

# DEPARTMENT OF SURGERY ANNUAL REPORT 2010/2011

APRIL 1, 2010 TO MARCH 31, 2011



*TOGETHER, LEADING AND CREATING EXCELLENCE IN SURGICAL CARE*



**Report Designed, Compiled and Edited**

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**All Content and Photography (Unless Otherwise Stated)**

**Provided by** Matthew Hayhurst

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



***Matthew Hayhurst***

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# A MESSAGE

## FROM THE DEPARTMENT HEAD

2010/2011 brought exciting and long awaited announcements for enhanced surgical care in Calgary. These include Provincial commitments to build the infrastructure to support Vascular Surgery at the Peter Lougheed Centre. Vascular Surgery support will include hybrid operating suites for endovascular surgery, dedicated ambulatory space to support the vascular patient flow redesign project as well as a modern state-of-the-art inpatient and step down unit. Operating dollars to support opening of the dedicated ambulatory head and neck/otolaryngology clinic at Richmond Road Diagnostic and Treatment Centre was also announced and this will be occupied by the Summer of 2011. It will support comprehensive assessment and ambulatory diagnostics for patients with head and neck conditions including cancer. Multi-disciplinary care teams will be implemented and enhanced support for teaching from the undergraduate through to the Fellowship level will also occur in this wonderful new facility.

**Dr. Chris Eagle** has succeeded as the CEO of Alberta Health Services and we look forward to his leadership. Access to surgery was also prioritized as part of Alberta Health Services strategic plan and this has resulted in significant increases in capacity for Tier 1 measures including hip and knee arthroplasty and cataracts. In addition, a significant uplift was provided for Oncology Surgery in Calgary which will dramatically impact wait times for these urgent surgeries. The work of the Networks continues. The Bone and Joint Network is implementing not only common measurements but standardized clinical care pathways to improve the flow and quality of care for patients requiring hip and knee arthroplasty. **Dr. Cy Frank** and the Bone and Joint Team, were recognized and received a CMAJ Award for one of the top six clinical innovations over the past year. The Surgical Network also has reached an agreement throughout

the Province to develop standard nomenclature for describing procedures as well as adopting common diagnoses with benchmark wait times. This will allow us to accurately describe the state of surgical access in the Province. This information will be used going forward to develop priorities for the future, in effect, to establish the next round of Tier 1 measures.

**Drs. Harrop and Oddone-Paolucci** have provided outstanding leadership of the Office of Surgical Research. They have implemented enhanced support for clinical researchers, available through the office. The Surgeons' Day Scientific Forum presented the largest number of papers, and the dinner was the best attended to date in the history of Surgeons' Day. They have also successfully expanded the awards program available to the membership including the Department of Surgery Research Prizes, the Education Prize and the Joint Medicine/Surgery Research Prizes. **Dr. Oddone-Paolucci** also leads an interest group of Research Associates and Coordinators in the Department which has been quite successful.

We owe a debt of gratitude to **Dr. Norm Schachar** for his outstanding leadership of the Office of Surgical Education over the past decade. He oversaw the rapid expansion of Residency programs in the Department. Formalized Fellowship application and credentialing processes were introduced. Working together with **Dr. John Graham, Ms. Anita Jenkins** and **Dr. Rick Buckley, Dr. Schachar** led us through both Undergraduate and Residency accreditation successfully and positioned us well for the upcoming renewal with internal reviews scheduled for 2012.

The Department of Surgery Retreat focused on the South Health Campus. This new state-of-the-art hospital will provide welcome additional capacity and will serve as an academic medical centre supporting teaching, research and innovation. It will initially be built around a large musculo-skeletal



*Dr. John Kortbeek, Head for the Department of Surgery*

program and maternal health Obstetrical Program. Emergency and Ambulatory General Surgery will be introduced along with a joint Plastic Surgery, Orthopaedic Hand Program and an Otolaryngology Program for Otolaryngology. We will also model and trial a clinical nurse practitioner to support Urology at the site. Much work will need to be done in the coming year to implement health services and academic support successfully. The South Health Campus will allow us to proceed with significant recruitment and welcome many new Members to our Department. Expansion has already begun as we welcome more than a dozen new Faculty who will begin their surgical careers in the summer of 2011. They will be joining an incredible Department with a rich heritage and a strong culture committed to the missions of safe patient care, research and education.

Sincerely,

John B. Kortbeek  
Department Head, Surgery  
Alberta Health Services  
Professor and Head  
Department of Surgery  
Professor  
Department of Critical Care Medicine  
University of Calgary, Faculty of Medicine



# SURGICAL EXECUTIVE TEAM

## Surgical Executive Team Members as of March 31, 2011

**Dr. John Kortbeek**, Department Head, Surgery

**Dr. JN Armstrong**, Department Head, Anesthesia

**Ms. Michele Austad**, Manager, Department of Anesthesia

**Dr. Lea Austen**, Physician Leader, Health Technology and Innovation

**Ms. Christine Bourgeois**, Administrative Assistant to Dr. Kortbeek

**Ms. Denise Brind**, Executive Director, Surgery, FMC

**Dr. John Burgess**, Representative, Cardiac Services

**Dr. Kevin Carlson**, Section Chief, Urology

**Dr. Kelley deSouza**, Facility Chief, RGH

**Dr. John Donaghy**, Facility Chief, PLC



**Dr. Andrew Kirkpatrick**, Medical Director, Trauma Services

**Dr. Beth Lange**, Physician Leader, Quality and Safety

**Dr. Robert Lindsay**, Section Chief, Plastic Surgery

**Ms. Andria Marin-Stephens**, Manager, Department of Surgery

**Dr. Wayne Matthews**, Section Chief, Otolaryngology

**Dr. Raj Midha**, Representative, Clinical Neurosciences

**Ms. Sara Pereira**, Executive Director, Surgery & Women's Health, SHC

**Dr. Paul Petrasek**, Section Chief, Vascular Surgery

**Dr. Ken Romanchuk**, Section Chief, Ophthalmology

**Dr. Norm Schachar**, Director, Office of Surgical Education



**Mr. James Finstad**, Communications

**Ms. Margaret Fullerton**, Director, ACH

**Dr. Gary Gelfand**, Section Chief, Thoracic Surgery

**Dr. David Halpenny**, Chair, PLC OR Committee

**Ms. Debra Harris**, OR Manager, ACH

**Dr. A. Robertson Harrop**, Director, Office of Surgical Research

**Dr. Brent Haverstock**, Section Chief, Podiatry

**Dr. Kevin Hildebrand**, Section Chief, Orthopaedics

**Dr. Richard Hu**, Facility Chief, FMC

**Dr. William Hyndman**, Section Chief, Paediatrics and Site Chief, ACH

**Dr. Eduardo Kalaydjian**, Section Chief, Dentistry and Oral Health



**Ms. Marg Semel**, Director, Surgery, PLC

**Dr. David Sigalet**, Deputy Head, Department of Surgery

**Ms. Janice Stewart**, Director, Surgery, RGH

**Dr. Francis Sutherland**, Section Chief, General Surgery

**Ms. Shawna Syverson**, Vice President, FMC

**Dr. Walley Temple**, Section Chief, Surgical Oncology

**Dr. Brian Whitestone**, Section Chief, Oral Maxillofacial Surgery

**Dr. Doug Wilson**, Department Head, Obstetrics and Gynecology

**Ms. Jill Woodward**, Executive Director, Inpatient Care, Child and Women's Health, ACH

**Dr. Serdar Yilmaz**, Section Chief, Transplant

**A**lberta Health Services, Department of Surgery is among the largest Surgical Departments in North America.

We are a total of 354 members

- 232 Surgeons
- 59 Members in Dentistry and Oral Health
- 13 Members in Oral and Maxillofacial Surgery
- 10 Members in Podiatric Surgery
- 26 Cross Appointments
- 12 Adjunct Appointments
- 14 Sections in Total

Each of the 14 Sections are led by a Section Chief, who all meet with other Section and Facility Chiefs to form the Surgical Executive Committee. This committee serves to make decisions, 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.



## New Faculty

- **Dr. Thomas Yu** joined the Section of Dentistry and Oral Health in June 2010.
- **Dr. Chad Ball** joined the Section of General Surgery in September 2010.
- **Dr. Gurpreet Singh Dhaliwal** joined the Section of Orthopaedics in September 2010.
- **Dr. Jamie Bhamra** joined the Section of Ophthalmology in October 2010.
- **Dr. Ryan Yau** joined the Section of Dentistry and Oral Health in October 2010.
- **Dr. Ryan Frank** joined the Section of Plastic Surgery in March 2011.
- **Dr. Steven Lopushinsky** joined the Section of General Surgery in June 2011.
- **Dr. Bryce Weber** joined the Section of Urology in June 2011.
- **Dr. Feisal Adatia** joined the Section of Ophthalmology in July 2011.
- **Dr. Indraneel Datta** joined the Section of General Surgery in July 2011.
- **Dr. Eric Hyndman** joined the Section of Urology in July 2011.
- **Dr. Patrick Mitchell** joined the Section of Ophthalmology in July 2011.
- **Dr. Lucas Rudmik** joined the Section of Otolaryngology in July 2011.
- **Dr. Warren Yunker** joined the Section of Otolaryngology in July 2011.
- **Dr. Geoffrey Gotto** joined the Section of Urology in August 2011.
- **Dr. Peter Lewkonja** joined the Section of Orthopaedics in August 2011.
- **Dr. Marie-France Guimond** joined the Section of Vascular Surgery in September 2011.
- **Dr. Miller Smith** joined the Section of Oral and Maxillofacial Surgery in September 2011.

**Welcome New Faculty  
to the Department  
of Surgery!**

## Appointments

- **Dr. Kelley deSouza** has been appointed Facility Chief, Surgery, Rockyview General Hospital effective July 1, 2010. We wish to acknowledge and thank **Dr. John Dushinski** who has completed his term as Facility Chief of the Rockyview General Hospital.
- **Dr. John Donaghy** has been appointed Facility Chief of the Peter Lougheed Centre effective July 1, 2010. We wish to acknowledge and thank **Dr. James Nixon** who has completed his term as the Facility Chief of the Peter Lougheed Centre.
- **Dr. Kevin Carlson** has been appointed Section Chief of Urology effective January 2011. We wish to acknowledge and thank **Dr. John Dushinski** who has completed his term as Section Chief of Urology.
- **Dr. Eduardo Kalaydjian** has renewed for a second five-year term as the Section Chief for the Section of Dentistry and Oral Health.
- **Dr. Francis Sutherland** has renewed for a second five-year term as the Section Chief for the Section of General Surgery.





# FROM THE OFFICE

## OF SURGICAL EDUCATION

### ❖ Purpose of the Office of Surgical Education:

The Office of Surgical Education (OSE) is structured to assist with undergraduate medical education, post graduate education, Fellowships and traineeships, and to oversee continuing medical education/professional development. The Office of Surgical Education is central to all of the educational undertakings in the Department of Surgery, and exists to assist and facilitate educational offerings and undertakings within the Department of Surgery and its Sections and beyond to the external community.

### ❖ Accomplishments:

**Dr. Norman Schachar**, Director of the Office of Surgical Education sits on the University of Calgary Undergraduate Medical Education Committee (UMEC) and the Post Graduate Medical Education (PGME) Committee at the University of Calgary to represent the Department of Surgery. **Dr. Schachar** chairs a committee of the Fellowship Directors and conveys the information to PGME.

### ❖ Undergraduate Medical Education:

The 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. UMEC is chaired by the Associate Dean, UME, University of Calgary.

The Undergraduate Medical Education curriculum comprises the activities of all of the Departments which contribute to the year 1 & 2 curriculum through the standing course committees. As a member at large, Dr. Schachar is able to contribute to the policy making with regard to the undergraduate curriculum and to carry information back to the Department to be disseminated throughout the various Sections.

### ❖ Surgery Clerkship:

**Dr. John Graham** is the Course Chair of the Surgery Clerkship for the Department of Surgery and chairs the Surgical Undergraduate Education Committee (SUGEC). **Ms. Anita Jenkins** is the Education Coordinator for the Surgery Clerkship Program and the Department of Surgery. The educational representatives, from each of the participating Sections, sit on the Surgical Undergraduate Education Committee (SUGEC). The mandate of this committee is to revise and improve clerkship experiences in core general surgery, and in all specialties, as well as to guide the experiences that each of our clerks has within the surgical rotations. These rotations consist of compulsory surgical experiences in General Surgery and electives in the other surgical specialties.

The clerkship Class of 2011 has increased to a total of 157 clerks. The Department received anywhere from 21 to 26 University of Calgary clerks for each of the eight Surgery blocks. The six week rotation included three weeks in General Surgery, two week assignments in either Orthopaedic Surgery, Plastic Surgery or



*Dr. Norman Schachar, Office of Surgical Education Physician Leader*

Urology, as well as a one week 'selective' assignment in any one of Thoracic Surgery, Vascular Surgery, Neurosurgery or Urologic Surgery. The number of visiting elective clerks has also increased with the addition of new surgical Residency programs, averaging eight to 40 visiting clerks per month.

### ❖ Post Graduate Medical Education:

The Post Graduate Surgical Residency programs meet together to plan the 'Core' educational experiences for all of our 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 in surgery.

PGSTC guides and hosts the core educational activities such as CanMEDS sessions, the Critical Thinking Course and Principles of Surgery teaching sessions, which take place within the first part of all academic half days. The Core Surgical Skills curriculum was again offered to PGY-1 Surgical Residents to introduce them to core surgical procedural skills, while integrating the CanMEDs roles. This program has begun to provide an important component of surgical training as noted by the RCPS accreditation guidelines. Residents from the following programs were included in the PGY-1 Core Skills Curriculum: General Surgery, Orthopaedic Surgery, Otolaryngology, Ophthalmology, Plastic Surgery, as well as



Obstetrics and Gynecology.

The Teaching Methods in Surgery (TIMS) course was also offered to senior Residents and Fellows.

The PGSTC assists the surgical Residency Programs to prepare for the on-site surveys which are conducted by the Royal College of Physicians and Surgeons to accredit the Post Graduate Residency Education Programs at the University of Calgary every six years.

#### ❖Surgery Residency Programs:

There are Surgery Residency Programs in: Colorectal Surgery, General Surgery, General Surgical Oncology, Ophthalmology, Orthopaedic Surgery, Otolaryngology, Plastic Surgery, Thoracic Surgery, Vascular Surgery, and Paediatric General Surgery.

#### Fellowships:

The OSE manages the ongoing accreditation and approval of surgery Fellowships within the teaching Sections. The number of Sections with accredited Fellowships is four, with the number of Fellows (19) as follows:

- Orthopaedics: 14
- General Surgery: 1
- Ophthalmology: 3
- Surgical Oncology: 1

The Fellows, both national and international, are raising the awareness of the program of excellence in surgery in Calgary, in addition to building academic clinical units at home which improve surgical care.

#### ❖Continuing Medical Education & Continuing Professional Development (CME/CPD):

**Dr. Lloyd Mack** is the Department of Surgery representative on the University of Calgary Continuing Medical Education Committee. He coordinates activities and informs the various Sections about opportunities for continuing professional development. The committee meets monthly and consists of CME representatives from every department in the medical school and the Calgary Zone and there are also plans underway to create a Department of Surgery CME committee that will host all of the various CME representatives from each Section to improve and enhance CME for surgical specialists.

**Dr. Lloyd Mack** represents the Department of Surgery on the University of Calgary CME/CPD committee, which is chaired by the Associate Dean CME/CPD. This committee is responsible

for setting guidelines and providing oversight for accreditation of CME/CPD programs both within departments and Sections in the faculty and external educational offerings.

#### ❖Challenges:

##### Clerkship:

The complexity of the surgery clerkship continues to increase, as the Class of 2011 surgery clerkship format was reduced to six weeks by UMEC. This reduction in clerkship weeks over the past year has presented challenges with decreased clinical exposure. While we remain committed to offering a high quality experience for all University of Calgary clerks, as well as those visiting from other medical schools, the expanding student numbers do pose a challenge. We need to continue to formalize and to improve clinical opportunities within existing resources.

##### Post-Graduate:

The absence of dedicated lab space for a clinical skills lab continues as a constraint for the ongoing development of the surgical skills curriculum. The upcoming Internal Reviews will be February/March 2012 and there is increasing emphasis on the need for surgical skills training and simulation for Surgical Residents. Programs will need dedicated space requirements in the near future, as an ongoing recommendation by the Review Committee is for adequate practice time for a surgical skills curriculum. The expanding residencies are putting pressure on all existing resources.

##### Fellowships:

The increasing demand for advanced clinical training experiences, from National and International trainees, puts pressure on our clinical faculty and offers competition for our current clinical teaching resources.

#### ❖Future Directions:

The OSE will continue to focus on expansion and improvement of our surgical education programs at all levels by advocating for Faculty development and teacher training to enhance surgical teaching skills. Financial remuneration and recognition for teachers is a focus for recruitment and retention of quality surgical educators. We envision expanding our activities and increasing professional development across the continuum of surgical education, and will require infrastructure and resources to further our goals.

PROGRAM	PHYSICIAN CHAIR	FUNCTION
UME/SUGEC	<b>Dr. John Graham</b>	• Course Chair of the Surgery Clerkship and chairs SUGEC. The Section representatives of the Undergraduate Clerkship sit on the Surgical Undergraduate Education Committee (SUGEC)
	<b>Dr. Norman Schachar</b>	• Sits on the University of Calgary UMEC, and the UofC Clerkship Committee
PGME/PGSTC	<b>Dr. Rick Buckley</b>	• Chairs the Post Graduate Surgical Training Committee and sits on PGME, University of Calgary to represent the Department of Surgery
Fellowships/ Traineeships	<b>Dr. Norman Schachar</b>	• Chairs Departmental Committee • Conveys information to the Associate Dean, PGME
CME/CPD	<b>Dr. Lloyd Mack</b>	• Chairs Departmental Committee • Conveys information to the Associate Dean, PGME

# FROM THE OFFICE

## OF SURGICAL RESEARCH

In spite of recent changes in the Canadian research funding landscape, it is clear that the Department of Surgery is founded on excellence and offers outstanding teaching and research of the greatest impact. Some obvious signs of the growth and strength in our Department include: the increasing research volume, growth in research awards, and the quality and quantity of our faculty, who strengthen our key disciplines through the generation of new knowledge, performance of innovative research, and mentoring of exceptional Resident learners.

The main purpose of the Office of Surgical Research (OSR) is to enable and encourage research excellence among the members of the Department of Surgery to benefit patients through its mandate and daily operations. Meeting our mandate, however, is dependent upon the collaboration between all Sections and Research Units within the Department. It is through the building of these partnerships that we can ensure the continued productivity and prosperity of the Department of Surgery as a whole.

February 2011 marked the third year that the Research Office provided a more structured operating context for the **Department of Surgery Research Coordinator Interest Group (SRCIG)**. Our group of over 12 members continues to grow strong in skill and experience. SRCIG is comprised of research experts who manage various research programs throughout our surgical disciplines. These key members work diligently to relieve the increasing administrative burdens our principal investigators face in the research arena. Their tasks include, but are not limited to: applying for ethics and grant competitions, recruiting and enrolling subjects for study participation, collecting data and maintaining database systems, analyzing and preparing final reports, and assisting in the dissemination of research results through manuscripts, conferences and meetings. Research Coordinators are an invaluable resource to our research team and we are grateful our Department appreciates their contribution.

SRCIG meets for three-hour sessions, five times a year to discuss current research successes and challenges, and to listen to various presentations from research experts within Alberta Health Services and/or the University of Calgary. Since our group was formed, we have welcomed presentations from **Dr. Glenys Godlovitch** (Chair, Conjoint Health Research Ethics Board), **Mark Maxwell** (Legal Counsel, Clinical Research, Alberta Health Services), **Douglas Stephen** (Information Security and Privacy Officer, Research and Records Management, Alberta Health Services), and **Shane Lacusta**



*Dr. Elizabeth Oddone-Paolucci (left,) and Dr. Robertson Harrop (right) of the Office of Surgical Research*

(Manager, Calgary Centre for Clinical Research). Within the last year, our own SRCIG members have come forward to present on topics such as: “An introduction to STATA - Data Analysis and Statistical Software” (**Steve Nakoneshny**, Research Assistant, Ohlson Research Initiative); “Implementing an Information System to Support Quality Patient Care” (**Christi Findlay**, Research Coordinator, Section of Vascular Surgery), and “Building a Database: Fundamentals to Application” (**Emi Sanders**, Database Manager, Clinical Neurosciences, Spine Program). In addition, the group is very excited about finalizing a Research Manual they have been working on which is expected to be released in 2012. The manual includes both theoretical and practical knowledge the Coordinators have gained in conducting research within Alberta over the years. To name a few. Some of the topics covered include: developing a research proposal, applying for ethics and grants, working with research trust and accounting services, and working with legal services. Please look for more information in 2012 for the release of this document by the OSR.

For those actively engaged in the research enterprise, it is apparent that compared to a decade ago, not only is there a decline in funding opportunities, but there is fiercer competition for those programs in existence, and they are far more administratively complex. In fact, administrative burdens continue to increase in terms of higher accountability regulations and expectations for compliance. New legislation has been adopted in North America to enforce high standards of financial management

and transparency. The Research and Statistical Support Services offered through the OSR is one way the Department of Surgery has responded to these increasing demands on researchers. By formalizing our research support infrastructure, dedicated personnel are available to provide their expertise in a team-based approach to conducting research. We are an innovative Department, and clearly dedicated to upholding the highest in research standards, as well as financial and ethical accountability. The types of services offered and the potential for expert collaboration include: proposal development, grant writing, study design and planning, database development and maintenance, data measurement and quality assessment, statistical analysis, dissemination of results, and seminars, workshops, and short courses. For more information on the services offered by the Office of Surgical Research, please visit our website: <http://www.albertahealthservices.ca/4456.asp>.

In spite of budgetary constraints, another way the Department of Surgery has demonstrated support of its investigator workforce is through its continued investment of funds in local/internal funding opportunities. Not only do the many programs we have promote award distribution, but they also foster the cycle of further scientific investigation that may lead to funding applications to external agencies. In addition to encouraging grant holders to engage Resident or junior investigators in their projects, our programs make successful researchers visible role models to others in the research pipeline. This in turn fosters innovation and collaboration, and builds capacity for further scholarly activity.

For years, the **Calgary Surgical Research Development Fund (CSRDF)** has provided researchers with an opportunity to obtain financial support for their research projects. The CSRDF provides small grants ranging in amount from \$1,000 to \$4,000. The main purpose of the fund is to help investigators start small projects or collect pilot data that would lead to a presentation or an application for an external grant. Similar to years past, awards for the CSRDF during the 2010-2011 term approximated a total of \$20,000. Prospective applicants are encouraged to submit their proposals by January 30, 2012.

A second funding program accessible to our members is the **Department of Medicine and Surgery Research Development Fund Competition**. This annual competition funds collaborative research projects by teams with representation from both the Departments of Medicine and Surgery. Contingent on annual budget availability, two awards of up to \$12,500 are granted annually. Proposals are judged based on scientific merit but with priority given to projects involving students, Residents and junior faculty within the first five years of their appointment. All types of clinical, translational or epidemiologic research are considered. This year two research teams were awarded \$12,500 each; (1) **Dr. Kevin A. Hildebrand, Dr. Janya Holroy-Leduc, Stella Callendar, Katherine Mullin and Kevin Elder** for their

research entitled: "Evaluation of an Evidence-informed Care Pathway for Patients with Hip Fractures," and (2) **Dr. O. Bathe, Dr. S. Heitman and Dr. C. Turbide** for their research entitled: "Identifying the Serum Metabolomic Changes Associated with Obstructive Jaundice in Patients with Benign and Malignant Pancreatobiliary Disease." Congratulations to our winners, as well as all those who competed. The next spring competition deadline is expected for September 15, 2011.

The **Surgeon Scientist Program (SSP)** is a highly competitive, degree-based program for research training of Residents within the Department of Surgery. The program provides the opportunity for Residents to develop effective skills to conduct high-quality basic and/or clinical surgical research. With the intent of conducting a randomized controlled trial entitled "Hyper-man: Modulation of neuroinflammation and extracellular proteolysis in severe traumatic brain injury."

**Dr. Derek Roberts** (General Surgery, R2) is our 2011 SSP enrollee. Dr. Roberts will begin his two year program of study at the University of Calgary this September in the Department of Community Health Sciences, as he pursues a Master of Science in Clinical Epidemiology. Congratulations to Dr. Roberts for receiving this opportunity to further develop his skills as a Surgeon Scientist within the Department of Surgery. For those interested in the 2012 SSP competition, the deadline for letters of intent is November 30, 2011 and the final module submission is due April 30, 2012.

The **Surgery Prize for Research** (\$75,000) and **Education** (\$25,000) are two monetary prizes established to recognize excellence, innovation, and the potential for future success and impact on the Department of Surgery. This year, **Dr. Shamir Chandarana** was awarded the 2011 Surgery Prize for Research, for his research proposal entitled: "The Impact of CAIX in Cervical Lymph Node Metastases in Oral Cavity Squamous Cell Carcinoma." The 2011 Surgery Prize for Education was awarded to **Dr. Luke Rudmik**, who will be conducting an economic evaluation of medical versus surgical treatment of refractory chronic rhinosinusitis, while completing his Master's of Health Economics, Policy and Management at the London School of Economics. Please note that the next competition deadline for the Surgery Prizes for Research and Education is April 30, 2012.

Much of the Department's research productivity is showcased yearly at our **Surgeons' Day Symposium and Awards Dinner** celebrations. Although organized by the Office of Surgical Research, many people throughout the Department contribute to the event's success. In particular, for our 29<sup>th</sup> Annual Surgeons' Day Research Symposium, we would like to acknowledge and thank: (1) our judges, **Dr. James Bain and Dr. Richard Buckley**, who evaluated all podium and poster presentations and manuscripts, as well as delivered informative and inspiring lectures; (2) our sessional chairs, **Dr. Earl Campbell** (Plastic Surgery), **Dr. Paul Beaudry** (Paediatrics), **Dr. James Brookes**



(Otolaryngology), and **Dr. May Lynn Quan** (General Surgery), who ensured all presentations and the question and answer period flowed in a timely manner; and (3) our sponsors, **The Royal College of Physicians and Surgeons of Canada, Olympus, Smith & Nephew, Covidien** and **AMT Electro Surgery**. The Research Symposium was held at the Alberta Children's Hospital (ACH) and was followed in the evening with a Western Theme Gala Awards Dinner at the Gasoline Alley Museum, Heritage Park, with over 288 members in attendance. For a complete story on Surgeons' Day please see pages 23-25.

With the objective in mind of strengthening the Department of Surgery's research performance and enhancing our profile locally, nationally, and internationally, the OSR is dedicated to: (1) assisting investigators in accessing funding opportunities for their research, innovation, and scholarship; (2) helping researchers carefully manage their research projects so they can be conducted in a safe, ethical, methodologically sound, and accountable manner; and (3) helping reduce the administrative

burden for investigators wherever possible, so they can focus on their research. As long as we continue to work together as a team, we can respond effectively to the challenges and opportunities faced within our ever-changing research environment, and we will continue to enhance the research and innovation enterprise of the Department of Surgery. Of course, no action plan is complete without some clearly defined metrics and targets for measuring our success. With the Department's continued support, our dedicated team within the OSR will focus its future efforts on increasing and measuring the success of our Department's research efforts.

## FROM THE OFFICE

### OF HEALTH TECHNOLOGY AND INNOVATION

#### ❖ Purpose of the Office of Health Technology and Innovation:

New surgical technologies, including devices and procedures, are emerging at an ever-increasing rate. Surgeons are eager to provide the best and most up-to-date care for their patients, hence they often drive the demand for new technologies that purport to deliver better outcomes and shorter hospital stays. Consequently, there is pressure for surgical Departments to evaluate and introduce new and innovative health technologies in a timely manner while also ensuring that these technologies have adequate scientific evidence for their safety and effectiveness and can be managed in a climate of scarce resources. To support the adoption of new health technologies in a safe and effective manner that optimizes patient care as well as health care resource management, the Health Technology and Innovation (HT&I) office developed a Local Health Technology Assessment (HTA) Decision Support Program.

#### ❖ Accomplishments and Highlights

##### Adaptation of our Local HTA Decision Support Program:

This year, the Local HTA Decision Support Program was partially adapted by the newly formed Province-Wide Health Technology Assessment and Innovation (HTAI) Team and a HT&I Satellite Committee was set up to manage requests for new health technologies for the Surgery Clinical Network (SCN). However, this fiscal year also saw the transition of



*Dr. Lea Austen, PhD, Health Technology and Innovation Physician Leader*

Photo courtesy of Dr. Lea Austen

the HT&I Team from the Quality and Service Improvement Portfolio to the Research Portfolio of Alberta Health Services in December 2010 as well as the current transition of the clinical networks into the newly proposed "Strategic Clinical

# FROM THE OFFICE

## OF HEALTH TECHNOLOGY AND INNOVATION (CONTINUED)

Networks”.

At this time, new business plans are being formulated to support “Strategic Clinical Networks.”

### **Retrospective Analysis:**

Amongst these organizational changes, the HT&I office has conducted a five year retrospective analysis, from December 2005 to December 2010, of the Local HTA Program. During that time, the Department of Surgery and Surgical Services comprised 354 Surgeons in 14 Sections within what was known as the Calgary Health Region. This was restructured as the Calgary Zone within Alberta Health Services in May 2008.

The Local HTA Program was developed to systematically integrate research evidence with local operational management information and to make recommendations for subsequent decision by the departmental executive committee about whether and under what conditions the technology will be used. Of the 68 technologies requested, 15 applications were incomplete and dropped, 12 were approved, three were approved for a single case on an urgent/emergent basis, 21 were approved for “clinical audit” for a restricted number of cases with outcomes review, 14 were approved for research use only, and three were referred to additional review bodies for broader implications. Subsequent outcome reports resulted in at least five technologies being dropped for failure to perform. Decisions based on Local HTA Program recommendations were rarely “yes” or “no.” Rather, many technologies were given restricted approval with full approval contingent on satisfying certain conditions such as clinical outcomes review, training protocol development, or funding. Thus, innovation could be supported while ensuring safety and effectiveness. This report entitled “New Technologies and Surgical Innovation: Five Years of a Local Health Technology Assessment Program in a Surgical Department” has been submitted and approved for publication in the Journal of “Surgical Innovation” later this year.

### **Innovation Award in Surgery:**

The HT&I office was once again honored to administer the Department of Surgery “Surgical Innovation Award” to be presented at the annual Surgeons’ Day Gala Dinner. This year the award review committee received many outstanding nominations by members of the Department and had to make a difficult choice in selecting the award recipient.

