communities outside Calgary

The external (left) and internal (right) parts of the Surgical Services website have different functions and audiences, but contain much of the same content.

McEachern said these objectives helped design a frame for exactly what content belonged on each site. The external website contains generalized information because it is aimed at the public, and needs to be understood by everyone from healthcare providers to people who have never even been inside a hospital. It contains contact, recruitment, education and research information.

In May 2008, a user-friendly section for surgical patients and their families was launched. Everything in the patient information section is meant to put patients more at ease with the process and keep them informed about their own care. It puts medical information into plain language that can be understood by the general public.

The site menu is divided into simple categories; 'what you should do' (broken down into 'questions you should ask,' 'preparing for surgery' and 'going home'), 'places you may visit,' 'equipment you may see,' etc. There are also online tours of the Foothills, Lougheed and Rockyview hospitals, which guide the viewer through the steps of hospital admission, going to the unit, to OR and recovery.

The Alberta Children's Hospital has a separate site which provides information for parents and children. It includes information about how to talk to a child about having surgery, what to expect at the hospital and at home afterwards. It tailors that information for parents of infants, toddlers, school-aged children and teenagers to help parents decide how much information is appropriate.

The internal website provides information that is specifically designed for Surgeons, nurses and surgical administration to get the information they need. This includes reports, forms, contact information for Department Members, more detailed information about the Offices of Surgical Education and Research, and scheduling information.

Previously, there was no real centralized place to get information, so often multiple sources had to be consulted to find the information needed.

Work is still being completed on both sites, with several expected new rollout dates in the coming year.

Marie McEachern is the Regional Manager for the Department of Surgery. She was a member of the Client Design Team for creating the website.

The Department would like to acknowledge the hard work of everyone who has helped to put the website together. Kudos to the team, who were instrumental to the development and success of this project.

- Janelle Baldwin-Maher, Portfolio Project Coordinator
- Richard Wright, Project Manager
- Yolanta Cheverie, Content Coordinator, Department of Surgery
- Cheryl Olson, Content Coordinator, Surgical Inpatients/Outpatients and Surgical Suites
- Michael Coutts, Content Coordinator, Department of Anesthesia
- Maureen Whitworth, Content Coordinator, Children's Surgical Services

WAITING FOR SURGERY

PROGRAM DATA DESCRIBES THE PATIENT EXPERIENCE

Data collected about the surgeries performed in Calgary is often thought of as dull and inaccessible for anyone who isn't a statistician, but **Shanda Naylor** wants people to see data differently.

As the Director of Analytics and Data Management, Naylor really wants to show people that data is a very powerful thing.

"It's not just number crunching," Naylor said. "It's really a tool to use to make things better, and it's all about patient care."

The particular tool that Naylor is talking about is a new program called the Surgical Efficiency Access Targets, or SEAT, Program which began in May 2008.

The program, as the name implies, deals most specifically with the Efficiency of ORs and Patient Access to Surgery.

Efficiency and Access each address a set of concerns about surgery in Calgary (see *The Key Questions*, next page). The data that gets collected helps to answer those questions and describes exactly what is happening in Calgary operating rooms.

McKesson ORBC Dashboards by Site for 12 months up

ACH OR Benchmarks Collaborative	Freestanding Children's 2 Comparators in Canada 2 C		
Indicator	Actual	Internal Targets	Median Canada Only
% First Case On-Time or Early +/- 5	24.1%	60.0%	63.0%
Average Turnover Minutes	13.5	15.0	19.0
% Utilized 7am-3pm	92%	85.0%	89.4%
% Utilized 3pm-5pm	90%	85.0%	89.7%
% Utilized 5pm-7pm	101%	85.0%	74.6%
% Utilized 7pm-11pm	47%	70.0%	44.1%
% Same Day Add-On Weekdays	14.9%	10.0%	15.2%

These reports are always available for Health Region Employees to view via the internal website. Also, see Appendix 2 (page 49) for some of the reports that the SEAT program produces.

"(This program) is taking data about the kinds of surgeries that we do, by the surgical divisions, and presenting it so that we can describe what it is we do," Naylor said. "It helps us ask questions about how we can make improvements."

Shanda Naylor, Director of Analytics and Data Management, says that the data collected through the SEAT program is much more powerful than most people realize.

The data also shows things that many people probably wouldn't expect. When people think of surgery, they often think of major surgery requiring an inpatient stay at a large hospital, but often that isn't the case. In fact, Naylor said, about 23 per cent of all the surgical workload actually takes place in the Non-Hospital Surgical Facilities, outside the four acute care sites.

Naylor also said it helps to address the cause of problems this way. When surgeries are delayed, people are often quick to blame one particular person, but Naylor says it's not that simple.

"There are a whole lot of people involved in providing surgical care," Naylor said. "You can't do surgery without the anesthesiologists and the anesthesiologists need surgeons… . We need porters, we need (Diagnostic Imaging), we need

the nurses on the patient units.

"It just keeps getting bigger and bigger so when we say that we can postpone the surgery, there's no one root cause."

Naylor said that it's important to gather the quantitative data they do because it removes the subjective, emotional information. It looks at the surgery objectively because, while the subjective experience is worth looking at, it doesn't provide enough support for decision making.

"When you talk about a data-driven approach, we're becoming more quantitative as opposed to qualitative," Naylor said. "That takes away some of the feelings and the angst so that you can actually support the decisions that you're making."

Those decisions are often very big decisions for the Department and Health Region, including manpower planning and the value of new technology. OR booking decisions are also modified because of the data the SEAT program provides.

Naylor explained operating rooms as being like real estate, when it comes to booking.

"Surgeons get to rent and work in that piece of real estate so everyone has to share," she said. "Every surgeon is given a block allocation where he gets to do his surgeries."

The SEAT program has developed a report that looks at whether surgeons are using all of their time, and how it's being used. This helps the department decide how to allocate it in the future.

She also said this reveals the population health need, or what kinds of surgeries are currently needed the most, because different types of surgeries are generally serving different demographics; for example, joint replacements are relatively rare in younger people.

The Key Questions:

The SEAT program provides data that answers some important questions for the Department of Surgery. These questions fall under two general categories.

Efficiency:

- How many surgeries are being performed?
- How does that compare to our own numbers from last week, last month, last year? How does that compare to other hospitals and health regions?
- How long are surgeries taking?
- Are surgeries starting on time?

Access:

- How long are patients waiting for surgery and how many people are on waiting lists for surgery?
- Are urgent cases being completed in 28 days or less?
- How many surgeries are getting postponed and what caused the postponement?
- Are we meeting or exceeding government targets set for access to:
  - Cataracts Surgery?
  - Hip & Knee Replacement?
  - Cancer (particularly of the breast) Surgery?
  - Coronary Artery Bypass Surgery?
- Are we allocating our OR time to best meet the needs of our patient population?

The data is changed by advances in technology, and the data, in turn, helps determine whether new technology is more efficient than old. Sometimes a technology increases the length of surgery, but decreases the length of hospital stays. Also, technology can move care to a more preventative method, reducing the need for a certain type of surgery at all.

Naylor said the big decisions really need this data to support them, especially because we work in a publicly funded system. Data is proof that a decision is the right one, and that we are, in fact, doing a very good job caring for patients.

"It goes back to public accountability and meeting public expectations, and also provincial government and national government expectations," Naylor said. "Every one of (the reports) is a picture about someone's health, so that's why it's important to look at it that way."

PROJECT TARGETS ACCESS FOR CHILDREN

While the SEAT Program (see page 11) looks at access to surgical care on the broader scale, there has been a specific effort to examine access to pediatric care.

It started in 2005, when the Ontario Children's Health Network (OCHN) created access targets for pediatric surgery. A report on wait times brought the problem of pediatric waits to the attention of the federal government that same year, so an initiative was started to develop national targets as a strategy to deal with pediatric wait times.

In January of 2007, Prime Minister Stephen Harper announced the National Pediatric Surgical Wait Time Pilot Project to address those wait times. Under the project, 16 Pediatric Academic Health Science Centers across Canada became involved, including the Alberta Children's Hospital.

The idea was to develop targets for pediatric surgery wait times which were different from adult targets because the cases are often quite different between a child and an adult. Often surgeries need to be done quicker in children for a variety of reasons, but sometimes surgeries also have to be delayed in anticipation of the changes of growth and development in a child.

The process of developing those targets has thus far included phase one, which was a survey of the current process of dealing with pediatric wait times, and phase two, which just had federal funding announced in June 2008.

The Alberta Children's Hospital is one of 16 Pediatric Academic Health Science Centers involved in a National Project meant to address Surgical Wait Times for kids.

Phase two involves looking at previously completed cases and how they meet targets. In June, $9.8 million dollars was invested by the federal government in completing this second phase. The third phase will involve looking proactively at wait listed and completed cases, and the fourth will involve applying some of the recommendations.

At the ACH, **Dr. Andrew Wong**, a pediatric general surgeon and former Division Chief of Pediatric Surgery, and **Susan Reader,** the Patient Care Manager of Surgical Suites at the Alberta Children's Hospital, keep track of the data for ACH involvement in the National Project.

Reader said that we are meeting targets most of the time and we know where our weaknesses are, but that it can be difficult to compare data from one hospital to a national average.

When a hospital is only seeing a few cases a year within a particular category, one case being completed outside of the target date can make the problem appear much worse than it actually is. Similar to any other data, if the sample size is too small, the results are far from statistically valid on their own, however they do contribute to the overall picture.

She also said that the ACH involvement in the project has had some particular benefits thus far. It has helped to benchmark exactly where we stand right now in comparison to other pediatric care sites when it comes to wait times. The project has also created a stronger network of contacts between the ACH and other pediatric hospitals involved in the project.

By going through the collected data more thoroughly than it had been previously, we have been able to identify and remove errors in the data and cases that had been finished or cancelled without being entered into the database correctly.

The project is still in progress, so full results are not available yet, but will be at a later date.

More information on the National Pediatric Surgical Wait Times Project can be found on: the Canadian Child & Youth Health Coalition website, www.ccyhc.org, the Health Canada website www.hc-sc.gc.ca, and the Provincial Council for Children's Health website (OCHN and another pediatric group combined to form the PCCH in late 2006) at www.pcch.on.ca.

ALUMNI STORIES

SURGEON PAIR RETURNS TO CALGARY

Dr. Carmen Brauer and Dr. Paul Beaudry both completed medical school and residency in Calgary. They returned to the city in August 2007 to join the Department.

Given how the city's population has grown, it's no surprise that the region, and particularly the Department of Surgery, has grown to accommodate the number of people needing care.

At least two Department Members who have joined us in the last year are also alumni of the University of Calgary Medical School and Surgical Residency Programs, and they have returned to Calgary to work at the new Alberta Children's Hospital facility in northwest Calgary.

But **Dr. Paul Beaudry** and **Dr. Carmen Brauer** are not just two surgeons who happen to share an office. They are also a married couple with two young children.

"Two-surgeon couples are pretty unique," Dr. Brauer said. "There are quite a few two-physician couples but there are a lot of extra constraints for a two-surgeon couple."

She laughed, adding, "We've had ER nurses give (our children) popsicles when they haven't had dinner."

And though raising kids is a challenge for any family where both parents have outside jobs, it is especially difficult when both parents are surgeons because of the long, strange hours. But no one understands the schedule of a surgeon like another surgeon, so it is no surprise that these two got along so well.

(CONTINUED ON NEXT PAGE)

Though you might think two pediatric surgeons from the same med school would be very similar, they actually had very different entries into medicine.

Dr. Beaudry knew that medicine was the goal when he was young.

"I remember wondering why people didn't need batteries, like 'We don't have to be plugged in, so how do we run without batteries?'" he said. He remained interested in the science of how things work throughout high school and his undergraduate degree, and getting into med school was his goal, though he came to Calgary for an extra unclassified year of undergraduate work and completed an M.Sc. before starting his MD here.

Dr. Brauer said she planned to go into engineering but took the MCAT after her B.Sc., just to see what would happen.

"I was in Turkey and called my mother, and she told me I had been accepted into Med School and she basically accepted for me," she said, adding that she couldn't pass up med school for engineering because she knew she could probably go back to engineering later if she wanted to. Luckily, she realized medicine was where she belonged and stayed in Calgary for her Residency as well.

Dr. Beaudry was in his Clerkship year, and Dr. Brauer was in her second year of Orthopedic Residency, when they met. A little less than three years later, in 2000, they got married.

Since then, Dr. Brauer has completed an M.Sc. in Health Economics, Fellowships in Hand Surgery and Pediatrics, and was a Visiting Scientist at Harvard, and Dr. Beaudry has completed Research and Pediatrics Fellowships. They have also had two children, Ben, 6, and Anna, 4.

In August 2007, the family returned to Calgary after living in Boston and Vancouver. They said that the first winter back from Vancouver was difficult because of the weather.

Dr. Brauer said that the academic environment here is great for medical research, but that "rejoining the community with a family has been the best part."

They both feel the new ACH is a "beautiful facility" and provides very necessary care for kids. Though Dr. Brauer's clinical work is mainly Orthopedic and Dr. Beaudry's is mainly Oncology, they say the approach in Pediatrics is very collaborative.

Dr. Brauer described her first night on call at the ACH when a young boy came in after being involved in a car accident. Dr. Brauer and his other doctors thought that he would probably lose his foot, but through a group approach, they were able to save it. She said he recently came back to visit her, and that he was able to move his foot less than a year after his accident.

They agree that at least some of the success of the hospital so far is because it was designed to be welcoming to children and provide a support system for families.

"It's open and bright, not dark and scary," Dr. Beaudry said. "It's a hospital with a very proactive staff."

Both Drs. Beaudry and Brauer are focusing much of their time on research, while still maintaining clinical practise.

Dr. Beaudry's research will focus on new therapies for neuroblastoma. He will be exploiting new technologies with diagnostic and treatment potential for future nerve cell tumor in collaboration with Dr. Peter Forsyth. Investigations using tissue cultures from neuroblastoma models will assess oncolytic viral therapy. In addition development of tumor stem cell lines and identification of unique genes and proteins with both diagnostic and therapeutic potential will be important objectives of the research program.

Dr. Brauer will be working in collaboration with the Bone & Joint Institute. She will be building on her research experience and training in economic and cost effectiveness analysis. The focus will be trends in hip fracture care in a Canadian population including treatment outcomes and mortality. She recently completed work on an economic analysis of the timing of microsurgical reconstruction in a pediatric musculoskeletal injury population. Her recent term as a visiting scientist at Harvard and successful participation in a program grant to the NIH should position her well for developing economic analysis as an academic focus in the department.

Alumnus Lectures on Bioinformatics, Data Integration and Outcome Reporting in Surgery

This year, the Department of Surgery was honoured to have **Dr. Philip Haigh** as the 2008 Dr. Rene Lafreniere Alumni Lecturer. In March, Dr. Haigh provided a presentation, titled "Surgical Research Vignettes from Hollywood, California," where he spoke about the his research at Kaiser Permanente Los Angeles Medical Centre. Dr. Haigh has successfully mined and analyzed data to develop novel and robust outcome reporting. He has applied Bioinformatics tools to diseases in surgical oncology and emergency surgery.

Dr. Philip Haigh presented the 2008 Lafreniere Alumni Lecture. His lecture slides included photos of his two young children and his dog.

Dr. Haigh was born and raised in Calgary, but has been working in Los Angeles since 2002. He admits that the main draw for him was the climate, but he said he misses a lot of things about living and practising in Canada.

"I miss the Canadian culture, the people, the open spaces," Dr. Haigh said. But he also calls the hospital he works at "an island of Canada in the middle of L.A." because of some similarities to the public healthcare system in Canada .

After finishing the International Baccalaureate program at Sir Winston Churchill high school, Dr. Haigh took a Cellular and Molecular Biology degree in 1987 and his M.D. in 1990, both at the University of Calgary. He followed that with a one year rotating internship in B.C., and then returned to complete his residency in Calgary as well.

When Dr. Haigh finished his residency, he moved to California, where he took on a two year Surgical Oncology Fellowship, an Endocrine Surgery Elective and a Fellowship in Breast and Endocrine Surgery before returning to Canada in 2000. He then began work on his Master's of Science in Clinical Epidemiology at the University of Toronto while he was on staff there, but returned to California in 2002, while still working on his Master's.

By 2004, he finished his Master's and became the Assistant Program Director of the General Surgery Residency Training Program — a post he still holds. He is also an Assistant Clinical Professor with the Department of Surgery at UCLA, and said he enjoys teaching.

He is also married and proudly included photos of his two-and-a-half-year-old daughter, Kiera, his five-month-old son, Liam, and his dog in his presentation.

Dr. Haigh said that it was during his residency here in Calgary that he became interested in most of his current clinical work; surgical oncology and endocrine surgery. But how does Calgary's medical training measure against others?

"When I moved to L.A. and compared my knowledge to those around me, I felt I really got a superior experience," he said. "My training in Calgary prepared me extremely well for my career."

Last year, the Lafreniere lectureship program was created to recognize the achievements of our surgical alumni. It was named after **Dr. Rene Lafreniere** who, from 1993 to 2006, served as Regional Head of the Department of Surgery in Calgary.

From the Office of Surgical Research

New Leadership for the Coming Year

The OSR will be led by a new team in the coming year. **Dr. Rob Harrop** will take over for **Dr. David Sigalet** as Director, and **Elizabeth Oddone Paolucci**, PhD, will be taking on the position of Associate Director of the OSR in the coming year.

With an impressive background in psychology, as well as research and teaching, Oddone Paolucci seems a natural choice to take over for **Paule Poulin**, PhD, who will be moving her focus to the Health Technology program (see page 6 for more on this).

"I'm not sure I will be able to fill the shoes," Oddone Paolucci said with a laugh. "But I think for me, my vision is to help the Department of Surgery establish what (the research mission) is, and that is to conduct research in a very supportive environment."

She has been a part of that support system for some time as a biostatistician for the Department. This meant that she would meet with department members at different stages in research, all the way from design to data collection to analyses to drawing conclusions, and help ensure the best possible research.

She will continue with these consultations, along with an added administrative role, all with the goal of improving the quality and quantity of projects and publications. She said that the title changes for both her and the rest of the office shouldn't be seen as a changing of the guard.

"Rather than viewing this as a severing and breaking off process, it's just that we're growing and expanding," said Oddone Paolucci. "Paule (Poulin), she's been an incredible mentor for me, and though she's leaving, she's not really leaving."

Both Oddone Paolucci and Poulin are quick to stress that they will remain in contact with one another. Poulin said that she and Dr. Sigalet will stay on most of the same committees, and provide their past experience to ensure nothing gets missed out on during the change.

Oddone Paolucci responds with a laugh, that there will be plenty of things for her to learn. She said that the focus, of course, will be on maintaining a research friendly environment, though she wants to be very conscious to also create an *independent* research environment.

"I'm not fostering a dependence on me, but rather helping educate (the researchers)," Oddone Paolucci said. "Empowering them, I guess, to do their work…that they feel confident enough when we're done that they can walk away and do their research."

Poulin will be moving into a new role, taking charge of the Local Health Technology Assessment for the Health Technology and Innovation Office. Dr. Sigalet will be continuing with his own research, his clinical practice, and other administrative duties outside the OSR. Taking over for Dr. Sigalet is Dr. Rob Harrop, a Pediatric Plastic Surgeon.

From Top: Elizabeth Oddone Paolucci, new Associate Director of the OSR; Paule Poulin, focusing on the HTA; Dr. David Sigalet, continuing his own research; Dr. Rob Harrop, new Director of the OSR.

SURGEON'S DAY 2008

The Surgeon's Day Research Symposium and Awards were held on June 13 this year.

The symposium invited two well-respected doctors to judge the presentations and present lectures of their own.

This year's chosen judges were **Dr. Tom Noseworthy** from the University of Calgary and **Dr. Norman Kneteman** from the University of Alberta.

Dr. Noseworthy gave the McMurtry Lecture titled "Canada's Health Care System: Private Care and Surgical Education," and Dr. Kneteman gave the McPhedran Lecture, titled "What is the role of liver transplantation in the multidisciplinary treatment of hepatocellular carcinoma?"

The Surgeon's Day judges with Dr. David Sigalet. From left, Dr. Tom Noseworthy, Dr. Sigalet and Dr. Norman Kneteman.

Residents and Fellows were also given the chance to present some of the varied and fascinating research they are involved in. The research looked at topics including Aboriginal children with severe trauma injuries, how much radiation orthopedic surgeons are exposed to in a year, whether digital x-rays are as good as traditional x-rays for accuracy and reliability, and whether it is safe to leave in central line fragments when they become very difficult to remove.

There was also a poster competition, with topics ranging from Colitis treatments to traumatic ski and snowboarding injuries.

After the research and lectures had all been presented, everyone headed to the Sheraton downtown for dinner. During dessert, the judges took the stage to present the awards from the day's research symposium.

Following the symposium awards, the Distinguished Service Awards were given out. One award was given to a surgeon from each of the four main acute care sites, as well as an Educator of the year award, chosen by the Residents.

A standing ovation after each of the presentations demonstrated the kind of respect each recipient has earned within the Surgical Community.

The winners from both the Symposium and Service awards were:

Best Clinical Resident Research
- Dr. Savtaj Brar

Best Basic Resident Research
- Dr. Michael Monument

Best Overall Fellow Research
- Dr. Paul Renfrew

Best Clinical Poster
- Dr. Alicia Ponton-Carss

Best Basic Poster
- Dr. Laurie Wallace

Distinguished Service, FMC
- Dr. Betty MacRae

Distinguished Service, PLC
- Dr. Bob Hollinshead

Distinguished Service, ACH
- Dr. Rich Dewar

Distinguished Service, RGH
- Dr. Merv Kirker

Educator of the Year
- Dr. Tony MacLean

Surgeon Scientist Program Prepares New Doctors for Academia

Department of Surgery members are often some of the busiest and brightest people in Medicine, which comes from a deep curiosity about how the processes of the human body work.

It follows that many of those who have already pursued undergraduate and Medical degrees, often continue with further degrees including Master's and Doctoral degrees, and the Surgeon Scientist Program (SSP) helps to make it possible for them to do that, while also completing a Surgical Residency.

According to the program's mandate, its objectives are to prepare Residents who want to pursue careers in the design, management or implementation of academic medical research, clinical trials or health care delivery programs.

The process to enter the Surgeon Scientist program usually takes at least six months from start to finish.

The program is designed to allow many different kinds of research, including population health, system design and patient care delivery. There are a variety of Graduate programs that are eligible for the SSP, including Master's and PhD programs in many areas of science, health and technology (see the next page for a list of all eligible programs.

Acceptance into a **Surgical Residency Program**

↓

Discussion of intent to apply with Residency Program Director and Director, Office of Surgical Research

↓

Letter of Intent to Office of Surgical Research by January 15th

↓

Selection of Research Supervisor and application to Graduate Program by February 15th

↓

Acceptance into **Graduate Program** generally received first week of April

↓

Application to Surgeon Scientist Program submitted to Office of Surgical Research by April 20th

↓

Program Start generally July 1st

Surgical Residents who want to complete the SSP have to follow a process (detailed in the flow chart on the previous page).

The way students complete the program can vary, as candidates can start the SSP at any time during Residency. Once starting the program, some complete course work and a research proposal, then finish their Residency before dissertation and manuscript publication. Others will complete their entire graduate program in one block and defend their dissertation during elective time within their residency.

Candidates still have to meet and maintain the standards set up by both their Residency program and their Graduate program, so the SSP is only for "highly motivated students," according to the goals and objectives of the program. It encourages Surgeons to develop more academic skills along with the very precise technical skills they get from Residency.

The idea is to make it more efficient to get both credentials, because the skills of Residency and Graduate work often build on one another. It allows students to research biomedical topics, as well as fields indirectly related to medicine, including management and social sciences, and maintains the multidisciplinary approach to research at the University of Calgary.

There are a number of graduate programs that are eligible for the SSP: Biochemistry and Molecular Biology (MDBC), Cardiovascular/Respiratory Science (MDCV), Community Health Sciences (MDCH), Gastrointestinal Sciences (MDGI), Medical Science (MDSC) and Specializations in Biomedical Engineering, Cancer Biology, Joint Injury and Arthritis, Mountain Medicine Immunology, Medical Education, Microbiology and Infectious Diseases (MDMI), Neuroscience (MDNS), Master of Biomedical Technology (MDBT), Leaders in Medicine MD/MSc & MD/PhD.

Some alumni of the SSP:

Dr. Jeanie Kanashiro was a General Surgery R6 when she started the program in September 2003 to obtain a Master's of Medical Education from the University of Dundee, Scotland. Her supervisors were Dr. Gwen Hollaar, Faculty of Medicine, University of Calgary; Dr. J.G. DesCoteaux, Faculty of Medicine, Medical Education, University of Calgary; and Dr. Clarence A. Guenter, Professor Emeritus of Medicine, University of Calgary, Lao Project Coordinator. Her project was an assessment of Surgical Need and Educational Resources in Lao People's Democratic Republic (PDR) which she completed in June 2004 in conjunction with the International Health Office at the University of Calgary. In January of 2005, Dr. Kanashiro joined the Calgary Health Region as a surgeon at the Peter Lougheed Centre and is a Clinical Assistant Professor at the University of Calgary.

Dr. John Hwang was a General Surgery R3 when he began the program in September 2002 to obtain a Master's of Science degree in Medical Sciences from the University of Calgary. His supervisor was Dr. Paul Kubes, Faculty of Medicine, Immunology Research Group, University of Calgary. His project was titled "Mechanisms underlying leukocyte recruitment in oxalozone-specific contact hypersensitivity," and he received the Ruth Rannie Basic Science Award at Surgeons' Day 2003 and the John Smith & Laura May Gardner Award at Surgeons' Day 2005, for his work. He completed his Surgical Residency in July 2007.