It gives us great pleasure to announce that **Dr. Brad Mechor** (Section of Otolaryngology,) and **Dr. Fiona Costello** (Section of Ophthalmology,) and their group “PITNET: the Pituitary



*Dr. Paule Poulin, PhD, Health Technology and Innovation Scientific Administrator*

Photo courtesy of Dr. Paule Poulin

Inter-departmental, multi-disciplinary Team-based approach to optimizing Neurosurgical, Visual, and Endocrinological Treatment outcomes for patients with pituitary lesions at the University of Calgary”, were selected as the award recipients.

The PITNET team is also comprised of members from the Departments of Clinical Neurosciences (**Dr. Yves Starreveld**, Neurosurgery) and Medicine (**Dr. Shelly Bhayana**, Endocrinology). This multi-disciplinary, inter-departmental team based program has been designed to improve the care of patients with pituitary lesions at the University of Calgary. The innovations introduced by PITNET are far-reaching, and include: implementing cost-effective, less invasive, endoscopic transnasal surgical techniques for the treatment of pituitary lesions; employing state of the art optical imaging technologies to predict operative risks for patients with vision loss secondary to pituitary tumors; devising an evidence-based approach to optimize neuro-endocrine outcomes for surgically and medically managed patients; and upgrading existing IT infrastructure to facilitate data sharing between interdisciplinary care-managers.

The PITNET team has the expertise, background and opportunity to improve upon the existing standard of care, and to firmly establish the University of Calgary as a centre of excellence in management of pituitary and skull-base lesions.

Once again, congratulations to them for their achievements

which have led to this recognition by the Department of Surgery members. We encourage everyone to continue to work in creating new ways to improve patient care.

### ❖Challenges

As the new Alberta Health Services Strategic Direction is being reformulated, the HT&I Office and the Local HTA Advisory Committee are encountering several challenges including:

- AHS organizational structure is still evolving and the role of the HT&I an advisory body is constantly changing, we are currently developing a new business plan to support the new organizational structure
- The environment of fiscal constraint results in a long list of technology that is 'approved pending funding'
- While many new technologies are recommended under clinical trials condition, there is a lack of financial support to support such research activities

### ❖Future Directions & Initiatives

As the new AHS organizational structure is evolving and the proposed Strategic Clinical Networks are being formulated, the HT&I office is developing a new business plan to best support the Strategic Clinical Networks. Operational considerations currently being pursued are: Integration within AHS - Developing linkages and exchange with Knowledge Management, Research, CPSM, and the Alberta's five-year

health action plan.

### ❖Education:

The newly adapted HT&I Program provides a well defined framework for evaluating health technology requests within our health care service delivery setting and has great potential to optimize patient care as well as health care resource management. To enhance the potential to optimize patient care as well as health care resource management when introducing new health technologies, the HT&I Office recognized that there is a need to further educate members of AHS about the Local HTA Decision Support Program.

To this end, the HT&I Office developed an HT&I education program to address the critical need for health care providers to become aware and gain a better understanding of processes to integrate a wide variety of evidence to best support decisions about the adoption of health technologies within a health services delivery setting. The principal objectives of this education program are to engage participants in learning about the Local HTA Program and to collect feedback on how the Program can be best utilized to optimize patient care and health resources management when considering new health technologies.

## FROM THE OFFICE OF THE SAFETY OFFICER

**"F**irst, do no harm" is a familiar dictum for all Surgeons. In the moment of making sense of a patient's condition and the required treatment, there are many influences affecting patient outcome.

The Safety Leader acts as an advocate for Surgeons and all other health care workers, when systems do not optimally support patient care.

The last year has seen changes, with the reorganization of health care in Alberta. And the all too familiar 'stop-start' feeling this engenders. But at all levels there is a positive attitude, with progressive programs evolving.

In July, 2009, **Dr. Chris Eagle**, (then the Executive Vice President of Alberta Health Services Quality and Service Improvement,) announced a Quality and Patient Safety Strategic Outline.

There were four key enablers for quality and patient safety:

1. Patients as Partners – involving patients and families in planning, delivering and evaluating health services.
2. Skilled people and a supportive culture, building a capable and competent workforce while also creating an environment that empowers staff and clinicians to provide safe, quality health care and services.



*Dr. Beth Lange, Safety Officer*

Photo courtesy of Dr. Beth Lange



3. Accountability for Quality and Safety through Measurement and Evaluation – applying valid, reliable, timely and meaningful information within the organization to help learn from mistakes and continually improve services.

4. Access ensuring the right service is provided to the right patient in the right location at the right time.

These objectives are being implemented at a local and provincial level by the following:

#### **At the local (Calgary Zone) level:**

The program-based Quality Assurance Committee for Surgery, reviews all requested safety concerns. If appropriate for review and if recommendations follow, they are then circulated to the Surgical Executive for comment, and those responsible for implementation.

Recommendations follow the SMART algorithm. They must be specific, measurable, achievable, realistic and timely.

The Quality Assurance Committee for Surgery is co-chaired by **Ms. Shawna Syverson** (Vice President, Foothills Medical Centre) and **Dr. Beth Lange**.

#### **At the provincial level Surgery Clinical Network:**

The Surgery Quality Improvement and Safety Committee (QISC) provides leadership for quality improvement and safety of adult and paediatric surgical services in Alberta, based on evidence informed leading practice. This committee reviews the findings of clinical safety reviews, safety learning reports and alerts, with the intent of facilitating shared knowledge and experience across the province, which is action oriented.

In the future, the QISC may also liaise with provincial, national and international quality and safety organizations with a focus on surgical services.

The initial priorities are:

- Safe Surgery Checklist
- Accreditation Standards
- Measurement and Reporting
- Product Safety Recall and Notification.

The committee is co-chaired by **Dr. J. Kortbeek**, Department Head (Calgary,) **Dr. D. Heddon** (Chair and Clinical Department Head of Surgery, Edmonton) and **Ms. Shawna Syverson**.

#### **Safe Surgery Checklist:**

Surgical safety has become a global public health issue. The World Health Organization (WHO) has collaborated with Surgeons, anesthetists, nurses and patient safety experts worldwide to develop objectives for safe surgery.

Elements of the checklist work towards one common goal: Active listening and participation of all members of the surgical team at three critical times:

Before the start of anesthesia, before the initial incision at the start of surgery, and before the patient leaves the operating room.

Critical to the success is the communication and information sharing of members of the surgical team, with the focus on patient

care and safety.

In April 2011, the Checklist became mandatory and compliance audited.

**Ms. Susan Reader** (Patient Care Manager, Surgical Services, Rockyview General Hospital) and **Mr. Terry Baker** (Planning Co-Consultant, Clinical Network Support-Clinical Engagement) chair the committee that examines the Current State Assessment of the Safe Surgery Checklist. With continued use, possible modifications of the checklist may be necessary, 'One size fits all' may not always be the case, and we encourage input and comments from all Surgeons.

To access the safe surgery checklist, please visit:

<http://iweb.calgaryhealthregion.ca/surgicals/services/surgery.html>

#### **Measurement and Reporting:**

In the identification of Key Performance Indicators (KPI's) for surgery, it is recognized that there is significant variation in reporting and quality measurements across the province. Thus, KPI's for surgery with standardized definitions, data collection, analysis and reporting processes for surgical care across the province will be done.

#### **Accreditation standards (eg. Safe Surgery Checklist) and Product Safety Recall:**

It has been encouraging to see so much impetus generated over the last year. I am very grateful to all who have been helpful to me, in this role.

I would like to welcome **Dr. Linda Mrkonjic**, as the incoming Safety Leader. With her background in Trauma/Orthopaedic surgery, and significant knowledge in administrative and patient care processes, she will be excellent in this position. I wish her well and hope that she enjoys it as much as I have.

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# REMOTE ULTRASOUND

## COULD SAVE LIVES AROUND THE WORLD

**T**rauma is the leading cause of potentially preventable lost years of life in the developed world, and a condition that is worsening globally every year as the planet mechanizes. Trauma deaths are extremely time sensitive, making early diagnosis critical. Resuscitative Ultrasound is a technology that saves lives by detecting injuries quickly, yet is quite user dependant, ideally being done by trained radiologists, who in many parts of the world are scarce. The goal of the project, as proposed by **Dr. Paul McBeth** and **Dr. Andrew Kirkpatrick**, is to prevent many of the millions of trauma deaths around the world. This can be done simply with timely intervention and proper training.

The project is called "Remote Telementored Just-in-Time Ultrasound" and it literally means just that.

"The concept is that we can have somebody who is untrained, in a remote area, like a ski village, be able to operate the ultrasound machine with directions from a trained Surgeon who could be located at a hospital site," Dr. McBeth said. "The Surgeon would see the image from the ultrasound probe as well as a live video from a situational camera, and a head-mounted camera. The Surgeon not only sees what the probe sees, but what the user is seeing as well."

With ultrasounds being a very important aspect of diagnosing a patient, Drs. Kirkpatrick and McBeth believe that by diagnosing the patient in the field, or while in transport, it could save the surgical team time and resources, and could lead to more lives saved, especially in an emergency.

Phase I of the project began with a project funded by the Canadian Space Agency.

"We connected an Emergency Room at the Banff Mineral Springs Hospital to one at the Foothills Medical Centre using a few cameras and a landline connection," Dr. Kirkpatrick said. "We did that with formal telemedicine equipment. We ran a few trials where either I observed the Banff ER doctor do a Trauma Ultrasound in real-time, or else

if they were less experienced we could guide them to do the exam from Calgary."

Phase II of the trials involved making the ultrasound equipment more portable. With a portable ultrasound machine, a laptop, a Smartphone, a few webcams and an internet connection, Dr. McBeth found a way to transmit the image from the ultrasound probe to surgical sites worldwide.

"A lot of our work is borrowed from the space program. Sometimes they can't train for everything before they go on a mission. Just-in-time training is just that. When a problem arises that people have no idea how to fix, and they have an expert communicate with them from the ground, then they tell them what they have to do. That directly applies to our ultrasound project as well."

The usability and practicality of the remote ultrasound system was vigorously tested to prove that the concept worked, and could be used by novice users, such as an EMT.

In April, 2011, Drs. Kirkpatrick and McBeth tested the signal strength and usability of the equipment at 3,000 feet in a small aircraft. They brought along a nurse to perform the ultrasound to prove that even in a confined space, in turbulence, and at altitude, the ultrasound can be successfully performed. In another test, Dr. Kirkpatrick flew to Rome, Italy, to give a demonstration on how this technology works, and how it could be useful to doctors worldwide.

"I was able to guide a nurse with no ultrasound experience from an auditorium in Rome, to do resuscitative ultrasound in the middle of nowhere at Lake Louise," Dr. Kirkpatrick said. "It just proves that as long as we have internet, we can connect both the user and the receiver, no matter the distance."

Dr. McBeth said he would like to see it deployed in more applications as well, potentially in the Far North, and future integration of this technology with systems for air transport of crucially ill patients such as the STARS air ambulance. "There are so many possibilities with this technology.



*Drs. Kirkpatrick and McBeth prepare to take flight to test the ultrasound project while in transport*



*Dr. Paul McBeth operates the ultrasound probe with directions from Dr. Andrew Kirkpatrick back at his house in Calgary*



*Dr. Paul McBeth performs an ultrasound examination guided by an expert in Rome, Italy*

**Photos courtesy of Dr. Paul McBeth**

We could see it used in African villages, research stations in the Arctic, oil rigs, you name it," Dr. McBeth said.

Dr. Kirkpatrick sees this technology playing a huge role in the third world. "The World Health Organization says that Ultrasound is an underutilized technology," he explained. "Ultrasound is an important technology, and it is cost-effective. I see it as being a key way to improve third-world healthcare."

# MENTORSHIP PROGRAM

## AN IMPORTANT ASPECT OF NEW FACULTY EDUCATION

**A**lmost two years ago, Plastic Surgeon, **Dr. Duncan Nickerson**, was appointed as the Director of a new Mentorship Program aimed at helping new Department of Surgery faculty feel their way through the unknown.

“There’s a lot of things they don’t teach you in med school,” Dr. Nickerson said. “Like how to apply for a grant, or how to set up and manage a clinic. There’s always two ways you can go about addressing those things: you attempt them on your own, and make the same mistakes your predecessors made, or you can learn from their mistakes and get help from someone more experienced. That is the whole idea of the Mentorship Program.”

Dr. Nickerson says everyone has different needs, and it can be extremely helpful to get some insight from another faculty member who has experienced the same problems.

In 2009, the Department of Surgery began looking at a program to deal specifically with the Department’s needs. At the time, the only Mentorship Program that existed was through the Faculty of Medicine, and it was aimed more towards scientific researchers than Medical Doctors.

“This was a need that was identified by senior leadership in the Department of Surgery,” he said. “New hires were potentially at risk of falling through the cracks, in the sense that they were recruited to do one thing, but if they didn’t have some guidance and weren’t provided with the resources they needed, they might not follow through on what the Department considers to be their deliverables.”

By making those resources available to new hires, Dr. Nickerson believes that they can benefit by having the knowledge and guidance of a mentor, who can assist them in certain areas of development.



*Dr. Duncan Nickerson is the Director of the Mentorship Program for the Department of Surgery. He believes mentors can share insight and experience with new faculty.*

Typically a new hire identifies someone within their Surgery Section who they think would be appropriate to be a mentor, but mentors can come from different surgery Sections as they might be more familiar with a certain process, such as applying for a grant.

***“A mentorship is a completely voluntary process. Both parties must work together towards a common goal.”***

*-Dr. Duncan Nickerson*

“As the Director of the Mentorship Program, I see the new recruits personally twice a year,” Dr. Nickerson explained. “We sit down and discuss goals, progress, areas they don’t feel comfortable with, and generally what their expectations are, and what their surgery Section expects of them.”

When a new recruit is hired with the Department of Surgery, the Mentorship Program is introduced as part of the welcome package. “Making sure that they know that a mentorship service is available

is important, but we also need to make sure that the existing faculty is aware of the program as well.”

The mandate of the program is to be a point of contact with new hires and to make sure that the department’s expectations with them are clear, and to provide them with the resources they need for them to do what is expected of them.

“A mentorship,” in the words of Dr. Nickerson, “is a completely voluntary process. Both parties must work together towards a common goal. We don’t want to put someone with a mentor if they don’t see the value in one, or don’t think they need one.”

The program has been evolving over the last two years, and will continue to grow and adapt as the needs of the Department, and the new staff, change.

“We’re figuring things out as we go,” he said. “There’s some great literature on mentorships and being a good mentor out there, but you can’t just read a book and expect that method to work. We’re going to keep adapting to the Department’s needs and deal with changes as they come our way.”



# CLINICAL RESEARCH

## ON CRYO-ABLATION RESULTS IN CLINICAL RESEARCH AWARD

Imagine a form of surgery that is so minimally invasive that no incisions have to be made, and no stitches have to be used.

**Dr. Bryan Donnelly**, a Urologist at the Rockyview General Hospital, has pioneered a new surgery to destroy cancerous cells in the Prostate and Kidneys. The new procedure, called Cryo-Ablation, or Cryotherapy, has stemmed from many years of research and clinical testing.

Dr. Donnelly is currently the Chair of the Prostate Cancer Institute at the Rockyview General Hospital and is the Co-Founder of the Southern Alberta Institute of Urology.

Dr. Donnelly was born in Ireland in the county of Tipperary. Growing up, he wanted to become a Surgeon, and gravitated towards the field of Urology.

"I came to Canada in 1981, after finishing my medical training in Ireland. I came over to do my Fellowship in Edmonton and decided to stay in Canada."

In 1984, Dr. Donnelly obtained a Fellowship in Urology with the Royal College of Physicians and Surgeons, and has been working as a Urologist in Calgary ever since.

"I became involved with this project in 1994 and at that time I was working with a colleague by the name of **Dr. John Saliken**, an Interventional Radiologist. We began a study to examine this form of treatment to see if it would work."

Dr. Donnelly found that Cryo-Surgery had some appealing features that other forms of surgery didn't have. "It's easy on the patient, it's a one night stay, and we don't have to make any incisions," he said.

Dr. Donnelly says that when a patient comes in to have the procedure done, they come in, undergo the procedure, and go home the next day.

The procedure typically involves a needle that is carefully inserted through the skin, and into the affected cancer site, in this case the Prostate. The needle's tip freezes to over  $-170^{\circ}\text{C}$ , and as a result, freezes the entire prostate. "It destroys the entire prostate, not just the cancer,

but the body regenerates the tissue over the next few months, and the cancer will not come back with it," he said. "It basically ensures that the cancer has been destroyed, and it will not reappear at a later date."

The research began in 1994 with what Dr. Donnelly called a "Phase II study." The purpose of the study was to see if the procedure was effective or not. "We found that the answer was yes, so then in 1998 we started a Phase III study, which is a very difficult study to do."

To do the study properly, Dr. Donnelly and Dr. Saliken had to ensure that the patients were picked randomly for this procedure.

"We did not pick potential patients based on eligibility. The patient doesn't get to choose the treatment and the Doctor doesn't get to choose either," Dr. Donnelly said. "Patients were picked randomly by a computer in order to make sure the study was done correctly, and as unbiased as possible."

Because of this patient randomization, the results of the clinical trials are considered to be the most viable form of evidence in medical research, level one evidence.

The Phase III study compared an established form of treatment, external beam radiation, with the new treatment, being Cryo-Surgery.

"At the present time there is very little evidence to support any other form of treatment. Over the years, many attempts have been made to carry out randomized trials comparing different types of treatment. However, virtually all of these failed to enroll patients, and had to be closed down. This testifies to the uniqueness of our trial."

The Cryo-Surgery process has been medically insured since 2003 on the basis of the results of the Phase III study.

"It's the only surgery of its kind in the world," Dr. Donnelly explained. "I don't think it can ever be duplicated."

The Cryo-Surgery research and studies were a large chunk of Dr. Donnelly's life. He dedicated almost 10 years towards researching the benefits of the surgery



*Dr. Bryan Donnelly has accepted his Clinical Research Award from the Faculty of Medicine for his research on Cryo-Ablation*

and comparing other methods to dealing with Prostate Cancer.

In addition to Dr. Donnelly being immersed in his research, he also says a number of others were involved. "**Dr. Saliken**, an Interventional Radiologist, was a major contributor to my research, **Dr. Harold Lau**, Radiation Specialist, **Dr. Penny Brasher**, Statistician, **Dr. Scott Ernst**, Medical Oncologist, **Dr. John Robinson**, Clinical Psychologist, and **Dr. John Rewcastle**, who was our PhD student at the time."

The work was supported by the Alberta Cancer Board, and the National Cancer Institute of Canada.

One of the goals of the research was to provide patients with Prostate and Kidney Cancers with a better quality of care, and with more certainty that the cancer would be destroyed, and would not return.

Dr. Donnelly's commitment to his research and the academic mission of the Department of Surgery, while actively maintaining his Urologic practice is outstanding. He will continue to immerse himself in his research, and continue to pioneer the way for Cryo-Ablation surgery in the Section of Urology.

Dr. Donnelly was nominated by the Department of Surgery for the Faculty of Medicine Award for Clinical Research. He was selected as the recipient of the award, recognizing his significant achievements in Cryo-Ablation research over the last 10 years.

# SOUTH HEALTH CAMPUS

## TO BE DESIGNATED SECONDARY TRAUMA FACILITY

**S**cheduled to open its doors in the spring of 2012, the South Health Campus (SHC) will offer an array of services to the growing Calgary population. The new hospital, located off Deerfoot Trail South along Seton Boulevard S.E., will be dedicated to servicing several priority areas of healthcare such as critical care, mental health and surgery.

The facility will be collectively called a 'campus,' to take into account the diversity of activities on the site. Not only will the campus deal with emergency inpatient and outpatient care, but will also deal with services to promote wellness for patients as well as staff. Research and education are also large components of the new health facility.

The campus, which has been under construction since 2007, will open in phases, with the most critical foundations of healthcare, such as the OR, ambulatory support and emergency surgery. The campus will open over a period of 12-14 months.

"The plan is to open the South Health Campus in three phases; first the main campus, then the Women's Health Centre, and finally the Mental Health Centre," said **Ms. Kathryn Kranenburg**, Communications Consultant for the SHC. "The first phase will be completed in the spring of 2012, with the other two phases pending funding from the government."

When phase one of the campus is fully populated, it will be occupied by 2,400 staff, with 183 active physicians working on-site. The hospital, when it first opens, will house 293 beds, 10 Surgical Suites and one Interventional Suite. The hospital will initially have the capacity for 200,000 outpatient visits annually.

When the third phase is completed, the campus will have the capacity for 800,000 outpatient visits annually, and will house 600 inpatient beds, and 44 critical care beds - double what the Foothills Medical Centre has. The SHC will also have 22 operating rooms and nine interventional rooms at full capacity.



*The South Health Campus is planned to open in Spring 2012, with the facility being handed over to Alberta Health Services in June 2012*

"As far as Surgical Services go, the South Health Campus will house a lot of the same services that the other adult care facilities do," said **Dr. Beth Lange**, Medical Services Lead for the Department of Surgery. "There will be more collaboration between surgery sections, and more opportunity for growth and development of services."

Consistency and proximity in the surgery area is also a large component of the layout at the SHC. The OR's look similar in their setup, and are located close to the 32-bed PACU central recovery room and the day surgery rooms. In addition to this, the nursing stations will not follow the traditional centralized layout.

"The nursing stations at the South Health Campus will be decentralized," said **Ms. Sara Pereira**, Executive Director of Surgery and Women's Health at the SHC. "This will allow for the nurses to be closer to the patients, which will improve the standard of care they can give, meaning closer observation of

the patient and improved nurse response time. Instead of a central nursing station, we will have several around the Acute Care Unit."

Pereira also explained that a number of operating rooms have windows with a view of the exterior of the facility. "It's mainly a staff consideration for surgeries that are ongoing, where the staff are in the OR for a long period of time," Pereira explained. "The windows allow for natural light to come into the room - which should be beneficial to the surgical team."

One major element that will separate the South Health Campus from other hospital sites is its focus on a central theme of health and wellness.

"With a facility theme of 'People, Village, Nature,' the South Health Campus is designed around the patients," Kranenburg explained. "It's meant to be a healing environment. The facility will bring community and nature together; it's not supposed to feel like a traditional hospital."



Dr. Lange says that the South Health Campus will allow the various surgery sections to grow in terms of clinical and surgical services. "There will be newer equipment, and state of the art facilities, so that gives the Surgeons the ability to improve on techniques. There is increased clinical and surgery space, which should prove to be very beneficial - especially to some of the surgery Sections that are currently using very old, outdated equipment and facilities."

Initial targeted services for the SHC will be Orthopaedics, General Surgery and Plastic Surgery. Possible initial services may additionally include Gynecology, Otolaryngology, Urology and Ophthalmology.

"In the first phase, it will be aimed to particular diagnoses for surgical treatment," Dr. Lange explained. We will begin with the less complex day surgeries, no paediatric surgery, and will expand to a full-service hospital gradually over ten years."

The plan for the SHC is to open more complex surgery rooms; Neurosurgery and Trauma at a later date, which has yet to be decided. As of right now, the plan is to move in the critical services necessary for patient intake and emergency care before bringing in the specific surgery sections.

**Ms. Tracy Wasylak**, Vice President of the SHC, said, "The floor plan of the campus was designed with the future in mind. We have the potential to integrate new technology into the OR's as they become available. A number of our OR's are hybrid suites, which have the capabilities of bringing multiple disciplines into them for surgical procedures."

In addition to this, Wasylak said that two OR's will be built with the capabilities of performing MRI's, and will be integrated as they are needed.

"At the South Health Campus, the various surgical services go to the patient," Wasylak said. "We don't transport the patient to a different area of the hospital.

For a patient requiring radiology treatment, the Radiologists would come to the patient instead. This keeps everything local for the patient; they very rarely have to be moved."

With many surgery sections moving some of their resources to the SHC, Wasylak said they will be able to explore more interdisciplinary surgeries, and explore collaborations with other surgery sections.

"A benefit to moving some of our Sections there would be that it might allow us to deliver healthcare in ways that we aren't doing now, said **Dr. Kevin Hildebrand**, Section Chief of Orthopaedics. "It would be more of a multi-discipline approach there, meaning that we might be able to work with other surgery sections, which would allow us to deal a lot more with outpatient work."

The South Health Campus will allow collaborations between surgery sections due to the close proximity of the necessary support services. One such example would be the collaboration between Plastic Surgery and Orthopaedic Surgery.

"The South Health Campus will allow us to establish a centre where specialists from both disciplines would be involved, and the appropriate outpatient facilities, clinics, local anesthetic rooms and associated services would all be present," said **Dr. Robert Lindsay**, Section Chief of Plastic Surgery. "Both Plastics and Orthopaedics deal with hand surgeries, and the new (South Health) Campus would allow us to work together on a number of hand surgeries."

With the South Health Campus scheduled to open in the Summer of 2012, the needs of the growing Calgary population will soon be met. "We plan on treating our first patient in June 2012. The building gets handed over to us in the Spring, and we want to be functioning soon after that," Wasylak said. Calgary is a fast-growing city, and the South Health Campus should help accommodate much of Calgary's population in the South, as well as other Southern Alberta communities."



*One of the spacious completed ACU patient care rooms*



*Most of the ACU patient care rooms are still in the process of being built*



*The helipad and ambulance bay are located in close proximity to the Emergency Room*



*The PACU recovery room will hold 32 beds for patient recovery*

**Photos courtesy of Sean Williams/Ellisdon**

## OPENING IN THE SUMMER OF 2012



# OTOLARYNGOLOGY CLINIC

## NOW OPEN AT RICHMOND ROAD DIAGNOSTIC CENTRE

On June 28th, 2011, the Richmond Road Diagnostic Centre ENT Clinic officially opened its doors to the public.

"It's a much needed facility for Head and Neck Surgery," said **Dr. Wayne Matthews**, Section Chief of Otolaryngology. "We'll finally have all the resources we need, which will be great."

The Richmond Road Diagnostic and Treatment Centre currently houses the Head and Neck Surgery's Outpatient, Paediatric Ambulatory and Diagnostic Services, but has room to expand its services in the future.

"We work closely with Audiology Services and Speech Language Pathology," he said. "Both of them are also located at the Richmond Road facility, so all of the other departments we work closely with are located in close proximity to us, which is a huge benefit."

The plan to renovate the old Children's Hospital into the current Diagnostic Clinic was envisioned over five years ago when the Alberta Children's Hospital moved to their new facility.

"The entire facility was gutted, and repurposed for our needs," Dr. Matthews said. "We have state of the art equipment, which is great because that is something that we have never had before."

The clinic also houses four full time support staff including two surgical reprocesses, a clerk and a full time dedicated nurse.

"It's great because we have never had any support staff dedicated to our services before," he said. "It certainly makes things a lot easier for us."

The newly opened Diagnostic Clinic is also the central site for Residency outpatient training. The facility currently houses six examination rooms, two procedure rooms and a state of the art voice lab. The procedure rooms are equipped to perform minor surgeries under a local anesthetic, and the ability to perform an ultrasound are located within the facility.

Resident clinics are also located in the facility, which are specifically designed for Resident use, "A huge benefit to our

Residents who are seeing outpatients."

Another new addition as mentioned by Dr. Matthews is the presence of digital video towers and processing units. "We can record still and video images for use by other Surgeons, and for assessment. We even have the potential down the road for live video streaming to other facilities."

**Ms. Anne Czapski**, Site Manager of the Diagnostic Centre said that, "the Richmond Road Clinic has a much larger capacity than what the ENT guys used to have. We have a lot of room for growth, and have the capacity for hiring additional staff in the future."

The clinic will house four full time Otolaryngology Surgeons to start with, and as the demand for their services grow, more staff will be hired to accommodate the needs of the population.

"The people who will benefit from this new facility the most are those with suspected head and neck cancers and referrals from emergency patient wards," Dr. Matthews explained.

Since the Richmond Road Diagnostic Clinic is the main academic Otolaryngology clinic in Calgary, it not only allows Surgeons to have clinics with outpatients, but the facility houses the necessary resources for on-site research as well.

"We have a brand new facility that is purpose built for ENT clinics," Czapski said. "The newest technology is here, we have equipment processing right in the clinic, four exam rooms and a procedure room with an additional procedure room standing by."

Czapski estimates that the clinic will see 5,000 outpatients annually, and will continue to grow over the next few years.

The move into the Diagnostic Clinic was due to a demand for Otolaryngology clinical services and the need to have a clinical teaching unit for Residents as well as being able to deal with expanded research priorities.

"We've traditionally been under resourced," Dr. Matthews said, "but we're now able to deliver care in a more co-ordinated fashion. We have the ability for rapid assessment as well."



*Dr. Wayne Matthews, Section Chief for Otolaryngology*



*Anne Czapski, Manager of the centre, with one of the new diagnostic imaging TV towers*



*One of the six examination rooms fully equipped with the latest diagnostic equipment*



*An equipment reprocessing room is present onsite to clean the microscopes and other diagnostic equipment*

# PROFESSOR GANZ

## LECTURE CAPTIVATES AND INSPIRES

The opportunity to have a world renowned, award-winning Orthopaedic Surgeon perform some of the latest surgical techniques in Orthopaedic Surgery is always exciting. But to have him also present his knowledge to the Fellows and Residents, and bring his latest surgical techniques to Alberta Health Services, is quite astounding.

On December 2nd-4th, 2010, Orthopaedic Surgeons, **Dr. Jim Powell** and **Dr. Gerry Kiefer**, had arranged for **Professor Reinhold Ganz** to fly into Calgary from Switzerland to demonstrate two complex hip surgeries to assist the Section of Orthopaedics in better understanding the surgical procedures. "He came to teach us Complex Hip Surgeries," Dr. Powell said. "Professor Ganz has changed the treatment of Developmental Hip Dysplasia by Reproducible Osteotomy to correct Acetabular Dysplasia," he continued. "His Osteotomy is now the most frequently used Osteotomy in the world to correct these particular hip problems."

Professor Ganz was then invited to present his latest findings and research to the Orthopaedic Fellows, Residents and Faculty in the days following the surgery.

"He described hip impingement and recognized it as one of the major causes of Osteoarthritis of the hip joint," Dr. Powell said. "He has devised a number of techniques to treat hip impingements."

Professor Ganz, has dedicated his medical career to the study and treatment of complex diseases and disorders of the hip joint. He has carried out seminal anatomical research that contributes substantially to the understanding of the blood supply to the Femoral Head. He has also devised a new surgical strategy for treatment of the Prearthritic Hip. These achievements have led to multiple awards including the King Faisal Foundation Prize in Medicine, an award described as the Arab equivalent to the Nobel Prize in medicine.

"Many King Faisal Foundation award winners actually go on to win the Nobel Prize in medicine," Dr. Powell said. "I wouldn't be surprised if Professor Ganz won the Nobel Prize sometime soon."

Professor Ganz currently travels across Europe and North America presenting at lectures and demonstrating many often misunderstood surgical techniques.