Dr. David Longino was an Orthopedics R3 when he started the program in July 2002 to obtain a Master's of Science in Medical Sciences from the University of Calgary. His supervisor was Dr. Walter Herzog, Faculty of Engineering & Faculty of Kinesiology, University of Calgary. His project was titled, "Botulinum Toxin and a Potential New Animal Model of Muscle Weakness." He completed his Surgical Residency in July 2006.

Dr. Seth Betting was an Orthopedics R3 when he started the program to obtain a Master's of Science in Medical Sciences from the University of Calgary. His supervisor was Dr. Cyril Frank, Faculty of Medicine, University of Calgary. His project was titled, "The Effects of Nonsteroidal Anti-inflammatory Drugs on Ligament Healing: A Mechanical, Morphological, and Biochemical Assessment." He put his program on hold to move to the Steadman Hawkins Sport Medicine Clinic in Denver, Colorado.

QUALITY AND SAFETY

Excellent patient care is the first priority of the Calgary Health Region. The support of surgeons and other health care providers is pivotal to the success of this goal, as we are working in an increasingly complex medical system with an expanding range of treatment options. Addressing clinical safety issues in the Region has evolved over the last 18 months into an integrated structure.

Dr. Beth Lange is the Safety Officer for the Department of Surgery.

REGIONAL CLINICAL SAFETY COMMITTEE

The Region's six clinical portfolios, as well as one organizational support portfolio, are represented on a Regional Clinical Safety Committee. Each portfolio has also established a Clinical Safety Committee structure that addresses portfolio-specific issues, and represents the clinical departments and service areas within that portfolio.

The Department of Surgery reports to the Interventional Surgical Services Clinical Safety Committee, whose members are trained to follow a consistent review methodology outlined in the Policies and Procedures of the Region. The committee receives requests from senior administrators to review "Close Calls" or Adverse Events and determine what process would be best to address the issue. This may include a recommendation to the Division Chief of Service, that the event be discussed at the Division's Quality Assurance Rounds (formerly M and M rounds).

If the analysis is likely to uncover systematic weaknesses in the structures or processes that support patient care, and a solution is proposed that is likely to substantially mitigate risk, then a written request for a formal Safety Analysis is done. Recommendations by the Safety Review Committee are forwarded to the Interventional Surgical Services Safety Committee, with the requirement that they can be completed, that they are measurable, and that they have a clear "owner" responsible for them.

Navigation through this novel, and sometimes confusing process can be aided by consultation with **Mei-Lan Liam-Beckett**, the Clinical Safety Leader, or either of the two Co-chairs, **Shawna Syverson** or **Dr. Beth Lange**.

RECENT INNOVATIONS

The online Safety Learning Reporting System replaces the previous incident reporting system. The SLRS tracks and identifies patient safety hazards that exist across the Region, and require shared solutions. Reporting is confidential and identified trends are explored for improvement.

The Sunrise Clinical Manager for patient management is almost fully operational in all hospitals. The overall response has been very good, with improvements evolving as experience with the system grows.

The Disclosure Seminar, recommended for all surgeons, enables them to discuss adverse events that may happen during the perioperative period.

FUTURE DIRECTIONS

Prediction models for postoperative complications and performance outcomes for surgery are being developed worldwide. These models have the potential to generate risk-adjusted outcomes. However, proposed models are useful only if skilled clinical observers assess and input data. This often means increased workload for surgeons and the process falters, or is completed by non clinicians. Therefore, the power of programs such as SCM to track complications and outcomes, must be further assessed before implementation. The development of precise, pertinent and user friendly programs to track performance is being discussed.

Quality and Safety procedures ensure the best patient care available.

Surgical risk and complications will increase as the population trend goes towards increasing BMI, diabetes and hypertension, particularly in young people, but the aging population as well. While it is typical to encourage patients regarding positive outcomes, a scoring system, similar to those used by cardiology and anesthesia, may give preoperative patients with significant comorbid conditions, a more realistic view of possible adverse outcomes.

There are many ways in which the goals of improved patient safety can be met. To this end, Dr. Lange says she is always pleased to receive advice and criticism from Department Members.

From the Office of Surgical Education

The Office of Surgical Education is the hub of the majority of educational undertakings in the Department of Surgery. The 2007 to 2008 academic year has been an exciting year of developments, and going forward, many new projects are on the horizon.

The Office of Surgical Education exists to assist and facilitate educational development and endeavours within the Department of Surgery, the Surgical Divisions and the community.

We deal with training surgeons, all the way from Undergraduate Medical Students in the process of getting their MD, to Continuing Medical Education for our Department members, as well as all levels of Education in between.

Each year, we continue to see an increasing demand for medical and surgical training. Our programs are constantly growing to meet that demand.

Dr. Norman Schachar is the Director of the Office of Surgical Education.

Undergraduate Medical Education

Undergraduate Medical Education consists of the activities of all of the divisions which contribute to the first and second year curriculum through to the standing course committees. **Dr. Norman Schachar**, as Chair of the Office of Surgical Education represents the Department of Surgery on the Undergraduate Medical Education Committee (UMEC) which is a faculty wide committee formulating overall policy for the undergraduate years. As a member at large, he is able to contribute to the policy making with regard to the undergraduate curriculum and carry information back to the Department to be disseminated throughout the various divisions.

SURGICAL CLERKSHIP

Dr. John Graham is the Chair of the committee in charge of Clerkship, and Anita Jenkins is the Education coordinator for the Surgical Clerkship Program. Together, they manage all the clinical clerks that rotate through Surgery.

Dr. John Graham, as the Director for the Surgery Clerkship Program, chairs the Surgical Undergraduate Education Committee (SUGEC). This committee consists of representatives from each of the participating divisions who assist in guiding the experiences that clerks have in their surgical rotations. These rotations consist of compulsory surgical experiences in General Surgery and several selectives in other various specialties. Ongoing curriculum development is required due to the yearly increase in the medical school enrolment. **Dr. Ian Anderson** is the Evaluation Coordinator and **Anita Jenkins** is the Education Coordinator for the program.

The Class of 2008 was comprised of 104 clerks. A formative Objective Structured Clinical Exam (OSCE) was used to evaluate clerks to provide mid-rotation feedback, with a final summative multiple choice question exam administered at the end of the eight week clerkship block.

The Department of Surgery received 18-20 University of Calgary clerks for each of the six blocks. The Surgery Clerkship consisted of four weeks in General Surgery, two weeks in either Orthopedics or Plastic Surgery and a one week selective in Urology, Thoracic Surgery, Vascular Surgery or Neurosurgery. Clerks also attended Otolaryngology and Ophthalmology clinics.

As well, an increasing number of visiting elective clerks (averaging 8 to 30 per month) were accommodated in all Divisions. The number of visiting clerks making a request to complete electives within the Department of Surgery has risen with the overall increase in enrolment in Canadian Medical School programs.

The Clerkship program will have some changes in the coming year, for the Medical School Class of 2009. This is related to the curriculum development which is necessary due to the yearly increase in the medical school enrolment.

The new clerkship structure will be based on a combined eight week Surgery/Anesthesia Clerkship. Anesthesia had been a separate Clerkship, but starting in the coming year, it will be integrated with a one week allocation.

New exams will be developed with a midterm online formative exam, as well as a final combined Surgery/Anesthesia exam at rotation end. There will be a cumulative clerkship OSCE organized in January 2009 with all Clerkships participating. This means that the mid rotation Surgery specific OSCE will be discontinued for the coming year. Clerkship evaluation will be organized online using the One45 system.

(MORE FROM SURGICAL EDUCATION ON NEXT PAGE)

POST-GRADUATE MEDICAL EDUCATION

The Post Graduate Surgical Residency programs meet together to plan the core educational experiences for all surgical residents. **Dr. Rick Buckley** chairs the Post Graduate Surgical Training Committee (PGSTC) and sits on the Post Graduate Medical Education Committee at the University level (PGME) chaired by the Associate Dean of Post Graduate Medical Education. Dr. Buckley represents the Department of Surgery and helps to formulate and consider all policies related to post graduate medical education.

PGSTC guides and hosts the core educational activities such as CanMEDS sessions, Critical Thinking and Principles of Surgery teaching sessions, which take place within the first part of the academic half days.

The PGSTC is assisting all surgical residency programs to prepare as we move forward toward the on-site survey which will be conducted by the Royal College of Physicians and Surgeons examining all of the post graduate residency education programs at the University of Calgary in February 2009. These surveys are conducted every six years, with the last one held here in 2003.

Dr. Rick Buckley chairs the PGSTC, and helps plan for Resident training.

FELLOWSHIPS AND TRAINEESHIPS

There are approximately 20 fellowship programs accredited by the Department of Surgery and the Office of Surgical Education through an accreditation process which has been increasingly formalized over the past few years. The office conveys information about accredited fellowships to the Office of the Associate Dean and Post Graduate Medical Education Committee and approves certification of those fellows and trainees who have completed the educational requirements of those accredited programs.

Fellows from around the globe participate in post graduate training and educational experiences in highly sophisticated specialty and sub-specialty areas. Many of these fellows actually participate in now accredited residency training programs such as General Surgical Oncology. The breadth and depth of the fellowship experiences and programs available through the Department of Surgery are impressive.

CONTINUING MEDICAL EDUCATION & CONTINUING PROFESSIONAL DEVELOPMENT

Dr. Paul Petrasek is the Department of Surgery representative on the University of Calgary Continuing Medical Education Committee. He coordinates activities and informs the various divisions about opportunities for continuing professional development. The committee meets monthly and consists of CME representatives from every Department in the Faculty of Medicine and the Calgary Health Region. There are plans afoot to create a Department of Surgery CME committee that will host all of the various CME representatives from each division to improve and enhance CME for surgical specialists. Dr. Petrasek has become a champion of CME/ CPD and has plans to assist surgeons as we move forward toward re-validation in Alberta as the College of Physicians and Surgeons of Alberta (CPSA) plans unfold.

DIVISION HIGHLIGHTS

DIVISION OF DENTISTRY AND ORAL HEALTH

A strategic plan has been developed with results including the development of regional standards for care. The ACH Dental Clinic is equipped with digital imaging, phosphorous plate in clinic and direct capturing in the OR and electronic charting. Electronic charting and digital radiography were initiated in October 2007 at the FMC site.

In 2007, all of the programs in Division of Dentistry and Oral Health received accreditation from The Commission on Dental Accreditation of Canada.

The Dental Fellowship/Residency Program has been approved and the first residents will start in July 2008 at FMC, and July 2009 at ACH. The University of Alberta, University of Calgary and the DDOH will offer a Calgary-based GPR at the Foothills Medical Center and at the Alberta Children's Hospital in July 2009. Both sites will have one full-time resident. The ACH Residency will be focused on Pediatric Dentistry with rotation through several medical and surgical pediatric subspecialties and two two-week rotations will be offered at the FMC and the Community clinics. This Resident will come to ACH for a 2-week rotation only.

Dr. Eduardo Kalaydjian, Chief, Division of Dentistry and Oral Health

The Division is working on a Dental Continuing Education Program with U of C Medical Education Office with the intent of offering courses starting in the late fall of 2008.

The Foothills site is the centre for hospital inpatient and outpatient care, specialty clinics in periodontics, and oral medicine

Dr. Kalaydjian was invited to participate in 'Train the Trainer' Program with the Special Olympics in May 2007.

A Conscious Sedation Program has been implemented.

The pediatric dentistry service has evolved tremendously in the last 12 years and is now all about special needs children. Patients are accepted by referral from physicians and dentists. The practice is limited to the care of special needs children and we only accept healthy children under three years of age who require specialized or significant dental work. The latter are referred back to the community once the dental treatments are completed. Consequently, the number of special needs children that we see on a regular basis is continuously increasing and we are witnessing a remarkable increase in the acuity of our population.

Dr. Cholette is providing Pediatric Dentistry Consultation for children with Obstructive Sleep Apnea referred by the ACH Respirologists. The goal is to identify children with OSA that present with manillomandibular deficiencies and malocclusion who could benefit from orthodontic/orthopedic treatment that may also help with OSA. If treatment is suggested, patients are referred to an orthodontist for comprehensive assessment.

The Dental Public Health Clinic Program continues to generate high levels of client satisfaction.

Dr. Shwart (Site Chief/Manager) played a significant role in the development of Dental Public Health Discipline Competencies – an ongoing project of the Public Health Agency of Canada.

Division of General Surgery

Dr. Francis Sutherland,
Chief, Division of General Surgery

The Division of General Surgery has completed a successful year of patient care and academics. Dr. Don Buie was appointed as the Division Head at the Foothills Hospital and has taken over management of activity there. A number of accomplishments should be highlighted over the last year and the first is the successful application for a CIHR Operating Grant by Dr. Elijah Dixon. Over the next three years, Dr. Dixon will complete his study on "Rates and Waits for Cancer Surgery in Canada – A Mixed Method Assessment". Congratulations Dr. Dixon. Also on the Research Agenda, the Division completed a very successful Resident Research Program with many high quality presentations. Dr. Savtaj Brar was successful in receiving the Best Clinical Research Award at Surgeon's Day 2008 (see page 5 for more).

The internal website for the Division of General Surgery is now up and running successfully and all clinical and academic information is available on the site which is regularly updated. The external site for public and patient information is moving forward and should be up and running in the next year.

The Division of General Surgery continues to struggle with capacity issues and the Regional Ambulatory Surgery Program which was planned for the next year has been cancelled. However, plans are still in place to move forward with recruitment in both Endocrine and Trauma Surgery over the next several years. The lack of resources has certainly moved us toward development of an alternate funding plan. A retreat regarding this matter occurred in the spring. The future direction of General Surgery in Calgary is under some debate.

Congratulations go out to our three successful residents on completing their FRCSC Exams; Dr. Jason Bayne, Dr. Heather Cox and Dr. Colin Schieman. Both Dr. Cox and Dr. Bayne are pursuing Fellowship training in Vascular Surgery and Dr. Schieman has started a Fellowship Program in Thoracic Surgery here in Calgary. I wish to extend our congratulations to all three residents and welcome them into our alumni.

Division of Ophthalmology

Dr. Kenneth Romanchuk,
Chief, Division of Ophthalmology

The Division of Ophthalmology is busy clinically with 26, 000 patients visits annually & 68,000 tests at RGH eye clinic. In addition, 15,000 patient visits occur at ACH vision clinic

Annual eye surgeries include: 9,100 cataract (almost all at NHSF), 3,500 non-cataract eye surgeries (NHSF), 1800 eye surgeries at RGH & 450 pediatric eye surgeries at ACH.

This past year saw a successful accreditation of our Lions Eye Bank of Southern Alberta (based at RGH) by the Eye Bank Association of America. A deep lamellar endothelial keratoplasty program will begin in the Lions Eye Bank

The residency program in ophthalmology commenced in 2006, with current residents in each of PGY1, 2 & 3, and one in PGY5 (being repatriated from the USA). The program has approval to take 2 residents every second year starting in 2010.

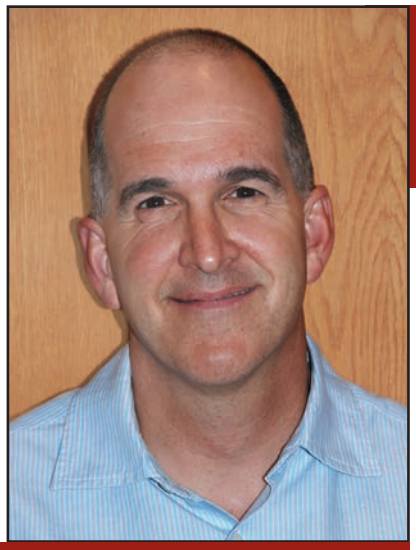
There is an increasing number of residents in ophthalmology from other Canadian programs taking electives in ophthalmology here at the University of Calgary

Continuing fellowship programs in cornea, oculoplastic surgery, glaucoma, pediatric ophthalmology, and medical & surgical retina – the last 3 being ac-

tive in the last year

The fellowship program in pediatric ophthalmology is certified by the American Association for Pediatric Ophthalmology & Adult Strabismus and is part of their annual match.

The annual research day continues to recognize vision-related research in Calgary, both clinical & basic science. Our PGY3 resident, Peter Lee received the best paper of the session award at this year's annual meeting of the American Society of Cataract and Refractive Surgeons.



Dr. Brian Whitestone, Chief, Division of Oral Maxillofacial Surgery

DIVISION OF ORAL MAXILLOFACIAL SURGERY

Dr. Brian Whitestone is the Division Chief of Oral Maxillofacial Surgery. There are a total of 13 members in the Division of Oral Maxillofacial Surgery, including three with academic appointments. The Division does not currently have a Resident or Fellowship program. The Division also produced several peer-reviewed publications in the last year.

Dr. Cy Frank, Chief, Division of Orthopedic Surgery

DIVISION OF ORTHOPEDIC SURGERY

The Division of Orthopedic Surgery has the following clinical sections; Core Orthopedics, Orthopedic Trauma, Joint Reconstruction/ Athroplasty, Upper Extremity, Orthopedic Oncology, Foot and Ankle, Spine, Sport Medicine, and Pediatric Orthopedics (within the Division of Pediatric Surgery).

The Orthopedic Trauma team at FMC has developed a very successful internal and external website. Feedback has been positive to date and evaluation and monitoring of the site will be ongoing.

Thanks to our Faculty, there was a significant improvement in the MSK ratings in 2007 that contributed to the successful medical school accreditation.

Dr. Scott Timmermann will continue as the Co-Chair of the MSK Course for 2008 which is scheduled for October 27 to December 18.

We would like to welcome to incoming residents. All graduating residents successfully passed their FRCSC exam in June 2008. Residency positions increased to 5 for the 2008 CaRMS match. Alberta Orthopedic Resident Research day continues to be an annual event.

Dr. Jim Powell, Director of fellowship programs, currently has 11 active fellowship programs with 12 fellows. They are Matthew Denkers (Arthroscopy); Sohail Bajammal, Jonathon Ball, Aleksa Cenic and Raoul Pope

(MORE FROM THE DIVISIONS ON NEXT PAGE)

(Combined Spine); Arno Frigg, Satish Kutty and Philip Pettit (Joint Reconstruction); Andrew Grey and Tom Van Raaij (Orthopedic Trauma); Arkan Al-Huneiti (Pediatric Spine); and Hashel Obai Al-Tunaji (Sport Medicine).

Division of Otolaryngology

Dr. Wayne Matthews,
Chief, Division of Otolaryngology

The Division of Otolaryngology is led by Dr. Wayne Matthews, Division Chief. Pediatric otolaryngology in Calgary benefited from the arrival of our second tertiary care pediatric specialist, Dr. James Brookes. Dr. Brookes' arrival has increased the Division's capacity to teach students and Residents in the care of children with otologic problems. Dr. Brad Mechor has joined the faculty at the RGH as Calgary's first tertiary Rhinologist. Dr. Mechor has augmented our ability to provide state of the art management of complicated sinus disease.

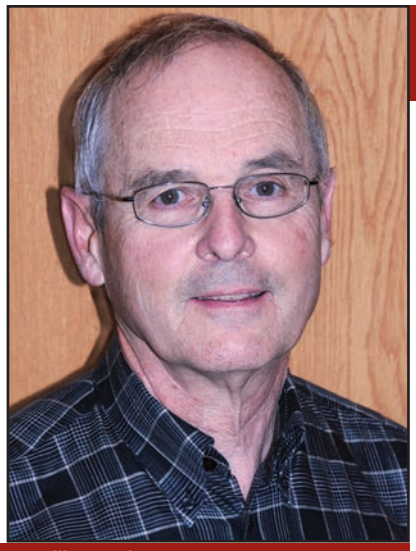
The Resident program has completed its third year in existence and has enrolled four Residents. Dr. Bosch has assumed the role of Program Director and has done an outstanding job bringing great enthusiasm, dedication and natural aptitude to the job. There also continues to be a very strong interest in the Medical Student education program. There were 33 applications to the program for a solitary position this past year.

Dr. Joseph Dort has created the Ohlson Research Centre, made possible by the generosity of the Ohlson family. It will establish a strong research program with a major focus on head and neck cancer. The Ohlson centre provides an exciting opportunity for the University of Calgary and the Department of Surgery to contribute to advancers in the basic science and clinical management of this devastating disease at a national and international level. All of the otolaryngology Residents are involved in ongoing research with faculty members. Several prospective studies and trials are in various stages of completion and are being presented and published.

The outpatient facility for University contracted faculty, teaching clinics and provision of multi-disciplinary ambulatory care to adult patients with complicated otolaryngologic problems is being addressed by the construction of a large and well-equipped clinic at the RRDTC. The clinic is co-located with Voice and Swallowing services as well as the relocated and expanded Regional Audiology facilities. Head and Neck surgical oncology services are currently provided by five Otolaryngologists as well as Plastic Surgeons and other surgical specialists and supporting services distributed over the three adult hospitals. The lack of centralization of a large volume of head and neck surgery patients is an obstacle to clinical research. These problems are being addressed by the planning of a unified Head and Neck Surgery service at the RGH.

Goals within the division include providing excellent otolaryngology care at all sites with specialized clinical units at specific sites, developing innovative education programs for both undergraduate and postgraduate teaching, and engaging in extremely high quality research. Future program development will involve collaboration with Plastic and Neurosurgery. Research interests will promote co-operation with the Tom Baker Cancer Centre including Radiation and Medical Oncology as well as the Southern Alberta Cancer Research Institute.

The rationalization of subspecialty services throughout Regional hospitals, and corresponding ambulatory multi-disciplinary clinics, will facilitate the realization of the Division's clinical and academic goals. This includes improved tracking of outcomes and quality improvement initiatives such as central intake and triage for certain patient groups as well as clinical pathways and standardized care.



Dr. Bill Hyndman,
Chief, Division of Pediatric Surgery

DIVISION OF PEDIATRIC SURGERY

The Division of Pediatric Surgery has nine active sections: General Surgery, Orthopedic Surgery, Otolaryngology, Urology, Plastic Surgery, Dentistry, Ophthalmology, Neurosurgery and Pediatric Gynecology.

The Division of Pediatric Dentistry is now under a Regional Division Chief of Dentistry, who was appointed in 2005. The operational activities of the Division of Pediatric Dentistry at Alberta Children's Hospital are under the Division of Pediatric Surgery.

There are 27 full-time pediatric surgeons who continue to work at the Alberta Children's Hospital with another 39 surgeons who do part-time pediatric surgery work.

Three divisions, Pediatric Orthopedics, Pediatric General Surgery and Pediatric Dentistry do only pediatric call. The Divisions of Pediatric Orthopedics and Pediatric General Surgery continue to do the bulk of the emergency surgery, accounting for well over 81% of the surgery. The number of emergency cases remained the same but the complexity of the cases has increased. The general surgical residents will have to remain in-house in future if a surgical step-down unit is developed along with a trauma ward.

In April 2007 ACH began participation in the National Pediatric Surgical Wait Time Project (NPSWT). A clinical Recourse Pathway Survey was sent to each Department Head to complete. The results of that survey and other information regarding surgical wait time data collection has now been published in a report (July 2007) by the National office of the NPSWT project and submitted to Health Canada.

A retrospective study has also been completed at our site which targeted five areas (Neurosurgery, Cancer Surgery, Strabismus Surgery, Scoliosis Surgery and Dental treatment requiring anesthesia). Data was collected from surgeries completed from January 1, 2007 to April 30, 2007, capturing decision date recorded on OR booking form to date surgery was performed. This time frame was measured to the OCHN priority access targets defined by diagnosis. The number of cases that were done "within target" to "out of target" was recorded.

The next phase of this study is to develop and implement a database tool which began collecting data prospectively beginning September 1, 2007.

Dr. Robert Lindsay,
Chief, Division of Plastic Surgery

DIVISION OF PLASTIC SURGERY

Plastic Surgery services of broad spectrum are required at all sites to address relevant trauma and infections presenting to the emergency department of each hospital in numbers that would make centralization under current resources impossible. Urgent and elective plastic surgery is also carried out at each institution and covers many fields including congenital and acquired conditions of the extremities, trunk, head and neck.

As the FMC has the sole neurosurgery presence, all major facial injuries accompanied by significant head injury are treated at that site.

The regional burn centre is also at FMC, dealing with all major and most more minor such injuries that require hospital admission for Southern Alberta and Southeastern British Columbia.

Emergency microsurgery for the reattachment or revascularization of amputated or near-amputated parts is performed at all sites.

The associations with the Tom Baker Cancer Centre and Divisions of Surgical Oncology, Otolaryngology, Thoracic Surgery and Gynecology-Oncology provide a workload of patients

(MORE FROM THE DIVISIONS ON NEXT PAGE)

treated by combinations of extirpative and reconstructive surgery in the areas of breast cancer, head and neck cancer, sarcoma and other sites where reconstruction is required such as with pelvic exenleration and chest wall tumors.

Dr. Owen Reid was successful in writing the Royal College Specialty Examination this year. He is to spend the year working at the Peter Lougheed Centre before embarking on a fellowship.

DIVISION OF PODIATRIC SURGERY

Dr. Brent Haverstock,
Chief, Division of Podiatric Surgery

The Division of Podiatric Surgery has now been a part of the Department of Surgery for twelve years. The division continues to see its role in patient care continue to grow in the Calgary area.

The Division of Podiatric Surgery is composed of two sections, an Out-Patient Section and a Hospital Section. The members of the Outpatient Section provide ambulatory surgical care for a number of common foot disorders. The members of the Hospital Section provide inpatient hospital care working with the vascular surgeons, internists and infectious disease specialists in the prevention of lower limb amputations. The staff podiatric surgeons at the Peter Lougheed Centre also provide emergency department coverage and provide in-hospital consultations. The four members of the Hospital Section also became staff members of the new Wound Clinic at the Sheldon Chumir Centre providing the clinic with their expertise in diabetes related foot complications and functioning as the liaison to the hospital for patients that require management in the acute care setting.

In June of 2007 the division hosted a foot and ankle seminar at the Delta Lodge at Kananaskis. Speakers form the United States and Canada provided an update on the latest trends in lower extremity sports medicine, biomechanics and surgical care.

This past year the division welcomed a new member to the Hospital Section. Dr. Darrell Paul, originally from Lacombe, Alberta is a graduate of the Barry University School of Podiatric Medicine in Miami, Florida. He then completed a residency in podiatric surgery at the Vallejo Medical Center - Kaiser Permanente, Vallejo, California. Dr. Paul is board certified in Foot and Reconstructive Rearfoot and Ankle Surgery with the American Board of Podiatric Surgery. He spent the past eight years as a staff podiatric surgeon with Kaiser Permanente practicing in hospitals in the Los Angeles and Sacramento areas.

In the coming year the division will be working on a residency program. Dr. Paul will be providing the leadership for the program.

DIVISION OF SURGICAL ONCOLOGY

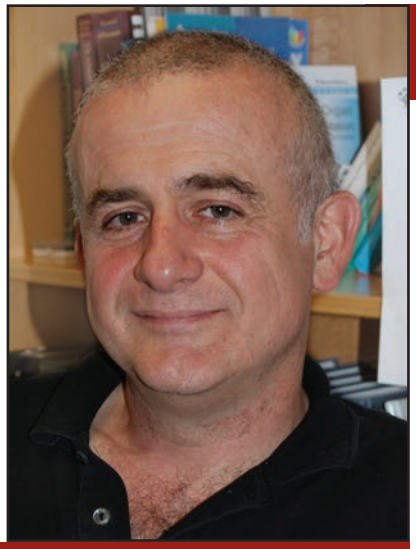
Dr. Walley Temple
Chief, Division of Surgical Oncology

Dr. Walley Temple is the Division Chief of Surgical Oncology, dealing with all forms of surgical interventions in the treatment of cancer. There are a total of 19 surgeons in this Division, some of whom have their primary appointments in another Division, including General Surgery, Otolaryngology, Plastic Surgery, Orthopedic Surgery and Thoracic Surgery. Nearly all members in this Division have academic appointments as well. The Division has an extended Residency program, which had two Residents in the last year; Dr. Paul Renfrew graduated from the program at the end of the 2007-2008 academic year, and Dr. Joel Weaver who was an R6 during that time.

Dr. Gary Gelfand
Chief, Division of Thoracic Surgery

DIVISION OF THORACIC SURGERY

Thoracic Surgery is led by Dr. Gary Gelfand, Division Chief. There are a total of four surgeons in this Division, all of whom have academic appointments. The Division has an extended Residency Program which had one Resident in the last year; Dr. Maurice Blitz graduated from the program at the end of the 2007-2008 academic year. The Division also produced several peer-reviewed publications and was involved in a number of research projects. The Division welcomes Elizabeth Kelly, Research Coordinator.



Dr. Serdar Yilmaz
Chief, Division of Transplant Surgery

DIVISION OF TRANSPLANT SURGERY

The Division of Transplant Surgery is continuously developing and establishing its role in research, education and especially in multi-disciplinary clinical service. Since 1997, we have continuously identified strategies for achieving substantial improvement in the quality of healthcare with a multidisciplinary team that ensures Patient Centered Care is delivered to Transplant Patients of Southern Alberta. This resulted in very high patient and graft survival rate. The five year Cadaveric Kidney Transplantation patient and organ survival were 90% and 81%, respectively. Much better outcomes were observed for Living Donor Kidney Transplantation for five year patient and graft survival at 97% and 90%, respectively. Moreover, the Division and Transplant program (ALTRA) has been collaborating for the third time this year with Haskayne Business School for redesigning the care process.

In addition, the Division of Transplant Surgery has also been responsible for the Dialysis access service for more than 10 years. These groups of patients require integrated, longitudinal care that is coordinated, uninterrupted, which depends on connectivity among distributed care providers. In fact, this tremendous need for connectivity, integrated care and coordination have been the vision since the very beginning of our program. When the Division of Transplant took over the responsibility in 1997, the ALTRAbase, Vascular Access Database, was designed and launched. The solo surgical activity (physician-centered) was stopped and the clinic and especially the OR was allocated based on the patient's need. Surgical booking is done by ranking (G-rating system) according to the urgency of the procedure using the ALTRAbase database. Over the ten years time a dedicated Dialysis Access Coordinators and dedicated Nephrologist were added to the team. Through these initiations, hospital admission, cancellation and rescheduling rates dropped almost 100%. We also see a drastic drop in emergent declotting. We have much better planned intervention and an increase in prevalence in fistula creation performed.

(MORE FROM THE DIVISIONS ON NEXT PAGE)

Research: Several research projects are ongoing in the field of transplantation and hemodialysis access. The three transplant surgeons are very active in research; focuses include the development of a histologic/molecular marker for predicting of organ failure, functional marker predicting vascular access and islet cell transplantation. This year, the division has again participated in industry sponsored trials, as well as participation in the multicenter trials. The return to division was more than $500,000. Division member have published 11 papers in prestigious journals and presented several oral/poster presentations mainly at international meetings.

Education: Division members also enjoy working with residents and fellows and contributing to their surgical skill development. This year 6 surgery residents and 4 surgical and Nephrology fellows rotated in the Division. In addition we have 3 International Medical Graduates as well as 5 medical students rotated in our service.

Dr. Wenjie Wang, Department of Medicine, joined the transplant team as Transplant Nephrologist after completing his fellowship in Transplant Nephrology starting July 2008

Dr. Aylin Sar, continued to work with us as a Research fellow in Molecular Pathology in Transplantation. She joined in 2006. She is the project lead for developing molecular marker to predict late organ failure.

The division is very proud to see the team expand:

Dr. Abdul Sinan, completed his surgical fellowship as our forth graduating fellow since the program started. Currently the fellowship program is lead by Dr. Monroy.

DIVISION OF UROLOGY

Dr. John Dushinski,
Chief, Division of Urology

Urology is a Division that is defined by a wide variety of patient care services.

In the last year, the Division has focused on planning for the Southern Alberta Urology Institute. We have most of our funding, including several large donors, in place, and developmental permits and contracts are ready. We hope construction will begin before September.

We have received Division funding from the Region for 'projects,' which has been divided on several different things: Student teaching, a business plan for a green-light laser, which is a new surgical technique for enlarged prostate, setting up a division web site with web-based information for Urology, Safety and Quality, which includes keeping track of patient complaints and morbidity and mortality rounds, as well as keeping track of our consults at hospitals besides the Rockyview.

Dr. Richard Barr is completing a Urology Residency paper. The process to create a Residency program is a long and difficult one, so while things have been set in motion, it will likely be a few more years before we can expect a Residency program to be in place.

Several years ago, a Fellowship program was created in Pediatric Urology, and this year we have a Fellow with us. Dr. Abdulrahman Almaghrabi will be in Calgary until July of 2009.

Responding to offsite urgent referrals has been challenging, particularly with the growth and increasing congestion of the city and the location of specialized diagnostic and interventional equipment at the Rockyview. The current process agreed upon by the Division, Department and Region is being examined and will be reviewed at year end.

The research approval process and inherent delays have been recognized as a hurdle faced by the Division of Urology as well as other Divisions and Departments. We always have ongoing studies, and the past year was certainly no exception. Finally, our technology needs upgrading to maintain our status as a centre of excellence. We look forward to constructive solutions which will streamline the approval process and provide much needed equipment.

Dr. Paul Petrasek
Chief, Division of Vascular Surgery

DIVISION OF VASCULAR SURGERY

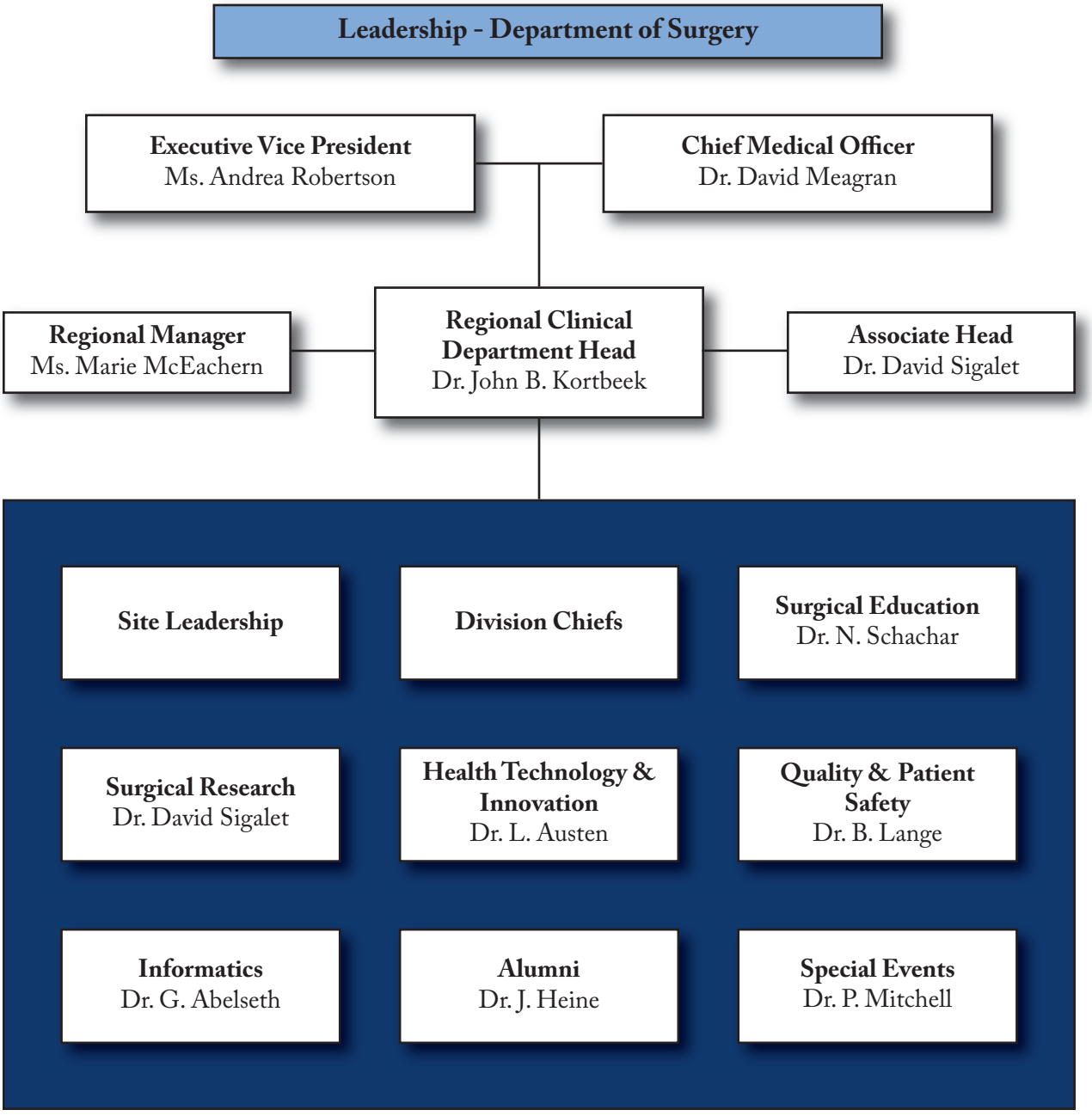
Dr. Paul Petrasek is the Division Chief of Vascular Surgery. There are a total of six surgeons in the Division, all of whom have academic appointments. The Division has an extended Residency Program which had two Residents in the last year; Dr. Wesam T. Abuznadah graduated from the program at the end of the 2007-2008 academic year, and Dr. Talal Altuwaijri who was an R6 during that time. The Division also produced several peer-reviewed publications and was involved in a number of research projects.

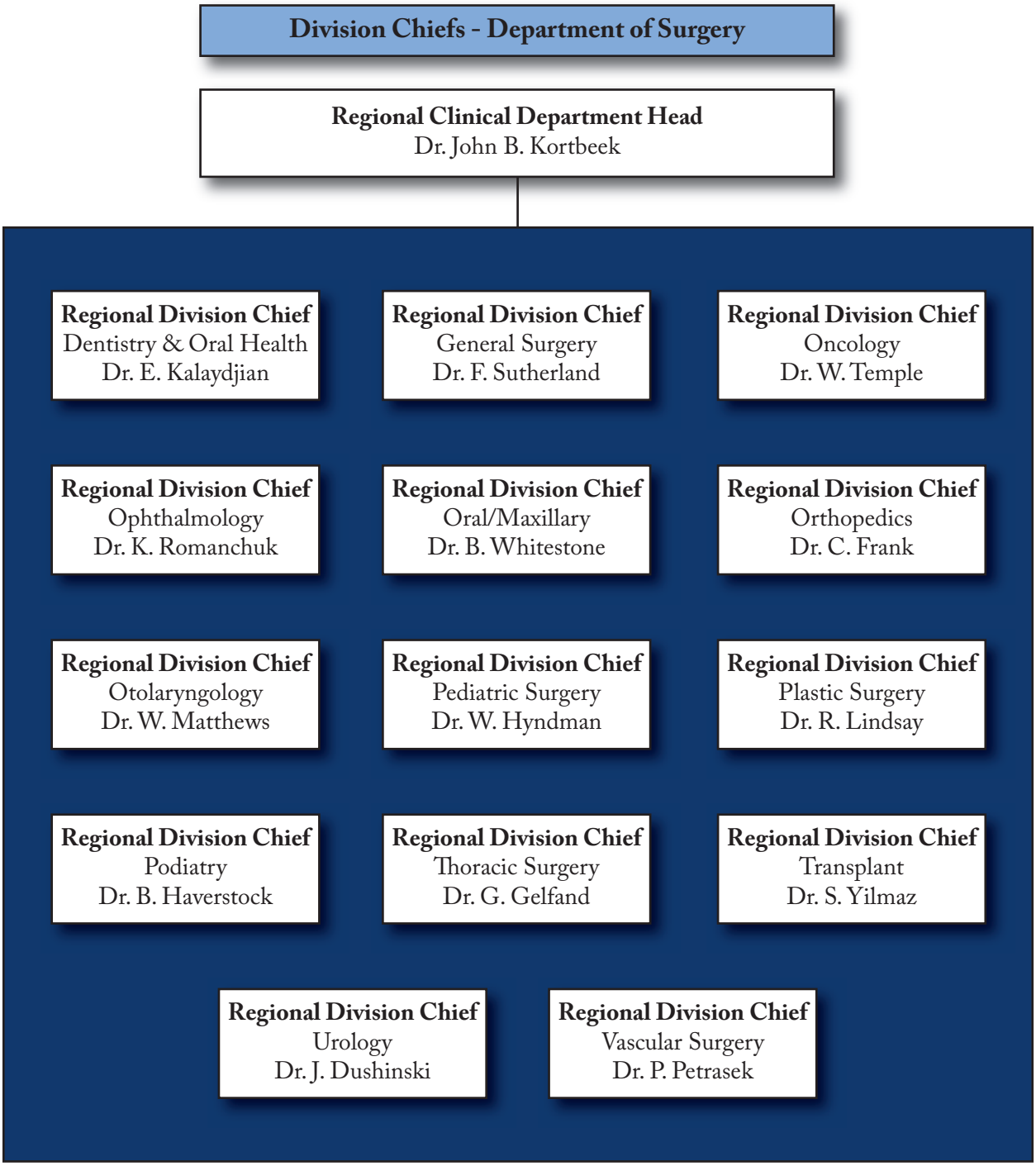
APPENDICES

APPENDICES

APPENDIX 1: DEPARTMENTAL STRUCTURE AND ORGANIZATION

1.1 GOVERNANCE




Division Chiefs - Department of Surgery
Regional Clinical Department Head
Dr. John B. Kortbeek
Regional Division Chief
Dentistry & Oral Health
Dr. E. Kalaydjian
Regional Division Chief
General Surgery
Dr. F. Sutherland
Regional Division Chief
Oncology
Dr. W. Temple
Regional Division Chief
Ophthalmology
Dr. K. Romanchuk
Regional Division Chief
Oral/Maxillary
Dr. B. Whitestone
Regional Division Chief
Orthopedics
Dr. C. Frank
Regional Division Chief
Otolaryngology
Dr. W. Matthews
Regional Division Chief
Pediatric Surgery
Dr. W. Hyndman
Regional Division Chief
Plastic Surgery
Dr. R. Lindsay
Regional Division Chief
Podiatry
Dr. B. Haverstock
Regional Division Chief
Thoracic Surgery
Dr. G. Gelfand
Regional Division Chief
Transplant
Dr. S. Yilmaz
Regional Division Chief
Urology
Dr. J. Dushinski
Regional Division Chief
Vascular Surgery
Dr. P. Petrasek

Site Leadership - Department of Surgery

Regional Clinical Department Head
Dr. John B. Kortbeek

Site Chief, Alberta Children's Hospital
Dr. W. Hyndman

Site Chief, Foothills Medical Centre
Dr. R. Hu

Site Chief, Peter Lougheed Centre
Dr. J. Nixon

Site Chief, Rockyview General Hospital
Dr. J. Dushinski

Alberta Children's Hospital Dr. William Hyndman, Site Chief Dr. Peter Farran, Division Chief, Anesthesia Ms. Susan Reader, OR Manager	**Foothills Medical Centre** Dr. Richard Hu, Site Chief Dr. Gerald Eschun, Division Chief, Anesthesia Ms. Darcee Clayton, OR Manager
Peter Lougheed Centre Dr. James Nixon, Site Chief Dr. Craig Pearce, Division Chief, Anesthesia Dr. David Halpenny, Chair, OR Committee Ms. Lori Gervais, OR Manager	**Rockyview General Hospital** Dr. John Dushinski, Site Chief Dr. Kevin Torsher, Division Chief, Anesthesia Ms. Linda Makar, OR Manager

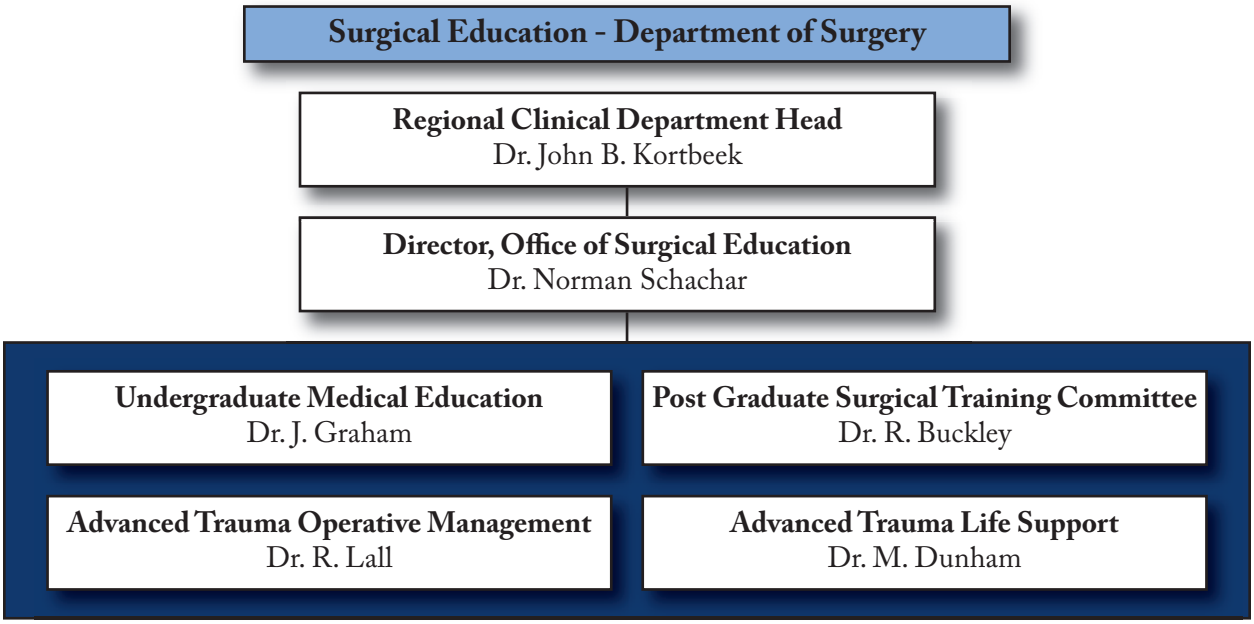
Surgical Research - Department of Surgery

Regional Clinical Department Head
Dr. John B. Kortbeek

Director, Office of Surgical Research
Dr. David Sigalet

Associate Director
Dr. P. Poulin

Biostatisticion
Dr. E. Oddone Paolucci



Residency Programs	Program Director	Administrative Support
Colorectal Surgery	Dr. W. Donald Buie	Donna Smith
General Surgery	Dr. Tony MacLean	Donna Smith
Ophthalmology	Dr. Amin Kherani	Heather Summersgill
Orthopedic Surgery	Dr. Jacques Bouchard	Tracy Burke
Otolaryngology	Dr. Doug Bosch	Vivian Brien
Pediatric General Surgery	Dr. David Sigalet	Pam White
Plastic Surgery	Dr. Earl Campbell	Holly Underhill
Surgical Oncology	Dr. Greg McKinnon	Lynn Steele
Thoracic Surgery	Dr. Andrew Graham	Tanya Coffey
Vascular Surgery	Dr. Leonard Tse	Sonya Falez

1.2 DEPARTMENTAL COMMITTEES

Department of Surgery Executive Committee,
Chair: Dr. John Kortbeek
Site OR Committees (ACH, FMC, PLC, RGH),
Chair: Site Chiefs
Site Leadership Committee, Chair: Dr. John Kortbeek
Block Booking Committee, Chair: Dr. Jeff Way
Health Technology and Innovation,
Chair: Dr. Lea Austen
Safety, Chair: Dr. Beth Lange
IT, Chair: Dr. Greg Abelseth
Surgical Research, Chair: Dr. David Sigalet
Educational Executive, Chair: Dr. John Kortbeek
Postgraduate Surgical Training Committee,
Chair: Dr. Richard Buckley
Undergraduate Education Committee,
Chair: Dr. John Graham

1.3 DEPARTMENT MEMBERS

DIVISION OF DENTISTRY AND ORAL HEALTH

Kalaydjian, Eduardo; Division Chief, Clinical Associate Professor
Abougoush, Joel
Abougoush, Tallel
Barnes, Jeffery
Barsky, Robert (primary in pediatric surgery)
Baylin, Steven (primary in pediatric surgery)
Bell , Christine (primary in pediatric surgery)
Bindman, Michael (primary in pediatric surgery)
Brown, Duncan
Budihal, Pravleen
Chiu, Yu-Shu (primary in pediatric surgery)
Choi, Susan
Cholette, Marie-Claude; Clinical Associate Professor (primary in pediatric surgery)
Chow, Kuen A.
Dalla Lana, Eugene
David, Dionysius
Dyck, Willy
Fofie, Sylvester
Frydman, Albert
Gearty, Rhona
Graham, Richard (primary in pediatric surgery)
Houghton, Alan
Huckstep, Richard
Hulland, Sarah (primary in pediatric surgery)
Hussein, Jabeen
Jivraj, Munira
Kastner, Uwe (primary in pediatric surgery)
Kopec, Perry
Krusky, J. Bradley
Kuruliak, Russell
Lakhani, Moez
Lee, Morley
Lekhi, Veenu
Leong, Christopher
Loeppky, Warren (primary in pediatric surgery)
Lovick, David
McCracken, Kenneth
Mehra, Tarun (primary in pediatric surgery)
Morden, Darrell
Narvey, Allan
Nathu, Akbar
Olowe, Adebayo
Paladino, Antonietta; Clinical Lecturer
Petty, Trey; Adjunct Associate Professor
Pilipowicz, Orest (primary in pediatric surgery)
Quach, Quoc
Scarlett, Darren
Schow, Brian
Schwann, Sandra (primary in pediatric surgery)
Shariff, Galib
Shwaluk, Kenneth
Shwart, E. Luke
Skaria, Sylla
Smith, Leonard (primary in pediatric surgery)
Stein, Kari (primary in pediatric surgery)
Switzer, Samuel
Tamminen, John
Tetteh-Wayoe, Mercy
Tung, Albert
Varshney, Sheila
Vinsky, Rory (primary in pediatric surgery)
Wiebe, Colin
Wong, Elise
Xu, Angela
Yaholnitsky, Stephen

DIVISION OF GENERAL SURGERY

Yates, Gregory
Sutherland, Francis R.; Division Chief, Professor
Anderson, Ian B.; Clinical Assistant Professor
Armstrong, C. Paul; Clinical Lecturer
Austen, Lea; Clinical Lecturer
Bathe, Oliver F.; Associate Professor
Brzezinski, Wojciech; Clinical Lecturer (Medicine Hat)
Buie, W. Donald; Clinical Associate Professor
Church, Neal G.; Clinical Assistant Professor
Debru, Estifanos; Clinical Assistant Professor
DesCoteaux, Jean-Gaston; Associate Professor
Dixon, Elijah; Assistant Professor
Dunham, Michael B.; Clinical Assistant Professor
Graham, John S.; Clinical Lecturer
Hagerman, Neil
Heine, John A.; Clinical Assistant Professor
Hollaar, Gwendolyn; Assistant Professor
Ibbottson, Geoff, Clinical Lecturer (Grande Prairie)
Jenken, Daryl
Johnson, Douglas R.E.; Clinical Assistant Professor
Kanashiro, Jeanie; Clinical Assistant Professor
Kirkpatrick, Andrew W.; Associate Professor
Kortbeek, John B.; Professor
Lafreniere, Rene; Professor
Lall, Rohan N.; Clinical Assistant Professor
Lui, Robert C.K.; Clinical Assistant Professor
Mack, Lloyd; Assistant Professor
MacLean, Anthony R.; Clinical Assistant Professor
Martin, Steven
McKinnon, J. Gregory; Professor
Mew, Daphne J.Y.; Clinical Assistant Professor
Mitchell, Philip C.; Clinical Assistant Professor
Mulloy, Robert H.; Clinical Associate Professor
Nixon, James A.; Clinical Assistant Professor
Papenkopf, Cort W.; primary in Rural Medicine
Pasieka, Janice; Clinical Professor
Purkin, Noel
Rosen, Wayne S.; Clinical Assistant Professor
Rothwell, Bruce C.; Clinical Assistant Professor
Selman, W. Gary
Sigalet, David L.; Professor (primary in Pediatric Surgery)
Temple, Walley J.; Professor
Topstad, Dawnelle R.; Clinical Lecturer (Red Deer)
Way, Jeffrey C.E.; Clinical Lecturer
Wong, Andrew L.; Clinical Associate Professor (primary in Pediatric Surgery)