"On the first day of his visit, he operated



*From left to right; Dr. Gerry Kiefer, Professor Reinhold Ganz, Dr. Jim Powell*

*Photo courtesy of Christine Fjaagesund*

on two patients here at the Foothills," Dr. Powell said. "One was an 11-year-old boy with an oversized Femoral Head and a Shallow Socket. He also did a Complex Femoral Reconstruction and Socket Reorientation on another teenage boy. To our knowledge, he performed the first Head Reduction Osteotomy in North America."

The two surgeries that Professor Ganz performed were video archived with generous support from Smith & Nephew and Synthes.

From re-watching the archived videos, Dr. Powell says the Orthopaedic Surgery team has been able to apply those techniques in Orthopaedic Surgery since.

During the lecture, Professor Ganz reviewed his research, and got the Orthopods thinking about the importance of femoral management and blood supply to the Femoral Head.

He and several local speakers, including **Dr. Kiefer**, **Dr. Bevan Frizzell**, **Dr. Roy Park** and **Dr. Kelly Johnston** then presented on a number of topics on Hip Dysplasia.

Dr. Powell said that like most Orthopaedic Surgery groups in North America, the Section of Orthopaedics in Calgary is several steps behind in terms of the research and procedures required for performing surgeries on oversized Femoral Heads and other similar disorders.

"We've been undertaking our own

research in the area, but with most of these procedures being poorly understood, it means we have to do that much more to ensure we can safely perform them," he explained. "Having Professor Ganz here gave us much more insight and knowledge, which will help us with future procedures."

Dr. Powell says that it is very important to continue to educate the Orthopaedic faculty about the latest techniques and surgical procedures, but "when the best Orthopaedic Surgeon in the world comes to demonstrate two surgeries and to share his knowledge, it really gives us a unique opportunity to learn things from a different perspective."

During his three days in Calgary, the Residents and Fellows had a chance to visit with Professor Ganz, and ask questions.

"He is quite an engaging personality; he keeps people involved and aware. Because of what he has taught us, we are able to learn to perform state-of-the-art surgical techniques," Dr. Powell explained.

The lecture was both educational and inspiring for the Orthopaedic Surgery team, and they learned some invaluable techniques from the surgical demonstrations.

"Because he has remained so inquisitive over the years, he inspires others to be inquisitive as well," Dr. Powell said. "There is only one Reinhold Ganz, and we take a lot of inspiration from him."

# 2011 ANNUAL RETREAT

## ADDRESSES STRATEGIC PLANNING FOR SOUTH HEALTH CAMPUS

This year's Annual Retreat, which was held at the Banff Centre on March 24th and 25th, was very successful, providing an opportunity for the Department to discuss their plans for the new South Health Campus. The Retreat, which was held in the Kinnear Centre of Creativity and Innovation building, focused on strategic planning as well as what the new South Health Campus will mean to Alberta Health Services, the Department of Surgery, and the four existing major medical sites in the Calgary area.

The Retreat addressed a number of specific issues regarding the South Health Campus, and the redistribution of staff to the new site, as well as the impact the new SHC will have on the four existing hospital sites.

Priority surgical specialty areas were identified as key stakeholders to the opening of the South Health Campus in the Spring of 2012. The Surgical Section Chiefs and Facility Chiefs were asked to collaborate with their respective teams to develop and present plans and requests regarding Surgical Services at the South Health Campus.

"This retreat was really special due to the nature of the South Health Campus," said **Ms. Andria Marin-Stephens**, Manager of the Department of Surgery. "People were eager to hear all about the new facility, what it would offer, and the implications it

would have on the existing sites."

**Dr. John Kortbeek** (Zone Clinical Department Head, Department of Surgery,) opened the discussion on day one with an overview of the goals of the Retreat and the proposed outcomes for the Department of Surgery.

**Ms. Tracy Wasylak** (Vice President of the South Health Campus) and her team from the South Health Campus then began their presentation. Wasylak and her team discussed the medical layout of the campus, the model of care that they will be using, and some background on the facility itself.

It was announced that the South Health Campus would open its Ambulatory Services in August/September of 2012, with the ICU and Emergency General Surgery opening in January of 2013.

The patient centered model of care was introduced along with the integrated care continuum, focusing on the importance of patient care from referral to recovery.

In addition to this, the campus' philosophy of wellness and healing was also examined. It was also brought up that the South Health Campus would enter into a partnership with the YMCA to incorporate their ideas of wellness and healing.

Dr. John Kortbeek, then took the floor again to discuss the decision making process, as well as the drafting of principles relating to the planning of the South Health Campus.

Day two of the retreat saw presentations on what each Surgery Section wanted from the South Health Campus. The Section Chiefs for each of the Surgical Sections involved with the South Health Campus presented.

**Dr. Francis Sutherland** presented his Section's needs for General Surgery, **Dr. Wayne Matthews** for Otolaryngology, **Dr. Robert Lindsay** for Plastic Surgery, **Dr. Kenneth Romanchuk** for Ophthalmology, **Dr. Kevin Carlson** for Urology, **Dr. Kevin Hildebrand** for Orthopaedics, and **Dr. Doug Wilson** for Obstetrics and Gynecology (OBGYN.)

Each of the three adult medical centre Facility Chiefs presented their thoughts on the allocation of staff, requirements of their facilities and their wants regarding the SHC.

Three varying themes were presented at the Retreat to engage the group to consider how each scenario could support surgical care in Calgary as well as programs, education, research, access, quality and sustainability.

The three themes presented at the retreat were:

### **Theme 1: Orthopaedics and OBGYN**

- 9+2 Operating Rooms, intense focus onsite for Obstetrics and Gynecology with access for Obstetrics and early achievement of Arthroplasty targets. This theme supports expansion of Orthopaedics, Orthopaedic Trauma,



Photo Courtesy of Dr. Alan Lin



and possibly Spinal Surgery. This plan also addresses limited access for all MSK conditions and possibly Spinal Surgery.

### **Theme 2: Distributed**

- Allocation of 1-2 Operating Rooms per service to create a distributed model to support Emergency Room coverage. Services will receive similar on-site allocation amongst General Surgery, Orthopaedics, Spine, Plastics, Obstetrics, ENT, Urology, and possibly Ophthalmology.

### **Theme 3: Hybrid**

- A Partial focus to address AHS strategic priorities surrounding Arthroplasty. Necessary support will be provided for Obstetrics and Gynecology. Resources will be distributed amongst several remaining surgical disciplines to support future onsite access and support emergency coverage and services. These additional services include General Surgery, Plastics, Otolaryngology and a small onsite presence for Urology.

Key questions for the Department to consider regarding these three themes were:

- How does each plan support further development at the site?
- How does the plan balance relocation of experienced personnel with growth to support new recruitment?
- How willing are the programs proposed for the South Health Campus to change and adapt?
- How does each plan support the Department of Surgery's future?

The overall preferred consensus was in support of Theme 3 for its balanced and pragmatic approach. The hybrid approach best suits the Department's needs to develop program based, physician, nursing, and allied interdisciplinary care teams.

Theme 3 also provides opportunities to focus on 1-2 subspecialties, with the ability to accommodate a flagship program based out of the SHC, thereby maintaining the current site identities and the promotion of new recruitment and retention of current staff.

"The overall mood of the Retreat was excitement," Marin-Stephens said. "People were eager to start thinking about the SHC and the healthcare system that it will offer."

With the initial discussions regarding the SHC out of the way, those in attendance now have an understanding of the facility and how it can incorporate their surgical section or site.

"It was great to see everyone so excited and ready to work. We got some really great feedback and energy from everyone, and I think we came out of the Retreat with exactly what we wanted."

With the future plans for the South Health Campus now laid out for the Department, the various Sections were then able to begin organizing their own Annual Retreats to further discuss the issues and future of their respective Sections.



*Construction Workers are still hard at work, making every effort to get the South Health Campus completed on time*



**Photo Courtesy of The Banff Centre**  
*The Kinnear Centre of Creativity and Innovation at the Banff Centre served as the venue for the 2011 retreat*



### **(Above and Below)**

*The South Health Campus is due for completion in the Spring of 2012. The building is planned to be handed over to AHS in June, 2012*



**Photo Courtesy of Sean Williams/Ellisdon**

**The South Health Campus will become Calgary's  
Secondary Trauma Site, second to the  
Foothills Medical Centre**

# PROFESSIONAL DEVELOPMENT

## WORKSHOPS PROVIDE SKILLS FOR CONTINUED SUCCESS

**H**ow to manage a meeting, how to give an outstanding lecture and how to help a new staff member understand their full potential – these are all elements of **Dr. Sean Grondin's** Professional Development Workshops.

"If there's one thing they don't teach you in med school, it's how to teach," Dr. Grondin said. "We're not trained to teach Residents, we're not taught how to lead a good lecture, we're not educated on how to help out the rest of our faculty."

Professional development is a vast topic, and Dr. Grondin believes that by educating the Department of Surgery on how to utilize professional skills, many everyday tasks can be made a lot easier.

"When I realized that others were struggling with the same things I was, I thought it would be a good idea to hold some workshops to address these issues, and to educate everyone on how to better use their time, to better prepare for presentations, and to better communicate with their coworkers."

Even the most veteran Surgeon can benefit from continuing education. "We're all learning," he said. "Since medicine is a lifelong career, there will always be something new to learn and something new to adapt to, no matter how long you've been a doctor for."

Dr. Grondin believes that simple tips and tricks can go a long way; things like how to improve your bedside teaching, or effectively delivering a one minute preceptor to a Resident.

Simply knowing where your resources are located, how to access them and how to do research more effectively can be a benefit to any member of the surgical staff.

"Even something as simple as learning how to break down a surgical procedure so a Resident can understand it better is often overlooked by medical staff," he said. "By learning how to help others understand things, we are helping shape the future of the Department."

Learning how to be a better mentor is also a topic that Dr. Grondin believes strongly in.



*Dr. Sean Grondin (right) going over the outline for his next Professional Development Workshop with fellow Thoracic Surgeon, Dr. Andrew Graham (left)*

He says that he likes the idea of pairing up Residents with a Surgeon in order to give them the ability to seek out assistance if they have any questions.

"When I first came here, I didn't receive much guidance from others. Nobody spent even a second with me telling me how to teach students – and that's something I find myself doing every day," he said. "I think we expect too much from our medical students – we expect that they should know everything already, and don't address their immediate needs."

Dr. Grondin says there are many exceptional mentors in the Department already, and says the success of the Department is largely due to mentors helping other faculty understand their role in the Department.

"Dr. Kortbeek is a great example of a mentor, and he taught me a lot of valuable skills," he said. "If we all took the time to understand how to be a mentor ourselves, then we could make things that much better."

Dr. Grondin says professional development skills are often overlooked in many professions, and he believes that the

Department of Surgery should not be one of them.

Unlike many lectures, Dr. Grondin plans to have his professional development workshops include interactive elements to drive certain points home.

"They're very dynamic and interactive," he said. "That way we can get people involved and open their eyes a bit."

Dr. Grondin's first workshop was completed in January, and three more workshops are planned over the next two years.

Dr. Grondin said, "The workshops are officially accredited by the Royal College, so anyone who attends the workshops gets credited for attending."

Understanding professional development can be instrumental in any profession, which is why Dr. Grondin has taken the time to put together this series of workshops for the Department of Surgery staff.

"If just one person is able to learn something new and apply it to their everyday work, then it's all worth it," Dr. Grondin said. "If I can get people to just think about these things, then I know I have done my job."



# 2011 SURGEONS' DAY

## HIGHLIGHTS





# 2011 SURGEONS' DAY

## RESEARCH SYMPOSIUM HIGHLIGHTS

The 29th Annual Surgeons' Day Research Symposium showcased some of the finest research the Department of Surgery has ever seen. The research presentations were held in the Auditorium on the fourth floor of the Alberta Children's Hospital, June 24th, 2011. The Annual Research Symposium presented Residents and Fellows from the Department of Surgery with an opportunity to present and discuss their research.

**Dr. Richard Buckley**, Orthopaedics, and **Dr. James Bain** from McMaster University were invited to judge the research presentations, and participate in an open forum to discuss the latest research by the bright minds of the Department of Surgery.

Dr. Buckley is the Head of Orthopaedic Trauma at the Foothills Medical Centre, University of Calgary. He has over 16 years of caring for Trauma patients, and has served 15 of those years as the Program Director for the Orthopaedic Residency Training Program. Dr. Bain is a Professor in the Section of Plastic Surgery at McMaster University. He has been the Program Director of Plastic Surgery at McMaster for four years. He currently serves as the Associate Chair of Research, Department of Surgery, McMaster University.

The symposium was broken into four sessions, each run by a moderator. **Dr. Earl Campbell** (Plastic Surgery,) **Dr. Paul Beaudry** (Peds General Surgery,) **Dr. James Brookes** (Peds Otolaryngology,) and **Dr. May Lynn Quan** (General Surgery) were this year's sessional moderators.

Their responsibilities included; introducing the speakers and their research topics, monitor time limits, and invite questions from the judges and audience.

There were 22 Residents and Fellows on-hand to present their research at the symposium. The symposium was made



From left to right: Dr. John Kortbeek, Dr. Rob Harrop, Dr. James Bain, Dr. Rick Buckley

up of a wide variety of presentations including; "Optimal position of acetabular component in hip resurfacing. A finite element analysis study," "The impact of trauma centre care on cost effectiveness and utility following severe lower extremity injuries" and "Cardiovascular fitness and mortality following contemporary cardiac rehabilitation."

The symposium was not limited to research presentations by Fellows and Residents. **Dr. Rob Harrop** (Plastic Surgery) introduced Dr. Buckley's presentation for the McMurtry Lecture, entitled "There is no 'I' in Team." **Dr. Duncan Nickerson** (Plastic Surgery) introduced Dr. Bain's presentation for the McPhedran Lecture, entitled "Where is the evidence? Advocating resources through research."

**Dr. John Kortbeek** (Department Head) presented the **Dr. Peter Cruse Memorial Award** to **Dr. Michael Opoku-Darko**, Medical Student at the UofC who placed first with "Tumour endothelial marker 8 over-expression in breast cancer cells enhances tumour growth and metastasis."



Dr. Luke Harmer presenting his research on Clubfoot care in low and middle income countries

Dr. Duncan Nickerson led the poster review, which showcased Resident research in the form of posters. Dr. Nickerson guided the McMurtry and McPhedran Judges (Dr. Buckley and Dr. Bain) through each poster and a brief presentation led by the Resident or Fellow who conducted the research.

# 2011 SURGEONS' DAY

## EVENING AWARDS

Following a full day of presentations, Surgeons, Fellows, Residents, Department Members and guests made their way to Gasoline Alley at Heritage Park dressed in Western attire to celebrate the successful day. Awards were presented for distinguished service, educator of the year, surgical innovation and Resident research.

Distinguished Service Awards were presented to **Dr. Dale Birdsell** (Plastic Surgery) of ACH, **Dr. Walley Temple** (Surgical Oncology) of FMC, the late **Dr. Reg Harse** (Urology) of PLC and the late **Dr. Ted Elliot** (Urology) of RGH.

Educator of the Year was awarded to **Dr. Jason Werle** (Orthopaedics) and Ectopic Educator of the Year was awarded to **Dr. Randy Moore** (Vascular Surgery.)

**Drs. Brad Mechor** (Otolaryngology,) **Fionna Costello**, **Yves Starreveld** and **Shelly Bhayana**, members of the P.I.T.N.E.T. Team were presented with the Surgical Innovation award.

There were four categories in Resident research. Best overall research was awarded to **Dr. Herman Johal** for his research on "The impact of trauma centre care on cost effectiveness and utility following severe lower extremity injuries." Honourable Mention for Overall Research was presented to **Dr. Brendan O'Neill** for his research on "Active abducted and weighted abducted radiograph views." Best research by a Surgical Fellow was awarded to **Dr. Billie-Jean Martin**, for her research on "Cardiovascular fitness and mortality following contemporary cardiac rehabilitation." Best Poster was presented to **Dr. Paul McBeth** for "Internet-based, Remote, Tele-monitored, FAST and EFAST Ultrasonography."



*Drs. Brendan O'Neill (left) and Herman Johal (right) were the runner up and winner of the Best Overall Research Awards respectively*

## Surgeons' Day Awards:

### Distinguished Service Awards:

- ❖ **Dr. Dale Birdsell** (Plastic Surgery) of the Alberta Children's Hospital
- ❖ **Dr. Walley Temple** (Surgical Oncology) of the Foothills Medical Centre
- ❖ The late **Dr. Reg Harse** (Urology) of the Peter Lougheed Centre
- ❖ The late **Dr. Ted Elliot** (Urology) of the Rockyview General Hospital

### Educator of the Year:

- ❖ **Dr. Jason Werle** (Orthopaedics)

### Ectopic Educator of the Year:

- ❖ **Dr. Randy Moore** (Vascular Surgery)

### Surgical Innovation Award:

- ❖ **Dr. Brad Mechor** (Otolaryngology) and the PITNET Team

### Best Overall Research:

- ❖ **Dr. Herman Johal** (Orthopaedics)

### Honourable Mention, Best Overall Research:

- ❖ **Dr. Brendan O'Neill** (Orthopaedics)

### Best Research by a Surgical Fellow:

- ❖ **Dr. Billie-Jean Martin** (Cardiac Surgery)

### Best Poster:

- ❖ **Dr. Paul McBeth** (General Surgery)

### Dr. Peter Cruse Memorial Award

- ❖ **Michael Opoku-Darko** (Medical Student, UofC)

# SECTION UPDATE

## SECTION OF DENTISTRY AND ORAL HEALTH

### Section Structure and Organization:

#### ❖ Programs:

##### Division of Adult Dentistry:

- After Hours On-Call Program

Collaboration between OMFS and FMC General Practice Residency (GPR) Program

- FMC Dental General Practice Residency (GPR) Program
- FMC Dental Clinic and FMC Dental GPR Program:
  - Adult Special Needs Dentistry Clinic
  - Dental Oncology Clinic
  - Sedation Dentistry Clinic
  - Dental Hygiene Clinic
- Specialty Clinics including
  - (a) Oral Medicine
  - (b) Endodontics
  - (c) Periodontics

##### Division of Paediatric Dentistry:

- Paediatric Special Needs patients
- FMC GPR Program – 2 week rotation in ACH Dental Clinic
  - After Hours On-Call Program
  - Cleft Lip and Palate Program
  - Nasoalveolar Molding Appliance Program
  - Orthodontic Consultation Service for Special Needs paediatric patients

##### Division of Community Dentistry/Dental Public Health Clinic Program:

- Serves as a safety net delivering low-fee dental care to disadvantaged people who have no dental plan
- The program operates from two sites in Calgary:
  - Sheldon M. Chumir Health Centre
  - Northeast (Sunridge Mall)
- The program also operates from a satellite clinic in Airdrie:
  - Airdrie Community Health Centre

#### ❖ Accomplishments and Highlights:

##### • Clinical Service:

##### Division of Adult Dentistry:

- FMC Dental General Practice Residency (GPR) Program:
  - Surgical Implant Program
  - Addition of Healthy Patients to the client mix at FMC Dental Clinic (development in progress)
  - Partnership between FMC GPR Program and Section of Oral and Maxillofacial Surgery (OMFS) to restart “after hours”



*Dr. Eduardo Kalaydjian, Dentistry and Oral Health Section Chief*

on-call program for Adult Dentistry (urgent care only, not toothache clinic)

- FMC Dental Clinic:
  - Surgical Implant Program
  - Addition of Healthy patients to client mix (development in progress)
  - Partnership with the Division of Community Dentistry in Calgary Zone. Partners in the Community Oral Health Pilot Project (in Long Term Care Facilities)
- NHSF:
  - Continued service to Calgary community visa vi members providing dental service under general anesthesia for ASA I and II patients.
- Commission on Dental Accreditation Canada surveyor, **Dr. Kalaydjian**

##### Division of Paediatric Dentistry:

- Comprehensive care for children with special health care needs (outpatients and inpatients); provision of service under general anesthetic (at ACH and NHSF), with local anesthetic, oral sedation and nitrous oxide/oxygen sedation (data available with Paediatric Surgery Annual Report)

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• Royal College Fellowship Board Examiners **Drs. Cholette, Barsky and Loeppky**

• **Dr. Leonard Smith's** Healthy Mouth Healthy Smiles Program held its successful field test of the Free Infant Oral Health Check and Media Relations components. There were 18 volunteers (including AHS employees) – paediatric and general dentists, dental hygienists and dental assistants

**Division of Community Dentistry/Dental Public Health Clinic Program:**

• Project Homeless Connect: During the year at special events, people who are homeless were screened for oral disease, received information and resources to prevent and control dental disease, and received free dental care for urgent conditions

• Margaret Chisholm Resettlement Centre: Cooperating with this centre to provide urgent dental care for refugee population

• Panorex Machine - With generous philanthropic funding coordinated by the Calgary Health Trust, the Chumir Dental Clinic has received a digital panorex machine. It has had a very positive impact on accelerating the assessment and diagnosis of patients who have multiple dental problems

❖ **Education:**

• **Residents:**

- July 2010 - June 2011: Third year for FMC Dental GPR program
- July 2010 - June 2011: Introduction of second FMC Dental GPR Program Resident
- ACH Dental Resident completes program; ACH Dental GPR program placed on hiatus
- Monthly presentations from Preceptors and Residents
- Future plans to add third FMC Dental GPR Program Resident
- Maintain accreditation status (accreditation obtained September 2009) by Commission on Dental Accreditation of Canada
- Residents continue to rotate for two weeks at the ACH and Community clinics

❖ **Challenges:**

• **Response to Issues:**

• On January 1st, 2011 the Alberta Dental Association and College's new protocols for Infection Prevention and Control came in to full effect. Much time and resources have been dedicated to updating the clinics to conform to the new regulations. The clinics also conform to the more stringent IP+C protocols mandated by Alberta Health Services

**Division of Adult Dentistry:**

- Quality Assurance Programs:
  - i. Developing and implementing strategies to introduce peer-lead QA strategies into NHSF for Dental Cases
  - ii. Developing and implementing Morbidity and Mortality Rounds in Dentistry

- Engagement and participation of Section members:
  - i. Regularly scheduled Section meetings (3-4x yearly)
  - ii. Zone-Wide Clinical Dentistry Rounds (scheduled same morning or evening as Section Business Meeting)

• **FMC Dental GPR program:**

- i. Attracting qualified preceptors for Dental Residency Program (recruitment and scheduling remains a challenge)

• **FMC Dental Clinic:**

- i. Dentist Staff Shortage
- Graduated Dental Residents hired as casuals/ preceptors to deal with dentist staff shortage

**Division of Paediatric Dentistry:**

• **Quality Assurance Programs:**

- i. Developing and implementing strategies to introduce peer-lead QA strategies into NHSF for Dental Cases
- ii. Developing and implementing Morbidity and Mortality Rounds in Dentistry

• **Engagement and participation of Section members:**

- i. Regularly scheduled Section meetings
- ii. Zone-Wide Clinical Dentistry Rounds (scheduled same morning or evening as Section Business Meeting)

• **ACH Dental GPR program:**

- i. Attracting preceptors for Dental Residency Program

**Division of Community Dentistry/Dental Public Health Clinic Program:**

• **Quality Assurance Programs:**

- i. Developing and implementing Morbidity and Mortality Rounds in Dentistry

• **Engagement and participation of Section members:**

- i. Zone-Wide Clinical Dentistry Rounds (scheduled same morning or evening as Section Business Meeting)

❖ **Ongoing Matters and Plan of Action:**

**Division of Adult Dentistry:**

- Space shortage at the FMC Dental Clinic
- Management and executive management team made aware of issue
- Need to re-investigate planning at South Hospital Campus
- Issue worsened during this period due to renovations in current space at Foothills Dental Clinic
- Lack of dedicated OR Time at the Foothills Hospital
- Management and executive management team have been made aware of this issue
- Clinical Zone Section Chief of Dentistry continues to represent Section at Surgical Executive Meetings and OR Committee meetings to raise awareness of issue

*(Continued on Next Page...)*

- Continued use of scramble OR time
- IPC Guidelines and delay of patient care at the FMC Dental Clinic
- Management and executive management team made aware of issue
- Discussion with manufacturers to get equipment and dental implant information

#### **Division of Paediatric Dentistry:**

- Rise in Early Childhood Caries, workforce plan has been completed.
- Restarting ACH Dental GPR Program; increasing / hiring Preceptors

#### **Division of Community Dentistry/Dental Public Health Clinic Program:**

- The reorganization into Alberta Health Services changed the organizational structure of dental clinic programs in the Calgary area. The Dental Public Health Clinic Program (Airdrie Dental Clinic, Chumir Dental Clinic, Northeast Dental Clinic) have become part of the Population and Public Health portfolio, and the Dentists report up through the Clinical Department of Public Health and to the Zone Clinical Section Chief of Dentistry and Oral Health. The Clinical Dentists continue to receive privileges through the Calgary Zone Section of Dentistry and Oral Health, and maintain strategic linkages with FMC and ACH Dental Clinic Programs through shared accreditation planning, software programs, Infection Prevention and Control oversight, and routine meetings

#### **❖ Workforce Planning:**

##### **• Goals and Strategies:**

#### **Division of Adult Dentistry:**

- Continue to have an accredited Dental General Practice Residency Program and add an additional Resident
- Build the new dental clinic at the South Health Campus  
Seek partnerships with other educational institutions and providers of continuing dental education
- Improve funding for the FMC Dental Clinic – seek funding for the Dental Residency Program from the Alberta Government (as is already done in Edmonton)

#### **Division of Paediatric Dentistry:**

- Continue to work with Section members on recruiting preceptors for the ACH Dental Clinic Dental GPR Program

#### **Division of Community Dentistry/Dental Public Health Clinic Program:**

- The Dental Public Health Clinics are working to implement an agreement with Health Canada for First Nations' people to receive care at Chumir Dental Clinic by funding additional staffing. This project now has a tentative start date for September 2011. As part of this agreement, a new dental chair is to be funded by Health Canada at Sheldon Chumir clinic. It is to replace a current chair which is over 30 years old

#### **❖ Future Directions and Initiatives:**

#### **Division of Adult Dentistry:**

- Enhanced participation and engagement of members in Sectional activities
- FMC Dental GPR program
  - Expand program to include a third Resident
  - Introduce OMFS and prosthodontists as Preceptors
- FMC Dental Clinic
  - Collaborate with FMC Clinic Manager to acquire baseline statistics to assist with program and manpower planning.
  - Continue with development of Healthy Patient Clinic
  - Continue with development of the Dental Implant Program
  - Continue with development of an Oral Surgical Clinic (collaborating with Section of OMFS)

#### **Division of Paediatric Dentistry:**

- Careful utilization of existing resources for best practices of Paediatric Dentistry
- Development of a paediatric dental data registry for documentation within the Alberta Children's Hospital
  - Focused collaboration and interaction with each of the other Sections and Departments, to provide comprehensive care within the Alberta Children's Hospital
- Project planning for active recruitment of long term staff Paediatric Dentists
- Increased emphasis on research and evidence-based practice
- Paediatric Dentist preceptor support for GPR program

#### **Division of Community Dentistry/Dental Public Health Clinic Program:**

- The program continues discussions with Health Canada to fund a dental team at Chumir Clinic to deliver care to First Nations and Inuit people
- The program plan to be more paperless, examples would be online billing planned, and scanning more documents/x-rays into the computer chart

# SECTION UPDATE

## SECTION OF GENERAL SURGERY

### ❖ Highlights:

The Calgary Zone Section of General Surgery has had a very successful year. Resources for operating have had a significant lift and attitudes are significantly more upbeat.

Over the last year we have had one significant recruitment. **Dr. Chad Ball** has joined the Section with expertise in Trauma, Hepatobiliary and Pancreas Surgery. He has completed Fellowships with **Dr. Feliciano** in Atlanta and **Dr. Lillemoe** in Indianapolis. With one hundred publications before he started in a staff position, he was one of the most sought after trainees in North America, and we are happy he has joined us. He has taken on the role of Chair of our Residency Research Group and has organized our First Annual Resident Versus Staff Softball Game, which was a huge success. The staff won the game 23 to 17.

A number of our faculty have received awards in the last year. **Dr. Walley Temple** received the Department of Surgery FMC Distinguished Service Award. **Dr. Gwen Hollaar** received the Faculty of Medicine Guenther Distinguished Achievement Award. **Dr. Jim Nixon** also received a Faculty of Medicine Clinical and Adjunct award for Long Term Education Contribution. **Dr. Ball** received the SSAT Research Award for best presentation "Radiation Dose from Computed Tomography in Patients with Necrotizing Pancreatitis". **Dr. John Heine** has continued to receive accolades for his teaching and was awarded a gold star teaching award from the Calgary Medical Student Association.

**Dr. Lloyd Mack** has taken over the Chair of our Residency Training Program from **Dr. Tony MacLean**. Thank you Tony for what has been outstanding leadership of our educational program. **Dr. Daphne Mew** completed her 5 year term as chair of our research committee. Thanks go out to Daphne for her long standing support of our research program. **Dr. John Heine** won our General Surgery "Teacher of the Year" award as voted by the Residency Staff.

The Visiting Professor Program continues to provide world class academics to our centre. **Dr. Jeffrey Barkun** from Montreal was our external judge at Residency Research Day. **Dr. Stanley Goldberg** from Minneapolis visited and updated us on fistula in ano. **Dr. Tom Howard** visited from Indianapolis and **Dr. Keith Lillemoe**, Surgeon in Chief, Massachusetts General Hospital was here for the Calgary Stampede. The First Annual Bob Pow Trauma Lectureship was held and **Dr. Scott Dulchavsky** presented "Extra-terrestrial Medical Care". All of these distinguished Surgeons held educational sessions with our Residents and presented to the Section.

All of our Residents passed their Royal College Examinations. Congratulations to **Dr. Mantaj Brar** (Colorectal ICU Fellowship), **Dr. Balpreet Brar** (Minimally Invasive



*Dr. Francis Sutherland, General Surgery Section Chief*

Fellowship), **Dr. Ryan McColl** (Staff position Lethbridge), **Dr. Michele Riordan** (Minimally Invasive Fellowship), **Dr. Kourosh Sarkhosh** (Minimally Invasive Fellowship), and **Dr. Glen Vajcner** (Locum positions). We wish them all the best in their future endeavours.

Several Extended Residents and Fellows have completed their training. **Dr. Gitonga Munene** has finished his Surgical Oncology training and is taking up a position in Memphis as a Hepatobiliary Surgeon. **Dr. Sebastien Drolet** has completed his Colorectal Fellowship and has returned to Quebec City to start clinical practice. **Dr. Thomas Ho** returns to Singapore to start his Endocrine Surgery practice. Our program continues to produce quality subspecialists in surgery who are now spread around the world. **Dr. JF Ouellet** has completed his Trauma Fellowship and is spending an additional year at the Foothills Medical Centre doing a Hepatobiliary Fellowship.