DIVISION OF OPHTHALMOLOGY

Romanchuk, Kenneth G.; Division Chief, Professor
Al-Ghoul, Ahmed R.; Clinical Lecturer
Anand, Jag; Clinical Lecturer
Ashenhurst, Michael E.; Clinical Associate Professor

Astle, William F.; Professor (primary in Pediatric Surgery)
Ball, Arlene E.; Clinical Lecturer
Carlsson, Tony; Clinical Lecturer
Chow, Bill; Clinical Lecturer
Cooper, Linda; Associate Professor (primary in Pediatric Surgery)
Costello, Fiona E.; Clinical Assistant Professor (primary in Neurology)
Crichton, Andrew C.S.; Clinical Professor
Culver, Ronald L.; Clinical Assistant Professor
Demong, Thaddeus T.; Clinical Lecturer
Ells, Anna; Associate Professor
Fletcher, William A.; Professor (primary in Neurology)
Ford, Bryce; Clinical Lecturer
Gibson, Peter F.; Clinical Assistant Professor
Gimbel, Howard V.; Clinical Associate Professor
Goel, Nand K.; Clinical Assistant Professor
Gohill, Jitendra; Clinical Assistant Professor
Gordon, Robert; Clinical Assistant Professor
Hill, Vivian E.; Clinical Lecturer
Huang, John T.; Clinical Associate Professor
Huang, Peter T.; Clinical Professor
Jans, Ronald G.; Clinical Assistant Professor
Kassab, Jacinthe; Clinical Lecturer
Kherani, Amin; Clinical Associate Professor
Kherani, Femida; Clinical Assistant Professor
Kirk, Angus; Clinical Associate Professor
Kirker, G.E. Mervyn; Clinical Associate Professor
Lang, Robert M.; Clinical Assistant Professor
McWhae, John A.; Clinical Associate Professor
Mitchell, Robert J.; Clinical Assistant Professor
Punja, Karim; Clinical Associate Professor
Savage, Paul R.G.; Clinical Assistant Professor
Skov, Carolyn M.B.; Clinical Lecturer (primary in Pediatric Surgery)
Smith, Stanley S.; Clinical Assistant Professor
Van Westenbrugge, John A.; Clinical Lecturer
Verstraten, Karin L.; Clinical Assistant Professor
Williams, R. Geoff; Clinical Assistant Professor
Wyse, J. Patrick; Clinical Associate Professor

DIVISION OF ORAL MAXILLOFACIAL SURGERY

Whitestone, Brian; Division Chief, Clinical Lecturer
Bureau, Stephen
Conley, John W.; Clinical Associate Professor
Edwards, Richard
Goos, Ryan
Habijanac, Brett
Kroetsch, Lorne
Skulsky, Francis
Summers, Terence
Vincelli, Douglas J.; Clinical Assistant Professor
Wakeham, Donald
Williams, Hedd-Wyn
Young, Carl Wayne

DIVISION OF ORTHOPEDIC SURGERY

Frank, Cyril B.; Division Chief, Professor
Abelseth, Gregory A.; Clinical Assistant Professor
Bauman, John; Clinical Assistant Professor
Bazant, Francis J.; Clinical Assistant Professor
Bell, G. Douglas; Clinical Associate Professor
Bering, Michael P.; Clinical Lecturer (Medicine Hat)
Boorman, Richard S.; Assistant Professor
Bouchard, Jacques A.; Clinical Associate Professor
Bowen, Vaughan; Clinical Professor
Bray, Robert C.; Professor
Buchko, Gregory; primary in Rural Medicine
Buckley, Richard E.; Clinical Associate Professor
Burkart, Brian C.; Clinical Assistant Professor
Cho, Roger K.N.; Clinical Assistant Professor
Cundal, Cory S.; Clinical Lecturer
de Souza, F. Kelley; Clinical Lecturer
Donaghy, John J.; Clinical Assistant Professor
Dougall, Hugh R.; Clinical Assistant Professor
Duffy, Paul J.; Clinical Assistant Professor
Edwards, Glen E.; Clinical Professor
Goldstein, Simon G.; Clinical Assistant Professor (primary in Pediatric Surgery)
Harder, James A.; Clinical Associate Professor (primary in Pediatric Surgery)
Hart, David A.; Professor
Heard, S. Mark; primary in Rural Medicine
Hiemstra, Laurie A.; primary in Rural Medicine
Hildebrand, Kevin A.; Associate Professor
Hollinshead, Robert M.; Clinical Professor
Howard, Jason J.; Clinical Assistant Professor (primary in Pediatric Surgery)
Hu, Richard W-C; Clinical Associate Professor
Hunter, John M.; Clinical Assistant Professor
Hutchison, Carolyn R.; Associate Professor
Joughin, V. Elaine; Clinical Assistant Professor (primary in Pediatric Surgery)
Kiefer, Gerhard N.; Clinical Associate Professor (primary in Pediatric Surgery)
Korley, Robert; Clinical Lecturer
Le, Ian; Clinical Lecturer
Lo, Ian K.Y.; Assistant Professor
MacKenzie, James R.; Clinical Lecturer
Miller, Stephen D.; Clinical Associate Professor
Mohtadi, Nicholas G.H.; Clinical Professor
Mrkonjic, Linda A.; Clinical Assistant Professor
O'Brien, Maureen
Parsons, David L.; Clinical Associate Professor (primary in Pediatric Surgery)
Penner, Darrell A.; Clinical Lecturer
Powell, James N.; Clinical Associate Professor
Puloski, Shannon K.T.; Clinical Lecturer
Rendall, Edward
Russell, Iain S.; Clinical Assistant Professor
Salo, Paul T.; Associate Professor
Schachar, Norman S.; Professor
Stewart, James I.; Clinical Lecturer
Swamy, Ganesh; Clinical Lecturer
Thomas, Kenneth C.; Clinical Assistant Professor
Thornton, Gail M.; Assistant Professor
Timmermann, Scott; Clinical Lecturer
Van Zuiden, Lowell J.; Clinical Assistant Professor
Werle, Jason R.; Clinical Assistant Professor
Zernicke, Ronald F.; Professor

DIVISION OF OTOLARYNGOLOGY

Matthews, T. Wayne; Division Chief, Associate Professor
Bosch, J. Douglas; Clinical Lecturer
Burke, Robert; Clinical Associate Professor
Dort, Joseph C.; Professor
Gillis, Thomas M.; Clinical Assistant Professor

Hoshowsky, Borys O.; Clinical Lecturer
Huang, Ian T.
Hui, Anita; Clinical Assistant Professor
Lange, Elizabeth J.; Clinical Assistant Professor
Marck, Paul A.; Clinical Associate Professor
Mechor, Brad; Clinical Assistant Professor
Park, Phillip S.; Clinical Assistant Professor
Shandro, W.G. (Bud)
Wagner, Garth A.L.; Clinical Associate Professor
Warshawski, S. Joseph; Clinical Lecturer
Zachary, Kristine

DIVISION OF PEDIATRIC SURGERY

Hyndman, C. William; Division Chief, Clinical Assistant Professor
Ashenhurst, Michael E.; Clinical Associate Professor (primary in Ophthalmology)
Astle, William F.; Professor
Barr, Richard; (primary in Urology)
Baverstock, Richard; (primary in Urology)
Beaudry, Paul; Clinical Assistant Professor
Bell, Christine
Bosch, J. Douglas; Clinical Lecturer (primary in Otolaryngology)
Brauer, Carmen; Assistant Professor
Brindle, Mary E.; Assistant Professor
Brookes, James; Clinical Lecturer
Burke, Robert; Clinical Associate Professor (primary in Otolaryngology)
Campbell, Earl A.D.; Clinical Assistant Professor (primary in Plastic Surgery)
Carlson, Kevin; Clinical Lecturer (primary in Urology)
Cholette, Marie-Claude; Clinical Assistant Professor
Cook, Anthony J.; Clinical Assistant Professor
Cooper, Linda; Associate Professor
Dilay, Jocelyn E.;
Donnelly, Bryan J.; Clinical Assistant Professor (primary in Urology)
Drummond, Derek S.; Clinical Assistant Professor
Dushinski, John W.; Clinical Assistant Professor (primary in Urology)
Duffy, Martin; Clinical Lecturer (primary in Urology)
Eccles, Robin C.; Clinical Assistant Professor
Elliott, Frederick G.; Clinical Assistant Professor (primary in Urology)
Ford, Bryce; Clinical Lecturer (primary in Ophthalmology)
Fraulin, Frankie; Clinical Assistant Professor
Gelfand, Gary A.J.; Clinical Assistant Professor (primary in Thoracic Surgery)
Gillis, Thomas M.; Clinical Assistant Professor (primary in Otolaryngology)
Goldstein, Simon G.; Clinical Assistant Professor
Harder, James A.; Clinical Associate Professor
Hoshowsky, Borys O.; Clinical Lecturer (primary in Otolaryngology)
Huang, Ian T. (primary in Otolaryngology)
Hui, Anita; Clinical Assistant Professor (primary in Otolaryngology)
Harrop, A. Robertson; Clinical Assistant Professor
Howard, Jason J.; Clinical Assistant Professor
Hulland, Sarah
Humphreys, Douglas (primary in Plastic Surgery)
Joughin, V. Elaine; Clinical Assistant Professor
Kiefer, Gerhard N.; Clinical Associate Professor
Kherani, Femida; Clinical Assistant Professor (primary in Ophthalmology)
Kirk, Angus; Clinical Associate Professor (primary in Ophthalmology)
Kirker, G.E. Mervyn; Clinical Associate Professor (primary in Ophthalmology)
Kozak, Gregory N.; Clinical Lecturer (primary in Urology)
Lange, Elizabeth J.; Clinical Assistant Professor (primary in Otolaryngology)
Lau, Henry
Lee, Jay; (primary in Urology)
Leong, James (primary in Urology)
Loeppky, Warren
McKenzie, C. David; (primary in Plastic Surgery)
McPhalen, Donald F.; Clinical Lecturer
Metcalfe, Donald G.; Clinical Assistant Professor (primary in Urology)
Park, Phillip S.; Clinical Assistant Professor (primary in Otolaryngology)
Parsons, David L.; Clinical Associate Professor
Romanchuk, Kenneth G.; Professor
Savage, Paul R.G.; Clinical Assistant Professor (primary in Ophthalmology)
Skov, Carolyn M.B.; Clinical Lecturer
Shandro, W.G. (Bud) (primary in Otolaryngology)
Sigalet, David L.; Professor
Stein, Kari
Wagner, Garth A.L.; Clinical Associate Professor (primary in Otolaryngology)
Warshawski, S. Joseph; Clinical Lecturer (primary in Otolaryngology)
Wong, Andrew L.; Clinical Associate Professor

DIVISION OF PODIATRIC SURGERY

Haverstock, Brent D.; Division Chief, Clinical Assistant Professor
Bulanda, Catherine S.; Clinical Lecturer
Feldman, Ziv S.; Clinical Lecturer
Gurevitch, Darryl; Clinical Lecturer
Gurevitch, Jason; Clinical Lecturer
Humble, R. Neal; Clinical Assistant Professor
LeDoux, Ronald G.; Clinical Lecturer
LeLievre, Phillip M.; Clinical Lecturer
Paul, Darrell
Purych, Megan
Unger, Kenneth
Zivot, Mark L.; Academic Appointment, Clinical Assistant Professor

DIVISION OF PLASTIC SURGERY

Lindsay, Robert L.; Division Chief, Clinical Associate Professor
Beveridge, John A.; Clinical Lecturer
Birdsell, Dale C.; Clinical Professor
Campbell, Earl A.D.; Clinical Assistant Professor
de Haas, William G.; Clinical Assistant Professor
Dilay, Jocelyn; (primary in Pediatric Surgery)
Hall-Findlay, Elizabeth; primary in Rural Medicine
Hamilton, George D.; Clinical Assistant Professor
Harrop, A. Robertson; Clinical Assistant Professor (primary in Pediatric Surgery)
Haugrud, Mark J.
Humphreys, Douglas;
Lin, Alan; Clinical Assistant Professor
Magi, Enzio; Clinical Associate Professor
McKenzie, C. David;

McPhalen, Donald F.; Clinical Lecturer (primary in Pediatric Surgery)
Nickerson, Duncan A.; Clinical Lecturer
Perron, Wayne
Schrag, Christiaan; Clinical Lecturer
Sinclair, Thomas M.; primary in Rural Medicine
Sutton, Frank
Waslen, Gregory D.; Clinical Assistant Professor
Whidden, Paul G.R.; Clinical Lecturer
Whidden, Peter G.

DIVISION OF SURGICAL ONCOLOGY

Temple, Walley J.; Division Chief, Professor
Arlette, John; Clinical Associate Professor
Bathe, Oliver F.; Associate Professor (primary in General Surgery)
Buie, W. Donald; Clinical Associate Professor (primary in General Surgery)
Dixon, Elijah; Assistant Professor (primary in General Surgery)
Dort, Joseph C.; Professor (primary in Otolaryngology)
Hardy, Mark
Lafreniere, Rene; Professor (primary in General Surgery)
Lindsay, Robert L.; Clinical Associate Professor (primary in Plastic Surgery)
Mack, Lloyd; Assistant Professor (primary in General Surgery)
MacLean, Anthony R.; Clinical Assistant Professor (primary in General Surgery)
Magi, Enzio; Clinical Associate Professor (primary in Plastic Surgery)
Matthews, T. Wayne; Associate Professor (primary in Otolaryngology)
McFadden, Sean; Clinical Assistant Professor (primary in Thoracic Surgery)
McKinnon, J. Gregory; Professor (primary in General Surgery)
Mew, Daphne J.Y.; Clinical Assistant Professor (primary in General Surgery)
Pasieka, Janice; Clinical Professor (primary in General Surgery)
Schachar, Norman S.; Professor (primary in Orthopedic Surgery)
Sutherland, Francis R.; Professor (primary in General Surgery)

DIVISION OF THORACIC SURGERY

Gelfand, Gary A.J.; Division Chief, Clinical Assistant Professor
Graham, Andrew J.; Clinical Assistant Professor
Grondin, Sean C.; Clinical Associate Professor
McFadden, Sean; Clinical Assistant Professor

DIVISION OF TRANSPLANT SURGERY

Yilmaz, Serdar; Division Head, Associate Professor
Hayry, Pekka; Clinical Professor
Monroy, F. Mauricio; Assistant Professor
Salazar, Anastasio; Assistant Professor

DIVISION OF UROLOGY

Dushinski, John W.; Division Chief, Clinical Assistant Professor
Barr, Richard;
Baverstock, Richard;
Carlson, Kevin; Clinical Lecturer
Cook, Anthony J.; Clinical Assistant Professor (primary in Pediatric Surgery)
Donnelly, Bryan J.; Clinical Assistant Professor
Duffy, Martin; Clinical Lecturer
Elliott, Frederick G.; Clinical Assistant Professor
Hyndman, C. William; Clinical Assistant Professor (primary in Pediatric Surgery)
Kozak, Gregory N.; Clinical Lecturer
Lee, Jay;
Leong, James;
Metcalfe, Donald G.; Clinical Assistant Professor
Shields, William R.; (Lethbridge)
Wilkin, R. Peter; Clinical Assistant Professor

DIVISION OF VASCULAR SURGERY

Petrasek, Paul F.; Division Chief, Associate Professor
Moore, Randy D.; Assistant Professor
Samis, Gregory A.; Assistant Professor
Smith, R. Matthew; Assistant Professor
Tse, Leonard W.H.; Assistant Professor
Wong, Joyce; Clinical Assistant Professor

JOINT APPOINTMENTS

Appoo, Jehangir; Assistant Professor, Cardiac Sciences
Bayes, Alexander J.; Clinical Associate Professor, Cardiac Sciences
Burgess, John J.; Clinical Associate Professor, Cardiac Sciences
Dobson, Gary M.; Associate Professor, Anesthesia
Kidd, William T.; Clinical Assistant Professor, Cardiac Sciences
Maitland, Andrew; Associate Professor, Cardiac Sciences
Muldrew, Kenneth B.; Assistant Professor, Cell Biology & Anatomy
Prieur (Kieser), Teresa M.; Associate Professor, Cardiac Sciences
Stell, William K.; Professor, Cell Biology & Anatomy
Casha , Steven; Assistant Professor, Clinical Neurosciences
Duplessis , Stephan J.; Clinical Assistant Professor, Clinical Neurosciences
Fletcher, William A.; Professor, Clinical Neurosciences
Hamilton, Mark; Associate Professor, Clinical Neurosciences
Hurlbert, R. John; Associate Professor, Clinical Neurosciences
Russell, Margaret L.; Associate Professor, Community Health Sciences
Bech-Hansen, N. Torben; Professor, Medical Genetics
Kline, Donald W.; Professor, Psychology

ADJUNCT APPOINTMENTS

Barabas, Arpad Z.; Adjunct Associate Professor
Bultz, Barry D.; Adjunct Professor
Duncan, Neil A.; Adjunct Associate Professor
Herzog, Walter; Adjunct Associate Professor
McGann, Locksley E.; Adjunct Professor
Nigg, Benno M.; Adjunct Professor
Plaas, Anna H.K.; Adjunct Associate Professor
Poulin, Paule; Adjunct Assistant Professor
Rangayyan, Rangaraj M.; Adjunct Professor
Shrive, Nigel G.; Adjunct Professor
Wishart, Paul M.; Adjunct Assistant Professor

APPENDIX 2: ACTIVITY REPORTS

2.1 SURGICAL ACTIVITY REPORTS - ADULT SITES

Surgical Services Statistical Activity
For the Fiscal Periods Ending March 2008
Site FMC, PLC, RGH Facilities

Monthly Surgical Cases by Service

	Q1				Q2				Q3				Q4				YTD Total	
	Apr	May	Jun	Q Total	Jul	Aug	Sep	Q Total	Oct	Nov	Dec	Q Total	Jan	Feb	Mar	Q Total	Cases	%
Cardiac	142	164	116	422	124	73	108	305	121	128	105	354	118	142	85	345	1,426	2.83
Cardiology	41	65	71	177	52	81	64	197	74	73	62	209	77	50	75	202	785	1.56
ENT	253	365	312	930	257	250	292	799	344	306	264	914	314	287	308	909	3,552	7.04
General	882	1,009	884	2,775	783	811	961	2,555	1,040	998	788	2,826	981	940	978	2,899	11,055	21.91
Gyne/Obs	722	807	851	2,380	640	678	744	2,062	842	809	649	2,300	875	734	711	2,320	9,062	17.96
Neurosurgery	122	139	117	378	96	116	100	312	129	139	119	387	129	107	123	359	1,436	2.85
Ophthalmology	140	145	143	428	76	113	150	339	168	126	93	387	147	135	117	399	1,553	3.08
Oral Max/Dental	33	41	37	111	19	28	36	83	36	33	23	92	31	33	15	79	365	0.72
Orthopedics	945	978	920	2,843	841	776	871	2,488	961	999	898	2,858	963	980	973	2,916	11,105	22.01
Other	6	11	25	42	16	13	14	43	9	16	6	31	9	7	35	51	167	0.33
Plastics	215	285	237	737	222	219	202	643	268	257	191	716	253	204	209	666	2,762	5.47
Podiatry	23	34	26	83	18	47	29	94	38	27	21	86	32	31	23	86	349	0.69
Thoracic	57	66	53	176	42	44	46	132	52	50	35	137	55	45	51	151	596	1.18
Transplant	39	57	48	144	39	40	45	124	56	51	36	143	44	51	41	136	547	1.08
Urology	410	422	407	1,239	430	434	436	1,300	402	425	373	1,200	423	402	383	1,208	4,947	9.81
Vascular	75	55	61	191	57	58	63	178	71	56	61	188	65	60	60	185	742	1.47
Grand Total	**4,105**	**4,643**	**4,308**	**13,056**	**3,712**	**3,781**	**4,161**	**11,654**	**4,611**	**4,493**	**3,724**	**12,828**	**4,516**	**4,208**	**4,187**	**12,911**	**50,449**	**100.00**

Monthly Surgical Cases by Service in Previous Year

	Q1				Q2				Q3				Q4				Total	
	Apr	May	Jun	Q Total	Jul	Aug	Sep	Q Total	Oct	Nov	Dec	Q Total	Jan	Feb	Mar	Q Total	Cases	%
Cardiac	114	134	113	361	120	94	111	325	114	121	132	367	132	109	140	381	1,434	2.84
Cardiology	66	55	91	212	43	76	68	187	83	72	54	209	72	58	63	193	801	1.59
ENT	314	274	318	906	227	253	276	756	283	273	249	805	297	236	312	845	3,312	6.56
General	913	1,003	943	2,859	758	867	980	2,605	1,036	982	873	2,891	981	906	972	2,859	11,214	22.20
Gyne/Obs	755	812	753	2,320	629	718	736	2,083	806	834	649	2,289	837	715	830	2,382	9,074	17.96
Neurosurgery	126	137	137	400	114	112	101	327	119	133	112	364	132	106	153	391	1,482	2.93
Ophthalmology	122	138	143	403	144	128	120	392	125	145	114	384	132	131	160	423	1,602	3.17
Oral Max/Dental	39	42	28	109	34	31	30	95	36	42	26	104	30	27	41	98	406	0.80
Orthopedics	872	1,007	936	2,815	842	801	871	2,514	824	959	950	2,733	1,105	937	1,086	3,128	11,190	22.15
Other	4	7	7	18	17	13	9	39	12	16	14	42	15	17	10	42	141	0.28
Plastics	258	257	244	759	215	198	256	669	242	265	206	713	237	219	266	722	2,863	5.67
Podiatry	20	23	29	72	18	13	28	59	21	28	39	88	30	32	36	98	317	0.63
Thoracic	51	57	54	162	40	40	47	127	43	52	36	131	37	43	56	136	556	1.10
Transplant	45	50	53	148	53	47	53	153	52	56	66	174	64	49	66	179	654	1.29
Urology	339	398	408	1,145	388	393	400	1,181	420	393	360	1,173	394	353	436	1,183	4,682	9.27
Vascular	62	64	59	185	55	51	78	184	68	70	53	191	78	60	88	226	786	1.56
Grand Total	**4,100**	**4,458**	**4,316**	**12,874**	**3,697**	**3,835**	**4,164**	**11,696**	**4,284**	**4,441**	**3,933**	**12,658**	**4,573**	**3,998**	**4,715**	**13,286**	**50,514**	**100.00**

Surgical Services Statistical Activity
For the Fiscal Periods Ending March 2008
Site FMC, PLC, RGH Facilities

Monthly Variance of Surgical Cases by Service

	Q1				Q2				Q3				Q4				YTD Total Cases
	Apr	May	Jun	Q total	Jul	Aug	Sep	Q total	Oct	Nov	Dec	Q total	Jan	Feb	Mar	Q total	
Cardiac	28	30	3	61	4	(21)	(3)	(20)	7	7	(27)	(13)	(14)	33	(55)	(36)	(8)
Cardiology	(25)	10	(20)	(35)	9	5	(4)	10	(9)	1	8	-	5	(8)	12	9	(16)
ENT	(61)	91	(6)	24	30	(3)	16	43	61	33	15	109	17	51	(4)	64	240
General	(31)	6	(59)	(84)	25	(56)	(19)	(50)	4	16	(85)	(65)		34	6	40	(159)
Gyne/Obs	(32)	(5)	98	61	11	(40)	8	(21)	36	(25)		11	38	18	(120)	(64)	(13)
Neurosurgery	(4)	2	(20)	(22)	(18)	4	(1)	(15)	10	6	7	23	(3)	1	(30)	(32)	(46)
Ophthalmology	18	7		25	(68)	(15)	30	(53)	43	(19)	(21)	3	15	4	(43)	(24)	(49)
Oral Max/Dental	(6)	(1)	9	2	(15)	(3)	6	(12)		(9)	(3)	(12)	1	6	(26)	(19)	(41)
Orthopedics	73	(29)	(16)	28	(1)	(25)		(26)	137	39	(52)	124	(143)	43	(114)	(214)	(88)
Other	2	4	18	24	(1)		5	4	(3)		(8)	(11)	(6)	(10)	25	9	26
Plastics	(43)	28	(7)	(22)	7	21	(54)	(26)	27	(8)	(15)	4	16	(15)	(57)	(56)	(100)
Podiatry	3	11	(3)	11		34	1	35	17	(1)	(18)	(2)	2	(1)	(13)	(12)	32
Thoracic	6	9	(1)	14	2	4	(1)	5	9	(2)	(1)	6	18	2	(5)	15	40
Transplant	(7)	7	(5)	(5)	(14)	(7)	(8)	(29)	4	(5)	(30)	(31)	(20)	2	(25)	(43)	(108)
Urology	71	24	(1)	94	42	41	36	119	(18)	32	13	27	29	49	(53)	25	265
Vascular	13	(9)	2	6	2	7	(15)	(6)	3	(14)	8	(3)	(13)		(28)	(41)	(44)
Grand Total	**5**	**185**	**(8)**	**182**	**15**	**(54)**	**(3)**	**(42)**	**328**	**51**	**(209)**	**170**	**(58)**	**209**	**(530)**	**(379)**	**(69)**