Academically the Section continues to be strong and is bolstered by our new Section members. We currently hold over \$3 Million in research grants. **Dr. May Lynn Quan** received funding for three grants including a \$100,000 MSI grant evaluating the implementation of the Surgical Safety Checklist. **Dr. Adrian Harvey** continues to investigate eye tracking in surgery and has received UofC funding for this research. **Dr. Daphne Mew** received Alberta Cancer Foundation funding for her project "Clinical Evaluation of a New Approach to



Breast Imaging with Microwaves". Other members continue to be productive including **Dr. Lafreniere** with his work on health technology assessment and **Dr. Dixon** with his work on surgical care delivery (CIHR funding). We are developing a critical mass of expertise in population health and this will likely be the focus of our future growth. **Dr. Pasioka** has had a very progressive year with several keynote addresses including the Cahow lecture at Yale and the Cossgrove lecture at the University of Toronto. Last year our Section members published over 60 papers, by far the most of all the Sections in the Department of Surgery.

Several of our Section members have completed leadership positions in surgical organizations. **Dr. Janice Pasioka** has completed her term as President of the American Association of Endocrine Surgeons. **Dr. Greg McKinnon** has completed his term as the President of the Canadian Society of Surgical Oncology. **Dr. Bruce Rothwell** continues his leadership of the Alberta Association of General Surgeons and the Breast Health Clinic. **Dr. Walley Temple** also continues as Director of Cancer Surgery in Alberta and leads the WebSMR synoptic

OR reporting project. Both **Dr. Kortbeek** and **Dr. Sutherland** were reappointed in their positions as Department and Section Chiefs respectively.

**Dr. Lloyd Mack** and **Dr. Walley Temple** continue to progress on their cutting edge clinical research on "Cytoreduction and Intraperitoneal Chemotherapy." They were recently featured on the CTV national news.

Mission work continues to be a focus of many of our Section members. **Dr. Gwen Hollaar** continues in her leadership roles in international health and her focus in Laos. **Dr. Rob Mulloy** completed a repeat teaching visit to Ethiopia with his children in tow and **Dr. Jeff Way** did a mission in Haiti working with Cholera patients.

The Section continues its wide and varied activities throughout Canada and the world. Our emergency surgery service (ACCESS) continues to be very successful and a recent review showed our response times were under one hour at all three adult medical sites in Calgary! Future direction for our Section will be set at our upcoming retreat this fall. Congratulations to our Section members on what can only be described as an outstanding year.

# SECTION UPDATE

## SECTION OF OPHTHALMOLOGY

### ❖ Section Structure and Organization:

#### Current Committees:

- Monthly business meetings (all Ophthalmologists with privileges in CHZ + 2 Neuro-Ophthalmologists + 3 affiliated vision research scientists)
- Recruitment & Retention Committee (chaired by **Dr. Kenneth Romanchuk**, with one representative from each subspecialty, except two when recruiting to that subspecialty, and three Comprehensive Ophthalmologists)
- On-Call Committee (chaired by **Dr. Nand Goel**)
- Retinal Working Group (chaired by **Dr. Amin Kherani**)
- Residency Program Committee (chaired by the Residency Program Director, **Dr. Linda Cooper**, with **Dr. Amin Kherani** Assistant Residency Program Director)
- Sectional Research Committee (chaired by **Dr. William Stell**)

#### Current Programs:

- Lions Eye Bank of Southern Alberta at RGH, including Deep Surgical Automated Endothelial Keratoplasty (DSAEK) program by four corneal Surgeons
- Continued retinopathy of Prematurity Screening service to Neonatal Intensive Care Units at FMC, PLC & RGH (500± per year) and follow-up neonatal clinic at ACH (**Dr. Anna Ellis**)
- Sight Enhancement Clinic (Low Vision Clinic) at RGH
- Continued participation in the Craniofacial and Vascular Birthmark Clinics at ACH
- Subspecialty clinics at RGH: Corneal, Glaucoma, Neuro-Ophthalmology, Retinal, Urgent Eye, & Uveitis
- University Eye Foundation (President **Dr. Amin Kherani** & Secretary-Treasurer **Dr. S Smith**)



*Dr. Kenneth Romanchuk, Ophthalmology Section Chief*

#### Organizations:

- **Dr. Michael Ashenhurst** is a member of the Provincial Affairs Committee of the Canadian Ophthalmological Society and the Uninsured Services Committee of the Alberta Medical Association, and also the fees representative of the

## Ophthalmological Society of Alberta

• **Dr. William Astle** continues as Chair of the International Relations Committee of the Joint Commission of Allied Health Personnel, Chair of the Committee for Allied Health Personnel in Ophthalmology International Council of Ophthalmology, and as a member of the Human Resource Program Committee of the International Association for the Prevention of Blindness

• **Dr. Jamie Bhamra** participates in the special working group of the Canadian Ophthalmological Society to implement strategies for an integrated interprovincial system for cornea and tissue donation

• **Dr. Bill Chow** is the Chair of the Scientific Committee of the Ophthalmological Society of Alberta and the organizer for the annual scientific meeting of the Alberta Ophthalmological Society, a member of the Executive Committee of the Ophthalmological Society of Alberta, a Comprehensive Ophthalmologist Member of the Alcon Glaucoma Advisory Committee, and an examiner in the Part 2 (LMCCQEII) process of the Medical Council of Canada

• **Dr. Linda Cooper** is the new Residency Program Director for Ophthalmology at the University of Calgary

• **Dr. Andy Crichton** is a referee for the Canadian Journal of Ophthalmology, European Journal of Ophthalmology, Journal of Glaucoma, Ophthalmology, and Eye. He also chairs the Fellowship Committee of our Section of Ophthalmology

• **Dr. Thad Demong** is a member of the Editorial Board of the Canadian Journal of Ophthalmology, is on the Advisory Board of Nevanac 2008, and is the Medical Director of the Lions Eye Bank of Southern Alberta

• **Dr. Anna Ells** is a member of the Scientific Review Committee for the annual meeting of the American Association for Paediatric Ophthalmology and Strabismus (2007-2011,) Chair of the International No-ROP Group, the Co-Chair of the Childhood Blindness Subcommittee of the International Agency for the Prevention of Blindness in Latin America, a member of the Clinical Practice Guideline Expert Committee of the Canadian Ophthalmological Society, and reviewer for the Journal of the American Association for Paediatric Ophthalmology and Strabismus, and Archives of Ophthalmology Prevention of Blindness in Latin America, a member of the Clinical Practice Guideline Expert Committee of the Canadian Ophthalmological Society, and reviewer for the Journal of the American Association for Paediatric Ophthalmology and Strabismus, and Archives of Ophthalmology

• **Dr. Bryce Ford** is the organizer of the University of Calgary Visual Sciences Research Day, a reviewer for the Canadian Journal of Ophthalmology, the American Journal of Ophthalmology and the Journal of Glaucoma, a member of the Committee on Shared Responsibilities of the Canadian Glaucoma Society, and a grant reviewer for the University of Calgary Eye Foundation

• **Dr. Howard Gimbel** is on the editorial board of 11 journals (Techniques in Ophthalmology, Clinical & Surgical Ophthalmology, Vision & Aging, Evidence-Based Eye Care, Ocular Surgery News, Ophthalmology Times, Journal of Intraocular Implant Society, India, Ophthalmic Surgery, Lasers & Imaging, Refractive Business Advisor, European Journal of

Implant and Refractive Surgery, and Phaco and Foldables), and on the advisory board of four organizations (Career Physician Advisors of CP Director & Ophthalmic Instrumentation Module, LASIK Institute Board of Directors, Nidek Medical Advisory Board, Mastel Precision Medical Advisory Board) as well as Head of Ophthalmology at Loma Linda University. He received the Calgary Medical Society Physician of the Year Award in Calgary February 5, 2010

• **Dr. Nand Goel** has spent countless hours in 2010 & 2011 facilitating a consensus position regarding cataract surgery in the contracted non-hospital surgical facilities, and priority ranking of cataract surgery among the Ophthalmologists in the Calgary Zone

• **Dr. Jit Gohill** is a member of the Executive Committee of the Canadian Society for Cataract & Refractive Surgery, a member of the executive of the Ophthalmological Society of Alberta, a reviewer for the Canadian Journal of Ophthalmology, and a grant reviewer for the University Eye Foundation

• **Dr. Vivian Hill** is co-chair (with **Dr. Karin Verstraten**) of the Ophthalmology teaching for undergraduate education at the University of Calgary (UME Course 5 Teaching Program), a member of the course V Undergraduate Education Planning Committee of the Faculty of Medicine of the University of Calgary, and an examiner in Ophthalmology for the Royal College of Physicians & Surgeons of Canada, and a physician examiner for the Medical Council of Canada

• **Dr. John Huang** is Chair of the Government Affairs Committee of the Alberta Medical Association, a member of the Physician Action Group of the Alberta Medical Association, a member of the Senate of the University of Calgary, a member of the Government Relations Committee of the Senate of the University of Calgary, a member of the Planning Committee for the University of Calgary Faculty of Medicine Annual Calgary Therapeutics Course, and is a member of the National Council for Undergraduate Medical Directors of the Canadian Ophthalmological Society

• **Dr. Peter Huang** is a member of the Senate of the University of Calgary, liaison chair from the UofC senate to the Faculty of Medicine, and UofC Senate representative of the community outreach committee

• **Dr. Amin Kherani** is President of the University Eye Foundation, the Assistant Residency Program Director in Ophthalmology at the University of Calgary, Director of the Retinal Fellowship Program at the University of Calgary, reviewer for the Canadian Journal of Ophthalmology, and does international Ophthalmology work in Kenya

• **Dr. Femida Kherani** continues as a member of the American Society of Ophthalmic Plastic Surgery Education Committee

• **Dr. Robert Mitchell** continues his international Ophthalmology work in Vietnam

• **Dr. Karim Punja** is a member of Faculty Council, University of Calgary Faculty of Medicine & Health Sciences, and a reviewer for the Canadian Journal of Ophthalmology

• **Dr. Kenneth Romanchuk** finished his term as a Fellow-

at-Large Councilor of the Royal College of Physicians & Surgeons of Canada, but continues as a member of the RCPSC Regional Advisory Committee Region 1, a member of the RCPSC Specialty Committee in Ophthalmology, Chair of the Maintenance of Certification Committee of the Canadian Ophthalmological Society, member of the executive of the Alberta Ophthalmological Society, and is now a member of the RCPSC Credentials Committee

- **Dr. Stan Smith** is Secretary-Treasurer of the University Eye Foundation

- **Dr. John McWhae** continues working in International Ophthalmology with Operation Eyesight International

- **Dr. Karin Verstraten** continues to participate as an examiner in the Part 2 process of the Medical Council of Canada, is a grant reviewer for the Canadian Glaucoma Clinical Research Council of the Canadian National Institute for the Blind, is co-chair (with **Dr. Vivian Hill**) of the Ophthalmology teaching for undergraduate education at the University of Calgary (UME Course 5 Teaching Program), is a reviewer and interviewer for the University of Calgary Medical Student Selection Committee, and performs charity work at the Jamaica Cornwall Regional Hospital for glaucoma surgery and volunteer clinic in remote areas, school and community screening for treatable eye disease

- **Dr. Patrick Wyse** is a member of the Non-Hospital Surgical Facility Committee of the College of Physicians and Surgeons of Alberta

### ❖ **Accomplishments and Highlights:**

#### **Clinical Service:**

- Annually 28,000 patients visits & 68,000 tests at RGH eye clinic

- Annually 15,000 patient visits at ACH vision clinic

- Annual eye surgeries: 12,400 cataract (12,000 at contracted NHSF), 3,200 non-cataract eye surgeries (NHSF), 2,200 eye surgeries at RGH & 580 paediatric eye surgeries at ACH

- Still in planning for a teleophthalmology project to service unmet eye needs of specific patient populations in Southern Alberta, and server storage for Alberta

### ❖ **Education:**

#### **Residents:**

- The Residency program in Ophthalmology commenced in 2006 with one Resident per year, and starting July 1, 2010 we take two Residents every second year

#### **Fellows:**

- Continuing Fellowship programs in cornea, Paediatric Ophthalmology, and Surgical Retina, and commencement of an Anterior Segment Surgery Fellowship Program

- Our Fellowship program in Paediatric Ophthalmology is certified by the American Association for Paediatric Ophthalmology and Adult Strabismus, and participates in their annual match

- **Dr. Andy Crichton** continues as Chair of our Sectional Fellowship committee

#### **Medical Students:**

- Teaching of undergraduates continues in small group settings, surgical clinical clerkship rotations, and electives; **Dr.**

**Vivian Hill and Dr. Karin Verstraten** have taken leadership roles in teaching Ophthalmology in the newly reorganized medical student curriculum at the UofC; **Dr. John Huang** continues as Chair of our Sectional undergraduate medical education activities

- Mentorship continues for several UofC undergraduates in small research projects, as well as undergraduates from other Canadian Universities

#### **Research:**

- We continue our Annual Sectional Research Day to recognize vision-related research in Calgary, both clinical & basic science; **Dr. Bryce Ford** is chairman of the organizing committee

- Ongoing research projects are listed in Appendix 3.1 -- please note that much of the basic science (bench) research in Ophthalmology is performed through the basic science Departments of the University of Calgary, and not directly under the Section of Ophthalmology – although this basic science research is often presented annually at our combined Eye Research Day, and is eligible for awards on this day

### ❖ **Challenges:**

#### **Response to Issues:**

- The Retinal Review Project has been extremely successful in providing more efficient care for patients awaiting emergency/urgent retinal surgery in Calgary, through establishment of a surgical coordinator, daily retinal outpatient clinics in the Eye Clinic at RGH, and standardizing of preoperative and postoperative orders for patients undergoing vitreoretinal surgery. This has resulted in a marked shift from mostly in-patient admissions to truly out-patient/day surgery for most patients. The surgical coordinator has now been expanded to other services at RGH

- Optometrists in Alberta withdrew their proposal to the Provincial Government for an expanded scope of practice including all eye surgery under local anesthesia excluding intraocular except intraocular laser procedures, access to all ionizing and non-ionizing radiation diagnostic testing, ability to prescribe medications by all routes of administration, and access to blood testing

#### **Ongoing Matters and Plan of Action:**

- On-call demand continues to increase, albeit at a slower pace than in the past years. Problems still arise with peaks in demand, including from neighboring health zones, and there is ongoing communication to try to deal with these issues. The Sectional on-call committee continues to work with RAAPID (formerly SARCC) to facilitate appropriate triage and referral of patients with eye problems. A Sectional Retreat in late 2011 is planned to revisit on-call issues

- The yearly cataract surgery allocation performed in the contracted Non-Hospital Surgical Facilities (NHSF) was increased to 12,000 through a series of surgical blitzes announced by the Minister of Health in fiscal 2010-2011

- A new RFP process starting on April 1, 2010 resulted in 3 of the 5 former NHSF in Calgary losing their contract, creating displacement of several Ophthalmologists from the three terminated facilities to the remaining two, and a great deal of angst among those not awarded a contract. Through an “expression of interest” process and surgical blitzes announced by the Minister of Health, cataract surgery cases (and 120 corneal transplants) were performed in those facilities previously unsuccessful in the RFP process

- A new model for five years, starting in April 2012 has been



proposed by Section members, and a transition plan for April 1, 2011 to March 31, 2012 has been put in place through the hard work of **Dr. Nand Goel**

- The Section is working on a new model for listing of priority for cataract surgery, based on the cataract surgery tool of the Western Canada Waiting List Project

#### **Future Risks:**

- Insufficient funding of academic positions to recruit qualified geographic full-time faculty and grow the Residency Program, as well as clinician-researchers to expand the eye research program
- Discouragement of newly graduated Residents/Fellows who wish to start a practice in Calgary, but who have been informed that there will be no additional resources available to the Section

#### **Goals and Strategies:**

- All recruitments are advertised and interviewed in an open and transparent process
- Impact on other Departments and Sectional resources
- Recruitment is designed to provide more timely access of patients for ophthalmological care
- There is a requirement for additional resources for new recruits, as retiring Ophthalmologists tend to use less resources than incoming recruits

### **❖ Quality Assurance, Quality Improvement, and Innovation:**

#### **General:**

- Morbidity & Mortality rounds will continue
- A safety review was completed regarding Paediatric laser eye surgery
- Access of Family Physicians to specialists
- Improved through screening of incoming calls through SARCC/RAAPID
- Patient flow through the Emergency Department has greatly improved by creation of one-half day urgent eye clinics on Saturdays, Sundays & statutory holidays in the Eye Clinic at RGH

#### **❖ Future Directions and Initiatives:**

- Will require additional space at RGH to accommodate expanding clinical & teaching needs of Eye Clinic and Residency Program
- Proposal for an distributed Eye Institute
- Creation of an endowed chair in Ophthalmology (from the current Roy & Joan Allen fund) has the support of the Dean of Medicine
- Will need Sectional retreat to retool on-call coverage to plan for expansion to the new South campus still undefined

# SECTION UPDATE

## SECTION OF ORAL AND MAXILLOFACIAL SURGERY

### **❖ Highlights:**

The Section of Oral and Maxillofacial Surgery had a productive year, serving the needs of Calgarians and those from peripheral outlying regions, including central and Southern Alberta.

The Sectional members have taken on an increased role from a teaching standpoint. Specifically, there has been significant engagement with members of the general practice Residency from the Foothills Dental Program. These members had multiple opportunities to engage and participate in advanced oral surgical care. On a going forward basis, the Section hopes to increase this collaborative relationship.

### **❖ Structure:**

**Dr. Brian Whitestone** remains the Section Chief for the Section of Oral and Maxillofacial Surgery. The Section of Oral and Maxillofacial Surgery has 10 active Surgeons and two Surgeons currently with Senior Surgeon status. **Dr. Francis Skulsky** will be retiring from his practice effective September 1, 2011. We are in the process of recruiting an Oral and Maxillofacial Surgeon with extensive training in jaw tumour resection, mandibular reconstruction, craniofacial surgery and traumatology. The Section is active at the PLC Hospital. We have secondary admitting privileges at the other Calgary institutions. There are currently 4 - 5 active NHSF's (Non Hospital Surgical Facilities) that have contractual relationships within the Calgary zone.



*Dr. Brian Whitestone, Oral and Maxillofacial Surgery  
Section Chief*

**Photo Courtesy of Dr. Brian Whitestone**

### **❖ Education:**

Several Residents from the Section of Plastic and Reconstructive Surgery have participated in clinical rotations with the Section

of Oral and Maxillofacial Surgery. This relationship certainly improved care and understanding between the two Sections.

#### ❖ **Workforce Planning:**

A Sectional workforce plan has been finalized. This plan was developed after a comprehensive review of the Sectional membership structure.

The plan was developed within the contexts of existing resources for programs and services. This workforce plan received full and unanimous approval from the members of the Section. A Senior Surgeon Policy has also been defined and approved.

#### ❖ **Research:**

No significant clinical or basic research was undertaken by any members of the Section within this past year.

#### ❖ **Challenges:**

The principle challenges to the Section are related to the obvious fiscal constraints imposed. There is certainly increasing

utilization of the NHSF's for basic and even more advanced oral maxillofacial surgical procedures. This increased emphasis on performing efficient and effective delivery of care using the outpatient model has reduced the overall impact on hospital based resources. Improvements in the funding situation will encourage this process to an even greater extent.

#### ❖ **Future Directions and Initiatives:**

Members of the Section are reviewing possible transitions with more senior members and will likely undergo continued evolution in the coming years as members retire and new individuals are joining existing practices. Dr. Brian Whitestone is actively engaged in Zonal committee representation including being the Dental representative on Provincial Practitioner Executive Committee (PPEC,) Zone Medical Administrative Committee (ZMAC) and Quality Engagement Committees. We hope to increase the educational participation of our service with the Foothills GPR program and in general, engagement with our medical colleagues.

## SECTION UPDATE

### SECTION OF ORTHOPAEDICS

#### ❖ **Section Structure and Organization:**

##### **Current Committees:**

The Section of Orthopaedics has the following Committees: Executive; Clinical Operations; Education; Research; Orthopaedic Surgery Residency Training Committee; Full Section; various sub-committees of the Sections listed below; Regional Bone and Joint Health Program.

##### **Divisions and/or Programs:**

The Section of Orthopaedics has the following Clinical Divisions: Core Orthopaedics, Orthopaedic Trauma, Joint Reconstruction/Arthroplasty, Upper Extremity, Orthopaedic Oncology, Foot and Ankle, Spine, Sport Medicine, and Paediatric Orthopaedics, as well as our Education, Research and Administration portfolios.

##### **Membership:**

Our Section of Orthopaedics membership has a total of 49 teaching members, which includes eight GFT's, plus six retired/semi-retired Orthopaedic Surgeons (who provide service in our education and clinical service delivery portfolios), seven basic scientists and three neurosurgeons. **Dr. Doug Bell** retired March 2011.

#### ❖ **Accomplishments and Highlights:**

##### **Clinical Service – Orthopaedics 2010-2011:**

The Section recruited a Hand/Wrist Surgeon, **Dr. Gurpreet Dhaliwal**, who joined the staff in December 2010. Interviews were held for adult spine recruitment in 2010/2011. The position has been offered to **Dr. Peter Lewkonja** who joined the Section August 1, 2011.

The Bone and Joint Clinical Network was established by



*Dr. Kevin Hildebrand, Orthopaedics Section Chief*

AHS in 2009. There are four working groups with Orthopaedic leadership and these include: Hip and Knee Arthroplasty, Soft Tissue Knee Injury, Spine and Trauma with a Focus on Hip Fracture Management.

The new McCaig Tower at Foothills Medical Centre opened

November 2010. The first activity was the movement of Arthroplasty Surgery from the Health Resource Centre. Orthopaedic surgery at FMC has moved to McCaig except for the Orthopaedic Trauma Room. Three inpatient units opened at the McCaig Centre; one for Health Resource Centre activity, and transfer of Units 71 and 72 from FMC. The outpatient clinic in McCaig has not been opened.

An acute knee injury clinic opened at the University of Calgary Sport Medicine Clinic. This was the culmination of research and education initiatives led by **Dr. Nick Mohtadi** combined with work from the Bone and Joint Clinical Network and supported by the leadership of the Department of Surgery. It is another example of innovation in health care delivery the Section of Orthopaedics has led in the past including the Caleo Clinic for Spine disease and the Hip and Knee project for arthroplasty patients. **Dr. Jason Werle** and the arthroplasty leadership won the 2010 Department of Surgery Innovation Award for the Hip and Knee project.

#### ❖ Education:

##### Continuing Medical Education:

- The 13th Annual Glen Edwards Day: May 28th, 2010 at the Coast Plaza Hotel & Conference Centre; hosted by Upper Extremity and Sport Medicine
- 2010 Canadian Orthopaedic Resident Forum (CORF) was held April 9th – 12th at the Fairmont Palliser Hotel. CORF was attended by 79 final year Orthopaedic Residents and 10 auditors. Educational and oral examination sessions were facilitated by 32 Faculty members from across the nation. 2011 Canadian Orthopaedic Resident Forum (CORF) is scheduled for April 8th – 11th at the Fairmont Palliser Hotel
- Afternoon in Arthroplasty: Monday, September 27th, 2010, at the Radisson Hotel
- The 38th Annual Paediatric Orthopaedic Seminar and Townsend Lecture: Friday, October 22nd, 2010 at the Alberta Children's Hospital with guest speakers **Dr. Kishore Mulpuri** (Vancouver,) **Dr. Theodore Ganley** (Philadelphia) and local speaker **Dr. Carmen Brauer** giving the RD Dewar Lecture.
- Points on Joints: Friday November 19th, 2010 at the Health Sciences Centre
- Citywide Orthopaedic Surgery Rounds are held the third Friday of every month except July and August

##### Postgraduate Medical Education:

- All four Residents passed their FRCSC exams in 2010
- The R3s-R5s participated this year in the newly formatted OSCE exam style during the Fall and Spring Exams with good results
- The Orthopaedic Surgery Residency Training Program enjoyed the following Visiting Professors in the 2010 Academic year, enhancing the Resident learning experience:
  - **Dr. Charlie Fisher** from the University of British Columbia in conjunction with the Fellowship Symposium
  - **Dr. James Wright** from the University of Toronto in conjunction with the Annual Surgeons' Day Symposium
  - **Dr. Theodore Ganley** from the Children's Hospital of Philadelphia and **Dr. Kishore Mulpuri** from BC Children's Hospital, in conjunction with Paediatric Townsend Day
- The Residents and faculty from both Calgary and Edmonton enjoyed all day lectures with guest speaker **Dr. Reinhold Ganz**,

from Bern, Switzerland, as well as local speakers

##### Undergraduate Medical Education:

- The Section of Orthopaedic Surgery received 55 clerkship electives from April 1, 2010 – March 31, 2011 from all over Canada as well as abroad with many applying to our program based on their positive experience here
- The 2010 MSK Course II was very successful. Thanks to our faculty, Residents and Fellows for contributing their countless hours teaching this course. The 2011 MSK Course II is scheduled from October 24th to December 15th, 2011 and we will apply Team Based Learning for the Orthopaedics portion of the course

##### Graduate Medical Education (Fellowships):

**Dr. Jim Powell**, Orthopaedic Fellowship Program Director, has nine active Fellowship programs

- Arthroplasty Fellowship Rounds: are being held every third Wednesday in room G382 at the Health Science Centre
- Fellows Research Symposium: The Third Annual Orthopaedic Fellows Research Symposium took place on May 11th, 2010 and the winners were as follows: Norman Schachar Research Award:
  - **Dr. Jacob Alant** (1st Place) followed by **Dr. Alex Denault** in 2nd Place with **Dr. Matthew Oliver** in 3rd Place
  - **Dr. Charles Fisher** from the University of British Columbia was the guest adjudicator for this event. Our local adjudicators were: **Dr. Carmen Brauer** and **Dr. Rob Harrop**.

##### ❖ Research Highlights:

- The 13th Annual Orthopaedic Faculty Research Symposium was held on February 2nd, 2011. There were four faculty members that presented: **Dr. Jim Powell** on "A Survey of the Canadian Hip Resurfacing Working Group Experience: Rates of Conversion from Surface Replacement Arthroplasty to Total Hip Arthroplasty"
  - **Dr. Shannon Puloski** on "Metastatic Bone Disease: Specialized Care and the Opportunity for Focused Research"
  - **Dr. Rob Korley** on "Collaborative Clinical Research- The Power of Numbers"
  - **Dr. Fabio Ferri-de-Barros** on International Surgical Work and Priority setting: Bridging a Gap in Health Research.
- The Research Portfolio Committee approved a new \$20,000 COREF research grant available to members of Orthopaedic Surgery

##### ❖ Challenges:

- Response to Issues: The Section of Orthopaedics has processes in place to deal with any issues in all domains. We endeavour to respond to these issues in a timely fashion
- Ongoing Matters and Plan of Action: Our primary challenge is with regards to resources and recruitment of staff
  - Future Risks: Short term would be lack of resources and the difficulty it creates in recruiting new staff (this issue should be resolved as the McCaig Tower and South Health Campus facilities open). The "promises" of resources at these two sites for centralized orthopaedic units remains a risk
  - We have an aging Section with retirements beginning to occur within the next 3-5 years. This demands proactive planning around recruitment
  - We have begun losing academic FTEs due to unrealistic demands at AHFMR and CIHR. An ARP would help



### ❖ **Workforce Planning:**

- Summary of Recruitment and Future Needs: Orthopaedic patient volumes will continue to grow at about 5-10% per year and this will force ongoing recruitments for clinical service alone. In addition, we have increasing academic needs for recruitment as our education and research programs expand. We need many more academic FTEs (ideally hard money). We believe that we should be recruiting at least 2-3 Orthopaedic Surgeons per year for the foreseeable future. Many, if not all, of our graduates have an interest in returning

- Goals and Strategies: To further develop a multidisciplinary bone and joint health program in all of our portfolios (education, research [basic biomedical and clinical], clinical service delivery and administration)

### ❖ **Quality Assurance, Quality Improvement, and Innovation:**

- General: The Section of Orthopaedics works with the Department of Surgery using their policies regarding this area.

We are also working with the recently formed committee which is chaired by **Dr. Joe Dort**

- Access of Family Physicians to specialists: At various times through the year, individual Orthopaedic Surgeons must close their practice for any new referrals due to significant waitlists

- Patient flow through the Emergency Department: The Orthopaedic Surgeons will work with their emergency physician colleagues on this issue

### ❖ **Future Directions and Initiatives:**

The Section of Orthopaedics will continue to work with AHS on plans for the McCaig Tower and South Health Campus facilities. There will be a need to recruit more Surgeons, but also opportunities to deliver care in new ways building on the Hip and Knee project, the Caleo Clinic and the acute knee injury clinic models. We will continue to build our research and education portfolios to meet required needs.

## SECTION UPDATE

### SECTION OF OTOLARYNGOLOGY

#### ❖ **Section Structure and Organization:**

##### **Current Committees:**

- Section Executive Committee – Chair **Dr. W. Matthews**
- Membership – **Drs. T. Gillis, J. Dort, D. Bosch and D. Drummond**
- Resident Training Committee Chair – **Dr. D. Bosch**
- Membership – **Drs. S. Chandarana, J. Warshawski, J. Brookes, P. Marck, D. Drummond** and **T.W. Matthews** (ex officio)
- Undergraduate Director – **Dr. P. Marck (R. Burke)**
- CME Director – **Dr. J. Warshawski**
- Research Director – **Dr. D. Drummond**
- Simulation Committee Chair – **Dr. J. Brookes**
- Membership – **Drs. J. Chau, P. Park**

##### **Programs:**

- Resident Training Program – the program currently accepts one and two Residents on alternating years through the CaRMS process.
- Head and Neck Surgical Oncology Program
- Bone Anchored Hearing Aid Program

#### ❖ **Accomplishments and Highlights:**

##### **Clinical Service:**

- **Drs. Thomas Gillis** and **Robert Burke** were granted Senior Surgeon status in recognition of their many years of service

##### ❖ **Professional Service**

- **Dr. Beth Lange** served as President of the Alberta Otolaryngology – Head and Neck Surgery Society
- **Dr. Joseph Dort** served as President of the Canadian Society of Otolaryngology – Head and Neck Surgery
- **Dr. Derek Drummond** - Royal College of Physicians and Surgeons - Otolaryngology - Head and Neck Surgery



*Dr. Wayne Matthews, Otolaryngology Section Chief*

Examination Board member

- **Dr. Wayne Matthews** - Royal College of Physicians and Surgeons Specialty Committee - Otolaryngology - Head and Neck Surgery, Vice Chair

##### ❖ **Education:**

- University of Calgary medical students **Breanne Everett** (UofC PG1 Plastic Surgery July 2009) and **Max Klein** (UofA PG1 Oto-HNS July 2010) successfully completed and presented research projects with faculty

• The University of Calgary is participating in the development of a national electronic curriculum for undergraduate education in Otolaryngology – Head and Neck Surgery with the financial support of the CSO-HNS

#### ❖ **Research:**

• Ohlson Research Initiative (ORI) - With the generosity of the Ohlson family and the leadership of **Dr. Dort** the ORI has made significant progress in establishing an international caliber translational research program in head and neck oncology. The ORI operates under the umbrella of the Southern Alberta Cancer Research Institute (SACRI). A tumour bank of surgical specimens linked to a clinical database is operational. Collaboration among basic scientists at SACRI and clinicians from the Calgary hospitals and the TBCC is integral to the program. International and national linkages have been made and will establish the University of Calgary as a leader in this field.

• **Dr. Joseph Dort** was named Ohlson Professor of Head and Neck Surgery March 2010

• **Dr. Scott Walen** received the “Best Presentation” award at Alberta Otolaryngology – Head and Neck Surgery Society meeting Lake Louise March 2010

• **Dr. Doug Chepeha** (University of Michigan) was the first annual Ohlson Lecturer, Tom Baker Cancer Centre, October 2010

#### ❖ **Challenges:**

##### **Response to Issues:**

• **Dr. Dort** announced a planned sabbatical January – December 2011 to support the Ohlson Research Initiative during its period of rapid expansion. Recruitment of a new Head and Neck Surgeon (**Dr. Shamir Chandarana**) to the FMC was initiated to bridge this period and to address ongoing manpower needs.

##### **Ongoing Matters and Plan of Action:**

• Like most surgical Sections, inadequate infrastructure (operating room access and ambulatory facilities) remain significant barriers to clinical service, education research and recruitment. The planned opening of the Richmond Road Otolaryngology Clinic (RRDTC) Otolaryngology Clinic August 2011 and oncology surgery uplift January 2011 have addressed some of these issues. The RRDTC clinic is a large and very well equipped ambulatory unit that will provide new clinical, educational and research capabilities to our Section and address several current constraints.

• Otolaryngology – Head and Neck Surgery has been selected as one of the Sections to establish a presence at the new South Health Campus in September 2012. The programmatic focus for the Section at the SHC will be Otology (ear disorders and surgery.)

##### **Future Risks:**

• Inadequate infrastructure is a risk to the status of the Resident Training Program, the inpatient consultation service and timely access to high quality surgical care. Significant progress has been made to address several of these issues

• An aging workforce coupled with limited recruitment

opportunities may stress the members of the Section

#### ❖ **Workforce Planning:**

##### **Future Needs:**

• Head and Neck Surgical Oncologist – **Dr. Shamir Chandarana** has been recruited to join the Section at FMC August 2010

• A third Paediatric Otolaryngologist is required at the ACH as soon as supporting resources are available. **Dr. Warren Yunker** has been successfully recruited to this position for July 2011.

• Recruiting a second tertiary Rhinologist to the RGH has been accomplished. **Dr. Luke Rudmik** will join UCMG and assume this position in August 2011

##### **Goals and Strategies:**

The Section will move towards program-based site organization:

- ACH – Paediatric Otolaryngology
- FMC – Head and Neck Oncology and Skull Base Surgery
- PLC – Laryngology and Facial Plastic Surgery
- RGH – Rhinology and Head and Neck Surgery
- SHC – Otology and Neurotology
- General Otolaryngology will be provided at all sites

##### **Impact on other departments and Sectional resources:**

• New Oto-HNS manpower at ACH will address both the existing consultation backlog and underutilization of operating room capacity

• Limited capacity to perform semi-urgent outpatient and inpatient consultations in an appropriate setting has the potential to negatively impact timely completion of those consultations, especially in the hospital setting. This is being addressed and should be mitigated

#### ❖ **Quality Assurance, Quality Improvement, and Innovation:**

##### **General:**

• Significant adverse events are reviewed quarterly at Morbidity and Mortality Rounds with the goal of minimizing repetition of similar occurrences in the future. The use of real time electronic documentation of events (T-Res) has resulted in much more complete capture of significant adverse events

• A clinical pathway to manage patients after major head and neck surgery has been developed and implemented at the FMC and has resulted in improved patient care and earlier discharge to the community

- Access of Family Physicians to specialists
- Central triage of newly diagnosed or suspected head and neck malignancies has been discussed and will hopefully be implemented in the next year

#### ❖ **Future Directions and Initiatives:**

• The Section is currently engaged in surgical simulation of temporal bone (middle and inner ear) surgery in the Temporal Bone (wet) Lab. Three additional drilling stations have been acquired (total of four stations) using funds received from the Campbell McLaurin Foundation. The lab is located in space provided by Neurosurgery in the HRIC second floor. We have acquired the equipment to allow similar cadaveric simulation of endoscopic sinus surgery as well.

# SECTION UPDATE

## SECTION OF PAEDIATRIC SURGERY

### ❖ Section Structure and Organization:

There are nine active Divisions within the Section of Paediatric Surgery; General Surgery, Orthopaedic Surgery, Otolaryngology, Urology, Plastic Surgery, Dentistry, Ophthalmology, Neurosurgery and Paediatric Gynecology. Paediatric Cardiac Surgery continues to be done in Edmonton, except for some minor cardiac procedures that are performed at the Alberta Children's Hospital by the Cardiac Surgeons and **Dr. David Sigalet** and **Dr. Mary Brindle**.

There are 28 full-time Paediatric Surgeons who continue to work at the Alberta Children's Hospital with 18 Surgeons who do part-time Paediatric Surgery work. Four Divisions, Paediatric Orthopaedics, Paediatric General Surgery, Paediatric Plastic Surgery and Paediatric Dentistry do only paediatric call. The Divisions of Paediatric Orthopaedics and Paediatric General Surgery continue to do the bulk of the emergency surgery, accounting for 61 per cent of the surgeries. The number of emergency cases in 2010 remained the same but the complexity of the cases has increased. There were 10,183 cases done last year.

Each subspecialty is lead by a Section Chief. They are as follows: Paediatric Orthopaedic Surgery is lead by **Dr. Elaine Joughin**; Paediatric General Surgery is lead by **Dr. Andrew Wong**, Paediatric Otolaryngology by **Dr. Derek Drummond** and Paediatric Ophthalmology by **Dr. William Astle**, **Dr. Walter Hader** leads Paediatric Neurosurgery, **Dr. Anthony Cook** leads Paediatric Urology, and **Dr. Warren Loeppky** leads Paediatric Dentistry. **Dr. Hyndman** is the Section Chief of Paediatric Surgery and the Site Chief of the Alberta Children's Hospital. **Dr. Rob Harrop** continues as the present Chief of the Section of Paediatric Plastic Surgery and Head of Office of Surgical Research for Surgery, **Dr. Philippa Brain** is the Section Chief of Paediatric Gynecology.

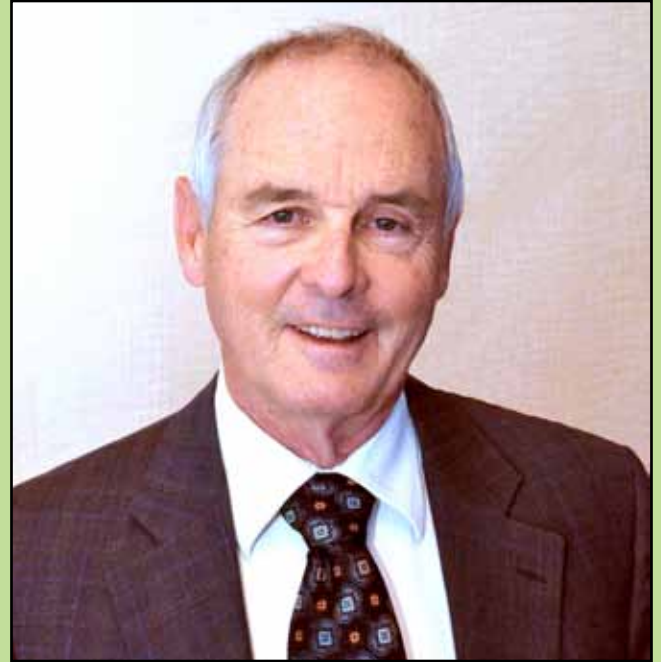
The Section has hired four new Surgeons to join the Alberta Children's Hospital starting in early 2011.

- **Dr. Ryan Frank**- Peds Plastics
- **Dr. Bryce Weber**- Peds Urology
- **Dr. Warren Yunker**- Peds Otolaryngology (ENT)
- **Dr. Steve Lopushinsky**- Peds General Surgery

### ❖ Education and Research:

All three full-time Ophthalmologists enroll patients into multi-center studies funded by the Paediatric Eye Disease Investigational Group (PEDIG) based in the US. As well, all three GFT's are working collaboratively with Endocrinology and Neurology on studies of corneal nerve pathology pertaining to childhood Type I Diabetes.

All members of the Paediatric Neurosurgery Division are



*Dr. William Hyndman, Paediatric Surgery Section Chief*

active in teaching medical students and Residents. As of July 2009, all Neurosurgery Residents will complete a six block rotation in Paediatric Neurosurgery as part of their training program. Paediatric Otolaryngology is committed to research. **Dr. Drummond** is continuing a randomized control trial on the use of Coblation technology for tonsillectomy in the paediatric population with obstructive sleep apnea.

**Dr. David Sigalet** from the Section of Paediatric General Surgery continues his excellent work as the Head of Research in the Section of General Surgery and continues to run his experimental laboratory in short gut syndrome. **Dr. Sigalet** is the Assistant Head of the Department of Surgery. The support for a Research Chair in Paediatric Surgery as part of the Alberta Children's Hospital Research Institute Chairs and Professorships was increased from \$2 million to \$3 million. This is subject to donor funding. The Foundation also increased the interim support for his ongoing research. **Dr. Sigalet** is an executive member of the World Federation of Associations of Paediatric Surgeons.

**Dr. Paul Beaudry** has established an interest in Paediatric oncology as a clinical focus. He has established a lab under the direction of **Dr. Steve Robbins**, Co-Director of the Southern Alberta Cancer Institute. The overall direction of the research



is to develop and explore new therapies and strategies for the treatment of neuroblastoma. Specific projects that are underway are determining the utility of oncolytic virus therapy alone and in conjunction with angiogenesis inhibition for high-risk neuroblastoma; and characterization of neuroblastoma tumour initiating cells as targets for therapy. **Dr. Beaudry** started a strong collaboration with **Dr. Peter Forsyth**, whose lab is a world leader in oncolytic virus therapy for brain tumours. He has also established collaboration with **Dr. David Kaplan** at Sick Kids, where his lab has led the field of neuroblastoma tumour initiating cells.

**Dr. Mary Brindle** continues her fetal research on congenital diaphragmatic hernias and pulmonary hyperplasia and is part of CAPSNET; a database for congenital abnormalities. The group will be doing research to develop the technique of operating on children and hopefully the fetus, under MR and laparoscopic control.

**Dr. Mary Brindle** has continued her work with CAPSNET and has presented this work at APSA.

**Dr. Sigale** presented the work of CHIRP at the BAPS meeting. This clinical work will revolutionize the treatment with TPN in infants and children.

**Dr. Bill Hyndman** and **Dr. Andrew Wong** continue their work

on fecal and urinary incontinence in children. The Surgeons at Alberta Children's Hospital continue their work on using the laparoscope in multiple fields and these continue to expand in Thoracoscopy, Urology, Otolaryngology and Orthopaedics.

**Dr. Frankie Fraulin** has been arranging Paediatric Surgical Grand Rounds monthly.

**Dr. Gerry Kiefer** is still serving on two committees:

Provincially; Co-Chair of the AMA Physician Compensation Committee and Nationally; Member of the Canadian Medical Association Board, Ad-Hoc Committee on Member Compensation.

**Dr. Robert Barsky** was re-elected Paediatric Councillor for the Royal College of Dentists of Canada, second term of three years and continues as an Examiner for the Royal College. **Dr. Barsky** is also the Canadian Academy of Paediatric Dentists representative to the Canadian Dental Specialists Association.

**Dr. Wong** is involved as a Teaching Scholar in Medicine at the University of Calgary.

# SECTION UPDATE

## SECTION OF PODIATRIC SURGERY

### ❖ Section Structure and Organization:

The Section of Podiatric Surgery has been a part of the Department of Surgery since 1999. The Section continues to see patient growth in Podiatric Surgery and is increasing its footprint within Alberta Health Services. The Section is made up of 10 Podiatric Surgeons; four of which deal with hospital inpatient care, who work closely with Vascular Surgeons in order to prevent limb amputations, and six of which that deal with non-hospital outpatient care, who deal mostly with ambulatory emergencies. All members of the Section work closely with Non-Hospital Surgical Facilities, which are contracted through AHS. The hospital inpatient care Surgeons are active within all three adult care facilities in Calgary, and occasionally do follow-up consultations at ACH.

### ❖ Highlights:

The Section of Podiatry continues to grow in the Calgary area, and provides Podiatric services at the Peter Lougheed Centre, because we are closely tied to the Section of Vascular Surgery. The Section currently has OR blocks at the PLC. Some surgeries are also performed at Rockyview General Hospital and Foothills Medical Centre based on the need for our services. Inpatient consultations are actively conducted at RGH and FMC. Most of the Section's work is done through the Non-



*Dr. Brent Haverstock, Podiatric Surgery Section Chief*

Hospital Surgical Facilities. The four hospital-based Surgeons are actively on call at all four hospital sites in Calgary.

**Dr. Haverstock** anticipates that though the Section of Podiatry is not in the initial plan for the SHC, we may have a presence at the new facility consulting inpatients, and through some ER time in the future.

#### ❖ Research:

**Dr. Brent Haverstock** is currently researching the economic implications of diabetes, and diabetic foot complications. He is also actively involved in the publication of the 2011 edition of the Alberta Diabetes surveillance System Atlas. **Dr. Haverstock** authored a chapter entitled: "Diabetes and Foot Disease in Lower Limb Amputations in Alberta." He is working closely with the University of Alberta and the Alberta Diabetes Institute to author this chapter.

**Dr. Cory Humble** is doing some research with the Faculty of Kinesiology on Foot Orthotics and Patellofemoral Syndrome. He has been involved in numerous studies relating to knee pain resulting from physical and biochemical changes in the knee.

#### ❖ Future Directions and Initiatives

The Section of Podiatric Surgery is looking to develop an official Residency program through the Department of Surgery. Currently the Section sees General Surgery and Orthopaedic Residents occasionally for surgeries and consultations, but we do not currently have a formal Residency program. **Dr. Haverstock** would like to get a Residency program underway in the coming years.

We are also looking to establish a formal recognized service throughout the city; the Diabetic Foot and Limb Preservation Service. Currently the Section of Podiatry works alongside Vascular Surgery and assists when a patient is admitted with a diabetic foot complication. With the new Vascular Institute being built at the Peter Lougheed Centre, the plan for the Section is to have a presence with a formal diabetic foot clinic.

Additionally, the Section of Podiatry is looking at creating an elective rotation for Family Medicine Residents who would like to learn more about the foot and managing common foot problems; Bunionectomies, Hammertoe corrections, and Diabetic Limb Salvage.

## SECTION UPDATE

### SECTION OF PLASTIC SURGERY

#### ❖ Section Structure and Organization:

The Sectional Executive Committee is responsible for monitoring and steering the activities of the Section in clinical service, research education, and developing initiatives. Its members are:

- **Dr. Robert Lindsay**, Section Chief of Plastic Surgery
- **Dr. David McKenzie**, Residency Program Director of Plastic Surgery
- **Dr. Duncan Nickerson**, Research Director, Plastic Surgery
- **Dr. Douglas Humphreys**, Director, Continuing Medical Education
- **Dr. Frankie Fraulin**, Director, Undergraduate Medical Education
- **Dr. Rob Harrop**, ACH Facility Chief, Plastic Surgery
- **Dr. Alan Lin**, PLC Facility Chief, Plastic Surgery
- **Dr. Mark Haugrud**, RGH Facility Chief, Plastic Surgery
- **Dr. Vim de Haas**, FMC Facility Chief, Plastic Surgery

#### ❖ Accomplishments and Highlights:

This year marked the retirement from clinical practice of **Dr. Dale Birdsell** who was the Section Chief of Plastic Surgery for thirty years, establishing the Burn Unit, the Hand Clinic, and the Residency Training Program in the early 1970's. His numerous contributions to Plastic Surgery and medicine in general, both here and abroad have been recognized by many, in particular by the American Association of Plastic Surgeons, whose James Barrett Brown Award he received for Research, by the Alberta Medical Association's award of the Medal For



*Dr. Robert Lindsay, Plastic Surgery Section Chief*

Distinguished Service and this year by the Canadian Society of Plastic Surgeons with whose Lifetime Achievement Award he was presented. Locally the Dale Birdsell Annual Lecture Series continues. This year the honor befell **Dr. Douglas Ross**,

Chair of the Section of Plastic Surgery, University of Western Ontario, whose discourse was entitled “Upper Extremity Reconstruction: What’s New and What’s Next?”

**Dr. Ryan Frank** has been recruited to the Section. His principle site of activity will be at the Alberta Children’s Hospital where his Fellowship acquired skills in Craniofacial Reconstruction will enhance that program.

The Directorship of the Calgary Firefighters’ Burn Treatment Centre has been bestowed on **Dr. Duncan Nickerson** who is Fellowship trained in this aspect of Plastic Surgery. **Dr. Nickerson** has also been appointed as Director of Mentorship for the Department of Surgery.

The Burn Service has been augmented by the recruitment of **Dr. Vince Gabriel** by the Division of Physical Medicine and Rehabilitation within the Department of Neurosciences. **Dr. Gabriel’s** focus, both clinical and in research is on burn injury and scar formation.

Renovations to the outpatient Burn Clinic area in Physiotherapy Department have been completed. Funding was provided by the Calgary Firefighters Burn Treatment Society.

In collaboration with the Trauma Program a data base for burn patients will be established that is compatible with the North American data collection system, run through the American Burn Association.

A multi-disciplinary Peripheral Nerve Clinic has been established with participants from Plastic Surgery (**Dr. R. Harrop, Dr. C. Schrag**), Neurosurgery, Neurology, and Physiatry.

#### ❖ Highlights:

The Residency Training Program Director is **Dr. C. David McKenzie**. Currently there are nine Residents in the program.

- **Dr. Chris Doherty** is engaged in a concurrent Masters of Epidemiology at Harvard University.

- **Dr. Jeff Dawes** successfully completed the Fellowship examination and is currently engaged in a Moh’s Micrographic Surgery Fellowship under the guidance of **Dr. John Arlette**.

- **Dr. Duncan Nickerson** continues as Chair of the Plastic Surgery Examination Development Committee for the Royal College of Physicians and Surgeons of Canada. Both he and **Dr. Don McPhalen** are on the Royal College Plastic Surgery Board of Examinations.

- The Microsurgery Training Course was again organized by **Dr. Christiaan Schrag** with participation of several members of the Section. Trainees included Residents from both Plastic Surgery and Otolaryngology. A successful five day session was completed in cramped quarters and it is anticipated that resources will improve as this teaching is an integral part of Resident training in several disciplines.

A Spine and Peripheral Nerve Anatomy and Surgery Course was organized by the University of Calgary on January 5, 2011. The multi-disciplinary faculty included Plastic Surgery.

#### ❖ Research:

##### Research Day:

The Annual Resident Research Day was held on May 28, 2010

- **Dr. Douglas Ross** provided a lecture entitled: “Upper Extremity Reconstruction: What’s New and What’s Next?”

- **Dr. Cy Frank’s** talk was: “The Challenges of Evidence-Based Surgery.”

- The Resident Research Day Award went to **Dr. James Kennedy**. His presentation was: “The Regenerative Deficit in Diabetic Peripheral Nerve.”

##### Research:

- **Dr. Rob Harrop** continues as Director in the Office of Surgical Research and Chairman, Department of Surgery Research Committee.

- A promising collaboration with **Dr. Gabriel** and with **Dr. J. Biernaskie** has been established for investigation of stem cell influences on cutaneous wound healing and scar formation.

- **Dr. Vim de Haas** and **Dr. Jennifer Matthews** established a database for breast reconstruction to study outcomes including Quality of Life measures.

- Outcomes in head and neck reconstruction following cancer ablation are being studied by **Dr. Christiaan Schrag** and **Dr. Justin Yeung** and they will be developing a database thereof.

- **Dr. Christopher Doherty** received a grant award from the Calgary Surgical Research Development Fund for his research in Sternotomy Infection.

- I would like to recognize those from the operating room staff, the Section of Otolaryngology, and the Section of Plastic Surgery who collaborated to develop a standardized operative team for major head and neck cancer ablation and reconstruction, an initiative that has undoubtedly improved the efficiency of operative care and the quality of life of those involved in this demanding field, as is the subject of a research project presented recently by **Dr. Chris Doherty**.



# SECTION UPDATE

## SECTION OF SURGICAL ONCOLOGY

### ❖ Structure:

The Section of Surgical Oncology continues its development in its academic service, administration and research components. Our continuing success developing our Section and being on the forefront of new treatments is also a credit to extraordinary cooperation between oncologists of the Tom Baker Cancer Centre and the administrative support from **Dr. Craighead** and **Dr. Fields**, as well as the extraordinary dedication of our administrative assistants.

### ❖ Service:

Surgical subspecialists are active participants in all outpatient clinics and are team leaders in the Cutaneous, Sarcoma, Hepatobiliary, and Advanced GI clinics. They continue to lead provincial programs in Sarcoma and Melanoma. The Hepatobiliary and Melanoma clinics are well established and are working closely with the Surgeons in Edmonton to continue to standardize care across the Province. As well its members continue to organize the Annual Western Canada Melanoma Conference, which was very successful in promoting a standardized approach to this disease. The synoptic reporting project will standardize care in the entire area of Cancer Surgery, Endocrine Surgery, Gyne/Oncology, Cutaneous, and Sarcoma. Over 14,000 reports have been entered into the system which is an amazing advance in changing the culture where Surgeons enter health care information at point of care as part of their routine activity. The Canadian Health Infoway information project on synoptic reporting implementation across Alberta has been successfully completed and has formed the basis for the national Canadian Partnership Against Cancer (CPAC) project in this area.

The Surgical Oncologists in the Section are performing well over 1,500 cancer operations with a minimum of 3,000 consultations. Cytoreduction and Intraperitoneal Chemotherapy for appendix and recurrent colon cancer have now been performed on close to 200 patients and have resulted in a number of international presentations and publications. The long term survivals are showing that the success in Alberta is equal or better than that in the literature. We continue to be the centre managing these tumors for Ontario and Western Canada. We have assisted in developing a unit in Edmonton and training Surgeons in Manitoba to begin this effort. Staff from the Cleveland clinic have also spent time with the team in their quest for developing their own centre. We continue to be one of the three centres in Canada providing limb perfusion for metastatic and otherwise untreatable melanoma confined to a limb. Our Hepatobiliary Surgeons are leaders in Phase III trials both in surgery and in novel chemotherapy approaches for colon and liver metastasis. Our Endocrine Oncologists are world leaders in their field.



*Dr. Walley Temple, Surgical Oncology Section Chief*

Photo Courtesy of Dr. Walley Temple

### ❖ Research:

The national CPAC initiative on synoptic reporting has been led by our Section and successfully completed a \$7 Million project in March 2011. We are continuing to work on our next phase of creating a national infrastructure, developing and maintaining evidence informed templates as well as a national database for cancer surgery.

The Section, through CSA, has obtained a new \$1.3 Million CHI innovation grant to develop a dynamic patient portal for real time monitoring of quality of life in breast cancer and gynecologic cancers.

Our members have been very successful in obtaining other research dollars by **Dr. Oliver Bathe**, **Dr. Greg McKinnon**, **Dr. May Lynn Quan** and **Dr. Elijah Dixon**, who continues as a Heritage Scholar with the CIHR Investigative Award. Our grants total well over \$3 Million per year in research funding.

### ❖ Education:

The Surgical Oncology program continues to train Surgical Oncology Residents. Over the last year, two Residents have graduated, two are completing their first year, and two more began in July, 2011. We continue as an accredited program with the North American Surgical Oncology Training Program with the Society of Surgical Oncology as well as one of three Canadian programs. Our own graduate **Dr. Lloyd Mack** is one

of the first Surgical Oncologists to complete the Royal College exams and become an accredited Surgical Oncologist, a credit to our faculty and institution. A Moh's Fellowship has been created under the auspices of the Section of Surgical Oncology led by **Dr. John Arlette**.

#### ❖ Administration:

**Dr. Greg McKinnon** is a past President of the Canadian Society of Surgical Oncology. **Dr. Walley Temple** continues as Clinical Director of Cancer Surgery. **Dr. Temple** continues as Editor of the Journal of Surgical Oncology and seminars in Surgical Oncology. **Dr. Francis Sutherland** is the Section Chief of General Surgery. **Dr. Adrian Harvey**, **Dr. May Lynn Quan**, and **Dr. Daryl Jenken** have joined our staff and are valuable contributors to growth of expertise in Surgical Oncology. **Dr. Lloyd Mack** has taken over the Residency Training program for General Surgery with the University of Calgary, a very challenging job.

#### ❖ Future Directions:

The Section of Surgical Oncology will be creating a comprehensive database for all cancer surgeries using the Web SMR. This will allow us to develop care pathways as an integral part of surgical care on a Provincial level. This project will support the adoption as well in the broader context of all Surgery and prototypes are already developed in other non cancer areas. Our programs will continue to develop in new and exciting areas of Cytoreduction Surgery in gastric cancer combined with neoadjuvant systemic chemotherapy. Our program in outcomes research will dramatically increase as we include more cancer sites with evidence informed templates. We have close to 20 functioning templates. The next phase will be to integrate pathology synoptic reporting with Surgery and initial plans are in development. Finally, as the acceptance of the synoptic report becomes widely used the acceptance of this form will be promoted as the Provincial standard and provide us with the opportunity to promote the technology across Canada.

## SECTION UPDATE

### SECTION OF THORACIC SURGERY

#### ❖ Accomplishments and Highlights:

The Section of Thoracic Surgery has been active on many fronts over the past year.

From a clinical viewpoint, volumes remain high. Lung cancer remains our predominant concern and has received considerable attention in the lay press. It is the most common cause of cancer death in Canada, exceeding breast, colon and prostate cancer combined. Concerns over management, waiting times and outcomes have resulted in a major initiative to improve care for these patients. A Province-wide joint proposal on behalf of varied groups including the Alberta Cancer Board, Interventional Pulmonary medicine and Thoracic Surgery has been a major focus of the Section. This proposal has been approved and will be closely followed to insure it is meeting its objectives.

The members of the Section are extremely active, both locally and at a national level. There will be major changes in the Section in the near future. **Dr. Andrew Graham** has been the Program Director since its inception and has done an amazing job. The last Royal College Accreditation gave the program an outstanding review. All our Residents have passed their examinations, won research awards and found excellent jobs – not a trivial undertaking in a difficult job market. **Dr. Graham** completed his term June 30th. Kudos to him for a job superbly done. In addition to this role, **Dr. Graham** has been a member of the Undergraduate Surgical Education Committee, and the Cardiac Surgery Residency Training Committee. He is also the Informatics Clinician for the Department of Surgery, a member of the Calgary Institute for Population and Public Health and a lecturer for a graduate level Clinical Epidemiology course.



*Dr. Gary Gelfand, Thoracic Surgery Section Chief*

Finally **Dr. Graham** continues his work with STATIT to identify quality indicators that are readily accessible from standard hospital data.

**Dr. Sean Grondin**, until June 30th, is the Section Manager. He coordinates our central referral system which has resulted in some of the shortest waiting times in Canada for Thoracic Surgical Consults. In addition he has honed the art and science

of the call schedule, as well as managing all other aspects of the day to day function of the Section. As of July 1, this role will be taken over by **Dr. Graham**, and **Dr. Grondin** will assume the role of Program Director. **Dr. Grondin** has been extremely active in many other areas. Germane to his new role, he has just completed the Teaching Scholars' in Medicine Program through the University of Calgary and he is the Chief Examiner in Thoracic Surgery for the Royal College of Physicians and Surgeons. He is Chair of the Department of Surgery Professional Development Committee and has instituted a superb course for members of the Department. He remains active in research and has edited several Chest Surgical Clinics of North America, the most recent to be published shortly. Finally he has just completed his term of President of the Foothills Medical Staff Association.

**Dr. Sean McFadden** continues as the Ombudsman for the Department of Surgery, as well as the Sectional Director of Research and our representative on the Department Research Committee. Most importantly, **Dr. McFadden** runs the Quality Assurance Council, and continues to work diligently to insure outstanding patient care. **Dr. Gelfand** is completing his last year as Section Chief and remains the Department of Surgery representative on the UCMG council. He has continued his association with members of the Department of Radiology and Faculty of Engineering looking at the development of three

dimensional algorithms for imaging patients with lung cancer.

From an educational perspective our previous Resident, **Dr. Colin Schieman** successfully completed his Royal College Examinations and is finishing a year of Fellowship at the Mayo Clinic in Rochester. He will be starting on staff at St. Josephs Hospital in Hamilton in the fall. Our current Resident, **Dr. Shaun Deen**, is finishing his first year and has done an excellent job.

This year he reviewed the Sections experience with tracheal and subglottic resection and is presenting this at Surgeons' Day and the annual meeting of the Canadian Association of Thoracic Surgeons. Continuing medical education remains an important goal of the Section and we were honored to have **Dr. Garrett Walsh**, Head of Perioperative Enterprise at MD Anderson Cancer Center, as our visiting professor.

We are delighted to welcome **Mr. Ramin Servatyari** as our new Data Coordinator. His enthusiasm is certain to improve the Section's ongoing research efforts. Finally and most importantly, the Section of Thoracic Surgery continues to benefit from an outstanding team of health professionals we are proud to work alongside. These include our dedicated OR team, the nurses and other health professionals on our ward and in our clinic and the outstanding Administrative Assistants in our offices.

# SECTION UPDATE

## SECTION OF TRANSPLANT SURGERY

### ❖ Section Structure and Organization:

**Dr. Serdar Yilmaz** is the Section Chief of Transplant Surgery and Medical Director of the Southern Alberta Transplant Program (ALTRA). Another member of our team, **Dr. Mauricio Monroy**, is the Program Director for Multi-Organ Transplant Fellowship, Medical Director, Southern Alberta Living Donor Program, as well as Medical Director, Alberta International Medical Graduate Program, University of Calgary and University of Alberta. The third invaluable Surgeon in our group is **Dr. Anastasio Salazar**. Together with three Nephrologists, **Dr. Lee Ann Tibbles**, **Dr. Wenji Wang** and **Dr. Kevin McLaughlin**, as well as our Clinical Assist **Dr. Julian Zuluaga** and an enthusiastic group of General Surgery Residents, Nephrology Residents and Paediatric Nephrology Residents, we make up the transplantation team's physicians part. In addition, **Dr. Aylin Sar**, is a Research Fellow and Master Student working with various transplant research on biopsy as well as biopsy-related service contracts. We also have a three member IT Team, **Sansira Seminowich** (Lead), **Cinthy Janse**, and **Bardan Gauchan**, who have been creating and up keeping our transplant databases.