Surgical Services Statistical Activity
For the Fiscal Periods Ending March 2008
Site FMC, PLC, RGH Facilities

Monthly Surgical Cases by Hour

	Q1				Q2				Q3				Q4				YTD Total	
	Apr	May	Jun	Q Total	Jul	Aug	Sep	Q Total	Oct	Nov	Dec	Q Total	Jan	Feb	Mar	Q Total	Hours	%
Cardiac	481	533	473	1,487	402	343	387	1,132	423	441	354	1,218	434	415	368	1,217	5,054	5.82
Cardiology	72	137	146	355	113	160	117	390	145	150	112	407	152	106	156	414	1,566	1.80
ENT	301	441	377	1,119	339	340	380	1,059	468	418	398	1,284	408	398	431	1,237	4,699	5.41
General	1,501	1,737	1,471	4,709	1,487	1,385	1,672	4,544	1,748	1,688	1,365	4,801	1,730	1,618	1,675	5,023	19,077	21.98
Gyne/Obs	741	872	822	2,435	694	706	794	2,194	890	863	670	2,423	930	747	767	2,444	9,496	10.94
Neurosurgery	419	517	430	1,366	344	472	387	1,203	462	526	409	1,397	478	420	482	1,380	5,346	6.16
Ophthalmology	203	208	217	628	121	186	240	547	226	195	140	561	212	190	182	584	2,320	2.67
Oral	74	107	90	271	40	73	86	199	90	89	59	238	64	91	46	201	909	1.05
Orthopedics	1,729	1,798	1,670	5,197	1,556	1,446	1,605	4,607	1,765	1,793	1,582	5,140	1,828	1,821	1,707	5,356	20,300	23.38
Other	10	25	51	86	42	32	32	106	14	27	11	52	20	15	27	62	306	0.35
Plastics	524	695	597	1,816	538	478	509	1,525	656	597	439	1,692	553	470	470	1,493	6,526	7.52
Podiatry	26	46	33	105	18	54	39	111	44	35	23	102	41	39	30	110	428	0.49
Thoracic	175	187	148	510	120	111	124	355	139	138	108	385	160	144	156	460	1,710	1.97
Transplant	64	85	81	230	86	56	93	235	114	99	68	281	76	116	81	273	1,019	1.17
Urology	426	436	437	1,299	421	449	427	1,297	456	448	446	1,350	459	439	408	1,306	5,252	6.05
Vascular	279	198	233	710	208	239	217	664	273	221	215	709	247	241	232	720	2,803	3.23
Grand Total	**7,025**	**8,022**	**7,276**	**22,323**	**6,529**	**6,530**	**7,109**	**20,168**	**7,913**	**7,728**	**6,399**	**22,040**	**7,792**	**7,270**	**7,218**	**22,280**	**86,811**	**100.00**

Monthly Surgical Cases by Hour in Previous Year

	Q1				Q2				Q3				Q4				Total	
	Apr	May	Jun	Q Total	Jul	Aug	Sep	Q Total	Oct	Nov	Dec	Q Total	Jan	Feb	Mar	Q Total	Hours	%
Cardiac	396	441	465	1,302	378	374	413	1,165	455	468	408	1,331	453	402	523	1,378	5,176	6.01
Cardiology	127	128	183	438	83	154	127	364	144	146	92	382	137	106	126	369	1,553	1.80
ENT	359	353	418	1,130	321	259	341	921	379	336	331	1,046	410	278	383	1,071	4,168	4.84
General	1,500	1,753	1,617	4,870	1,288	1,441	1,624	4,353	1,785	1,674	1,468	4,927	1,800	1,528	1,642	4,970	19,120	22.20
Gyne/Obs	721	800	773	2,294	621	730	774	2,125	817	873	650	2,340	896	767	844	2,507	9,266	10.76
Neurosurgery	487	527	488	1,502	410	398	355	1,163	443	501	372	1,316	482	399	556	1,437	5,418	6.29
Ophthalmology	161	186	191	538	214	155	164	533	174	187	152	513	181	176	214	571	2,155	2.50
Oral	93	113	81	287	65	76	75	216	94	112	56	262	63	64	105	232	997	1.16
Orthopedics	1,569	1,800	1,644	5,013	1,552	1,585	1,641	4,778	1,567	1,691	1,629	4,887	1,863	1,625	1,910	5,398	20,076	23.31
Other	14	14	17	45	48	28	19	95	24	25	23	72	37	31	27	95	307	0.36
Plastics	609	615	552	1,776	514	467	609	1,590	577	613	435	1,625	522	492	651	1,665	6,656	7.73
Podiatry	23	24	34	81	26	16	35	77	33	41	50	124	36	41	47	124	406	0.47
Thoracic	123	158	158	439	107	118	138	363	134	136	116	386	126	119	168	413	1,601	1.86
Transplant	108	75	103	286	127	71	86	284	89	105	139	333	109	99	99	307	1,210	1.40
Urology	352	443	453	1,248	432	406	432	1,270	486	426	382	1,294	447	387	472	1,306	5,118	5.94
Vascular	222	229	245	696	191	219	277	687	248	265	194	707	289	243	286	818	2,908	3.38
Grand Total	**6,864**	**7,659**	**7,422**	**21,945**	**6,377**	**6,497**	**7,110**	**19,984**	**7,449**	**7,599**	**6,497**	**21,545**	**7,851**	**6,757**	**8,053**	**22,661**	**86,135**	**100.00**

Monthly Variance of Surgical Cases by Hour

	Q1				Q2				Q3				Q4				YTD Total
	Apr	May	Jun	Q Total	Jul	Aug	Sep	Q Total	Oct	Nov	Dec	Q Total	Jan	Feb	Mar	Q Total	Hours
Cardiac	85	92	8	185	24	(31)	(26)	(33)	(32)	(27)	(54)	(113)	(19)	13	(155)	(161)	(122)
Cardiology	(55)	9	(37)	(83)	30	6	(10)	26	1	4	20	25	15		30	45	13
ENT	(58)	88	(41)	(11)	18	81	39	138	89	82	67	238	(2)	120	48	166	531
General	1	(16)	(146)	(161)	199	(56)	48	191	(37)	14	(103)	(126)	(70)	90	33	53	(43)
Gyne/Obs	21	72	49	142	73	(24)	20	69	73	(10)	20	83	34	(21)	(78)	(65)	229
Neurosurgery	(68)	(10)	(58)	(136)	(66)	74	32	40	19	25	37	81	(4)	21	(74)	(57)	(72)
Ophthalmology	42	22	26	90	(93)	31	76	14	52	8	(12)	48	31	14	(32)	13	165
Oral	(19)	(6)	9	(16)	(25)	(3)	11	(17)	(4)	(23)	3	(24)	1	27	(59)	(31)	(88)
Orthopedics	160	(2)	26	184	4	(139)	(36)	(171)	198	101	(47)	252	(37)	196	(204)	(45)	220
Other	(4)	11	34	41	(6)	4	13	11	(10)	2	(12)	(20)	(17)	(16)		(33)	(1)
Plastics	(85)	80	45	40	24	11	(100)	(65)	83	(16)	4	71	31	(22)	(181)	(172)	(126)
Podiatry	3	22	(1)	24	(8)	38	4	34	11	(6)	(27)	(22)	5	(2)	(17)	(14)	22
Thoracic	52	29	(10)	71	13	(7)	(14)	(8)	5	2	(8)	(1)	34	25	(12)	47	109
Transplant	(48)	10	(22)	(60)	(41)	(15)	7	(49)	25	(6)	(71)	(52)	(33)	17	(18)	(34)	(195)
Urology	74	(7)	(16)	51	(11)	43	(5)	27	(30)	22	64	56	12	52	(64)	0	134
Vascular	57	(31)	(12)	14	17	20	(60)	(23)	25	(44)	21	2	(42)	(2)	(54)	(98)	(105)
Grand Total	**158**	**363**	**(146)**	**375**	**152**	**33**	**(1)**	**184**	**468**	**128**	**(98)**	**498**	**(61)**	**512**	**(837)**	**(386)**	**671**

Surgical Services Statistical Activity
For the Fiscal Periods Ending March 2008
Site FMC, PLC, RGH Facilities

Monthly Surgical Cases by Admit Classification

		Q1			Q2			Q3			Q4			Total	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cases	%
Cardiac	Elective	17	12	8	7		14	16	16	8	11	23	6	138	9.68
	Emergency	23	38	28	22	13	21	20	20	31	21	26	18	281	19.71
	Urgent	102	114	80	95	60	73	85	92	66	86	93	61	1,007	70.62
	Total	**142**	**164**	**116**	**124**	**73**	**108**	**121**	**128**	**105**	**118**	**142**	**85**	**1,426**	**100.00**
Cardiology	Elective	15	19	20	10	16	20	27	21	13	30	19	28	238	30.32
	Emergency	4	6	10	10	8	2	6	4	7	5	6	6	74	9.43
	Urgent	22	40	41	32	57	42	41	48	42	42	25	41	473	60.25
	Total	**41**	**65**	**71**	**52**	**81**	**64**	**74**	**73**	**62**	**77**	**50**	**75**	**785**	**100.00**
ENT	Elective	209	297	225	200	166	234	274	251	207	252	236	261	2,812	79.17
	Emergency	5	12	11	10	22	17	14	21	17	18	12	9	168	4.73
	Urgent	39	56	76	47	62	41	56	34	40	44	39	38	572	16.10
	Total	**253**	**365**	**312**	**257**	**250**	**292**	**344**	**306**	**264**	**314**	**287**	**308**	**3,552**	**100.00**
General	Elective	355	416	357	243	290	387	471	410	290	392	414	438	4,463	40.37
	Emergency	301	303	281	311	316	323	340	325	278	326	319	332	3,755	33.97
	Urgent	226	290	246	229	205	251	229	263	220	263	207	208	2,837	25.66
	Total	**882**	**1,009**	**884**	**783**	**811**	**961**	**1,040**	**998**	**788**	**981**	**940**	**978**	**11,055**	**100.00**
Gyne/Obs	Elective	514	584	562	427	418	502	596	566	397	612	526	479	6,183	68.23
	Emergency	130	132	184	145	156	139	151	141	150	167	135	154	1,784	19.69
	Urgent	78	91	105	68	104	103	95	102	102	96	73	78	1,095	12.08
	Total	**722**	**807**	**851**	**640**	**678**	**744**	**842**	**809**	**649**	**875**	**734**	**711**	**9,062**	**100.00**
Neurosurgery	Elective	68	64	59	48	43	54	65	74	56	78	64	67	740	51.53
	Emergency	20	27	17	16	18	14	31	23	23	17	11	21	238	16.57
	Urgent	34	48	41	32	55	32	33	42	40	34	32	35	458	31.89
	Total	**122**	**139**	**117**	**96**	**116**	**100**	**129**	**139**	**119**	**129**	**107**	**123**	**1,436**	**100.00**
Ophthalmology	Elective	80	90	77	33	55	87	106	73	48	94	86	67	896	57.69
	Emergency	46	33	46	31	40	38	40	23	31	41	31	35	435	28.01
	Urgent	14	22	20	12	18	25	22	30	14	12	18	15	222	14.29
	Total	**140**	**145**	**143**	**76**	**113**	**150**	**168**	**126**	**93**	**147**	**135**	**117**	**1,553**	**100.00**
Oral Max/Dental	Elective	29	36	29	16	20	31	31	32	18	31	31	15	319	87.40
	Emergency	3	5	7	3	8	4	5	1	5		2		43	11.78
	Urgent	1		1			1							3	0.82
	Total	**33**	**41**	**37**	**19**	**28**	**36**	**36**	**33**	**23**	**31**	**33**	**15**	**365**	**100.00**
Orthopedics	Elective	522	558	509	379	343	476	560	605	516	551	570	530	6,119	55.10
	Emergency	215	215	216	256	229	193	213	188	204	203	208	253	2,593	23.35
	Urgent	208	205	195	206	204	202	188	206	178	209	202	190	2,393	21.55
	Total	**945**	**978**	**920**	**841**	**776**	**871**	**961**	**999**	**898**	**963**	**980**	**973**	**11,105**	**100.00**
Other	Elective	1	2			1	2	1	4			2	18	31	18.56
	Emergency	4	6	5	7	3	7	4	5	5	2	3	3	54	32.34
	Urgent	1	3	20	9	9	5	4	7	1	7	2	14	82	49.10
	Total	**6**	**11**	**25**	**16**	**13**	**14**	**9**	**16**	**6**	**9**	**7**	**35**	**167**	**100.00**
Plastics	Elective	146	207	149	104	121	133	178	167	113	171	140	151	1,780	64.45
	Emergency	32	37	31	59	39	25	36	31	36	41	35	29	431	15.60
	Urgent	37	41	57	59	59	44	54	59	42	41	29	29	551	19.95
	Total	**215**	**285**	**237**	**222**	**219**	**202**	**268**	**257**	**191**	**253**	**204**	**209**	**2,762**	**100.00**
Podiatry	Elective	7	19	15	4	14	17	15	16	8	21	19	7	162	46.42
	Emergency	16	13	10	14	33	12	20	11	13	11	12	16	181	51.86
	Urgent		2	1				3						6	1.72
	Total	**23**	**34**	**26**	**18**	**47**	**29**	**38**	**27**	**21**	**32**	**31**	**23**	**349**	**100.00**
Thoracic Surgery	Elective	3	4	1	2		3	2	1		2	3	2	23	3.86
	Emergency	3	8	3	5	4	4	1	3	5	2	6	6	50	8.39
	Urgent	51	54	49	35	40	39	49	46	30	51	36	43	523	87.75
	Total	**57**	**66**	**53**	**42**	**44**	**46**	**52**	**50**	**35**	**55**	**45**	**51**	**596**	**100.00**
Transplant	Elective	13	10	5	4	7	12	10	7	4	6	7	7	92	16.82
	Emergency	2	6	3	9	8	7	10		8	2	11	9	75	13.71
	Urgent	24	41	40	26	25	26	36	44	24	36	33	25	380	69.47
	Total	**39**	**57**	**48**	**39**	**40**	**45**	**56**	**51**	**36**	**44**	**51**	**41**	**547**	**100.00**
Urology	Elective	225	210	208	209	203	220	214	235	176	238	222	202	2,562	51.79
	Emergency	143	167	153	175	178	184	132	150	160	153	149	148	1,892	38.25
	Urgent	42	45	46	46	53	32	56	40	37	32	31	33	493	9.97
	Total	**410**	**422**	**407**	**430**	**434**	**436**	**402**	**425**	**373**	**423**	**402**	**383**	**4,947**	**100.00**
Vascular Surgery	Elective	31	30	32	27	21	31	41	32	17	33	32	32	359	48.38
	Emergency	25	11	20	19	17	16	14	10	22	14	15	15	198	26.68
	Urgent	19	14	9	11	20	16	16	14	22	18	13	13	185	24.93
	Total	**75**	**55**	**61**	**57**	**58**	**63**	**71**	**56**	**61**	**65**	**60**	**60**	**742**	**100.00**
Grand Total		**4,105**	**4,643**	**4,308**	**3,712**	**3,781**	**4,161**	**4,611**	**4,493**	**3,724**	**4,516**	**4,208**	**4,187**	**50,449**	

Summary:

	Q1				Q2				Q3				Q4				Total	
	Apr	May	Jun	Q Total	Jul	Aug	Sep	Q Total	Oct	Nov	Dec	Q Total	Jan	Feb	Mar	Q Total	Cases	%
Elective	2,235	2,558	2,256	7,049	1,713	1,718	2,223	5,654	2,607	2,510	1,871	6,988	2,522	2,394	2,310	7,226	26,917	53.35
Emergency	972	1,019	1,025	3,016	1,092	1,092	1,006	3,190	1,037	956	995	2,988	1,023	981	1,054	3,058	12,252	24.29
Urgent	898	1,066	1,027	2,991	907	971	932	2,810	967	1,027	858	2,852	971	833	823	2,627	11,280	22.36
Grand Total	**4,105**	**4,643**	**4,308**	**13,056**	**3,712**	**3,781**	**4,161**	**11,654**	**4,611**	**4,493**	**3,724**	**12,828**	**4,516**	**4,208**	**4,187**	**12,911**	**50,449**	**100.00**

Surgical Services Statistical Activity
For the Fiscal Periods Ending March 2008
Site FMC, PLC, RGH Facilities

Monthly Surgical Cases by Patient Type

		Q1			Q2			Q3			Q4			Total	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cases	%
Cardiac	InPatient	129	150	111	108	73	101	102	114	98	110	120	83	1,299	91.09
	OutPatient	13	14	5	16		7	19	14	7	8	22	2	127	8.91
	Total	**142**	**164**	**116**	**124**	**73**	**108**	**121**	**128**	**105**	**118**	**142**	**85**	**1,426**	**100.00**
Cardiology	InPatient	29	49	55	38	59	44	53	59	41	56	41	53	577	73.50
	OutPatient	12	16	16	14	22	20	21	14	21	21	9	22	208	26.50
	Total	**41**	**65**	**71**	**52**	**81**	**64**	**74**	**73**	**62**	**77**	**50**	**75**	**785**	**100.00**
ENT	InPatient	49	68	60	56	80	57	73	64	61	70	69	54	761	21.42
	OutPatient	204	297	252	201	170	235	271	242	203	244	218	254	2,791	78.58
	Total	**253**	**365**	**312**	**257**	**250**	**292**	**344**	**306**	**264**	**314**	**287**	**308**	**3,552**	**100.00**
General	InPatient	553	606	517	540	534	598	631	614	511	618	578	606	6,906	62.47
	OutPatient	329	403	367	243	277	363	409	384	277	363	362	372	4,149	37.53
	Total	**882**	**1,009**	**884**	**783**	**811**	**961**	**1,040**	**998**	**788**	**981**	**940**	**978**	**11,055**	**100.00**
Gyne/Obs	InPatient	335	367	386	328	316	353	381	345	330	436	317	351	4,245	46.84
	OutPatient	388	440	465	312	362	391	461	464	319	439	417	360	4,818	53.16
	Total	**723**	**807**	**851**	**640**	**678**	**744**	**842**	**809**	**649**	**875**	**734**	**711**	**9,063**	**100.00**
Neurosurgery	InPatient	101	128	98	82	105	83	111	128	110	108	92	104	1,250	87.05
	OutPatient	21	11	19	14	11	17	18	11	9	21	15	19	186	12.95
	Total	**122**	**139**	**117**	**96**	**116**	**100**	**129**	**139**	**119**	**129**	**107**	**123**	**1,436**	**100.00**
Ophthalmology	InPatient	77	62	84	47	56	73	79	57	50	73	59	60	777	50.03
	OutPatient	63	83	59	29	57	77	89	69	43	74	76	57	776	49.97
	Total	**140**	**145**	**143**	**76**	**113**	**150**	**168**	**126**	**93**	**147**	**135**	**117**	**1,553**	**100.00**
Oral Max/Dental	InPatient	29	36	32	18	26	35	34	29	23	25	26	14	327	89.59
	OutPatient	4	5	5	1	2	1	2	4		6	7	1	38	10.41
	Total	**33**	**41**	**37**	**19**	**28**	**36**	**36**	**33**	**23**	**31**	**33**	**15**	**365**	**100.00**
Orthopedics	InPatient	625	652	623	581	551	592	648	648	589	641	664	657	7,471	67.28
	OutPatient	320	326	297	260	225	279	313	351	309	322	316	316	3,634	32.72
	Total	**945**	**978**	**920**	**841**	**776**	**871**	**961**	**999**	**898**	**963**	**980**	**973**	**11,105**	**100.00**
Other	InPatient	5	7	21	14	8	8	6	12	6	8	5	25	125	74.85
	OutPatient	1	4	4	2	5	6	3	4		1	2	10	42	25.15
	Total	**6**	**11**	**25**	**16**	**13**	**14**	**9**	**16**	**6**	**9**	**7**	**35**	**167**	**100.00**
Plastics	InPatient	137	153	136	144	131	108	140	138	115	132	107	112	1,553	56.21
	OutPatient	78	132	101	78	88	94	129	119	76	121	97	97	1,210	43.79
	Total	**215**	**285**	**237**	**222**	**219**	**202**	**269**	**257**	**191**	**253**	**204**	**209**	**2,763**	**100.00**
Podiatry	InPatient	19	26	17	17	44	25	36	23	21	29	28	20	305	87.39
	OutPatient	4	8	9	1	3	4	2	4		3	3	3	44	12.61
	Total	**23**	**34**	**26**	**18**	**47**	**29**	**38**	**27**	**21**	**32**	**31**	**23**	**349**	**100.00**
Thoracic Surgery	InPatient	55	65	52	40	44	46	51	48	34	54	44	50	583	97.82
	OutPatient	2	1	1	2			1	2	1	1	1	1	13	2.18
	Total	**57**	**66**	**53**	**42**	**44**	**46**	**52**	**50**	**35**	**55**	**45**	**51**	**596**	**100.00**
Transplant	InPatient	12	13	10	15	11	19	18	10	17	10	20	19	174	31.81
	OutPatient	27	44	38	24	29	26	38	41	19	34	31	22	373	68.19
	Total	**39**	**57**	**48**	**39**	**40**	**45**	**56**	**51**	**36**	**44**	**51**	**41**	**547**	**100.00**
Urology	InPatient	292	333	329	325	325	319	313	307	290	320	300	285	3,738	75.56
	OutPatient	118	89	78	105	109	117	89	118	83	103	102	98	1,209	24.44
	Total	**410**	**422**	**407**	**430**	**434**	**436**	**402**	**425**	**373**	**423**	**402**	**383**	**4,947**	**100.00**
Vascular Surgery	InPatient	62	46	49	47	52	54	54	43	58	54	50	51	620	83.56
	OutPatient	13	9	12	10	6	9	17	13	3	11	10	9	122	16.44
	Total	**75**	**55**	**61**	**57**	**58**	**63**	**71**	**56**	**61**	**65**	**60**	**60**	**742**	**100.00**
Grand Total		**4,106**	**4,643**	**4,308**	**3,712**	**3,781**	**4,161**	**4,612**	**4,493**	**3,724**	**4,516**	**4,208**	**4,187**	**50,451**	

Summary:

	Q1				Q2				Q3				Q4				Total	
	Apr	May	Jun	Q Total	Jul	Aug	Sep	Q Total	Oct	Nov	Dec	Q Total	Jan	Feb	Mar	Q Total	Cases	%
InPatient	2,509	2,761	2,580	7,850	2,400	2,415	2,515	7,330	2,730	2,639	2,354	7,723	2,744	2,520	2,544	7,808	30,711	60.87
OutPatient	1,597	1,882	1,728	5,207	1,312	1,366	1,646	4,324	1,882	1,854	1,370	5,106	1,772	1,688	1,643	5,103	19,740	39.13
Grand Total	**4,106**	**4,643**	**4,308**	**13,057**	**3,712**	**3,781**	**4,161**	**11,654**	**4,612**	**4,493**	**3,724**	**12,829**	**4,516**	**4,208**	**4,187**	**12,911**	**50,451**	**100.00**

2.2 SURGICAL ACTIVITY REPORTS - ALBERTA CHILDREN'S HOSPITAL

Surgical Services Statistical Activity
For the Fiscal Periods Ending March 2008
Site Alberta Children's Hospital

Monthly Surgical Cases by Service

	Q1				Q2				Q3				Q4				YTD Total	
	Apr	May	Jun	Q Total	Jul	Aug	Sep	Q Total	Oct	Nov	Dec	Q Total	Jan	Feb	Mar	Q Total	Cases	%
ENT	189	258	227	674	144	153	232	529	270	213	227	710	245	235	249	729	2,642	27.01
General	190	232	182	604	179	168	177	524	210	222	197	629	242	208	202	652	2,409	24.63
Medicine	5	21	12	38	12	7	19	38	16	8	11	35	6	4	7	17	128	1.31
Neurosurgery	21	18	16	55	19	17	15	51	17	23	23	63	11	15	10	36	205	2.10
Ophthalmology	58	42	48	148	43	50	46	139	52	57	58	167	48	51	70	169	623	6.37
Oral Max/Dental	74	71	72	217	54	57	72	183	70	63	60	193	69	74	78	221	814	8.32
Orthopedics	97	93	112	302	88	96	120	304	76	99	74	249	84	73	88	245	1,100	11.25
Other	29	28	16	73	17	22	8	47	17	12	11	40	11	19	9	39	199	2.03
Plastics	48	45	57	150	18	38	57	113	81	67	54	202	73	52	69	194	659	6.74
Radiology	7	1	4	12	5	3	3	11	9	7	8	24	6	5	4	15	62	0.63
Urology	62	61	49	172	43	93	94	230	106	81	66	253	91	90	104	285	940	9.61
Grand Total	**780**	**870**	**795**	**2,445**	**622**	**704**	**843**	**2,169**	**924**	**852**	**789**	**2,565**	**886**	**826**	**890**	**2,602**	**9,781**	**100.00**