All of us, working together with the Southern Alberta Transplant Program (ALTRA), the Living Donor Program and the Southern Alberta Organ and Tissue Donation Program



*Dr. Serdar Yilmaz, Transplant Surgery Section Chief*



(HOPE) have had an exciting year.

### ❖ **Accomplishments and Highlights:**

- Over the past 14 years, since the inception of the Section of Transplantation, the total number of kidney transplantations were 696 (as of February 2011). Unadjusted patient survival rates at 10 years were 90% for recipients of living donor kidneys, and 79% for recipients of deceased donor kidneys in our program. The corresponding 10 year average patient survival rates for US centres were worse at 13 and 20 points lower respectively. Kidney graft survival follows the same pattern as that seen for patient survival. Kidney graft survival at 10 years was 75% for recipients of living donor kidneys and 63% for recipients of deceased donor kidneys in Calgary. Again Calgary survival rates were better; 10 year average rates for US centres were approximately 15 and 20 points lower respectively. The possible reason behind the significant variation between Calgary and average US centre rates is the implementation of patient centric disease management in Calgary and longitudinal follow-up with a comprehensive patient care information system.

- In March 1998 Section of Transplantation in Calgary performed the first pancreas transplant in the Western Canada. Patient survival rates for Simultaneous Pancreas Kidney Transplantation (SPK) were 97% after one year. The 5- and 10-year unadjusted patient survival rates were at 97% and 85%, respectively. Among pancreas recipients, those with SPK transplants experienced 86% at one year and 52% at 10 years unadjusted pancreas graft survival rates. Pancreas patient and graft survival rates for Calgary are comparable to the average for US centres.

- The team utilized Anonymous Living Donation as a source to increase Living Donation in the ALTRA and performed our first anonymous donation transplant.

- We facilitated in the concept, organized and established the Living Donor Paired Exchange (SATP) as a way to increase the potential number of donors in the Zone.

- Our team performed the first Southern Alberta Domino Transplant, involving three Canadian provinces, with a total of eight surgeries across the country.

- We joined the Canadian National Paired Exchange Donor Registry to expand the opportunities for organ allocation and subsequent transplantation in patients considered to be high risk.

- Health Canada inspected the Living Donor Program this year and we were successfully rated compliant. We have been very active in developing policies and procedures for Southern Alberta Living Donor Program (Our thanks to **Sherry Buckle RN**, **Shyanne Rogan RN** and the others who worked so hard on this project.)

- On an international note, our IT Lead, **Sansira Seminowich** and I facilitated in building a Transplant IT System in the King Fahd Specialist Hospital, Dammam, Saudi Arabia.

- Research is also a large part of our team's work. We have signed two Service Agreements on central biopsy reading worth \$1.5 Million with Astellas and Novartis. We have also started a federally funded (CIHR) Living Kidney Donor Study. We have

several peer-reviewed publications in prestigious journals and presentations in the International and the National meetings.

- **Dr. Yilmaz** was involved as an organizer for the XXIII International Congress of Transplant Society in Vancouver, BC. 2010.

### ❖ **Future Directions and Initiatives:**

Despite having made significant efforts in the past years, one of the greatest challenges continues to be the availability of deceased donors. In the last four years we had a steady drop in donation after neurologically determined death. This major problem facing transplantation worldwide has triggered the re-appraisal of the use of organs from the cardiac death donor, who do not fulfill brain stem death. Currently we are working on the implementation of this new type of donor (donation after cardiac death) in our institution together with the other stake holders.

In addition, we plan to continue to enhance the features of patient-centric transplant disease management and Dialysis access surgery service in our patient population.

Also, our IT team is working on transitioning our information system to a web-based accessible environment and increasing integration with other systems (e.g. Regional ADT, Regional Labs, National Registry, etc.)

Finally, I am pleased to announce that after serving almost 14 years as a Section Chief, since the inception of the Section in 1997, I will be handing over the flag to a new Section Chief. I am looking forward to seeing our Section grow with a new fresh vision.

# SECTION UPDATE

## SECTION OF UROLOGY

### ❖ Accomplishments and Highlights:

After eight years of dedicated service and leadership, **Dr. John Dushinski** stepped down as Section Chief in June 2010. **Dr. William Hyndman** filled this role on an interim basis until January 2011 when **Dr. Kevin Carlson** was selected as the new Chief.

In February the Section held its first Annual Retreat in Banff, which was a great success. The Retreat focused on team building, strategic planning and manpower concerns. While primarily an introspective exercise, representatives from Rockyview Site Leadership (**Dr. Kelley deSouza**) and the Department of Surgery (**Dr. David Sigalet**) were invited and actively participated in the discussions and working groups. The Retreat was an opportunity for the Section to reflect on the abundant change it has undertaken in the past five years, and to address ongoing and future challenges – particularly, the imminent manpower needs, provision of quality city-wide call coverage from a central site, enhancing Paediatric Urology call coverage, development of research and educational programs, and the impact of the new South Health Campus.

Search and Selection committees were struck to recruit one new Paediatric Urologist and one Oncology-focused Adult Urologist. **Dr. Bryce Weber** was selected to fill the Paediatric Urology position. **Dr. Weber** has completed his Fellowship in Paediatric Urology at Sick Kids Hospital at the University of Toronto and a Fellowship in medical education at the Wilson Centre for Research in Education at the University of Toronto.

Ultimately, two Adult Urologists were selected from an exceptional cohort of applicants. **Dr. Eric Hyndman** completed a Fellowship in Urologic Oncology at Johns Hopkins University in Baltimore, MD and joined us in July. **Dr. Hyndman** completed his PhD in medical science at the University of Calgary in 2000. **Dr. Geoffrey Gotto** is a Fellow in Urologic Oncology at Memorial Sloan-Kettering Cancer Center in New York, and will also complete a Masters of Public Health at Harvard University this summer.

**Dr. Frederick (Ted) Elliott** was posthumously honoured with the Dedicated Service Award for Rockyview General Hospital at the Department of Surgery's Annual Surgeons' Day Awards Dinner.

The Section is proud to recognize **Dr. Bryan Donnelly**, who was the recipient of the Faculty of Medicine Award for Clinical Research. **Dr. Donnelly**, who is Chairman of the Prostate Cancer Centre and the Seaman Research Chair, and **Dr. Tarek Bismar** from the Department of Surgery have established a bench research program at the Prostate Cancer Centre exploring the genetics of prostate cancer. Under **Dr. Donnelly's** direction, the Centre also continues to develop novel clinical programs that make it a leader in prostate cancer care. Along with its well



*Dr. Kevin Carlson, Urology Section Chief*

established Rapid Access Clinic for early diagnosis of prostate cancer ("RAC 1") and its multidisciplinary teaching programs to assist patients in choosing treatment ("RAC 2"), the Centre has now integrated a post-treatment care program ("RAC 3"), which has resulted in improved outcomes and reduced readmission rates for these men.

In 2010, the Alberta Bladder Centre opened its doors in the Southern Alberta Institute of Urology, and by January 2011 it was fully operational. The Centre was founded by Co-Medical Directors, **Dr. Kevin Carlson** and **Dr. Richard J. Baverstock**, both members of the Section of Urology, who saw an opportunity to improve the access, quality and cost of care for this complex group of patients by bringing together a multi-disciplinary team of professionals who are passionate about their work in one place. The team includes Urologists, Bladder-Focused General Practitioners, a Urogynecologist, Pelvic Physiotherapist and Registered Nurse. The Centre has developed its own care pathways and employs innovative health technologies in working towards its goals of more effective and efficient care. The Bladder Centre professionals are also heavily involved in research in this area and in educational programs in the community.

**Dr. Richard Baverstock** and **Dr. Kevin Carlson** received a 5-Star Award at the Canadian Urological Association Annual Meeting in Charlottetown, PEI for their project "Doc, can I get my prostate back?" A review of radical prostatectomy

specimens in patients requiring surgical correction of post-prostatectomy complications. **Dr. Kevin Carlson** received the Leo Spackman research award at the Prairie Urological Association annual meeting for his presentation on morbidity following radical prostatectomy.

Calgary and Banff will host the 2012 Annual Meeting of the Canadian Urological Association next June. **Dr. Jay Lee** is Chair of the Scientific Committee and **Dr. Martin Duffy** is Chair of the Social Committee for this marquee event.

**Dr. Peter Wilkin** once again served as an interviewer for the University of Calgary medical undergraduate admissions process [Multiple Mini Interviews (MMI)].

In 2010 **Dr. Richard Baverstock** completed his three year term as a member of the Alberta Medical Association's (AMA) representative forum.

Other notable committee and editorial work over the past year include:

- **Dr. Kevin Carlson** – Director of The Canadian Continence Foundation; steering committee member of the Canadian

Urology Forum; member of the Continuing Professional Development Committee of the CUA; member of the CUA guidelines committee for urinary incontinence; reviewer, Canadian Urology Association Journal; reviewer, Urology.

- **Dr. Bryan Donnelly** – American Urology Association (AUA) Guidelines Committee (vice chair) for cryosurgery.

- **Dr. Martin Duffy** – President of the Prairie Urological Association.

- **Dr. John Dushinski** – Reviewer, Journal of Endourology; AMA Urology Fees Committee; Member of the CUA Guidelines Committee; member of the CUA Executive Committee.

- **Dr. Jun Kawakami** – Member of the CUA Scholarship Foundation Executive Committee.

- **Dr. Jay Lee** – Member of the Patient Information Committee for the CUA; Member of the Nominations Committee of the CUA; Past chair of the Canadian Male Sexual Health Council; Executive Committee of the Canadian Society for the Study of the Aging Male.

# SECTION UPDATE

## SECTION OF VASCULAR SURGERY

### ❖ Accomplishments and Highlights:

The terrific news in Vascular Surgery this year is that our long-awaited infrastructure redevelopment proposal has been granted funding. The December 2010 funding announcement culminates a 5-year effort by **Dr. Paul Petrasek**, **Ms. Marg Semel** (Director of Surgery and Women's Health at PLC) and **Dr. John Kortbeek** to update Vascular Surgery facilities at PLC to an adequate capacity and the current Canadian standard. It will result in faster, more efficient and more comprehensive care for our patients. Included in the redevelopment will be two new hybrid Endovascular OR's with fixed, high powered fluoroscopy, and a combined new (and adequately sized) inpatient unit and dedicated outpatient clinic, to be built in shelled space on the 5th floor of the PLC East Wing. The Section of Vascular Surgery is very grateful to all AHS Calgary Zone executives who helped this project to obtain funding. We expect construction to begin next year, aiming to finish within three years.

Other significant events this year include the hiring of an additional Vascular Surgeon, **Dr. Marie-France Guimond**, bringing the Section's membership back to the level of 6 Surgeons, which it had until 2007. **Dr. Guimond** will join us in September, having been in practice for several years in Quebec City. She has a special interest in surgical education. The Section plans to continue recruitment in coming years, as the population of Southern Alberta requires eight Vascular Surgeons to meet service needs. Every addition is welcome and we enthusiastically look forward to **Dr. Guimond's** arrival!

**Dr. Joyce Wong** gave birth to a healthy baby girl in December



*Dr. Paul Petrasek, Vascular Surgery Section Chief*

**Photo Courtesy of Dr. Paul Petrasek**

2010. Amanda Wong has brought great happiness to Joyce and the entire Section – we look forward to seeing Amanda around the hospital in the years to come – we're hoping that she'll be ready to apply to our Residency program by 2038!

On the topic of Residency training, Vascular Surgery welcomed **Dr. Jeff Clark** as our new Fellow in July 2011. Jeff



has just completed General Surgery training at the University of Saskatchewan and now returns to his hometown, Calgary, for two years of Vascular Surgery. Welcome Jeff! Nationally, the Royal College of Physicians and Surgeons of Canada is transitioning Vascular Surgery to a direct-entry specialty. Under the leadership of training program director **Dr. Joyce Wong**, our Residency committee (**Drs. Petrasek, Moore** and **Haliwell**, from interventional radiology,) have the envious task of writing an entire curriculum for the new six-year training program. We look forward to the recruitment of our first PGY-1 in Vascular Surgery in 2013 or 2014.

Notable accomplishments within the Section this year include recognition of **Dr. Petrasek's** leadership through a CAPA

Physician of Merit Award, given at the PLC Annual Ball, held at the Calgary Petroleum Club early this year. **Dr. Randy Moore** has been named local Principle Investigator for the Anaconda Thoracic Stent FDA Phase 2 Clinical Trial. Calgary is one of only three sites in Canada (amongst others in Europe) to be recognized as having the endovascular expertise to trial this new minimally invasive technology. Our Section looks forward to contributing to the clinical investigation of this device and to training future Surgeons on this and other new technologies in our soon-to-arrive state-of-the-art hybrid OR!



TOGETHER, LEADING AND  
CREATING EXCELLENCE IN  
SURGICAL CARE



# APPENDICES

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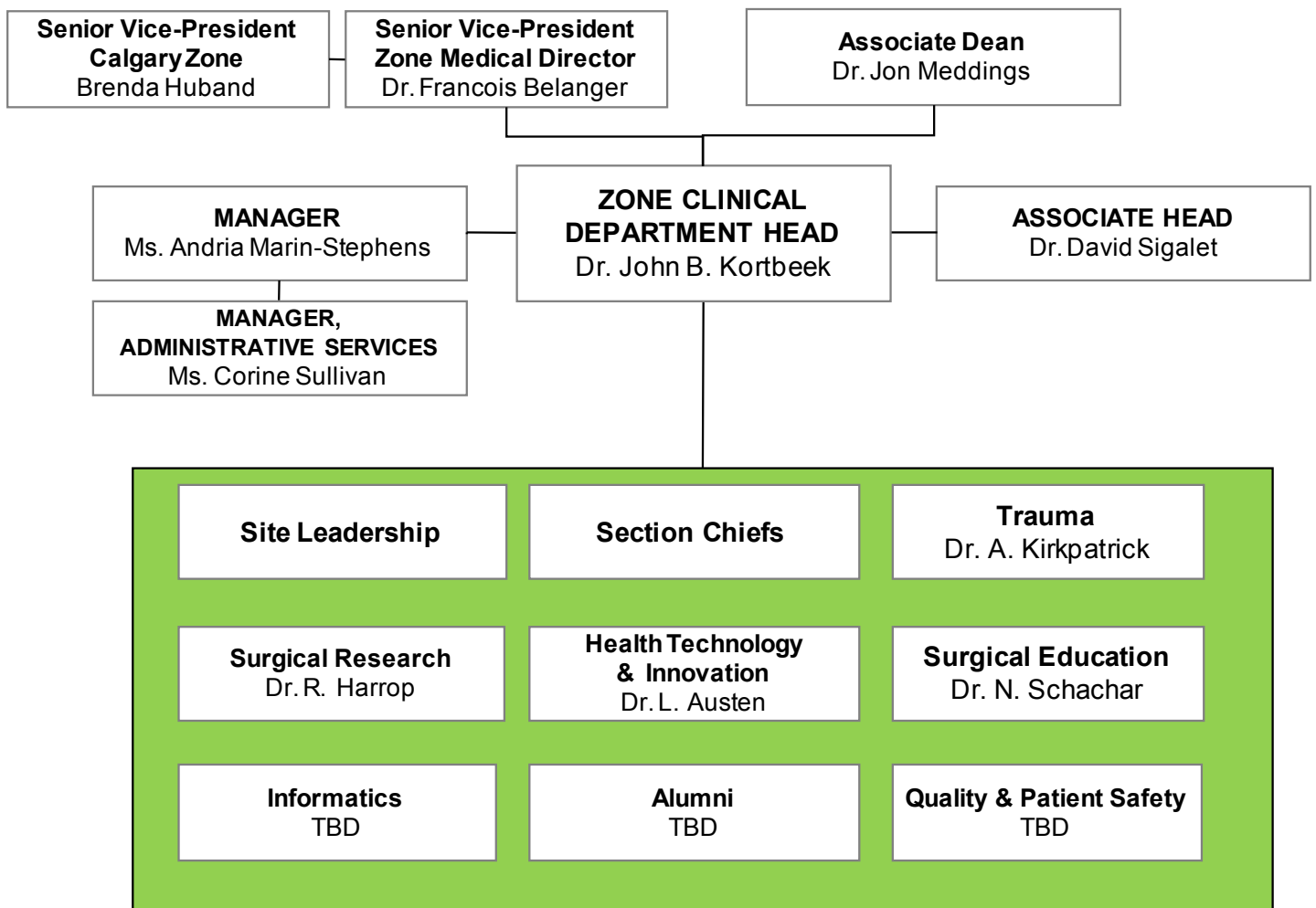
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# APPENDICES

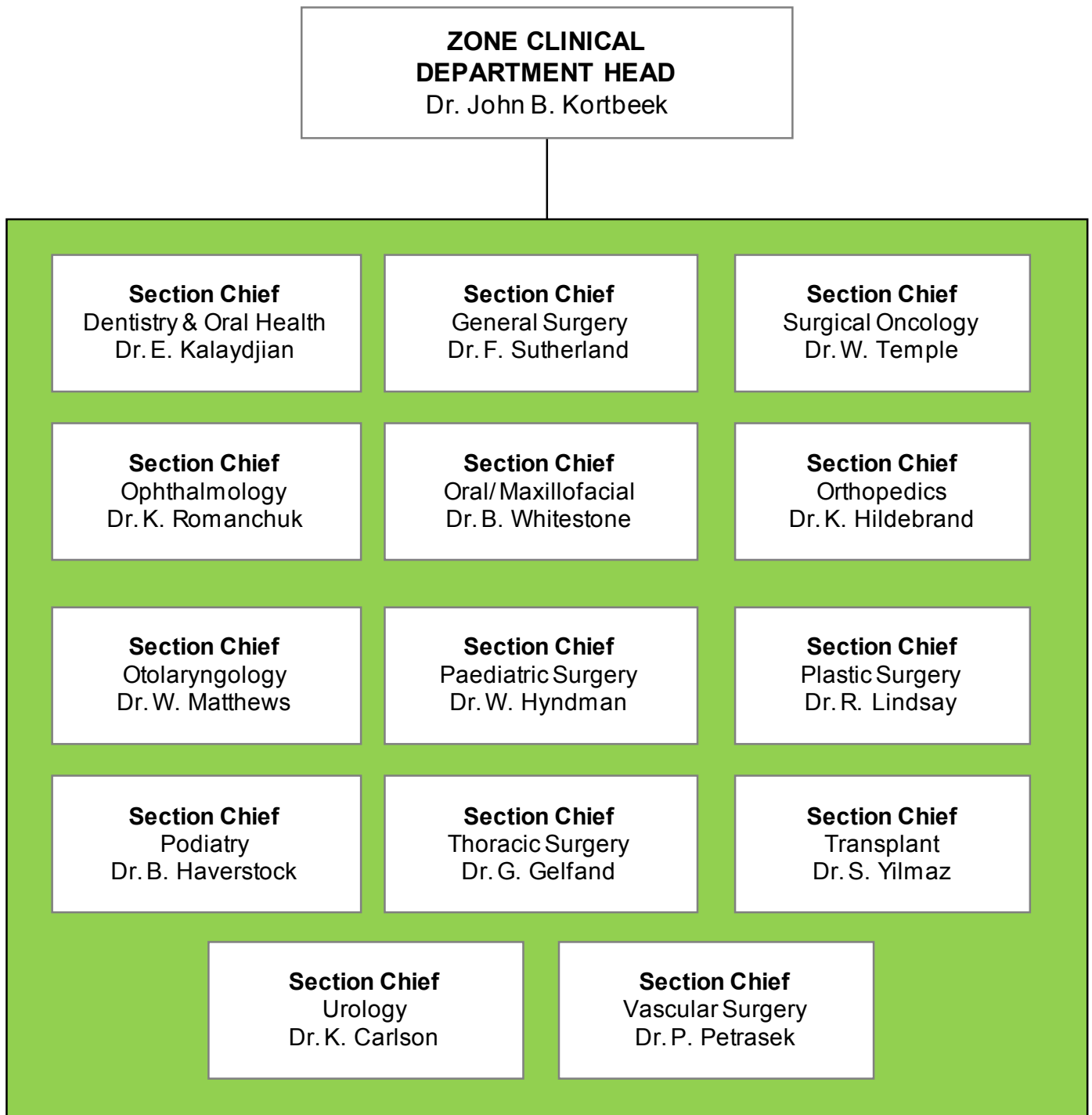
## APPENDIX 1.0: DEPARTMENT STRUCTURE AND ORGANIZATION

### 1.1 GOVERNANCE

#### Leadership – Department of Surgery

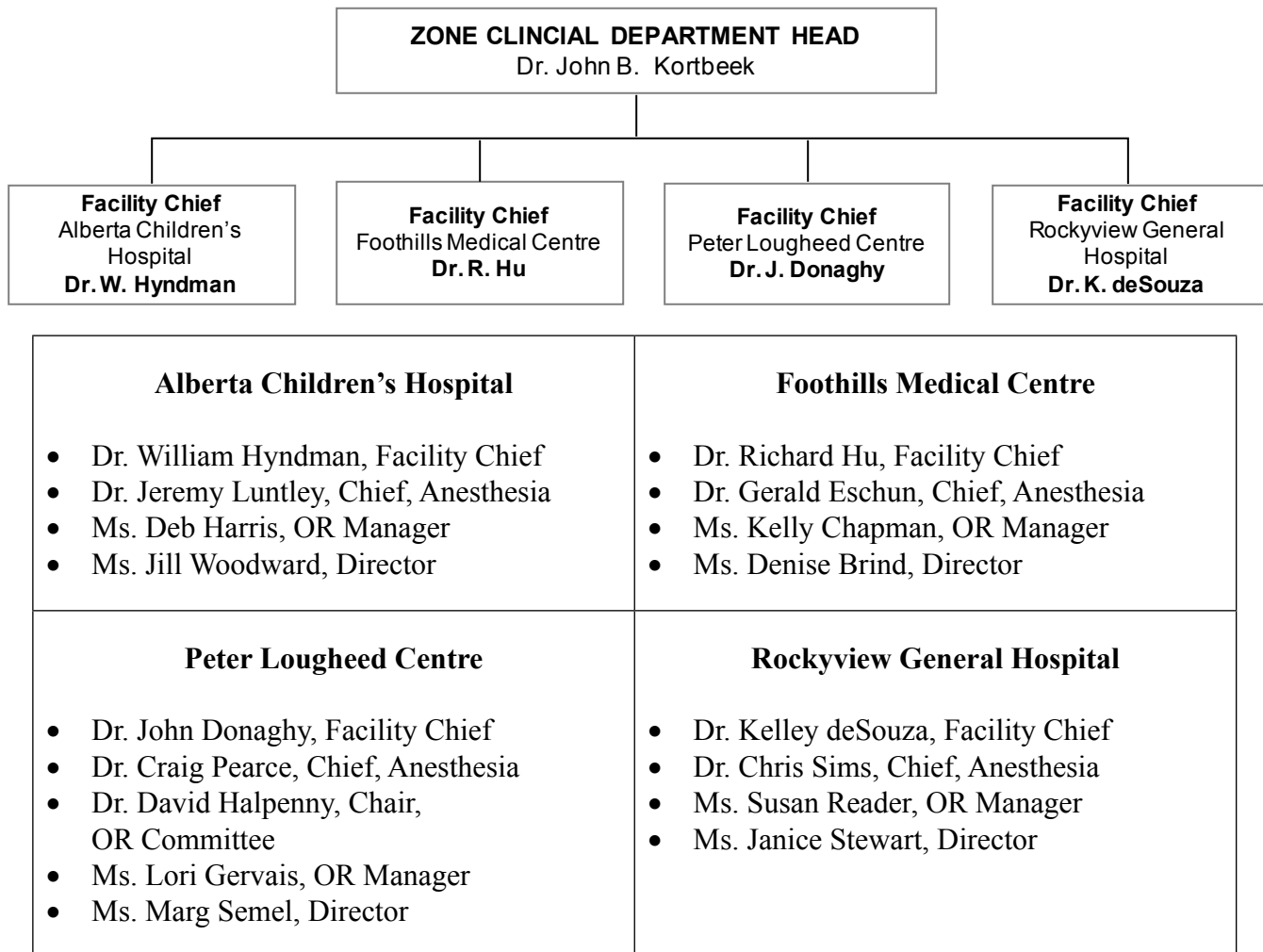




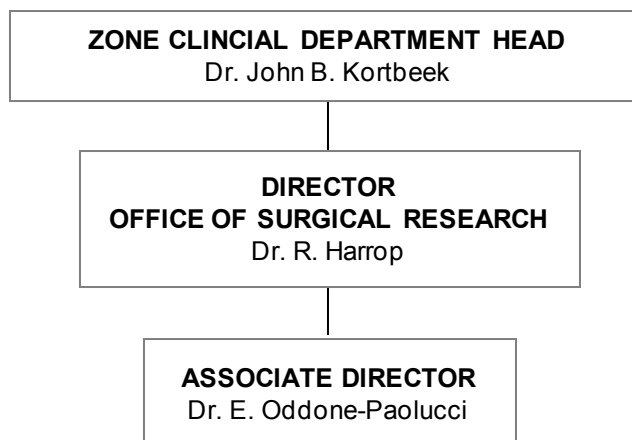
**1.1 GOVERNANCE CONTINUED****Section Chiefs – Department of Surgery**

## 1.1 GOVERNANCE CONTINUED

### Site Leadership – Department of Surgery



### Surgical Research – Department of Surgery



## Surgical Education – Department of Surgery

**ZONE CLINICAL DEPARTMENT HEAD**  
Dr. John B. Kortbeek

**DIRECTOR  
OFFICE OF SURGICAL EDUCATION**  
Dr. Norman Schachar

**Chair  
Post Graduate Surgical  
Training Committee**  
Dr. R. Buckley

Residency Program	Program Director	Administrative Support
Colorectal Surgery	Dr. W. Donald Buile	Sabine MacKinnon
General Surgery	Dr. Lloyd Mack	Donna Smith
Ophthalmology	Dr. Linda Cooper	Heather Summersgill
Orthopedic Surgery	Dr. Simon Goldstein	Tracy Burke Pamela White
Otolaryngology	Dr. Doug Bosch	Vivian Brien
Pediatric General Surgery	Dr. Andrew Wong	Gail Wright-Wilson
Plastic Surgery	Dr. David McKenzie	Michelle Mills
General Surgical Oncology	Dr. Greg McKinnon	Lynn Steele
Thoracic Surgery	Dr. Andrew Graham	Carol Smith
Vascular Surgery	Dr. Joyce Wong	Sonya Falez

**Undergraduate Medical Education**

**Director**  
Dr. J. Graham

**Clerkship Evaluation Coordinator**  
Dr. A. Harvey

**Education Coordinator**  
Ms. A. Jenkins

### Surgical Skill Courses

<b>Advanced Trauma Life Support</b> Dr. M. Dunham	<b>Advanced Trauma Operative Management</b> Dr. R. Lall
<b>Core Surgical Skills</b> Dr. A. Harvey Dr. A. Ponton-Cariss	<b>Advanced Laparoscopic Skills</b> Dr. T. MacLean
<b>Microvascular Surgery</b> Dr. C. Schrag	<b>Temporal Bone Lab</b> Dr. J. Brookes
<b>Peripheral Nerve Course</b> Dr. J. Wong	<b>Spine Course</b> Dr. B. Jacobs
<b>Orthopaedic Trauma/Fracture Course</b> TBD	<b>Ocular Surgery Simulation</b> Dr. J. Bhamra and Dr. A. Al-Ghoul

## 1.2 DEPARTMENT COMMITTEES

**Department of Surgery Executive Committee,**

Chair: Dr. John Kortbeek

**Site OR Committees (ACH, FMC, PLC, RGH),**

Chair: Facility 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

**Surgical Research,**

Chair: Dr. Robertson Harrop

**Surgical Education,**

Chair: Dr. Norm Schachar

**Educational Executive,**

Chair: Dr. John Kortbeek

**Postgraduate Surgical Training Committee,**

Chair: Dr. Richard Buckley

**Undergraduate Medical Education,**

Chair: Dr. John Graham



# DEPARTMENT OF SURGERY

## 1.3 DEPARTMENT MEMBERS 2010/2011

### Section of Dentistry and Oral Health

**Kalaydjian, Eduardo; Section Chief,**

**Clinical Associate Professor**

Abougoush, Joel

Abougoush, Tallel

*Barsky, Robert (primary in Paediatric Surgery)*

*Baylin, Steven (primary in Paediatric Surgery)*

*Bell, Christine (primary in Paediatric Surgery)*

*Bindman, Michael (primary in Paediatric Surgery)*

Brown, Duncan

Budihal, Pravleen

Choi, Susan

*Cholette, Marie-Claude; Clinical Associate Professor  
(primary in Paediatric Surgery)*

Chow, Kuen A.