Monthly Surgical Cases by Service in Previous Year

	Q1				Q2				Q3				Q4				Total	
	Apr	May	Jun	Q Total	Jul	Aug	Sep	Q Total	Oct	Nov	Dec	Q Total	Jan	Feb	Mar	Q Total	Cases	%
ENT	186	179	237	602	174	128	171	473	172	195	191	558	213	142	223	578	2,211	26.01
General	169	194	214	577	160	125	150	435	164	186	156	506	184	163	192	539	2,057	24.20
Medicine	15	19	14	48	19	21	19	59	16	7	11	34	14	10	25	49	190	2.24
Neurosurgery	14	19	13	46	12	14	20	46	16	16	10	42	19	23	22	64	198	2.33
Ophthalmology	52	50	59	161	42	46	39	127	32	49	40	121	51	47	58	156	565	6.65
Oral Max/Dental	77	76	87	240	64	45	40	149	66	63	59	188	79	68	77	224	801	9.42
Orthopedics	96	118	118	332	82	77	78	237	68	81	69	218	78	70	72	220	1,007	11.85
Other	10	25	19	54	9	24	12	45	7	27	18	52	27	29	9	65	216	2.54
Plastics	42	40	47	129	32	39	19	90	41	41	38	120	58	35	35	128	467	5.49
Radiology	9	8	24	41	13	3	10	26	12	14	16	42	9	16	8	33	142	1.67
Urology	60	70	80	210	50	41	46	137	38	44	44	126	56	61	55	172	645	7.59
Grand Total	**730**	**798**	**912**	**2,440**	**657**	**563**	**604**	**1,824**	**632**	**723**	**652**	**2,007**	**788**	**664**	**776**	**2,228**	**8,499**	**100.00**

Monthly Variance of Surgical Cases by Service

	Q1				Q2				Q3				Q4				YTD Total
	Apr	May	Jun	Q total	Jul	Aug	Sep	Q total	Oct	Nov	Dec	Q total	Jan	Feb	Mar	Q total	Cases
ENT	3	79	(10)	72	(30)	25	61	56	98	18	36	152	32	93	26	151	431
General	21	38	(32)	27	19	43	27	89	46	36	41	123	58	45	10	113	352
Medicine	(10)	2	(2)	(10)	(7)	(14)		(21)		1		1	(8)	(6)	(18)	(32)	(62)
Neurosurgery	7	(1)	3	9	7	3	(5)	5	1	7	13	21	(8)	(8)	(12)	(28)	7
Ophthalmology	6	(8)	(11)	(13)	1	4	7	12	20	8	18	46	(3)	4	12	13	58
Oral Max/Dental	(3)	(5)	(15)	(23)	(10)	12	32	34	4		1	5	(10)	6	1	(3)	13
Orthopedics	1	(25)	(6)	(30)	6	19	42	67	8	18	5	31	6	3	16	25	93
Other	19	3	(3)	19	8	(2)	(4)	2	10	(15)	(7)	(12)	(16)	(10)		(26)	(17)
Plastics	6	5	10	21	(14)	(1)	38	23	40	26	16	82	15	17	34	66	192
Radiology	(2)	(7)	(20)	(29)	(8)		(7)	(15)	(3)	(7)	(8)	(18)	(3)	(11)	(4)	(18)	(80)
Urology	2	(9)	(31)	(38)	(7)	52	48	93	68	37	22	127	35	29	49	113	295
Grand Total	**50**	**72**	**(117)**	**5**	**(35)**	**141**	**239**	**345**	**292**	**129**	**137**	**558**	**98**	**162**	**114**	**374**	**1,282**

Surgical Services Statistical Activity
For the Fiscal Periods Ending March 2008
Site Alberta Children's Hospital

Monthly Surgical Cases by Hour

	Q1				Q2				Q3				Q4				YTD Total	
	Apr	May	Jun	Q Total	Jul	Aug	Sep	Q Total	Oct	Nov	Dec	Q Total	Jan	Feb	Mar	Q Total	Hours	%
ENT	96	109	119	324	71	80	116	267	154	133	124	411	151	124	144	419	1,421	13.26
General	230	251	254	735	238	194	240	672	272	273	240	785	309	242	246	797	2,989	27.90
Medicine	3	12	7	22	9	5	19	33	11	5	7	23	6	2	4	12	90	0.84
Neurosurgery	45	40	37	122	49	29	36	114	58	56	44	158	38	36	26	100	494	4.61
Ophthalmology	43	31	50	124	34	47	45	126	52	55	53	160	44	53	57	154	564	5.26
Oral	89	92	82	263	61	82	99	242	98	89	74	261	107	104	106	317	1,083	10.11
Orthopedics	198	182	172	552	140	135	210	485	172	169	130	471	178	196	180	554	2,062	19.25
Other	33	34	26	93	20	27	7	54	18	12	18	48	8	16	8	32	227	2.12
Plastics	55	50	80	185	27	48	80	155	100	86	71	257	87	66	110	263	860	8.03
Radiology	5	1	10	16	6	5	3	14	12	7	8	27	7	6	5	18	75	0.70
Urology	58	66	53	177	48	79	91	218	69	72	64	205	82	81	85	248	848	7.92
Grand Total	**855**	**868**	**890**	**2,613**	**703**	**731**	**946**	**2,380**	**1,016**	**957**	**833**	**2,806**	**1,017**	**926**	**971**	**2,914**	**10,713**	**100.00**

Monthly Surgical Cases by Hour in Previous Year

	Q1				Q2				Q3				Q4				Total	
	Apr	May	Jun	Q Total	Jul	Aug	Sep	Q Total	Oct	Nov	Dec	Q Total	Jan	Feb	Mar	Q Total	Hours	%
ENT	91	88	113	292	81	67	79	227	83	96	92	271	103	64	104	271	1,061	10.98
General	234	243	280	757	205	174	193	572	227	240	227	694	238	227	241	706	2,729	28.24
Medicine	7	13	9	29	16	18	12	46	15	4	6	25	14	6	13	33	133	1.38
Neurosurgery	40	53	37	130	34	40	37	111	41	38	23	102	60	55	58	173	516	5.34
Ophthalmology	44	50	43	137	28	38	34	100	26	45	37	108	39	42	48	129	474	4.91
Oral	104	102	104	310	82	58	56	196	84	89	75	248	95	84	96	275	1,029	10.65
Orthopedics	189	219	218	626	152	122	124	398	135	151	128	414	169	159	163	491	1,929	19.96
Other	12	32	17	61	9	20	11	40	9	27	16	52	43	30	13	86	239	2.47
Plastics	61	69	64	194	45	58	28	131	61	61	55	177	72	54	56	182	684	7.08
Radiology	13	11	32	56	18	3	16	37	16	19	23	58	15	27	7	49	200	2.07
Urology	58	59	73	190	55	49	44	148	43	52	44	139	69	66	57	192	669	6.92
Grand Total	**853**	**939**	**990**	**2,782**	**725**	**647**	**634**	**2,006**	**740**	**822**	**726**	**2,288**	**917**	**814**	**856**	**2,587**	**9,663**	**100.00**

Monthly Variance of Surgical Cases by Hour

	Q1				Q2				Q3				Q4				YTD Total
	Apr	May	Jun	Q Total	Jul	Aug	Sep	Q Total	Oct	Nov	Dec	Q Total	Jan	Feb	Mar	Q Total	Hours
ENT	5	21	6	32	(10)	13	37	40	71	37	32	140	48	60	40	148	360
General	(4)	8	(26)	(22)	33	20	47	100	45	33	13	91	71	15	5	91	260
Medicine	(4)	(1)	(2)	(7)	(7)	(13)	7	(13)	(4)	1	1	(2)	(8)	(4)	(9)	(21)	(43)
Neurosurgery	5	(13)		(8)	15	(11)	(1)	3	17	18	21	56	(22)	(19)	(32)	(73)	(22)
Ophthalmology	(1)	(19)	7	(13)	6	9	11	26	26	10	16	52	5	11	9	25	90
Oral	(15)	(10)	(22)	(47)	(21)	24	43	46	14		(1)	13	12	20	10	42	54
Orthopedics	9	(37)	(46)	(74)	(12)	13	86	87	37	18	2	57	9	37	17	63	133
Other	21	2	9	32	11	7	(4)	14	9	(15)	2	(4)	(35)	(14)	(5)	(54)	(12)
Plastics	(6)	(19)	16	(9)	(18)	(10)	52	24	39	25	16	80	15	12	54	81	176
Radiology	(8)	(10)	(22)	(40)	(12)	2	(13)	(23)	(4)	(12)	(15)	(31)	(8)	(21)	(2)	(31)	(125)
Urology		7	(20)	(13)	(7)	30	47	70	26	20	20	66	13	15	28	56	179
Grand Total	**2**	**(71)**	**(100)**	**(169)**	**(22)**	**84**	**312**	**374**	**276**	**135**	**107**	**518**	**100**	**112**	**115**	**327**	**1050**

Surgical Services Statistical Activity
For the Fiscal Periods Ending March 2008
Site Alberta Children's Hospital

Monthly Surgical Cases by Admit Classification

		Q1			Q2			Q3			Q4			Total	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cases	%
ENT	Elective	173	209	192	132	125	199	243	192	201	215	216	228	2,325	88.00
	Emergency	6	7	13	3	14	10	14	8	9	14	9	8	115	4.35
	Urgent	10	42	22	9	14	23	13	13	17	16	10	13	202	7.65
	Total	**189**	**258**	**227**	**144**	**153**	**232**	**270**	**213**	**227**	**245**	**235**	**249**	**2,642**	**100.00**
General	Elective	121	141	99	117	117	121	147	155	127	169	140	136	1,590	66.00
	Emergency	55	69	68	54	48	45	52	49	62	59	55	60	676	28.06
	Urgent	14	22	15	8	3	11	11	18	8	14	13	6	143	5.94
	Total	**190**	**232**	**182**	**179**	**168**	**177**	**210**	**222**	**197**	**242**	**208**	**202**	**2,409**	**100.00**
Medicine	Elective	4	18	10	5	4	14	7	6	7	3	3	4	85	66.41
	Emergency	1	1	1	6	3	4	8	2	3	3	1	3	36	28.13
	Urgent		2	1	1		1	1		1				7	5.47
	Total	**5**	**21**	**12**	**12**	**7**	**19**	**16**	**8**	**11**	**6**	**4**	**7**	**128**	**100.00**
Neurosurgery	Elective	5	8	2	7	2	8	7	10	7	5	7	7	75	36.59
	Emergency	11	7	6	7	9	6	7	9	14	5	6	1	88	42.93
	Urgent	5	3	8	5	6	1	3	4	2	1	2	2	42	20.49
	Total	**21**	**18**	**16**	**19**	**17**	**15**	**17**	**23**	**23**	**11**	**15**	**10**	**205**	**100.00**
Ophthalmology	Elective	53	40	42	40	44	41	44	49	46	40	45	59	543	87.16
	Emergency	5	1	4	2	5	4	6	3	9	5	5	6	55	8.83
	Urgent		1	2	1	1	1	2	5	3	3	1	5	25	4.01
	Total	**58**	**42**	**48**	**43**	**50**	**46**	**52**	**57**	**58**	**48**	**51**	**70**	**623**	**100.00**
Oral Max/Dental	Elective	71	68	68	49	51	67	67	60	55	66	73	75	770	94.59
	Emergency	2	1	3	4	2	3	3	2	3	3	1	1	28	3.44
	Urgent	1	2	1	1	4	2		1	2			2	16	1.97
	Total	**74**	**71**	**72**	**54**	**57**	**72**	**70**	**63**	**60**	**69**	**74**	**78**	**814**	**100.00**
Orthopedics	Elective	58	51	45	32	37	50	38	61	48	55	41	45	561	51.00
	Emergency	33	35	58	52	49	63	33	30	21	26	27	36	463	42.09
	Urgent	6	7	9	4	10	7	5	8	5	3	5	7	76	6.91
	Total	**97**	**93**	**112**	**88**	**96**	**120**	**76**	**99**	**74**	**84**	**73**	**88**	**1,100**	**100.00**
Other	Elective	6	7	8	7	5	5	4	2	2	4	7	3	60	30.15
	Emergency	21	20	8	9	15	3	12	10	9	6	12	6	131	65.83
	Urgent	2	1		1	2		1			1			8	4.02
	Total	**29**	**28**	**16**	**17**	**22**	**8**	**17**	**12**	**11**	**11**	**19**	**9**	**199**	**100.00**
Plastics	Elective	41	38	52	12	26	46	63	54	41	59	42	51	525	79.67
	Emergency	4	5	3	6	7	9	13	6	10	8	8	14	93	14.11
	Urgent	3	2	2		5	2	5	7	3	6	2	4	41	6.22
	Total	**48**	**45**	**57**	**18**	**38**	**57**	**81**	**67**	**54**	**73**	**52**	**69**	**659**	**100.00**
Radiology	Elective	5		2	2	1			1	1	1			13	20.97
	Emergency	2		2	3	2	3	9	6	7	5	5	4	48	77.42
	Urgent		1											1	1.61
	Total	**7**	**1**	**4**	**5**	**3**	**3**	**9**	**7**	**8**	**6**	**5**	**4**	**62**	**100.00**
Urology	Elective	41	45	37	28	61	67	99	70	49	71	72	68	708	75.32
	Emergency	10	6	7	14	13	11	4	7	4	11	5	8	100	10.64
	Urgent	11	10	5	1	19	16	3	4	13	9	13	28	132	14.04
	Total	**62**	**61**	**49**	**43**	**93**	**94**	**106**	**81**	**66**	**91**	**90**	**104**	**940**	**100.00**
Grand Total		**780**	**870**	**795**	**622**	**704**	**843**	**924**	**852**	**789**	**886**	**826**	**890**	**9,781**	

Summary:

	Q1				Q2				Q3				Q4				Total	
	Apr	May	Jun	Q Total	Jul	Aug	Sep	Q Total	Oct	Nov	Dec	Q Total	Jan	Feb	Mar	Q Total	Cases	%
Elective	578	625	557	1,760	431	473	618	1,522	719	660	584	1,963	688	646	676	2,010	7,255	74.17
Emergency	150	152	173	475	160	167	161	488	161	132	151	444	145	134	147	426	1,833	18.74
Urgent	52	93	65	210	31	64	64	159	44	60	54	158	53	46	67	166	693	7.09
Grand Total	**780**	**870**	**795**	**2,445**	**622**	**704**	**843**	**2,169**	**924**	**852**	**789**	**2,565**	**886**	**826**	**890**	**2,602**	**9,781**	**100.00**

Surgical Services Statistical Activity
For the Fiscal Periods Ending March 2008
Site Alberta Children's Hospital

Monthly Surgical Cases by Patient Type

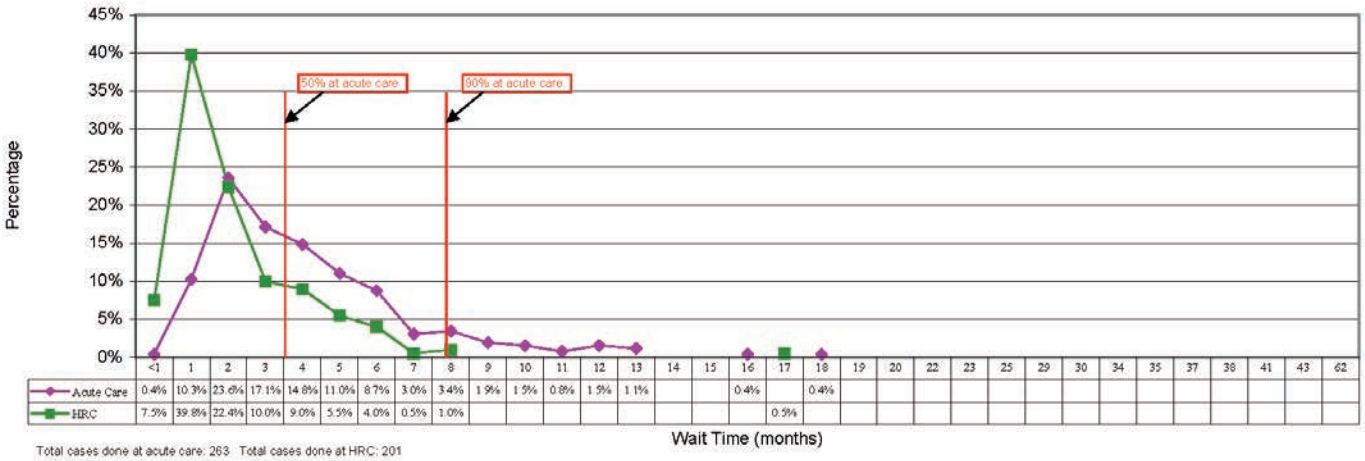
		Q1			Q2			Q3			Q4			Total	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cases	%
ENT	InPatient	24	30	34	19	34	36	38	39	40	50	35	51	430	16.28
	OutPatient	165	228	193	125	119	196	232	174	187	195	200	198	2,212	83.72
	Total	**189**	**258**	**227**	**144**	**153**	**232**	**270**	**213**	**227**	**245**	**235**	**249**	**2,642**	**100.00**
General	InPatient	87	98	102	88	76	82	86	79	85	94	90	88	1,055	43.79
	OutPatient	103	134	80	91	92	95	124	143	112	148	118	114	1,354	56.21
	Total	**190**	**232**	**182**	**179**	**168**	**177**	**210**	**222**	**197**	**242**	**208**	**202**	**2,409**	**100.00**
Medicine	InPatient	1	5	1	7	4	7	8	6	4	3	1	4	51	39.84
	OutPatient	4	16	11	5	3	12	8	2	7	3	3	3	77	60.16
	Total	**5**	**21**	**12**	**12**	**7**	**19**	**16**	**8**	**11**	**6**	**4**	**7**	**128**	**100.00**
Neurosurgery	InPatient	21	17	16	19	17	15	16	22	23	11	15	10	202	98.54
	OutPatient		1					1	1					3	1.46
	Total	**21**	**18**	**16**	**19**	**17**	**15**	**17**	**23**	**23**	**11**	**15**	**10**	**205**	**100.00**
Ophthalmology	InPatient	5	1	5	4	6	6	8	5	10	7	6	8	71	11.40
	OutPatient	53	41	43	39	44	40	44	52	48	41	45	62	552	88.60
	Total	**58**	**42**	**48**	**43**	**50**	**46**	**52**	**57**	**58**	**48**	**51**	**70**	**623**	**100.00**
Oral Max/Dental	InPatient	9	3	8	6	8	9	11	8	10	9	6	6	93	11.43
	OutPatient	65	68	64	48	49	63	59	55	50	60	68	72	721	88.57
	Total	**74**	**71**	**72**	**54**	**57**	**72**	**70**	**63**	**60**	**69**	**74**	**78**	**814**	**100.00**
Orthopedics	InPatient	73	74	94	74	76	94	65	69	51	62	55	67	854	77.64
	OutPatient	24	19	18	14	20	26	11	30	23	22	18	21	246	22.36
	Total	**97**	**93**	**112**	**88**	**96**	**120**	**76**	**99**	**74**	**84**	**73**	**88**	**1,100**	**100.00**
Other	InPatient	23	21	11	12	16	3	15	10	11	7	12	6	147	73.87
	OutPatient	6	7	5	5	6	5	2	2		4	7	3	52	26.13
	Total	**29**	**28**	**16**	**17**	**22**	**8**	**17**	**12**	**11**	**11**	**19**	**9**	**199**	**100.00**
Plastics	InPatient	17	12	19	10	15	20	27	22	18	25	19	30	234	35.51
	OutPatient	31	33	38	8	23	37	54	45	36	48	33	39	425	64.49
	Total	**48**	**45**	**57**	**18**	**38**	**57**	**81**	**67**	**54**	**73**	**52**	**69**	**659**	**100.00**
Radiology	InPatient	4	1	4	5	2	3	9	7	7	5	5	4	56	90.32
	OutPatient	3				1				1	1			6	9.68
	Total	**7**	**1**	**4**	**5**	**3**	**3**	**9**	**7**	**8**	**6**	**5**	**4**	**62**	**100.00**
Urology	InPatient	19	17	18	24	24	25	8	16	11	20	20	22	224	23.83
	OutPatient	43	44	31	19	69	69	98	65	55	71	70	82	716	76.17
	Total	**62**	**61**	**49**	**43**	**93**	**94**	**106**	**81**	**66**	**91**	**90**	**104**	**940**	**100.00**
Grand Total		**780**	**870**	**795**	**622**	**704**	**843**	**924**	**852**	**789**	**886**	**826**	**890**	**9,781**	

Summary:

	Q1				Q2				Q3				Q4				Total	
	Apr	May	Jun	Q Total	Jul	Aug	Sep	Q Total	Oct	Nov	Dec	Q Total	Jan	Feb	Mar	Q Total	Cases	%
InPatient	283	279	312	874	268	278	300	846	291	283	270	844	293	264	296	853	3,417	34.94
OutPatient	497	591	483	1,571	354	426	543	1,323	633	569	519	1,721	593	562	594	1,749	6,364	65.06
Grand Total	**780**	**870**	**795**	**2,445**	**622**	**704**	**843**	**2,169**	**924**	**852**	**789**	**2,565**	**886**	**826**	**890**	**2,602**	**9,781**	**100.00**

2.3 WAIT TIME REPORTS

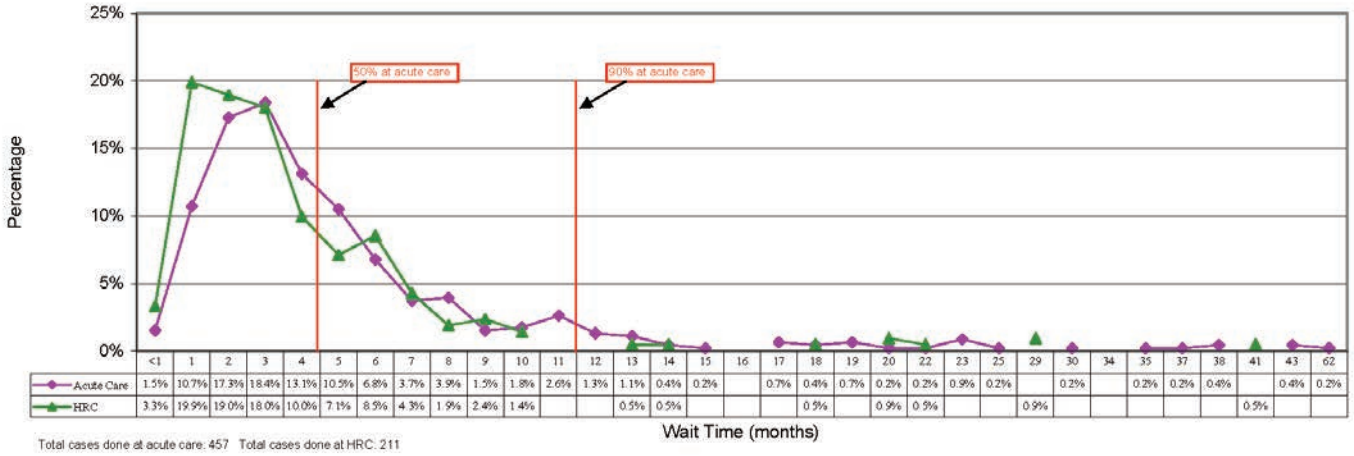
Scheduled Hip Arthroplasty Wait Times (months)
2007/04/01 to 2007/09/30



	<1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	22	23	25	29	30	34	35	37	38	41	43	62
Acute Care	0.4%	10.3%	23.6%	17.1%	14.8%	11.0%	8.7%	3.0%	3.4%	1.9%	1.5%	0.8%	1.5%	1.1%			0.4%		0.4%														
HRC	7.5%	39.8%	22.4%	10.0%	9.0%	5.5%	4.0%	0.5%	1.0%									0.5%															

Total cases done at acute care: 263 Total cases done at HRC: 201

Scheduled Knee Arthroplasty Wait Times (months)
2007/04/01 to 2007/09/30

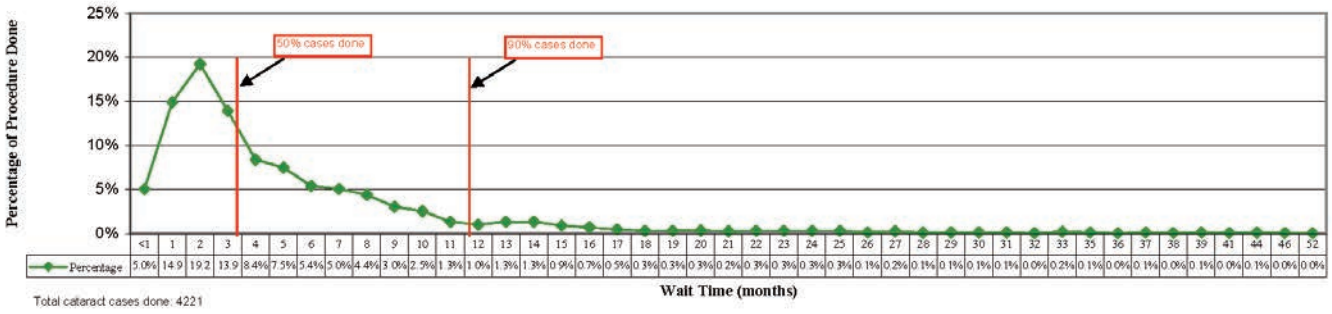


	<1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	22	23	25	29	30	34	35	37	38	41	43	62
Acute Care	1.5%	10.7%	17.3%	18.4%	13.1%	10.5%	6.8%	3.7%	3.9%	1.5%	1.8%	2.6%	1.3%	1.1%	0.4%	0.2%		0.7%	0.4%	0.7%	0.2%	0.2%	0.9%	0.2%		0.2%		0.2%	0.2%	0.4%		0.4%	0.2%
HRC	3.3%	19.9%	19.0%	18.0%	10.0%	7.1%	8.5%	4.3%	1.9%	2.4%	1.4%			0.5%	0.5%				0.5%		0.9%	0.5%			0.9%						0.5%		

Total cases done at acute care: 457 Total cases done at HRC: 211

Actual Patient Wait Time for Procedure Done
2007/04/01 to 2007/09/30
Cataract Surgery in NHSF