Dabagh, Shatha

Dalla Lana, Eugene

David, Dionysius

Dyck, Willy

Frydman, Albert

Houghton, Alan

Huckstep, Richard

*Hulland, Sarah (primary in Paediatric Surgery)*

Hussein, Jabeen

Jivraj, Munira

Kopec, Perry

Krusky, J. Bradley

Kuruliak, Russell

Lakhani, Moez

Lee, Morley

Lekhi, Venu, Clinical Lecturer

*Loeppky, Warren (primary in Paediatric Surgery)*

Lovick, David

McCracken, Kenneth

*Mehra, Tarun (primary in Paediatric Surgery)*

*Narvey, Allan (primary in Paediatric Surgery)*

Nathu, Akbar

Olowe, Adebayo

Paladino, Antonietta; Clinical Lecturer

Petty, Trey; Adjunct Associate Professor

*Pilipowicz, Orest (primary in Paediatric Surgery)*

Quach, Quoc

Rabie, Heidi

Rehak, Robert

Scarlett, Darren

*Schwann, Sandra (primary in Paediatric Surgery)*

Shariff, Galib

Shwaluk, Kenneth

Shwart, E. Luke

Skaria, Sylla

*Smith, Leonard (primary in Paediatric Surgery)*

*Stein, Kari (primary in Paediatric Surgery)*

Switzer, Samuel

Tamminen, John

Tetteh-Wayoe, Mercy

Tung, Albert

Varshney, Sheila

*Vinsky, Rory (primary in Paediatric Surgery)*

Wong, Elise

Yaholnitsky, Stephen

Yates, Gregory

Yu, Thomas, Clinical Lecturer

### Section of General Surgery

**Sutherland, Francis R.; Section Chief, Professor**

Anderson, Ian B.; Clinical Assistant Professor

Armstrong, C. Paul; Clinical Lecturer

Austen, Lea; Clinical Assistant Professor

Ball, Chad, Clinical Assistant Professor

Bathe, Oliver F.; Associate Professor

Brzezinski, Wojciech; Clinical Lecturer (Medicine Hat)

Buie, W. Donald; Associate Professor

Church, Neal G.; Clinical Assistant Professor

Datta, Indraneel; Clinical Assistant Professor

Debru, Estifanos; Clinical Assistant Professor

Dixon, Elijah; Associate Professor

Dunham, Michael B.; Clinical Assistant Professor

Graham, John S.; Clinical Assistant Professor

Hagerman, Neil

Harvey, Adrian; Clinical Assistant Professor

Heine, John A.; Clinical Assistant Professor

Hollaar, Gwendolyn; Associate Professor

Ibbottson, Geoff, Clinical Lecturer (Grande Prairie)

Jenken, Daryl

Johnson, Douglas R.E.; Clinical Assistant Professor

Kanashiro, Jeanie; Clinical Assistant Professor

Kirkpatrick, Andrew W.; Professor

Kortbeek, John B.; Professor

Lafreniere, Rene; Professor

Lall, Rohan N.; Clinical Assistant Professor

*Lewkonja, Steven, Clinical Assistant Professor*

*(primary in Paediatric Surgery)*

*Lopushinsky, Steven, Clinical Assistant Professor*

*(primary in Paediatric Surgery)*

Lui, Robert C.K.; Clinical Assistant Professor

Mack, Lloyd; Assistant Professor

# DEPARTMENT OF SURGERY

## 1.3 DEPARTMENT MEMBERS 2010/2011

MacLean, Anthony R.; Clinical Associate 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  
 Quan, May Lynn; Assistant Professor  
 Rosen, Wayne S.; Clinical Assistant Professor  
 Rothwell, Bruce C.; Clinical Assistant Professor  
 Selman, W. Gary  
*Sigale, David L.; Professor (primary in Paediatric Surgery)*  
 Temple, Walley J.; Professor  
 Topstad, Dawnelle R.; Clinical Lecturer (Red Deer)  
 Way, Jeffrey C.E.; Clinical Assistant Professor  
*Wong, Andrew L.; Clinical Associate Professor (primary in Paediatric Surgery)*

### Section of Ophthalmology

**Romanchuk, Kenneth G.; Section Chief, Professor (primary in Paediatric Surgery)**  
 Adata, Feisal, Clinical Assistant Professor  
 Al-Ghoul, Ahmed R.; Clinical Lecturer  
 Anand, Jag; Clinical Lecturer  
 Ashenhurst, Michael E.; Clinical Associate Professor  
*Astle, William F.; Professor (primary in Paediatric Surgery)*  
 Ball, Arlene E.; Clinical Lecturer  
 Bhamra, Jamie, Clinical Lecturer  
 Chow, Bill; Clinical Lecturer  
*Cooper, Linda; Associate Professor (primary in Paediatric Surgery)*  
 Crichton, Andrew C.S.; Clinical Professor  
 Culver, Ronald L.; Clinical Assistant Professor  
 Demong, Thaddeus T.; Clinical Lecturer  
 Douglas, Gordon; Clinical Assistant Professor  
 Ells, Anna; Associate Professor  
 Ford, Bryce; Clinical Assistant Professor  
 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  
 Kassab, Jacinthe; Clinical Lecturer

Kherani, Amin; Clinical Assistant Professor  
 Kherani, Femida; Clinical Assistant Professor  
 Kirk, Angus; Clinical Associate Professor  
 McWhae, John A.; Clinical Associate Professor  
 Mitchell, Patrick; Clinical Assistant Professor  
 Mitchell, Robert J.; Clinical Assistant Professor  
 Punja, Karim; Clinical Assistant Professor  
 Savage, Paul R.G.; Clinical Assistant Professor  
*Skov, Carolyn M.B.; Clinical Lecturer (primary in Paediatric 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  
 Yau, Ryan, Clinical Lecturer

### Section of Oral Maxillofacial Surgery

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

### Section of Orthopaedic Surgery

**Hildebrand, Kevin A.; Section Chief, Professor**  
 Abelse, 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 Professor  
 Bowen, Vaughan; Clinical Professor  
*Brauer, Carmen; Assistant Professor (primary in Paediatric Surgery)*  
 Bray, Robert C.; Professor  
 Buchko, Gregory; primary in Rural Medicine  
 Buckley, Richard E.; Clinical Professor  
 Burkart, Brian C.; Clinical Assistant Professor

# DEPARTMENT OF SURGERY

## 1.3 DEPARTMENT MEMBERS 2010/2011

Cho, Roger K.N.; Clinical Assistant Professor  
 Cundal, Cory S.; Clinical Lecturer  
 Dhaliwal, Gurpreet Singh, Clinical Lecturer  
 De Souza, F. Kelley; Clinical Lecturer  
 Donaghy, John J.; Clinical Assistant Professor  
 Dougall, Hugh R.; Clinical Associate Professor  
 Duffy, Paul J.; Clinical Assistant Professor  
 Edwards, Glen E.; Clinical Professor  
*Ferri de Barros, Fabio; Clinical Assistant Professor  
 (primary in Paediatric Surgery)*  
 Frank, Cyril B.; Professor  
*Goldstein, Simon G.; Clinical Assistant Professor  
 (primary in Paediatric Surgery)*  
*Harder, James A.; Clinical Associate Professor  
 (primary in Paediatric Surgery)*  
 Hart, David A.; Professor  
*Heard, S. Mark (primary in Rural Medicine)*  
*Hiemstra, Laurie A. (primary in Rural Medicine)*  
 Hollinshead, Robert M.; Clinical Professor  
 Hu, Richard W-C; Clinical Associate Professor  
 Hutchison, Carolyn R.; Associate Professor  
 Johnston, Kelly D.; Clinical Lecturer  
*Joughin, V. Elaine; Clinical Assistant Professor  
 (primary in Paediatric Surgery)*  
*Kiefer, Gerhard N.; Clinical Associate Professor  
 (primary in Paediatric Surgery)*  
 Korley, Robert; Clinical Lecturer  
 Le, Ian; Clinical Lecturer  
 Lo, Ian K.Y.; Assistant Professor  
 Longino, David; Clinical 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  
 Murphy, Vincent  
 O'Brien, Maureen; Clinical Lecturer  
*Parsons, David L.; Clinical Associate Professor  
 (primary in Paediatric 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 Assistant Professor  
 Thomas, Kenneth C.; Clinical Assistant Professor

Timmermann, Scott; Clinical Assistant Professor  
 Van Zuiden, Lowell J.; Clinical Assistant Professor  
 Werle, Jason R.; Clinical Associate Professor

### Section of Otolaryngology

#### **Matthews, T. Wayne; Section Chief, Associate Professor**

Bosch, J. Douglas; Clinical Assistant Professor  
*Brookes, James; Clinical Lecturer  
 (primary in Paediatric Surgery)*  
 Burke, Robert; Clinical Associate Professor  
 Chau, Justin K.; Clinical Assistant Professor  
 Chandarana, Shamir; Clinical Assistant Professor  
 Dort, Joseph C.; Professor  
*Drummond, Derek S.; Clinical Assistant Professor  
 (primary in Paediatric Surgery)*  
 Gillis, Thomas M.; Clinical Assistant Professor  
 Hoshowsky, Borys O.; Clinical Lecturer  
 Huang, Ian T.  
 Hui, Anita; Clinical Assistant Professor  
 Lange, Elizabeth J.; Clinical Associate Professor  
 Marck, Paul A.; Clinical Associate Professor  
 Mechor, Brad; Clinical Assistant Professor  
 Park, Phillip S.; Clinical Assistant Professor  
 Rudmik, Luke; Clinical Assistant Professor  
 Shandro, W.G. (Bud)  
 Wagner, Garth A.L.; Clinical Associate Professor  
 Warshawski, S. Joseph; Clinical Lecturer  
*Yunker, Warren; Clinical Assistant Professor  
 (primary in Paediatric Surgery)*  
 Zakhary, Kristina

### Section of Paediatric Surgery

#### **Hyndman, C. William; Section 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 Assistant Professor  
 (primary in Otolaryngology)*  
 Brauer, Carmen; Assistant Professor  
 Brindle, Mary E.; Assistant Professor  
 Brookes, James; Clinical Lecturer  
*Burke, Robert; Clinical Associate Professor  
 (primary in Otolaryngology)*



# DEPARTMENT OF SURGERY

## 1.3 DEPARTMENT MEMBERS 2010/2011

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*  
 Ferri de Barros, Fabio; *Clinical Assistant Professor*  
 Frank, Ryan; *Clinical Lecturer*  
 Ford, Bryce; *Clinical Assistant Professor (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 Associate 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 Assistant Professor (primary in Urology)*  
 Lange, Elizabeth J.; *Clinical Associate Professor (primary in Otolaryngology)*  
 Lau, Henry; *Clinical Lecturer*  
 Lee, Jay; *Clinical Assistant Professor (primary in Urology)*  
 Leong, James *(primary in Urology)*

Loeppky, Warren  
 Lewkonja, Steven; *Clinical Assistant Professor*  
 Lopushinsky, Steven; *Clinical Assistant Professor*  
 McKenzie, C. David; *Clinical Assistant Professor (primary in Plastic Surgery)*  
 McPhalen, Donald F.; *Clinical Assistant Professor*  
 Mehra, Tarun  
 Metcalfe, Donald G.; *Clinical Assistant Professor (primary in Urology)*  
 Narvey, Allan  
 Park, Phillip S.; *Clinical Assistant Professor (primary in Otolaryngology)*  
 Parsons, David L.; *Clinical Associate Professor*  
 Pilipowicz, Orest  
 Romanchuk, Kenneth G.; *Professor*  
 Savage, Paul R.G.; *Clinical Assistant Professor (primary in Ophthalmology)*  
 Schwann, Sandra  
 Skov, Carolyn M.B.; *Clinical Lecturer*  
 Shandro, W.G. (Bud) *(primary in Otolaryngology)*  
 Sigalet, David L.; *Professor*  
 Smith, Leonard  
 Stein, Kari  
 Vinsky, Rory  
 Wagner, Garth A.L.; *Clinical Associate Professor (primary in Otolaryngology)*  
 Warshawski, S. Joseph; *Clinical Lecturer (primary in Otolaryngology)*  
 Weber, Bryce; *Clinical Assistant Professor*  
 Wong, Andrew L.; *Clinical Associate Professor*  
 Yunker, Warren; *Clinical Assistant Professor*

### Section of Plastic Surgery

**Lindsay, Robert L.; Section 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 Paediatric Surgery)*  
 Frank, Ryan; *Clinical Lecturer (primary in Paediatric Surgery)*  
 Fraulin, Frankie; *Clinical Assistant Professor (primary in Paediatric Surgery)*  
 Hall-Findlay, Elizabeth; *primary in Rural Medicine*  
 Hamilton, George D.; *Clinical Assistant Professor*  
 Harrop, A. Robertson; *Clinical Associate Professor (primary in Paediatric Surgery)*

# DEPARTMENT OF SURGERY

## 1.3 DEPARTMENT MEMBERS 2010/2011

Haugrud, Mark J.  
 Humphreys, Douglas  
 Lee, Jonathan; Clinical Lecturer  
 Lin, Alan; Clinical Assistant Professor  
 Magi, Enzo; Clinical Associate Professor  
 McKenzie, C. David; Clinical Assistant Professor  
*McPhalen, Donald F.; Clinical Assistant Professor  
 (primary in Paediatric Surgery)*  
 Nickerson, Duncan A.; Clinical Assistant Professor  
 Perron, Wayne  
 Schrag, Christiaan; Clinical Assistant Professor  
*Sinclair, Thomas M. (primary in Rural Medicine)*  
 Sutton, Frank  
 Waslen, Gregory D.; Clinical Assistant Professor  
 Whidden, Paul G.R.; Clinical Lecturer  
 Whidden, Peter G.

### Section of Podiatric Surgery

**Haverstock, Brent D.; Section 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.; Clinical Assistant Professor

### Section of Surgical Oncology

**Temple, Walley J.; Section Chief, Professor**  
 Arlette, John; Clinical Associate Professor  
*Bathe, Oliver F.; Associate Professor  
 (primary in General Surgery)*  
*Buie, W. Donald; Associate Professor  
 (primary in General Surgery)*  
*Dixon, Elijah; Associate Professor  
 (primary in General Surgery)*  
*Dort, Joseph C.; Professor (primary in Otolaryngology)*  
*Gelfand, Gary A.J.; Clinical Assistant Professor  
 (primary in Thoracic Surgery)*  
*Graham, Andrew J.; Clinical Associate Professor  
 (primary in Thoracic Surgery)*  
*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 Associate Professor  
 (primary in General Surgery)*  
*Magi, Enzo; 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 Orthopaedic Surgery)*  
*Sutherland, Francis R.; Professor (primary in General Surgery)*

### Section of Thoracic Surgery

**Gelfand, Gary A.J.; Section Chief,  
 Clinical Assistant Professor**

Graham, Andrew J.; Clinical Associate Professor  
 Grondin, Sean C.; Clinical Associate Professor  
 McFadden, Sean; Clinical Assistant Professor

### Section of Transplant Surgery

**Yilmaz, Serdar; Section Head, Associate Professor**  
 Monroy, F. Mauricio; Assistant Professor  
 Salazar, Anastasio; Associate Professor

### Section of Urology

**Carlson, Kevin; Section Chief, Clinical Lecturer**  
 Barr, Richard  
 Baverstock, Richard  
*Cook, Anthony J.; Clinical Assistant Professor  
 (primary in Paediatric Surgery)*  
 Donnelly, Bryan J.; Clinical Assistant Professor  
 Duffy, Martin; Clinical Lecturer  
 Dushinski, John W.; Clinical Assistant Professor  
 Gotto, Geoffrey; Clinical Assistant Professor  
*Hyndman, C. William; Clinical Assistant Professor  
 (primary in Paediatric Surgery)*  
 Hyndman, Matthew Eric; Clinical Assistant Professor  
 Kawakami, Jun; Clinical Assistant Professor  
 Kozak, Gregory N.; Clinical Assistant Professor  
 Lee, Jay; Clinical Assistant Professor  
 Leong, James

# DEPARTMENT OF SURGERY

## 1.3 DEPARTMENT MEMBERS 2010/2011

Metcalfe, Donald G.; Clinical Assistant Professor  
 Shields, William R.; (Lethbridge)  
*Weber, Bryce, Clinical Assistant Professor*  
*(primary in Paediatric Surgery)*  
 Wilkin, R. Peter; Clinical Assistant Professor

### Section of Vascular Surgery

**Petrasek, Paul E.; Section Chief, Associate Professor**

Guimond, Marie France; Assistant Professor  
 Moore, Randy D.; Associate Professor  
 Nutley, Mark; Assistant Professor  
 Samis, Gregory A.; Assistant Professor  
 Wong, Joyce; Clinical Assistant Professor

### Department of Surgery

Oddone Paolucci, Elizabeth; Assistant Professor

### Joint Appointments

Appoo, Jehangir; Clinical Assistant Professor  
 Cardiac Sciences  
 Bayes, Alexander J.; Clinical Associate Professor  
 Cardiac Sciences  
 Bech-Hansen, N. Torben; Professor, Medical Genetics  
 Burgess, John J.; Clinical Associate Professor  
 Cardiac Sciences  
 Casha, Steven; Assistant Professor, Clinical Neurosciences  
 Clark, Andrea; Assistant Professor, Kinesiology  
 Costello, Fiona; Clinical Assistant Professor  
 Clinical Neurosciences  
 Dobson, Gary M.; Associate Professor, Anaesthesia  
 Duplessis, Stephan J.; Clinical Assistant Professor  
 Clinical Neurosciences  
 Fedak, Paul W. M.; Assistant Professor, Cardiac Sciences  
 Fletcher, William A.; Professor, Clinical Neurosciences  
 Hamilton, Mark; Associate Professor, Clinical Neurosciences  
 Hayry, Pekka; Clinical Professor, Pathology and Laboratory  
 Medicine  
 Hurlbert, R. John; Associate Professor, Clinical Neurosciences  
 Kidd, William T.; Clinical Assistant Professor  
 Cardiac Sciences  
 Jena, Debakanta; Clinical Assistant Professor  
 Family Medicine  
 Kline, Donald W.; Professor, Psychology  
 Kurwa, Habib; Clinical Associate Professor  
 Medicine/Oncology  
 MacEachern, Paul R.; Clinical Assistant Professor  
 Medicine/Oncology  
 Lysack, John; Clinical Associate Professor

Radiology/Clinical Neurosciences  
 Maitland, Andrew; Associate Professor, Cardiac Sciences  
 Muldrew, Kenneth B.; Assistant Professor  
 Cell Biology & Anatomy  
 Prieur (Kieser), Teresa M.; Associate Professor  
 Cardiac Sciences  
 Russell, Margaret L.; Associate Professor  
 Community Health Sciences  
 Stell, William K.; Professor, Cell Biology & Anatomy  
 Thornton, Gail M.; Associate Professor, Engineering

### Adjunct Appointments

Barabas, Arpad Z.; Adjunct Associate Professor  
 Bultz, Barry D.; Adjunct Professor  
 Duncan, Neil A.; Adjunct Associate Professor  
 Herzog, Walter; Adjunct Associate Professor  
 Megann, 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  
 Zernicke, Ronald F.; Adjunct Professor



# DEPARTMENT OF SURGERY

## 2.1 SURGICAL ACTIVITY REPORTS - MAJOR CALGARY HOSPITALS

### TOTAL ACTIVITY CASES Surgical Statistical Activity by Service All Hospitals (FMC, RGH, PLC, ACH)

as of March, 2011

Service	Total Cases 07/08	Total Cases 08/09	Total Cases 09/10	Current Year 2010/2011												Current YTD	% Change	Variance
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
*	76	76	15	1		2							1	4	1	9	-0.40	-6
ANA	97	73	70	7	4	4	8	10	6	5	2	3	9	8	4	70		
CAR	1,240	1,281	1,296	117	112	100	95	89	101	108	110	94	95	91	119	1,231	-0.05	-65
COH	1,009	1,033	1,101	92	90	86	77	74	83	80	88	81	79	77	99	1,006	-0.09	-95
DEN	827	812	812	89	102	90	47	55	81	77	90	64	86	77	104	962	0.18	150
ENT_ORL	6,192	6,107	5,985	549	498	568	376	410	535	531	556	414	512	451	583	5,983		-2
GEN	12,992	13,151	13,039	1,133	1,119	1,170	1,021	954	1,164	1,117	1,144	1,162	1,175	1,160	1,286	13,605	0.04	566
GI	506	500	528	64	50	45	32	54	59	53	64	38	57	59	66	641	0.21	113
GYN	7,630	7,317	7,277	642	647	679	444	445	663	580	596	503	621	490	659	6,969	-0.04	-308
MED	106	88	55	5	9	10	8	8	2	4	2	5	1	5	5	64	0.16	9
NEU	1,642	1,616	1,742	151	152	153	153	139	176	155	154	152	171	141	168	1,865	0.07	123
OBS	1,439	1,677	1,932	151	186	167	167	165	173	197	176	161	172	191	191	2,097	0.09	165
OPH	2,177	2,161	2,322	207	192	198	184	137	217	199	228	195	211	200	196	2,364	0.02	42
ORA	369	400	396	41	41	33	23	27	32	30	41	16	27	26	32	369	-0.07	-27
ORT	12,211	12,339	12,208	1,021	993	1,104	858	846	1,014	1,028	1,152	1,149	1,143	1,144	1,333	12,785	0.05	577
PLS	3,425	3,466	3,349	265	274	309	218	229	290	304	293	237	264	261	285	3,229	-0.04	-120
POD	349	404	504	34	54	47	34	32	39	37	35	47	37	43	34	473	-0.06	-31
PSY	27					1										1		1
RAD	96	166	282	30	40	40	25	13	36	43	47	35	48	38	36	431	0.53	149
RES	72	96	104	5	7	11	8	3	2	7	7	10	11	4	9	84	-0.19	-20
SATP	5	22					2		1							3		3
THO	597	560	614	56	57	64	43	52	48	53	55	47	47	43	63	628	0.02	14
TRN	552	522	481	42	39	40	45	44	35	57	52	38	47	31	41	511	0.06	30
URO	5,889	6,101	6,293	481	556	549	439	434	594	504	539	511	575	543	613	6,338	0.01	45
VAS	752	814	768	62	62	68	58	73	70	71	65	48	63	47	74	761	-0.01	-7
Total	60,277	60,782	61,173	5,245	5,284	5,538	4,365	4,293	5,421	5,240	5,496	5,010	5,452	5,134	6,001	62,479		

# CASES BY SURGICAL CLASSIFICATION

## Surgical Statistical Activity by Admit Type

### All Hospitals (FMC, RGH, PLC, ACH)

as of March, 2011

Service	Admit Type	Total Cases 07/08	Total Cases 08/09	Total Cases 09/10	Current Year 2010/2011												YTD	% Change
					Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
*	Elective	16	24	3	1									1		1	3	
	Emergency	29	36	9			1								3		4	-55.56
	Urgent	31	16	3			1								1		2	-33.33
	<b>Total</b>	<b>76</b>	<b>76</b>	<b>15</b>	<b>1</b>		<b>2</b>							<b>1</b>	<b>4</b>	<b>1</b>	<b>9</b>	
ANA	Elective	5	2		2		1		1		1						5	500.00
	Emergency	88	65	64	5	1	3	8	9	4	3	2	3	9	7	4	58	-9.38
	Urgent	4	6	6		3				2	1				1		7	16.67
	<b>Total</b>	<b>97</b>	<b>73</b>	<b>70</b>	<b>7</b>	<b>4</b>	<b>4</b>	<b>8</b>	<b>10</b>	<b>6</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>9</b>	<b>8</b>	<b>4</b>	<b>70</b>	
CAR	** Elective				1												1	100.00
	Emergency	401	533	681	61	59	50	42	49	56	57	64	41	53	50	64	646	-5.14
	Urgent	137	93	130	13	10	12	13	4	7	9	13	8	8	13	12	122	-6.15
	<b>Total</b>	<b>702</b>	<b>655</b>	<b>485</b>	<b>42</b>	<b>43</b>	<b>38</b>	<b>40</b>	<b>36</b>	<b>38</b>	<b>42</b>	<b>33</b>	<b>45</b>	<b>34</b>	<b>28</b>	<b>43</b>	<b>462</b>	-4.74
COH	Elective	17	53	26	3		4	2	2	3	1	1	3	5	8	6	38	46.15
	Emergency	225	221	267	19	18	22	10	21	11	18	19	25	15	22	22	222	-16.85
	Urgent	767	759	808	70	72	60	65	51	69	61	68	53	59	47	71	746	-7.67
	<b>Total</b>	<b>1,009</b>	<b>1,033</b>	<b>1,101</b>	<b>92</b>	<b>90</b>	<b>86</b>	<b>77</b>	<b>74</b>	<b>83</b>	<b>80</b>	<b>88</b>	<b>81</b>	<b>79</b>	<b>77</b>	<b>99</b>	<b>1,006</b>	
DEN	Elective	773	786	765	85	98	81	40	53	79	74	84	55	80	74	99	902	17.91
	Emergency	27	10	24	2		2	6	1	1	2	2	3	2	3	3	27	12.50
	Urgent	27	16	23	2	4	7	1	1	1	1	4	6	4		2	33	43.48
	<b>Total</b>	<b>827</b>	<b>812</b>	<b>812</b>	<b>89</b>	<b>102</b>	<b>90</b>	<b>47</b>	<b>55</b>	<b>81</b>	<b>77</b>	<b>90</b>	<b>64</b>	<b>86</b>	<b>77</b>	<b>104</b>	<b>962</b>	
ENT_ORL	Elective	5,135	5,125	5,139	485	436	490	312	345	478	465	481	360	459	406	508	5,225	1.67
	Emergency	283	311	307	30	23	37	33	24	27	23	33	35	21	17	21	324	5.54
	Urgent	774	671	539	34	39	41	31	41	30	43	42	19	32	28	54	434	-19.48
	<b>Total</b>	<b>6,192</b>	<b>6,107</b>	<b>5,985</b>	<b>549</b>	<b>498</b>	<b>568</b>	<b>376</b>	<b>410</b>	<b>535</b>	<b>531</b>	<b>556</b>	<b>414</b>	<b>512</b>	<b>451</b>	<b>583</b>	<b>5,983</b>	
GEN	Elective	5,661	5,735	5,595	494	477	494	357	339	508	464	527	454	502	531	609	5,756	2.88
	Emergency	4,398	4,577	4,570	368	415	407	430	389	408	384	352	425	423	395	420	4,816	5.38
	Urgent	2,933	2,839	2,874	271	227	269	234	226	248	269	265	283	250	234	257	3,033	5.53
	<b>Total</b>	<b>12,992</b>	<b>13,151</b>	<b>13,039</b>	<b>1,133</b>	<b>1,119</b>	<b>1,170</b>	<b>1,021</b>	<b>954</b>	<b>1,164</b>	<b>1,117</b>	<b>1,144</b>	<b>1,162</b>	<b>1,175</b>	<b>1,160</b>	<b>1,286</b>	<b>13,605</b>	
GI	Elective	420	402	418	52	45	38	23	45	52	48	53	32	41	52	60	541	29.43
	Emergency	31	54	72	8	4	5	4	7	2	4	5	4	10	6	3	62	-13.89
	Urgent	55	44	38	4	1	2	5	2	5	1	6	2	6	1	3	38	
	<b>Total</b>	<b>506</b>	<b>500</b>	<b>528</b>	<b>64</b>	<b>50</b>	<b>45</b>	<b>32</b>	<b>54</b>	<b>59</b>	<b>53</b>	<b>64</b>	<b>38</b>	<b>57</b>	<b>59</b>	<b>66</b>	<b>641</b>	
GYN	** Elective	1		1														-100.00
	Emergency	5,316	5,001	5,078	461	469	490	282	267	460	406	404	362	453	357	454	4,865	-4.19
	Urgent	1,313	1,341	1,264	97	105	100	95	86	131	114	112	84	95	73	107	1,199	-5.14
	<b>Total</b>	<b>1,000</b>	<b>975</b>	<b>934</b>	<b>84</b>	<b>73</b>	<b>89</b>	<b>67</b>	<b>92</b>	<b>72</b>	<b>60</b>	<b>80</b>	<b>57</b>	<b>73</b>	<b>60</b>	<b>98</b>	<b>905</b>	-3.10
MED	** Elective					1											1	100.00
	Emergency	63	39	34	5	3	7	4	6	1	2	1	2	1	3	2	37	8.82
	Urgent	35	42	10		2	3	3			2	1	3			3	17	70.00
	<b>Total</b>	<b>8</b>	<b>7</b>	<b>11</b>	<b></b>	<b>3</b>	<b></b>	<b>1</b>	<b>2</b>	<b>1</b>	<b></b>	<b></b>	<b></b>	<b></b>	<b>2</b>	<b></b>	<b>9</b>	-18.18
NEU	** Elective			1														-100.00
	Emergency	816	704	775	78	76	62	53	63	69	67	61	57	82	73	80	821	5.94
	Urgent	328	297	339	34	23	27	43	37	51	35	28	38	38	31	38	423	24.78
	<b>Total</b>	<b>498</b>	<b>615</b>	<b>627</b>	<b>39</b>	<b>53</b>	<b>64</b>	<b>57</b>	<b>39</b>	<b>56</b>	<b>53</b>	<b>65</b>	<b>57</b>	<b>51</b>	<b>37</b>	<b>50</b>	<b>621</b>	-0.96
OBS	Elective	872	1,104	1,356	113	125	121	114	119	129	136	135	108	122	124	133	1,479	9.07
	Emergency	472	493	487	28	44	38	43	43	33	52	33	51	45	51	51	512	5.13
	Urgent	95	80	89	10	17	8	10	3	11	9	8	2	5	16	7	106	19.10
	<b>Total</b>	<b>1,439</b>	<b>1,677</b>	<b>1,932</b>	<b>151</b>	<b>186</b>	<b>167</b>	<b>167</b>	<b>165</b>	<b>173</b>	<b>197</b>	<b>176</b>	<b>161</b>	<b>172</b>	<b>191</b>	<b>191</b>	<b>2,097</b>	
OPH	Elective	1,439	1,449	1,438	119	121	118	109	79	143	118	156	121	142	125	133	1,484	3.20
	Emergency	491	387	498	42	50	50	49	34	36	40	38	45	38	46	47	515	3.41
	Urgent	247	325	386	46	21	30	26	24	38	41	34	29	31	29	16	365	-5.44
	<b>Total</b>	<b>2,177</b>	<b>2,161</b>	<b>2,322</b>	<b>207</b>	<b>192</b>	<b>198</b>	<b>184</b>	<b>137</b>	<b>217</b>	<b>199</b>	<b>228</b>	<b>195</b>	<b>211</b>	<b>200</b>	<b>196</b>	<b>2,364</b>	