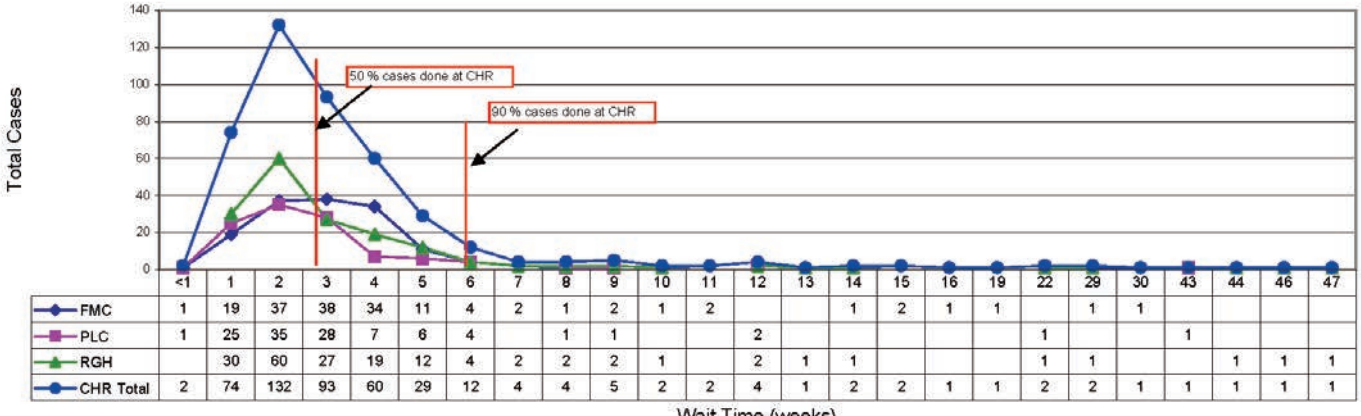
Percentage of Cataract Procedure Done



	<1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	35	36	37	38	39	41	44	46	52
Percentage	5.0%	14.9	19.2	13.9	8.4%	7.5%	5.4%	5.0%	4.4%	3.0%	2.5%	1.3%	1.0%	1.3%	1.3%	0.9%	0.7%	0.5%	0.3%	0.3%	0.3%	0.2%	0.3%	0.3%	0.3%	0.3%	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.0%	0.2%	0.1%	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%

Total cataract cases done: 4221

Urgent Breast Cancer Wait Time by Site
2007/04/01 to 2007/09/30



	<1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	19	22	29	30	43	44	46	47
FMC	1	19	37	38	34	11	4	2	1	2	1	2			1	2	1	1		1	1				
PLC	1	25	35	28	7	6	4		1	1			2						1			1			
RGH		30	60	27	19	12	4	2	2	2	1		2	1	1				1	1			1	1	1
CHR Total	2	74	132	93	60	29	12	4	4	5	2	2	4	1	2	2	1	1	2	2	1	1	1	1	1

Total urgent cases: 439

2.3 McKESSON OR BENCHMARKS BY SITE FOR APRIL 2007-APRIL 2008

ACH OR Benchmarks Collaborative **Freestanding Children's: 2 Comparators in Canada 2 Comparators All Subscribers**

Indicator	Actual	Internal Targets	Median Canada Only	75th Percentile All Subscribers
% First Case On-Time or Early +/- 5	22.8%	60.00%	58.4%	69.2%
Average Turnover Minutes	13.6	15.0	19.0	13.0
% Utilized 7am-3pm	92%	85.0%	88.6%	91.9%
% Utilized 3pm-5pm	89%	85.0%	89.3%	110.3%
% Utilized 5pm-7pm	98%	85.0%	73.8%	98.1%
% Utilized 7pm-11pm	47%	70.0%	43.9%	46.8%
% Same Day Add-On Weekdays	15.1%	10.0%	15.1%	15.0%

FMC OR Benchmarks Collaborative **Short Term Acute Care/Academic: 3 Comparators in Canada 19 Comparators All Subscribers**

Indicator	Actual	Internal Targets	Median Canada Only	75th Percentile All Subscribers
% First Case On-Time or Early +/- 5	50.5%	60.0%	73.0%	78.6%
Average Turnover Minutes	24.7	22.0	24.0	24.0
% Utilized 7am-3pm	88%	85.0%	90.0%	87.8%
% Utilized 3pm-5pm	92%	85.0%	105.6%	89.5%
% Utilized 5pm-7pm	107%	85.0%	106.5%	86.9%
% Utilized 7pm-11pm	97%	70.0%	70.9%	65.0%
% Same Day Add-On Weekdays	22.5%	10.0%	18.6%	9.9%

PLC OR Benchmarks Collaborative **Short Term Acute Care: 33 Comparators in Canada 85 Comparators All Subscribers**

Indicator	Actual	Internal Targets	Median Canada Only	75th Percentile All Subscribers
% First Case On-Time or Early +/- 5	49.8%	60.0%	64.7%	79.2%
Average Turnover Minutes	19.9	16.0	16.0	17.0
% Utilized 7am-3pm	89%	85.0%	92.6%	91.7%
% Utilized 3pm-5pm	91%	85.0%	94.8%	100.2%
% Utilized 5pm-7pm	93%	85.0%	82.4%	92.0%
% Utilized 7pm-11pm	60%	10.0%	65.8%	72.7%
% Same Day Add-On Weekdays	18.1%	10.0%	12.6%	10.3%

RGH OR Benchmarks Collaborative **Short Term Acute Care: 33 Comparators in Canada 85 Comparators All Subscribers**

Indicator	Actual	Internal Targets	Median Canada Only	75th Percentile All Subscribers
% First Case On-Time or Early +/- 5	31.6%	60.0%	64.7%	79.2%
Average Turnover Minutes	17.9	16.0	16.0	17.0
% Utilized 7am-3pm	89%	85.0%	92.6%	91.7%
% Utilized 3pm-5pm	93%	85.0%	94.8%	100.2%
% Utilized 5pm-7pm	87%	85.0%	82.4%	92.0%
% Utilized 7pm-11pm	70%	70.0%	65.8%	72.7%
% Same Day Add-On Weekdays	24.8%	10.0%	12.6%	10.3%

THE SURGICAL EFFICIENCY ACCESS TARGETS PROGRAM (SEATP) CONTINUOUSLY PRODUCES UP TO DATE REPORTS. PLEASE VISIT THE SURGICAL SERVICES INTERNAL WEBSITE FOR UPDATED AND CURRENT REPORTS IWEB.CALGARYHEALTHREGION.CA/SURGICALSERVICES

Appendix 3: Research From Within the Department

3.1 Peer Reviewed Publications

Division of General Surgery

1. Aelen P, Neshev E, Cholette M, Crisanti K, Mitchell P, **Debru E, Church N**, Mintchev MP: Manipulation of food intake and weight dynamics using retrograde neural gastric electrical stimulation in a chronic canine model. Neurogastroenterology & Motility, November 2007

2. Aljebreen A, Romagnuolo J, Perini R, **Sutherland F**: Utility of endoscopic ultrasound, cytology and fluid carcinoembryonic antigen and CA 19-9 levels in pancreatic cystic lesions. World Journal of Gastroenterology 2007 August;13(29):3962-3966

3. Ball C, **Bathe OF**: Rupture and intra-peritoneal bleeding of a hepatocellular carcinoma after a tranarterial chemoembolization procedure. Submitted – European Journal of Trauma Emergency Surgery

4. Ball CG, Ball JE, **Kirkpatrick AW**, Datta I, **Mulloy RH**: Equestrian Injuries: Prevalence, Injury Patterns and Risk Factors for 10 years of major traumatic injuries. Horses All, June 2007

5. Ball CG, Ball JE, **Kirkpatrick AW**, **Mulloy RH**: Equestrian Injuries: Prevalence, injury patterns and risk factors for 10 years of major traumatic injuries. American Journal of Surgery, 193, 636-640, 2007

6. Ball CG, **Kirkpatrick AW**: Intra-abdominal hypertension and the abdominal compartment syndrome. Scandinavian Journal of Surgery, 96, 197-204, 2007

7. Ball CG, Lord J, Laupland KB, Gmora S, **Mulloy RH**, Ng AK, Schieman C, **Kirkpatrick AW**: Chest tube complications: How well are we training our residents? Canadian Journal of Surgery, 50, 450-458, 2007

8. Ball CG, **MacLean AR**, **Buie WD**, Smith DF, Raber EL: Portal Vein Thrombi Following Ileal Pouch-Anal Anastomosis – Incidence and Association with Pouchitis. Surgery Today, 37(7), 552-557, 2007

9. Barabas AZ, Cole CD, Barabas AD, **Lafreniere R**: A modified vaccination technique for the prevention and treatment of an experimental autoimmune kidney disease. Annals of the New York Academy of Sciences, 2007

10. Barabas AZ, Cole CD, Kovacs ZB, **Lafreniere R**: Elevated antibody response by antigen presentation in immune complexes. Medical Science Monitor, April 25, 2007, 13(5): BR119-124 (Epub ahead of print)

11. Barabas AZ, Cole CD, Barabas AD, **Lafreniere R**: Preventative and Therapeutic vaccination to combat an experimental autoimmune kidney disease. Submitted to Biologics: Targets & Therapy, 2007

12. Bathe OF, Ernst S, Sutherland FR, Dixon E, Butts C, Bigam D, Holland D, Porter GA, Koppel J, Dowden S: Neoadjuvant irinotecan (CPT-11), 5-fluorouracil (5-FU) and leucovorin (LV) for colorectal liver metastases: a means of selecting candidates for resection. Submitted – Journal of Clinical Oncology

13. Bathe OF, Mahallati H: MR-guided ablation of hepatocellular carcinoma aided by gadoxetic acid. Journal of Surgical Oncology, 95, 670-673, 2007

14. Blavias M, Ball CG, Rodriguez-Galvez M, **Kirkpatrick AW**: Sonographic depiction of intra-peritoneal free air. In Press – The Journal of Trauma: Injury, Infection & Critical Care

15. Blaivas M, **Kirkpatrick A**, Sustic A: Future directions and conclusions. Critical Care Medicine, 35, S305-S307, 2007

16. Brar SS, MacKenzie S, Ball C, **Sutherland FR, Bathe OF, Dixon E**: Abdominal drainage after hepatic resection: Meta-analysis of randomized controlled trials. Submitted – Journal of Surgical Oncology

17. Chebib I, Beck PL, **Church NG**, Medicott SA: Gastric pouch adenocarcinoma and tubular adenoma of the pylorus: a field effect of dysplasia following bariatric surgery. Obesity Surgery, 17(6), 843-6, 2007

18. Datta I, Ball CG, Parr Z, **Mew D**: The use of a gamma probe and radioactive technetium to identify obscure gastrointestinal bleeding. In Press – American Journal of Surgery, 2007

19. Datta I, Findlay C, **Kortbeek JB**, Hameed SM: Evaluation of a regional trauma registry. Canadian Journal of Surgery, 50 (3), 210-213, 2007

20. Datta N, **Buie WD, MacLean AR, Heine J**: High Hospital Readmission rate following ileal-pouch anal anastomosis. Submitted – Dis Colon Rectum

21. Debru E. Smith G, Burn J, Dent O, Falk GL: Adenocarcinoma of the rat esophagus in the presence of Duodeno-esophageal reflux and a proton pump inhibitor. Submitted – Disease Esophagus, 2007

22. Dixon E, Bathe OF, McKay A, You I, Dowden S, Sadler D, Burak K, **McKinnon G**, Renfrew P, Miller W, **Sutherland FR**: A population based review of the effects of creating a multidisciplinary regional hepatobiliary program on outcomes for hepatic resection in a Canadian health region. Submitted – CMAJ, 2008

23. Dixon E, Pasieka, JL: Functioning and non-functioning neuroendocrine tumors of the pancreas. Current Opinion in Oncology, Jan. 19 (1), 30-5, 2007

24. Dixon E, Pasieka JL: Neuroendocrine Tumors of the Pancreas. In Press – Textbook of Surgical Oncology, 2007

25. Dixon E, Schneeweiss S, **Pasieka JL**, **Bathe OF, Sutherland F**, Doig C: Mortality following liver resection in US Medicare patients – does the presence of a liver transplant program affect outcome? Journal of Surgical Oncology, 95, 194-200, 2007

26. Dubose, Inaba, **Dunham**, Pepe, Mckenney: Selective non-operative management of solid organ injury following abdominal gunshot wounds. Injury, 38, 1084, 2007

27. Falck VG, **Dixon E**: Pseudocysts may be seen in immunoglobulin G4-associated autoimmune pancreatitis. 1): Archives of Pathology and Laboratory Medicine Online, Jan. 13 (1), 16, 2007

28. Gleschner PR, Chalasani S, Chang GJ, Levien DN, **Buie WD**, Hym NN, et.al: Practice Parameters for Anal squamous neoplasm's. Dis Colon Rectum, 51(1), 2-9, January 2007

29. Goecke M, **Kanashiro J**, Kyamanywa P, **Hollar G**: A guide to structuring International Health Electives using CanMEDS: Expanding on an enriching experience for a Canadian surgery resident in Mbarara, Uganda. In Press – Canadian Journal of Surgery

30. Goecke ME, **Kirkpatrick AW**, Laupland KB, Bicanic M, Find-

lay C: Characteristics and conviction rates of inured alcohol-impaired drivers admitted to a tertiary care Canadian trauma centre. In press – Clinical & Investigative Medicine

31. Kanashiro J, Hollar G, Wright B, Nammavongmixay K, Roff S: Setting Priorities for Teaching and Learning: A Needs Assessment for the New Family Medicine Program in Lao PDR. Academic Medicine, 82 (3), 231-237, March 2007

32. Karmali S, **McFadden S, Mitchell P, Graham A, Debru E, Gelfand G, Graham J**, Martin S, Tiruta C, **Grondin S**: Primary laparoscopic and open repair of Paraesophageal hernia: comparison of short-term outcomes. Diseases of the Esophagus, 21, 63-8, 2008

33. Karmali S, Wallace L, **Buie WD**, **MacLean AR**, **Sigalet D**: Effect of Ischemia on Intestinal Anastomotic Healing: The Role of Hypoxia-Induced Angiogenesis. In Press - BMS Surgery

34. Karmy-Jones R, Jurkovich GJ, Velmahos GC, **Kortbeek JB**: Practice patterns and outcomes of retrievable vena cava filters in trauma patients: an AAST multicentre study. Journal of Trauma: Injury, Infection & Critical Care, 62 (1), 17-24, 2007

35. Kirkpatrick AW, Blaivas M, Sustic A: Introduction to the use of ultrasound in critical care medicine. Critical Care Medicine, 35, S123-125, 2007

36. Kirkpatrick AW, Burnstein M, Madoff: Canadian Association of General Surgeons and American College of Surgeon's Evidence Based Reviews: Stapled hemorroidopexy compared with conventional hemorrhoidectomy. Journal of the American College of Surgeons, 204, 1301-1303, 2007

37. Kirkpatrick AW, De Waele JJ, Ball CG, Ranson K, Widder S, Laupland KB: The secondary and recurrent abdominal compartment syndrome. Acta Clinica Belgica, 62, S60-S65, 2007

38. Lanuke K, **Bathe OF, Mack LA**: Local excision of a duodenal gastrointestinal stromal tumor. Journal of Surgical Oncology, 95, 267-269, 2007

39. Lanuke K, **Mack LA, Temple W**: A prospective evaluation of venous thromboembolism of patients undergoing cytoreductive surgery and hyperthermic intraperitoneal chemotherapy. In Press – Canadian Journal of Surgery

40. Laupland KB, **Kirkpatrick AW**: Commentary: Isolation of Candida species from the critically ill. In Press – Journal of Critical Care Medicine

41. Laupland KB, **Kirkpatrick AW**, Delaney A: Polyclonal intravenous immunoglobulin for the treatment of severe sepsis and septic shock in critically ill adults. A systematic review and meta-analysis. In Press - Critical Care Medicine

42. Laupland KB, Shahpori R, **Kirkpatrick AW**, Stelfox HT: Hospital mortality among adults admitted to and discharged from intensive care on weekends and evenings. In Press – Journal of Critical Care

43. Leung TT, **MacLean AR, Buie WD, Dixon E**: Comparison of Stapled versus Handsewn Loop Ileostomy Closure: A Meta-analysis. In-Press, Journal of Gastrointestinal Surgery, 2007

44. Mack LA, Pasieka JL: The evidence based critic for the role of Surgery in the treatment of Thyroid Lymphoma. World Journal of Surgery, 2007

45. Mack LA, Pasieka JL: The Spectrum of Clinical Benefits following Parathyroidectomy for Primary Hyperparathyroidism. Clinical Reviews in Bone and Mineral Metabolism, 2007

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47. McBeth PB, Zengerink I, Ranson K**, Anderson I, Lall RN, Kirkpatrick AW**: Comparison of intermittent and continuous intra-abdominal pressure monitoring using an in-vitro model. In Press - International Journal of Clinical Practice

48. McBeth PB, Zygun DA, Widder S, Cheatham M, Zengerink I, Glowa J, **Kirkpatrick AW**: The effect of patient positioning on intra-abdominal pressure monitoring. American Journal of Surgery, 193, 644-647, 2007

49. McKay A, **Bathe OF**: A novel technique to relieve a closed loop obstruction secondary to a competent ileocecal valve and an unresectable mid-colon tumor. Journal of Gastrointestinal Surgery, 11, 1365-7, 2007

50. McKay A, Motamedi M**, Temple W, Mack LA, Moore R**: Experience with superficial femoral vein as a conduit following major oncologic resection. Journal of Surgical Oncology, 96(2), 151-159, 2007

51. McKay A, **Sutherland F, Bathe OF, Dixon E**: Morbidity and mortality following multi-visceral resections in complex hepatic and pancreatic surgery. In-Press – Journal of Gastrointestinal Surgery, 2007

52. McKay A, **Sutherland F, Bathe OF, Dixon E**: Umbilical hernia repair in the presence of cirrhosis and ascites: results of a survey and review of the literature. Submitted – Journal of Obstetrics and Gynecology Surgery

53. McKay A, You I, Bigam D, **Lafreniere R, Sutherland FR**, Ghali W, **Dixon E**: Impact of Surgeon Training on Outcomes After Resective Hepatic Surgery, Annals of Surgical Oncology, 15(5), May 2008

54. McKinnon JG, Wong V, **Temple WJ**, Galbraith C, Ferry P, Clynch GS, Clynch C: Measurement of Limb Volume: Laser Scanning vs. Volume Displacement. Journal of Surgical Oncology, 96(5), 381-388, October 2007

55. Medlicott S, Cox H. Dupre M, Lategan J, Auer I, **Hollar G, Debru E, Conly J**: Systemic Illnesses unexpectedly presenting as acute appendicitis: Case studies and a Literature Review. In Press – Canadian Journal of Surgery

56. Ng JKS, Urbanski SJ, Mangat N, **Sutherland FR, Dixon E**, Dowden S, Ernst S, **Bathe OF**: Colorectal liver metastases contract centripedally with a response to chemotherapy: a histomorpholigic study. Cancer, 112(2), 362-371, 2008

57. Pasieka JL: Thyroid Cancer Surgery Information on the Internet. World Journal of Surgery, 2007

58. Pasieka JL, Khalil M: Parathyroid Carcinoma. In Press – Textbook of Endocrine Surgery, 2007

59. Redstone H, **Sigalet DL**, **Buie WD**: Colonic Anastomotic Healing: Can we enhance healing and prevent leaks? Submitted – Journal of American College of Surgery, 2007

60. Sarkhosk K, **Bathe OF**, Stewart D, **Mack LA**: The role of surgical intervention in the management of duodenal lymphoma. Submitted – Annals of Surgical Oncology

61. Schieman C, Rudmik LR, **Dixon E, Sutherland F, Bathe OF**: Complementary and Alternative Medicine Use Among General Surgery, Hepatobiliary Surgery and Surgical Oncology Patients. Submitted – Arch Surg.

62. Strong SA, Kolten WX, Hyman NN, **Buie WD**, et.al: Practice Parament for the Surgical Management of Crohn's Disease. Dis

Colon Rectum, 50(11), 1735-1746, 2007

63. Temple CLF, Ross DC, **Magi E**, Difrancesco LM, Kurien E, **Schachar NS, Temple WJ**: Preoperative chemoradiation and flap reconstruction provide high local control and low wound complication rates for patients undergoing limb salvage surgery for upper extremity tumors. Journal of Surgical Oncology, 95, 135-141, 2007

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65. Tjandra JJ, Dykes SL, Kumar RR, **Buie WD**, et.al: Practice Parameters for the Treatment of Fecal Incontinence. Dis Colon Recturm 50(10), 497-507, 2007

66. Widder S, Guggisberg K, Khalil M, **Pasieka JL**: A Pathologic Re-Review of Follicular Thyroid Neoplasms: The Impact of Changing the Threshold for the diagnosis of theFollicular Variant of Papillary Thyroid Carcinoma. In Press – Surgery, 2007

67. Widder S, Zygun D, Ranson K, Knox L, Laupland K, Laird P, Ball C, **Kirkpatrick AW**: Use of near-infrared spectroscopy as a physiologic monitor for intra-abdominal hypertension. In-Press – The Journal of Trauma: Injury, Infection & Critical Care

68. Zengerink I, McBeth PB, Zygun DA, Ranson K, Ball CG, Laupland KB, Widder S, **Kirkpatrick AW**: Validation and experience with intra-abdominal pressure measurement technique in a multi-disciplinary medical/surgical critical care unit. In Press – Journal of Trauma: Injury, Infection & Critical Care

69. Zwicker K, Chatten C, Gratton K, Demetrick D, Serra P, Santamaria P, **Bathe OF**: Spontaneous autoimmunity sufficiently potent to induce diabetes mellitus is insufficient to protect against insulinoma. Revisions submitted – Cancer Research, 2008

DIVISION OF OPHTHALMOLOGY

1. Ashenurst ME, Hill VE, Keyhani, K: Restrictive strabismus following Jones tube insertion: A case series of 8 patients. Canadian Journal of Ophthalmology, Aug. 42(4), 613-616

2. Astle W, Fawcett S, **Huang PT**, Alewenah O, Ingram A: Long-term outcomes of photorefractive keratectomy and laser-assisted subepithelial keratectomy in children. Journal of Cataract & Refractive Surgery, November 2007

3. Baath J, **Ells AL, Kherani A, Williams RG**: Severe retinal injuries from paintball projectiles. Canadian Journal of Ophthalmology, 42(4), 620, 2007

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**** Also listed under General Surgery***

3.2 RESEARCH PROJECTS

Total Funding for January 01, 2007 to December 31, 2007 =$4,879,660.13

Note: Information provided in this document comes from OR Block Booking Forms (self reported) and the Office of Associate Dean (Research), Faculty of Medicine, University of Calgary

DIVISION OF GENERAL SURGERY

Bathe, Oliver:

Reconstruction following Pancreaticoduodenectomy: A Randomized Clinical Trial of Pancreaticojejunostomy vs. Pancreaticogastrostomy; **Francis Sutherland, Elijah Dixon** (PI); Medical Services Incorporated; 2005 – 2007

Is N-acetylcysteine Protective after Major Hepatic Resection? A Randomized Controlled Trial; Andrew McKay, **Francis Sutherland, Elijah Dixon** (PI); Department of Surgery, University of Calgary; May 2006 – May 2007

Protein Extraction from Formalin Fixed Paraffin-Embedded Tissues for High Throughput Protecomics; David Schriemer; Calgary Laboratory Services; PI; B; Current; June 2006 – October 2008

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Cancer Patient Fracture Evaluation (CAFÉ): A Multicentre Prospective Randomized Controlled Study to Compare Balloon Kyphoplasty to Non-Surgical Fracture Management in the Treatment of Painful Vertebral Compression Fractures in Cancer Patients; Duplessis, Frizzell, Morrish; KYphon; July 06 -

Using TELEform for prospective data collection: a pilot study; Thomas**, Swamy**, Lewin; May 06-Sept-06

Validation of Spine Severity Score; Lwu, Hurlbert; 2004 -

The accuracy and reliability of measuring Cobb angles; Reed, Parsons; Mar 05 -

Pedcile Subtraction Osteotomy for Fixed Sgaittal Imbalance; **Bouchard**, Wolstenholme; Sep 05 -

Timmerman, Scott:

The Effects of Hypothermic Storage on Chondrocyte Survival & Apoptosis in Human Articular Cartilage; S. Hunter, K. Muldrew, **N. Schachar**; CIHR; 2003-2007

Investigation Osteochondral Allografts as a Biologic Option for the Management of Focal Chondral Defects in the Knee;; S. Hunter, K. Muldrew**, N. Schachar, C. Hutchison;** Philanthropy Foothills Foundation; 2006 –

Patello Femoral Arthroplast; L. Voigt, Jr.; Industry; 2006 –

Alberta Hip & Knee Project; U of C Arthroplasty section, Alberta Bone & Joint; AHW; 2006 –

The Effects of Cryopreservation on Chondrocyte Viability in Large Osteochondral Knee Allografts; S. Hunter, K. Muldrew, **N. Schachar, C. Hutchison;** AHFMR; 2006 –

Van Zuiden, Lowell:

Evaluation of Durolane; **Jason Werle**; Smith and Nephew

Werle, Jason:

A Double-blind Randomized Trial Comparing Durolane to Methylprednisolone injections in patients with Osteoarthritis of the Knee (Multi-Centre Trial); Q-Med; 2007-present

The Development of a Self-Administered Evaluative Outcome measure for Young, Active Patients with Hip Pathology; B Pedersen,

N Mohtadi; July 2004-present

Alberta Hip Improvement Project (HIP) A Longitudinal Cohort Study Comparing Metal-on-Metal hip Resurfacing to Conventional THR; K Gooch, **J MacKenzie, J Powell**; Alberta H & W/Hip Hip Hooray Calgary; July 2004-present

The Reliability of the Self-Administered SF-36 Quality of Life Outcome Measure; K Barin, K Gooch; Alberta B & J Health Institute; April 2006

An Economic Evaluation of BHR compared to THR: the Alberta experience; C Frank, K Gooch; Alberta B & J Health Institute; Sept. 2006

The Reliability of Spot Urine Testing for the measurement of Metal Ions in Hip Arthroplasty Patients; K Barin, K Gooch; Alberta B & J Health Institute; April 2006

DIVISION OF OTOLARYNGOLOGY

Bosch, J. D.:

Vocal Cord Paralysis Outcomes Database; Meri Andreasson SLP, Michael Bosch; JULY/ 07 ongoing

Burke, Robert C.:

Clear Study Clinical Trail Re: Otorrhea & Topical Therapy; **Dr. T. Gillis**; Alcon; Ongoing

Dort, Joseph:

The clinical utility of PET-CT in the management of squamous cell carcinoma of neck nodes with unknown primary malignancy; L. Rudmik, H. Lau, **W. Matthews**; CSERT

Gillis, Tom:

Moxidex in AOMT; **Burke, Lange, Shandro, Hui, Hoshowsky**; Alcon; June 2007 – May 2008

Lange, Beth:

Central Auditory Processing in FAS; B. Gibbard, S. Walen, J. Cho; Campbell MacLaurin; April 2008

Marck, Paul:
Outcome Analysis of the "SMART" stapes Diston prosthesis: A Prospective Study; Paulette Henry (audiologist); September, 2007
Matthews, T. Wayne:
Melanomas of the Head & Neck: a Retrospective Analysis of the Alberta Experience 1995-2004; M. Hoy, G.F. Huber**, J.C. Dort**; Jan – December 2007
Fiberoptic endoscopic evaluation of swallowing (FEES) – Defining its role in the assessment of dysphagia in head and neck cancer patients; G.F. Huber**, J.C. Dort**, A. McDonough; Jan – December 2007
Predictors of Thyroid Malignancy following Non-Diagnostic FNA; W.K. Yunker, **J.C. Dort**; July 2006 – March 2007
Mechor, Brad:
The effect of tranexamic acid on intraoperative and post-operative bleeding in FESS: Randomized, Double-Blinded prospective study; S. Walen, W. Yunker; January, 2008
The State of Rhinology among Canadian Otolaryngologists – A Survey Study; S. Walen, L. Rudmik; October 2007 – February 2008
Relationship of the Superior Turbinate to the Face of the Sphenoid Sinus: Clinical Implications; John Cho;
Identification of Bacterial Contamination in Sinus Irrigation Bottles; John Cho; November 2007 – March 2008
The use of N-acetylcysteine for the treatment of Chronic Sinonasal Symptoms: A Randomized, Double-Blind, Placebo Controlled Trial; Warren Yunker;
Minimally invasive control of Epistaxis (MICE): Feasibility and Cost Analysis; J. Dort; L. Rudmik
The effect of Aloe-saline nasal irrigation on post-operative sinus surgery outcomes: A Randomized, Double-Blind, Placebo Controlled Study; Luke Rudmik
Shandro, W. G. (Bud):
Ciprudex Trials**; T. Gillis**; Alcon; Ongoing

DIVISION OF PEDIATRIC SURGERY

Astle, William F.:
Establishment of Normative Pediatric Ophthalmological Reference Values; **Romanchuk K, Cooper L**; ACH Foundation; awaiting CRHEB approval; 2008
A10p A randomized Trial to a full-time Bangerter Filters versus part-time daily patching for the treatment of moderate amblyopia in children; PEDIG Group; Pediatric Eye Disease Investigator Group; CRHEB approved; 2008
A11- A randomized trial to evaluate 8 hours of daily patching plus daily atropine for residual amblyopia in children 3 to < 8 years old; PEDIG Group; Pediatric Eye Disease Investigator Group; CRHEB approved; 2008
Beaudry, Paul:
Oncolytic Virus Therapy in Neuroblastoma; Peter Forsyth, Steve Robbins; Alberta Cancer Board; March, 2008 to February, 2009
Brauer, Carmen:
Advisor, P01 National Health Account**;**
Brindle, Mary:
Biochemical Modification of Abnormal Pulmonary Development in CDH; D. Proud; UCMG; Nov/07-Nov/09
Serotonin Re-uptake inhibitor effect on developing pulmonary vasculature; S. Hasan; U of C; Oct/06-ongoing
Effect of blood gas parameters on survival in CDH; CAPSNet database; CAPSNet; Dec 07
Surfactant Dysfunction in disease states; M. Amrein, A. Lodha; CIHR; Oct-07
Gastroschisis: predictors of outcomes**; D. Sigalet**, A. Lodha; Jan 08-
Brookes, James:
Median Labiomandibular Glossotomy approach to the craniocervical region; Smith RJ, Menezes AH, Smith MC; Jan 2007 – June 2007
Chronic cough and tonsillar hypertrophy: A case series; Gurgel RK, Wineberger MM, Smith RJ; May 2007 – Sept 2007
Cochlear implantation in deafness-dystonia-optic neuronopathy (DDON) syndrome; Kanis AB, Tan LY, Tranebjærg L, Vore A, Smith RJ; May 2007 – Oct 2007
Surgical correction of congenital lower lip sinuses in Van der Woude syndrome; Canady JW; Feb 2007 - April 2007
OK-432 injection of pediatric ranula; **Drummond D**; Sept 2007 – current
Endoscopic Management of Giant Cell Granuloma of Paranasal Sinus; Chang E, Smith RJ; July 2007 – Oct 2007
Cook, Anthony:
Trial of Novel Catheter for Intermittent Catherization for Spina Bifida; **William Hyndman**; July 2007
Incidence of Carcinoid Tumour in Appendix during Appendicovesicostomy; August 2007
Cooper, Linda L.:
Establishment of Normative Pediatric Ophthalmological Reference Values; **W.F. Astle, K. Romanchuk**,; Alberta Children's Hospital Foundation; 2008
Amblyopia Treatment Study 10; **W.F. Astle, K. Romanchuk**, National Eye Institute – Multicentre Trial Jaeb Centre, Tampa; Dec 28, 2007
Amblyopia Treatment Study 11;**W.F. Astle, K. Romanchuk**; National Eye Institute – Multicentre Trial, Jaeb Centre, Tampa; Dec 28, 2007
Data base of Craniofacial Patients at Alberta Children's Hospital; **F. Kherani, D. McPhalen**;
Down's Syndrome Data base E-21106; **W.F. Astle, K. Romanchuk**; University Eye Foundation; Dec. 7, 2007
Drummond, Derek:
Coblation Tonsillectomy vs Electrocautery Tonsillectomy; W. Yunker; June 08
Eccles, Robin C.:
CAPS Net Study Best Perinatal Practice for Gastroschisis and CDH; Dr. E. Skarsgaard; CIHR; 2007/2010
Harder, James:
Predicting Scoliosis Progression with Laser Scanning; **R.F. Zernicke**; CIHR; 2005 - 2007
Harrop, Rob:
Epidemiology of severe trauma among Aboriginal Canadian children; **Harrop AR**, Atwal S, Hameed M; 2005-ongoing
Economic Analyses in the Plastic Surgery Literature; Reid O, Doherty C, Harrop R; 2006-07
Post-sternotomy Sternal Dehiscence Rates in Calgary; Dawes J, Appoo J**, Nickerson D, Harrop R**; 2007-ongoing
Surgical resident and training program factors that affect resident publication rates; Loiselle F, Bernard B**, Campbell E, Graham**

A, Harrop R; 2007-ongoing

Howard, Jason:

Intra-operative Stimulus-Triggered Electromyographic Monitoring (ISTEM) For Evaluation of Pedicle Tract Integrity In Paediatric Spinal Deformity; Paolo Punslan, **David Parsons**, Leanne Alfaro, Lorie Hamiwka; February 1st, 2008

Comparison of two different cast materials for the treatment of congenital idiopathic clubfoot using the Ponseti method – a pilot study; Catherine Hui, **Elaine Joughin, Gerry Kiefer, Simon Goldstein, Jim Harder, David Parsons**; March 1st, 2006

Scoliosis Research Group - Surface topography measurement in idiopathic scoliosis; Janet Ronsky, **James Harder, Ron Zernicke, David Parsons**, Rhiannon Evison; Eagles Foundation;

Use of surface topography indices for quantification of 3-D change in torso shape following scoliosis surgery; Sam Anders, Rhiannon Evison, Janet Ronsky, **James Harder, David Parsons, Ron Zernicke**; Eagles Foundation;

Changes in contractile and passive properties of muscle in cerebral palsy; Megan Yaraskavitch, Walter Herzog, **Gerry Kiefer, Simon Goldstein**;

Hyndman, William:

Comparison of Hydrophilic and Non-Hydrophilic Catherization in Children for UTI Incidence (Ethics Approval December 2007); Katherine Moore, PH.D nurse in Edmonton, Alberta; Pharmaceutical Company; December 2007 - ongoing

Joughin, V. Elaine:

Brachial Plexus Outcome Study; T. Kuervers, C. OByrne, A. Chiu, B. Wilson; June/06-present

Comparison of Ultrasound and Plain Radiography at Three Months of Age, in Infants at Risk for Developmental Dysplasia of the Hip; M. Callahan, D. Kaura, W. Reslan; Submitted to ACH Research Methods Team; Nov/06-present

Kiefer, Gerald:

Effectiveness of Fibreglass vs. Plaster in Clubfoot casting; **Dr. Jason Howard**

Changes in contractile and passive properties of skeletal muscle in cerebral palsy; Drs. W. Herzog, **J. Howard, S. Goldstein**, H. Parsons; Human Performance Lab – University of Calgary;

McPhalen, Donald F:

Periorbital Hemangioma; **R. Harrop; R. Frank; W. Astle**, Cowan; 2005-2007

Sigalet, David:

Evaluation of GLP-2 analogue in inflammatory bowel disease; Centocor Pharmaceuticals (Johnson & Johnson, Philadelphia PA); 2006-2007

Studies regarding use of HB EGF in experimental short bowel syndrome; Trillium Pharmaceuticals; 2006-2007

Professorship: Development of Glucagon-Like Peptide 2 as a therapy for intestinal failure in infants; Alberta Children's Hospital Research Foundation; 2006-2011

Enteric Neuronal signalling and the anti-inflammatory properties of Glucagon-like peptide 2; Crohn's and Colitis Foundation of Canada; 2005-2008

Wong, Andrew:

Laparoscopic Cecostomy for Fecal Incontinence; 2000-

Use of Laparoscopy in Diagnosis of Contralateral Hernias; 2001-

Development of Robotic Surgery in MRI; **M. Brindle,** G. Sutherland; 2007

Division of Plastic Surgery

Birdsell, Dale C.:

Attitude of Public to Provision of Cosmetic Surgery in Public Hospitals – Survey; Cameron Goldie; April/07

Lin, Alan:

A randomized controlled trial that evaluates the incidence and duration of pillar pain following carpal tunnel release with closure of the palmar fascia; Fred Loiselle; Nov/06

Lindsay, Robert:

Analgesia by Post-Operative Continuous Infusion of local anaesthetic following unilateral free TRAM/DIEP flap breast reconstruction. A Prospective, randomized, placebo controlled, double blind study; C. Goldie; CSERT; December, 2006 -

Nickerson, Duncan:

Use of Integra™ in place of a flap for complex wound coverage; McMann J, **Mckenzie D**, Fish J; Summer 2006/June 2007

Invasion of Integra™ dermal regeneration template by squamous cell carcinoma; Brown H; Fall 2007 - ongoing

Schrag, Christiaan:

Incidence of Occult Malignancy during Microsurgical Breast Reconstruction; **Robert Lindsay**; 2004-present

New Model for composite tissue allotransplantation of Rat Brachial Plexus; D Chuang (Taiwan); Current; 2005-present

Viral Brachial Plexopathy and its management in Children; D Chuaug; 2005-2007

Division of Thoracic Surgery

Gelfand, Gary:

Randomized Trial Myasthania Gravis; C. White;

Graham, Andrew:

Air Leaks Following Pulmonary Resection; M. Blitz; Department of Surgery;

Surgical resident and training program factors that attract the level of evidence or resident research; **R. Harrop, E. Campbell**, F. Loiselle

Treatment effect estimates in oncologic surgery RCT's vs. observational studies; J. Edward

Grondin, Sean:

Effect of Barometric Pressure on the Prevalence of Spontaneous Pneumothorax; Colin Schieman; Dec 2003 – Sept 2007

Delivery of Adjuvant Chemotherapy for Lung Cancer; Sept 2007

Canadian Manpower for Thoracic Surgery; Dec 2007

Relationship between Giant PEH and Pulmonary Function; **Phillip Mitchell**, S. Elkassem; Feb 2006

Neurosurgery Robotic and Minimally Invasive Surgery grant; Dr. Sutherland; Alberta Foundation for Science and Technology; Oct 2003

Division of Urology

Barr, Richard E.:

Antigenics: A Multi-Center Randomized Phase III Study of Adjuvant Oncophage ® Versus Observation in Subjects with High Risk of Recurrence after Surgical Treatment for Renal Cell Carcinoma. Protocol C-100-12**; Dr. Richard Baverstock; Dr. K. Carlson; Dr. B. Donnelly, Dr. M. Duffy, Dr. John Dushinski, Dr. Frederick Elliott, Dr. C. Hyndman, Dr. G. Kozak, Dr. J. Lee, Dr. D. Metcalfe, Dr. P. Wilkin**

Baverstock, Richard**:**

Desirable Personality Traits of Urologists: A Nursing perspective; **Baverstock**, Roberts, Ross; Dec 2/ Feb 2008

Management of Complications of Patients with Suburethral Sling Complications Referred to a Tertiary Care Urologic Center; **Baverstock, Carlson**, Zareba; Jan – Nov

Randomized Control Trial of TVT vs. TOT during a 1 yr. study period; Murphy, Birch, Robert, **Carlson, Baverstock**; Boston Scientific; 2006-present

Carlson, Kevin:

TVT vs. TOT for Urinary Stress Incontinence; M. Robert, M. Murphy, et.al; Independent protocol with industry grant; 10/05 – present

Botulinum toxin A reduces urinary incontinence and improves quality of life in patients with neurogenic detrusor overactivity; Herschorn[1], Gajewski[2], Ethans[3], Corcos[4], **Carlson**[5], Bailly[2], Bard[3], Valiquette[6], **Baverstock**[5], Carr[1], Radomski[1]; Allergan; 2006-present

Detrusitol vs. placebo for Overactive Bladder in Men; Other Urologists; Industry

Evaluation and Management of Complications of Midurethral Slings Referred to a Tertiary Care Urologic Centre; **R. Baverstock**, Piotr Zareba; 01/07-10/07

Fesoterodine for Overactive Bladder; Other Urologists; Industry; 04/07 - Present

VES-001-VECTOR – A Randomized, Double Blind Study to Assess the Safety and Efficacy of Solenacin (Vesicare) in comparison to Oxybutinin for Overactive Bladder Patients; **Dr. Richard Barr, Dr. Richard Baverstock, Dr. Kevin Carlson, Dr. Bryan Donnelly, Dr. Martin Duffy, Dr. John Dushinski, Dr. Frederick Elliott, Dr. Charles Hyndman, Dr. Gregory Kozak, Dr. Jay C. Lee, Dr. Donald Metcalfe, Dr. Peter Wilkin;** Astellas; PI

Prospective Randomized Double Blind Trial of Intravesical Injection of Botulinum Toxin A Vs. Saline for Neurogenic Detrusor Overactivity and Urinary Incontinence Related to Spinal Cord Injury or Multiple Sclerosis – BTX0504; **Dr. Richard Baverstock**; Ethica; PI

Detrol LA: A Randomized Double-Blind Placebo Controlled Detrol LA "Add-On" Alpha-Blocker Study in Men with Persistent Overactive Bladder symptoms of Urinary Frequency and Urgency with/without Urgency Incontinence After Previous Monotherapy with Alpha; **Dr. Richard Barr, Dr. Richard Baverstock, Dr. Kevin Carlson, Dr. John Dushinski, Dr. Gregory Kozak, Dr. Jay Lee, Dr. Donald Metcalfe;** Pfizer;

Feso: 12-week, randomized, double-blind, double-dummy, placebo-controlled, parallel-group, multicentre trial to evaluate the efficacy and safety of Fesoterodine in comparison to Tolterodine ER in patients with overactive bladder. **Dr. Jay Lee, Dr. Richard Baverstock, Dr. Martin Duffy**; Pfizer;

Donnelly, Bryan J.:

Amgen 138: A Randomized, Double-Blind, Placebo-controlled Study to Evaluate AMG 162 in the Treatment of Bone Loss in Subjects Undergoing Androgen-Deprivation Therapy for Non-metastatic Prostate Cancer; **Dr. Richard Barr, Dr. Richard Baverstock, Dr. Kevin Carlson, Dr. Martin Duffy, Dr. John Dushinski, Dr. Frederick Elliott, Dr. Charles Hyndman, Dr. Gregory Kozak, Dr. Jay C. Lee, Dr. Donald Metcalfe, Dr. Peter Wilkin**

Amgen 147: A Randomized, Double-Blind, Placebo-controlled Study to Evaluate AMG 162 in the Treatment of Bone Loss in Subjects Undergoing Androgen-Deprivation Therapy for Non-Metastatic Prostate Cancer; **Dr. Richard Barr, Dr. Richard Baverstock, Dr. Kevin Carlson, Dr. Martin Duffy, Dr. John Dushinski, Dr. Frederick Elliott, Dr. Charles Hyndman, Dr. Gregory Kozak, Dr. Jay C. Lee, Dr. Donald Metcalfe, Dr. Peter Wilkin**

NCIC: A Double-Blind, Placebo-Controlled, Randomized Study of Combination Vitamin E, Selenium, and Soy Product in Patients with High Grade Intraepithelial Neoplasia; **Dr. R. Barr, Dr. R. Baverstock, Dr. K. Carlson, Dr. M. Duffy, Dr. J. Dushinski, Dr. F. Elliott, Dr. C. Hyndman, Dr. G. Kozak, Dr. J. Lee, Dr. D. Metcalfe, Dr. P. Wilkin**l

PRPB.1 NCIC Study – Companion Study to NCIC PIN – An Investigation of Molecular and Genetic Risk Factors Associated with Development of Prostate Cancer in Subjects with High Grade intraepithelial Neoplasia Treated with Placebo or Combination Vitamin E, Selenium and Soy Protein Product; **Dr. R. Barr, Dr. R. Baverstock, Dr. K. Carlson, Dr. M. Duffy, Dr. J. Dushinski, Dr. F. Elliott, Dr. C. Hyndman, Dr. G. Kozak, Dr. J. Lee, Dr. D. Metcalfe, Dr. P. Wilkin**

SWOG: S0000, "Selenium and Vitamin E Cancer Prevention Trial (SELECT); **Dr. Richard Barr, Dr. Richard Baverstock, Dr. Kevin Carlson, Dr. Martin Duffy, Dr. John Dushinski, Dr. Fred Elliott, Dr. Charles Hyndman, Dr. Gregory Kozak, Dr. J. Lee, Dr. D. Metcalfe, Dr. P. Wilkin**

Prostate Cancer Research Database: to determine the biological factors (tumour characteristics, genetics) and lifestyle factors associated with a diagnosis of prostate cancer and their effects on long term outcome.

Genetics screening in High Risk Families for Prostate Cancer – To identify families at high risk for hereditary prostate cancer (HPC); PI

GT x PIN- G300104- A Randomized, Double-Blind, Placebo-Controlled, Multicentre Efficacy and Safety Study of Toremifene Citrate for the Prevention of Prostate Cancer in Men with High Grade Prostatic Intraepithelial Neoplasia; **Dr. Richard Barr, Dr. Richard Baverstock, Dr. Kevin Carlson, Dr. Martin Duffy, Dr. John Dushinski, Dr. Frederick Elliott,Dr. Charles Hyndman, Dr. Gregory Kozak, Dr. Jay Lee, Dr. Donald Metcalfe, Dr. Peter Wilkin**

Lee, Jay C.:

Son of Viagra – A Multi-Centre, Randomized, Parallel Group, Double-Blind, Placebo Controlled Proof of concept and Dose Ranging Study with an Active Control to Assess the Efficacy and Safety/Tolerability of UK-369,003 Immediate Release (IR) and Modified Release (MR) in the Treatment of Men with Lower Urinary Tract Symptoms (LUTS) With and Without Erectile Dysfunction (ED**); Dr. Richard Barr, Dr. Richard Baverstock, Dr. Kevin Carlson, Dr. Martin Duffy, Dr. John Dushinski, Dr. Fred Elliott, Dr. Gregory Kozak, Dr. Donald Metcalfe, Dr. Bryan Donnelly**; Pfizer

FAME – Questionnaire Study – English Validation of the FAME SCALE (Female Assessment of Male Erectile Functions)

Mild ED – A Multi-Centre, Parallel Group, Flexible Dose Trial with a Double-Blind Randomized, Placebo Controlled Phase followed by an Open Label Phase to Assess the Impact of Viagra on the

Sexual Satisfaction of Men with Mild Erectile Dysfunction; **Dr. R. Barr, Dr. R. Baverstock, Dr. K. Carlson, Dr. B. Donnelly, Dr. M. Duffy, Dr. J. Dushinski, Dr. F. Elliott, Dr. C. Hyndman, Dr. G. Kozak, Dr. D. Metcalfe, Dr. P. Wilkin**; Pfizer

Allergan 191622-517-03- A Multicentre, Double-Blind, Randomized, Placebo-Controlled, Dose Response Study to Evaluate the Safety and Efficacy of a Single Treatment of BOTOX (Botulinum Toxin Type A) Purified Neurotoxin Complex Injected into the Prostate for the Treatment of Lower Urinary Tract Symptoms in Patients due to Symptomatic Benign Prostatic Hyperplasia; **Dr. Kevin Carlson, Dr. Richard Baverstock, Dr. John Dushinski, Dr. Martin Duffy, Dr. Bryan Donnelly**

GSK REDUCE- AR 140006- A Randomized, Double- Blind, Placebo-Controlled, Parallel Group Study of the Efficacy and Safety of Dutasteride 0.5 Administered orally Once daily for Four Years to Reduce the Risk of Biopsy-Detectable Prostate Cancer**; Dr. Richard Barr, Dr. Kevin Carlson, Dr. Bryan Donnelly, Dr. John Dushinski, Dr. Frederick Elliott, Dr. Charles Hyndman, Dr. Gregory Kozak, Dr. Donald Metcalfe, Dr. Peter Wilkin,** Dr. David Wiseman;

REINVENT: A Randomized, Double-Dummy, Multi-Center, Parallel Group Study to Compare the Tolerability and Efficacy of Once Daily Vardenafil versus Vardenafil PRN versus Placebo in Men Immediately After Nerve-Sparing Prostatectomy for Improving Erectile Function; **Dr. Peter Wilkin, Dr. Richard Barr. Dr. Kevin Carlson, , Dr. Richard Baverstock, Dr. Bryan Donnelly, Dr. Martin Duffy, Dr. John Dushinski, Dr. Frederick Elliott, Dr. Charles Hyndman, Dr. Gregory Kozak, Dr. Donald Metcalfe**

STOP: Satisfaction and Tolerability in Overactive Bladder Patients (<65 years vs. ≥65 years Protocol 018-010

Dr. Richard Barr, Dr. Richard Baverstock, Dr. Kevin Carlson, Dr. Bryan Donnelly, Dr. Martin Duffy, Dr. John Dushinski, Dr. Frederick Elliott, Dr. Charles Hyndman, Dr. Gregory Kozak, Dr. Donald Metcalfe, Dr. Peter Wilkin; Purdue;

Metcalfe, Donald:

A Phase III, Randomized, Double-Blind, Parallel Group, Placebo Controlled, Multicenter Study to Assess the Efficacy and Safety of the Beta-e Agonist YM178 in Subjects with Symptoms of Overactive Bladder Protocol**; Bryan Donnelly Kevin Carlson, Richard Baverstock, John Dushinski, Jay Lee, Gregory Kozak**

Efficacy and Complications of New Mesh Prolapse Repair Procedures; M. Robert, M. Murphy**, K. Carlson, et al**.; Independent protocol with industry grant

Sacral Nerve Stimulation in Western Canada: A Summary of the experience at our institution; G. Roberts, M. Roberts, **K. Carlson**; 11/07 – Present

DIVISION OF VASCULAR SURGERY

Moore, Randy:

FDA Sponsored Cook Zenith TX2 International Thoracic 2004 - Phase 2 Trial for thoracic aortic endovascular repair: Core Steering Committee Member/Principal Site Investigator; Industry/FDA;

Tse, Leonard:

Comparison of Radiofrequency Puncture Versus Needle Puncture for Endovascular In-Vivo Antegrade Fenestration (IVAF) of Perirenal Aortic Stent-Grafts in a Canine Model; Gilles Soulez;

Wong, Joyce:

Atherothrombosis Intervention in Metabolic Syndrome with Low HDL/High Triglyceride and Impact on Global Health Outcomes (AIM-HIGH);Principal investigator: Dr. Todd Anderson; Sub-investigators: **Dr. Joyce Wong**, Drs. Francois Charbonneau, Michael Curtis, David Goodhart, Merril Knudtson, James Hansen, Mouheiddin Traboulsi, Frank Spence, Ronak Kanani;National Health, Lung & Blood Institute with additional funding from KOS Pharmaceuticals; 2006

Department of Surgery Annual Report 2007

"We are what we repeatedly do. Excellence, then, is not an act, but a habit."

-Aristotle

UNIVERSITY OF CALGARY

Alberta Health Services
Calgary Health Region