# Surgical Statistical Activity by Admit Type

## All Hospitals (FMC, RGH, PLC, ACH)

### continued

as of March, 2011

Service	Admit Type	Total Cases 07/08	Total Cases 08/09	Total Cases 09/10	Current Year 2010/2011												YTD	% Change
					Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
ORA	Elective	321	322	331	35	36	30	16	22	29	24	38	15	24	24	31	324	-2.11
	Emergency	45	76	63	6	4	3	7	4	3	6	3	1	2	2	1	42	-33.33
	Urgent	3	2	2		1			1					1			3	50.00
	<b>Total</b>	<b>369</b>	<b>400</b>	<b>396</b>	<b>41</b>	<b>41</b>	<b>33</b>	<b>23</b>	<b>27</b>	<b>32</b>	<b>30</b>	<b>41</b>	<b>16</b>	<b>27</b>	<b>26</b>	<b>32</b>	<b>369</b>	
ORT	Elective	6,673	6,735	6,870	615	612	656	405	419	586	592	710	672	701	728	835	7,531	9.62
	Emergency	3,050	3,300	3,173	218	237	257	291	275	255	257	273	281	258	250	299	3,151	-0.69
	Urgent	2,488	2,304	2,165	188	144	191	162	152	173	179	169	196	184	166	199	2,103	-2.86
	<b>Total</b>	<b>12,211</b>	<b>12,339</b>	<b>12,208</b>	<b>1,021</b>	<b>993</b>	<b>1,104</b>	<b>858</b>	<b>846</b>	<b>1,014</b>	<b>1,028</b>	<b>1,152</b>	<b>1,149</b>	<b>1,143</b>	<b>1,144</b>	<b>1,333</b>	<b>12,785</b>	
PLS	Elective	2,306	2,383	2,342	190	197	217	122	143	207	219	220	166	196	195	205	2,277	-2.78
	Emergency	524	577	509	32	47	50	50	59	47	45	32	42	40	32	38	514	0.98
	Urgent	595	506	498	43	30	42	46	27	36	40	41	29	28	34	42	438	-12.05
	<b>Total</b>	<b>3,425</b>	<b>3,466</b>	<b>3,349</b>	<b>265</b>	<b>274</b>	<b>309</b>	<b>218</b>	<b>229</b>	<b>290</b>	<b>304</b>	<b>293</b>	<b>237</b>	<b>264</b>	<b>261</b>	<b>285</b>	<b>3,229</b>	
POD	Elective	162	217	324	14	28	25	18	12	20	30	16	29	24	26	21	263	-18.83
	Emergency	181	181	169	19	25	18	16	19	16	6	17	16	13	15	13	193	14.20
	Urgent	6	6	11	1	1	4		1	3	1	2	2		2		17	54.55
	<b>Total</b>	<b>349</b>	<b>404</b>	<b>504</b>	<b>34</b>	<b>54</b>	<b>47</b>	<b>34</b>	<b>32</b>	<b>39</b>	<b>37</b>	<b>35</b>	<b>47</b>	<b>37</b>	<b>43</b>	<b>34</b>	<b>473</b>	
PSY	Elective	18					1										1	100.00
	Urgent	9																
	<b>Total</b>	<b>27</b>					<b>1</b>										<b>1</b>	
RAD	Elective	32	65	111	9	13	5	6	6	14	5	8	10	9	12	10	107	-3.60
	Emergency	52	80	151	19	24	31	12	7	17	37	35	22	36	26	25	291	92.72
	Urgent	12	21	20	2	3	4	7		5	1	4	3	3		1	33	65.00
	<b>Total</b>	<b>96</b>	<b>166</b>	<b>282</b>	<b>30</b>	<b>40</b>	<b>40</b>	<b>25</b>	<b>13</b>	<b>36</b>	<b>43</b>	<b>47</b>	<b>35</b>	<b>48</b>	<b>38</b>	<b>36</b>	<b>431</b>	
RES	Elective	12	23	24	1	2	1	2				1	2	2	1		12	-50.00
	Emergency	25	46	39		2	7	6	2	1	4	2	3	3	2	2	34	-12.82
	Urgent	35	27	41	4	3	3		1	1	3	4	5	6	1	7	38	-7.32
	<b>Total</b>	<b>72</b>	<b>96</b>	<b>104</b>	<b>5</b>	<b>7</b>	<b>11</b>	<b>8</b>	<b>3</b>	<b>2</b>	<b>7</b>	<b>7</b>	<b>10</b>	<b>11</b>	<b>4</b>	<b>9</b>	<b>84</b>	
SATP	**									1							1	100.00
	Emergency	5	22					2									2	200.00
	<b>Total</b>	<b>5</b>	<b>22</b>					<b>2</b>		<b>1</b>							<b>3</b>	
THO	Elective	23	32	41	2	6	9	4	3	4	1	1	7	2	6	4	49	19.51
	Emergency	51	48	76	5	1	8	6	6	4	11	3	4	2		8	58	-23.68
	Urgent	523	480	497	49	50	47	33	43	40	41	51	36	43	37	51	521	4.83
	<b>Total</b>	<b>597</b>	<b>560</b>	<b>614</b>	<b>56</b>	<b>57</b>	<b>64</b>	<b>43</b>	<b>52</b>	<b>48</b>	<b>53</b>	<b>55</b>	<b>47</b>	<b>47</b>	<b>43</b>	<b>63</b>	<b>628</b>	
TRN	Elective	93	53	68	7	13	5	9	9	6	13	7	4	8	10	3	94	38.24
	Emergency	79	72	62	4	5	6	14	8	4	14	14	5	7	2	9	92	48.39
	Urgent	380	397	351	31	21	29	22	27	25	30	31	29	32	19	29	325	-7.41
	<b>Total</b>	<b>552</b>	<b>522</b>	<b>481</b>	<b>42</b>	<b>39</b>	<b>40</b>	<b>45</b>	<b>44</b>	<b>35</b>	<b>57</b>	<b>52</b>	<b>38</b>	<b>47</b>	<b>31</b>	<b>41</b>	<b>511</b>	
URO	Elective	3,268	3,569	3,646	282	340	347	211	199	368	288	318	282	345	303	351	3,634	-0.33
	Emergency	1,991	1,839	1,926	144	151	143	185	172	161	145	147	163	175	165	175	1,926	
	Urgent	630	693	721	55	65	59	43	63	65	71	74	66	55	75	87	778	7.91
	<b>Total</b>	<b>5,889</b>	<b>6,101</b>	<b>6,293</b>	<b>481</b>	<b>556</b>	<b>549</b>	<b>439</b>	<b>434</b>	<b>594</b>	<b>504</b>	<b>539</b>	<b>511</b>	<b>575</b>	<b>543</b>	<b>613</b>	<b>6,338</b>	
VAS	Elective	355	445	399	22	27	35	31	34	36	41	31	18	31	29	42	377	-5.51
	Emergency	212	192	174	24	20	22	11	21	19	13	15	17	16	9	20	207	18.97
	Urgent	185	177	195	16	15	11	16	18	15	17	19	13	16	9	12	177	-9.23
	<b>Total</b>	<b>752</b>	<b>814</b>	<b>768</b>	<b>62</b>	<b>62</b>	<b>68</b>	<b>58</b>	<b>73</b>	<b>70</b>	<b>71</b>	<b>65</b>	<b>48</b>	<b>63</b>	<b>47</b>	<b>74</b>	<b>761</b>	
Summary	** Elective	1		2	1	1				1							3	
	Emergency	34,197	34,801	35,464	3,136	3,183	3,287	2,162	2,215	3,248	3,052	3,317	2,800	3,283	3,137	3,651	36,471	
	Urgent	14,072	14,360	14,383	1,117	1,211	1,252	1,337	1,228	1,238	1,224	1,179	1,278	1,256	1,170	1,321	14,811	
	<b>Total</b>	<b>12,007</b>	<b>11,621</b>	<b>11,324</b>	<b>991</b>	<b>889</b>	<b>999</b>	<b>866</b>	<b>850</b>	<b>934</b>	<b>964</b>	<b>1,000</b>	<b>932</b>	<b>913</b>	<b>827</b>	<b>1,029</b>	<b>11,194</b>	
	<b>Total</b>	<b>60,277</b>	<b>60,782</b>	<b>61,173</b>	<b>5,245</b>	<b>5,284</b>	<b>5,538</b>	<b>4,365</b>	<b>4,293</b>	<b>5,421</b>	<b>5,240</b>	<b>5,496</b>	<b>5,010</b>	<b>5,452</b>	<b>5,134</b>	<b>6,001</b>	<b>62,479</b>	

# INPATIENT/ OUTPATIENT CASES

## Surgical Statistical Activity by Patient Type

### All Hospitals (FMC, RGH, PLC, ACH)

as of March, 2011

Service	Patient Type	Total Cases	Total Cases	Total Cases	Current Year 2010/2011												YTD
		07/08	08/09	09/10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
*	InPatient	66	60	12			2								4		6
	OutPatient	10	16	3	1									1		1	3
	Total	76	76	15	1		2							1	4	1	9
ANA	InPatient	93	72	70	5	4	3	8	10	6	3	2	3	9	8	4	65
	OutPatient	4	1		2		1				2						5
	Total	97	73	70	7	4	4	8	10	6	5	2	3	9	8	4	70
CAR	InPatient	879	848	864	85	74	66	70	58	61	69	74	66	62	64	78	827
	OutPatient	361	433	432	32	38	34	25	31	40	39	36	28	33	27	41	404
	Total	1,240	1,281	1,296	117	112	100	95	89	101	108	110	94	95	91	119	1,231
COH	InPatient	1,000	1,023	1,100	92	90	86	76	74	83	80	88	81	79	77	99	1,005
	OutPatient	9	10	1				1									1
	Total	1,009	1,033	1,101	92	90	86	77	74	83	80	88	81	79	77	99	1,006
DEN	InPatient	96	69	62	9	9	8	11	3	4	9	5	5	6	5	7	81
	OutPatient	731	743	750	80	93	82	36	52	77	68	85	59	80	72	97	881
	Total	827	812	812	89	102	90	47	55	81	77	90	64	86	77	104	962
ENT_ORL	InPatient	1,191	1,291	1,298	106	129	116	95	95	111	109	136	85	87	96	104	1,269
	OutPatient	5,001	4,816	4,687	443	369	452	281	315	424	422	420	329	425	355	479	4,714
	Total	6,192	6,107	5,985	549	498	568	376	410	535	531	556	414	512	451	583	5,983
GEN	InPatient	7,879	8,142	8,220	709	730	729	724	639	743	699	658	752	759	728	764	8,634
	OutPatient	5,113	5,009	4,819	424	389	441	297	315	421	418	486	410	416	432	522	4,971
	Total	12,992	13,151	13,039	1,133	1,119	1,170	1,021	954	1,164	1,117	1,144	1,162	1,175	1,160	1,286	13,605
GI	InPatient	88	117	118	12	9	9	9	14	9	7	11	6	17	9	7	119
	OutPatient	418	383	410	52	41	36	23	40	50	46	53	32	40	50	59	522
	Total	506	500	528	64	50	45	32	54	59	53	64	38	57	59	66	641
GYN	InPatient	3,570	3,526	3,435	309	293	277	226	235	310	288	291	226	302	231	296	3,284
	OutPatient	4,060	3,791	3,842	333	354	402	218	210	353	292	305	277	319	259	363	3,685
	Total	7,630	7,317	7,277	642	647	679	444	445	663	580	596	503	621	490	659	6,969
MED	InPatient	45	52	21	2	5	5	5	2	2	2	2	3	1	1	3	33
	OutPatient	61	36	34	3	4	5	3	6		2		2		4	2	31
	Total	106	88	55	5	9	10	8	8	2	4	2	5	1	5	5	64
NEU	InPatient	1,453	1,451	1,547	128	139	137	135	124	157	134	144	140	154	123	152	1,667
	OutPatient	189	165	195	23	13	16	18	15	19	21	10	12	17	18	16	198
	Total	1,642	1,616	1,742	151	152	153	153	139	176	155	154	152	171	141	168	1,865
OBS	InPatient	675	710	784	48	64	69	70	64	58	78	60	66	64	75	76	792
	OutPatient	764	967	1,148	103	122	98	97	101	115	119	116	95	108	116	115	1,305
	Total	1,439	1,677	1,932	151	186	167	167	165	173	197	176	161	172	191	191	2,097
OPH	InPatient	849	797	589	50	57	58	55	35	42	43	52	51	47	59	51	600
	OutPatient	1,328	1,364	1,733	157	135	140	129	102	175	156	176	144	164	141	145	1,764
	Total	2,177	2,161	2,322	207	192	198	184	137	217	199	228	195	211	200	196	2,364
ORA	InPatient	328	341	329	32	34	27	18	25	29	26	31	14	21	23	22	302
	OutPatient	41	59	67	9	7	6	5	2	3	4	10	2	6	3	10	67
	Total	369	400	396	41	41	33	23	27	32	30	41	16	27	26	32	369
ORT	InPatient	8,333	8,458	8,391	678	672	759	645	627	728	738	822	815	823	848	964	9,119
	OutPatient	3,878	3,881	3,817	343	321	345	213	219	286	290	330	334	320	296	369	3,666
	Total	12,211	12,339	12,208	1,021	993	1,104	858	846	1,014	1,028	1,152	1,149	1,143	1,144	1,333	12,785
PLS	InPatient	1,789	1,712	1,675	129	135	143	136	122	146	149	130	116	126	125	136	1,593
	OutPatient	1,636	1,754	1,674	136	139	166	82	107	144	155	163	121	138	136	149	1,636
	Total	3,425	3,466	3,349	265	274	309	218	229	290	304	293	237	264	261	285	3,229
POD	InPatient	305	320	336	29	38	33	28	22	26	18	28	32	23	25	21	323
	OutPatient	44	84	168	5	16	14	6	10	13	19	7	15	14	18	13	150
	Total	349	404	504	34	54	47	34	32	39	37	35	47	37	43	34	473
PSY	InPatient	18					1										1
	OutPatient	9															
	Total	27					1										1
RAD	InPatient	75	125	191	23	28	34	18	7	23	39	40	26	41	28	26	333
	OutPatient	21	41	91	7	12	6	7	6	13	4	7	9	7	10	10	98
	Total	96	166	282	30	40	40	25	13	36	43	47	35	48	38	36	431



# Surgical Statistical Activity by Patient Type

## All Hospitals (FMC, RGH, PLC, ACH)

### continued

Service	Patient Type	Total Cases	Total Cases	Total Cases	Current Year 2010/2011												as of March, 2011		
		07/08	08/09	09/10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
RES	InPatient	52	75	85	4	6	10	7	3	2	7	6	7	7	4	8	71		
	OutPatient	20	21	19	1	1	1	1				1	3	4		1	13		
	Total	72	96	104	5	7	11	8	3	2	7	7	10	11	4	9	84		
SATP	InPatient	5	22					2		1							3		
	Total	5	22					2		1							3		
THO	InPatient	584	521	575	52	54	60	39	51	46	52	55	46	42	42	60	599		
	OutPatient	13	39	39	4	3	4	4	1	2	1		1	5	1	3	29		
	Total	597	560	614	56	57	64	43	52	48	53	55	47	47	43	63	628		
TRN	InPatient	179	161	156	15	13	14	19	19	11	23	24	11	15	8	17	189		
	OutPatient	373	361	325	27	26	26	26	25	24	34	28	27	32	23	24	322		
	Total	552	522	481	42	39	40	45	44	35	57	52	38	47	31	41	511		
URO	InPatient	3,964	3,826	3,776	274	313	308	295	299	343	312	311	315	336	328	336	3,770		
	OutPatient	1,925	2,275	2,517	207	243	241	144	135	251	192	228	196	239	215	277	2,568		
	Total	5,889	6,101	6,293	481	556	549	439	434	594	504	539	511	575	543	613	6,338		
VAS	InPatient	630	624	567	52	54	57	46	60	63	55	51	44	52	35	56	625		
	OutPatient	122	190	201	10	8	11	12	13	7	16	14	4	11	12	18	136		
	Total	752	814	768	62	62	68	58	73	70	71	65	48	63	47	74	761		
Summary																			
	InPatient	34,146	34,343	34,201	2,843	2,950	3,011	2,737	2,588	3,004	2,940	3,021	2,910	3,073	2,946	3,287	35,310		
	OutPatient	26,131	26,439	26,972	2,402	2,334	2,527	1,628	1,705	2,417	2,300	2,475	2,100	2,379	2,188	2,714	27,169		
	Total	60,277	60,782	61,173	5,245	5,284	5,538	4,365	4,293	5,421	5,240	5,496	5,010	5,452	5,134	6,001	62,479		

# TOTAL ACTIVITY HOURS

## Surgical Statistical Activity by Service

### All Hospitals (FMC, RGH, PLC, ACH)

Service	Total Patient Hours	Total Patient Hours	Total Patient Hours	Current Year 2010/2011												as of March, 2011			
	07/08	08/09	09/10	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Curr YTD	% Change	Var	
*	81.41	51.00	13.48	0.38		2.28							1.22	4.56	0.49	10.13	-0.25	-3.35	
ANA	99.36	82.20	75.41	9.31	5.49	2.12	8.13	11.07	7.46	5.57	2.29	3.13	12.06	8.02	4.32	80.57	0.07	5.16	
CAR	2,201.49	2,141.38	2,101.51	193.27	173.17	172.52	162.03	155.14	172.33	183.25	200.55	183.55	180.43	183.39	216.31	2,178.34	0.04	76.43	
COH	4,420.20	4,621.45	4,684.40	389.32	390.25	398.07	359.39	342.39	360.38	356.44	401.07	352.56	364.56	341.38	416.52	4,475.13	-0.04	-209.27	
DEN	1,130.17	1,100.18	1,101.44	145.04	135.54	127.40	58.49	73.20	104.02	106.49	126.42	82.27	118.41	99.54	140.43	1,320.05	0.20	218.21	
ENT_ORL	6,119.32	6,304.20	6,262.39	567.46	521.06	580.06	444.19	448.05	523.31	517.41	578.49	420.18	502.28	462.01	649.55	6,216.05	-0.01	-46.34	
GEN	21,694.09	22,575.10	22,702.27	1,915.55	1,984.30	1,997.00	1,817.29	1,745.35	2,106.09	1,879.30	1,914.40	1,941.25	2,092.49	1,992.33	2,187.40	23,575.15	0.04	872.48	
GI	390.36	418.12	467.24	56.01	39.23	35.28	36.09	49.44	46.50	35.27	49.13	34.52	42.05	44.39	49.43	519.34	0.11	52.10	
GYN	8,184.33	8,024.05	7,764.34	661.52	674.30	680.09	518.19	537.10	719.36	630.12	676.27	572.42	712.25	582.29	760.51	7,726.42		-37.52	
MED	82.57	66.28	51.14	3.04	7.11	10.56	7.04	7.28	3.19	2.25	2.02	4.52	1.41	3.12	4.14	57.28	0.12	6.14	
NEU	5,846.32	5,870.22	6,662.52	546.53	597.14	558.15	538.29	508.09	671.27	550.52	623.06	560.24	632.13	552.10	640.50	6,980.02	0.05	317.10	
OBS	1,311.32	1,489.03	1,749.30	122.35	146.06	172.52	164.26	144.39	162.20	169.46	157.32	129.25	150.46	161.24	163.06	1,844.57	0.05	95.27	
OPH	2,882.09	2,732.45	2,924.00	256.47	264.09	268.23	248.50	191.24	262.56	264.08	303.31	249.06	250.47	234.19	251.59	3,046.19	0.04	122.19	
ORA	915.42	1,001.57	952.54	97.03	99.56	79.55	54.50	76.08	84.44	74.00	96.36	47.02	66.41	75.33	65.45	918.13	-0.04	-34.41	
ORT	22,391.25	23,118.59	23,426.23	1,954.37	1,928.09	2,091.53	1,732.51	1,729.00	2,017.37	2,010.06	2,228.57	2,150.52	2,226.47	2,170.25	2,572.48	24,814.02	0.06	1,387.39	
PLS	7,392.36	7,202.21	7,144.59	574.15	556.46	634.33	516.52	427.58	648.16	692.24	621.42	502.29	539.44	529.18	591.22	6,835.39	-0.04	-309.20	
POD	428.13	497.27	631.45	37.29	64.24	56.28	49.03	37.23	46.03	44.41	44.40	66.57	43.14	55.41	43.34	589.37	-0.07	-42.08	
PSY	4.35					2.09										2.09			
RAD	80.32	136.40	255.44	25.11	37.42	30.31	20.53	12.19	27.43	37.33	38.44	25.43	47.43	36.49	32.22	373.13	0.46	117.29	
RES	98.37	178.22	188.38	8.02	17.51	14.28	16.42	6.28	6.29	14.15	19.31	16.33	23.35	9.34	12.34	166.02	-0.12	-22.36	
SATP	23.09	74.38					0.00		0.00										
THO	1,710.30	1,641.54	1,811.46	153.24	158.30	160.25	117.29	138.18	145.06	144.12	171.20	140.25	136.18	116.36	183.40	1,765.43	-0.03	-46.03	
TRN	1,042.16	903.23	889.51	73.52	62.50	76.29	97.57	86.27	56.42	125.31	108.51	65.34	88.26	49.22	79.39	971.40	0.09	81.49	
URO	6,119.47	6,258.08	6,268.13	476.54	584.38	549.23	442.55	432.52	579.40	510.39	549.05	527.05	562.30	536.46	610.53	6,363.20	0.02	95.07	
VAS	2,838.35	2,738.29	2,286.48	202.24	190.40	228.01	185.11	216.09	257.38	249.59	208.30	152.32	196.24	167.00	220.37	2,475.05	0.08	188.17	
<b>Total</b>	<b>97,491.40</b>	<b>99,229.44</b>	<b>100,419.25</b>	<b>8,472.16</b>	<b>8,641.00</b>	<b>8,930.43</b>	<b>7,598.32</b>	<b>7,377.36</b>	<b>9,011.05</b>	<b>8,606.16</b>	<b>9,124.29</b>	<b>8,230.47</b>	<b>8,994.24</b>	<b>8,418.00</b>	<b>9,900.59</b>	<b>103,306.07</b>			

# DEPARTMENT OF SURGERY

## 2.2 NHSF SURGICAL INDICATOR REPORT

	Fiscal	Fiscal	Fiscal
NHSF Activity	2008/09	2009/10	2010/11
Cataracts	8,498	9,291	12,180
Non-Cataracts	3,261	3,464	2,325
Ophthalmology Total	11,759	12,755	14,505
Oral Maxillofacial Surgery	514	535	755
Restorative Dentistry	679	569	408
Podiatry	776	764	806
Vestibular Testing	155	178	239
Orthopedics (HRC)	916	1,047	622
<b>NHSF Activity</b>	<b>14,799</b>	<b>15,848</b>	<b>17,335</b>
Kensington Clinic	4,252	4,289	4,667
<b>Total NHSF Activity</b>	<b>19,051</b>	<b>20,137</b>	<b>22,002</b>

NHSF Mean Wait Time (Weeks)	2008/09	2009/10	2010/11
Cataracts	19	28	31
Non-Cataracts	10	11	16
Oral Maxillofacial Surgery	6	6	8
Restorative Dentistry	10	10	9
Podiatry	26	40	38
Vestibular Testing	4	8	3

NHSF Waiting List	2008/09	2009/10	2010/11
Cataracts	6,924	8,500	6,515
Non-Cataracts	2,208	1,906	2,174
Ophthalmology Total	9,132	10,406	8,689
Oral Maxillofacial Surgery	416	180	219
Restorative Dentistry	233	416	96
Podiatry	1,464	1,099	1,075
Vestibular Testing	48	34	46
<b>Total NHSF Wait List</b>	<b>11,293</b>	<b>12,135</b>	<b>10,125</b>

# DEPARTMENT OF SURGERY

## 2.3 RURAL VOLUME SURGERIES REPORT

\*Information below depicts cumulative statistics from the Fiscal Year; April 2010-March 2011

IP/OP	Surgeon Service	Number of Cases				Percent of Total Cases			
		BMS	CGH	HRH	Total	BMS	CGH	HRH	Total
<b>Inpatient</b>	Gen	5	69	6	80	0.40%	27.30%	2.70%	4.90%
	Gyn	0	72	165	237	0.00%	28.50%	73.00%	14.80%
	Med	24	75	15	114	2.10%	29.60%	6.60%	7.20%
	Obs	0	0	39	39	0.00%	0.00%	17.30%	2.40%
	Oph	0	0	0	0	0.00%	0.00%	0.00%	0.00%
	Ort	787	1	0	788	70.20%	0.40%	0.00%	49.30%
	Pls	306	34	0	340	27.30%	13.40%	0.00%	21.20%
	Uro	0	0	1	1	0.00%	0.00%	0.40%	0.10%
	Vas	0	2	0	2	0.00%	0.80%	0.00%	0.10%
	<b>Total</b>	<b>1122</b>	<b>253</b>	<b>226</b>	<b>1601</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>
<b>Outpatient</b>	Gen	2	166	1192	1360	0.20%	24.20%	70.90%	36.50%
	Gyn	0	178	264	442	0.00%	25.90%	15.70%	11.90%
	Med	102	54	46	202	7.50%	7.90%	2.70%	5.40%
	Obs	0	0	48	48	0.00%	0.00%	2.90%	1.30%
	Oph	0	6	89	95	0.00%	0.90%	5.30%	2.50%
	Ort	753	0	0	753	54.60%	0.00%	0.00%	19.70%
	Pls	513	126	0	639	37.70%	18.20%	0.00%	17.20%
	Uro	0	0	42	42	0.00%	0.00%	2.50%	1.20%
	Vas	0	157	0	157	0.00%	22.90%	0.00%	4.30%
	<b>Total</b>	<b>1370</b>	<b>687</b>	<b>1681</b>	<b>3738</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100%</b>	<b>100.00%</b>
<b>Total</b>	Gen	7	235	1198	1440	0.30%	24.80%	62.80%	26.80%
	Gyn	0	250	429	679	0.00%	26.50%	22.50%	12.60%
	Med	150	129	61	340	5.90%	13.60%	3.20%	6.40%
	Obs	0	0	87	87	0.00%	0.00%	4.60%	1.60%
	Oph	0	6	89	95	0.00%	0.50%	4.60%	1.80%
	Ort	1540	1	0	1541	61.20%	1.00%	0.00%	28.70%
	Pls	819	160	0	979	32.60%	16.90%	0.00%	18.40%
	Uro	0	0	43	43	0.00%	0.00%	2.30%	0.80%
	Vas	0	159	0	159	0.00%	16.70%	0.00%	2.90%
<b>Grand Total</b>		<b>2516</b>	<b>940</b>	<b>1907</b>	<b>5363</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>

\*Note:

CGH = Canmore General Hospital

HRH = High River General Hospital

BMS = Banff Mineral Springs Hospital

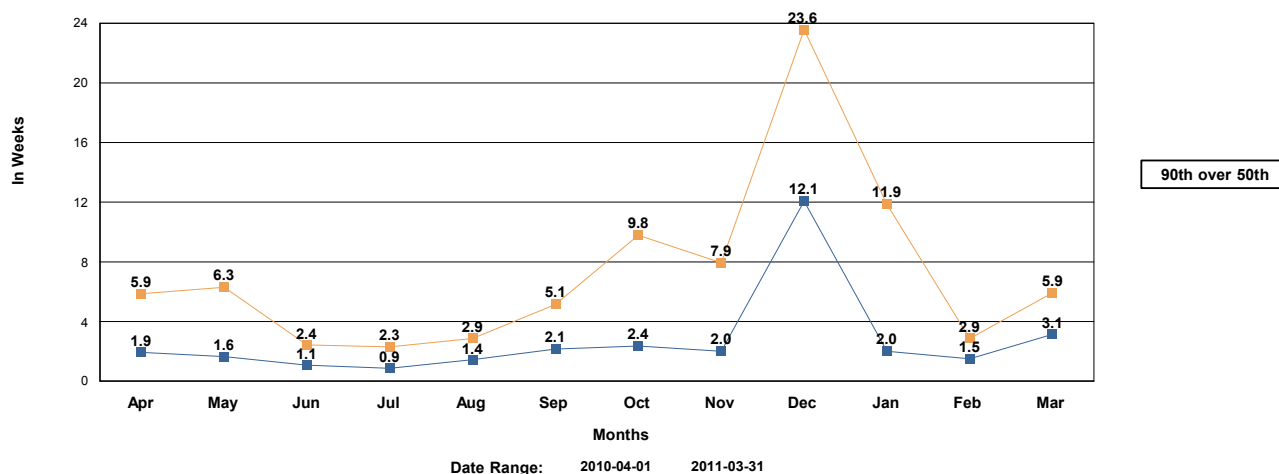
# DEPARTMENT OF SURGERY

## 2.4 WAIT TIME REPORTS BY PROCEDURE GROUP

### EARS, NOSE, THROAT - OTOLARYNGOLOGY

#### Urgent Throat Endoscopy Wait Time

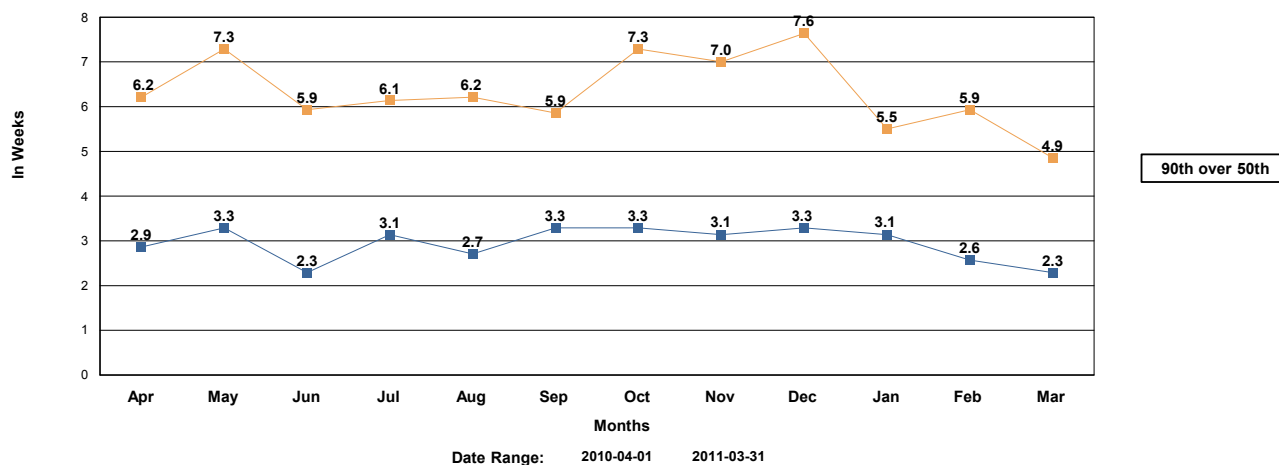
Total Cases: 94  
50th: 1.86 90th: 6.79



### GENERAL SURGERY

#### Urgent Breast Mastectomy Wait Time

Total Cases: 924  
50th: 3.00 90th: 6.14

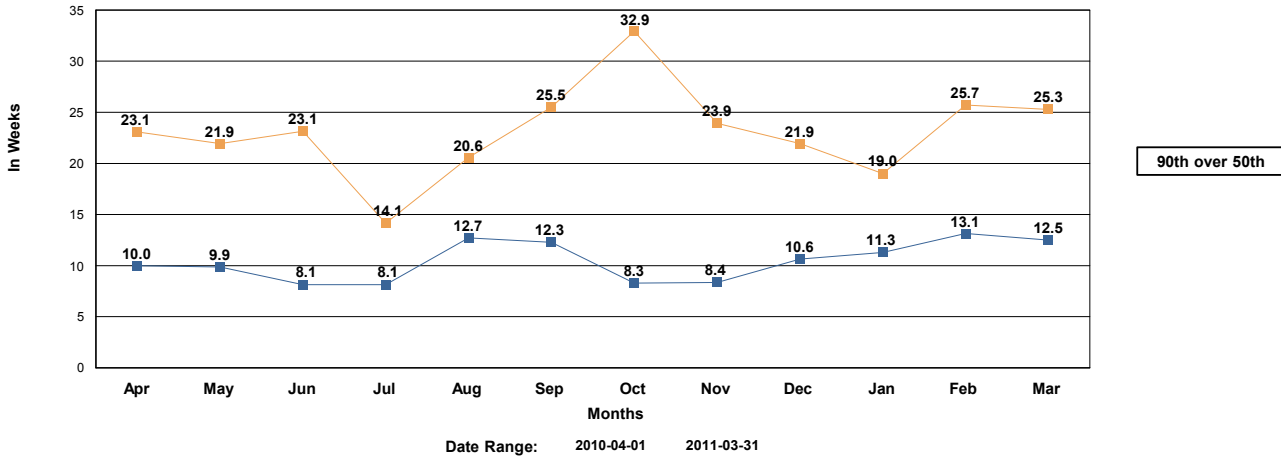




## NEUROSURGERY/ ORTHOPAEDIC SURGERY

### Elective Spine Wait Time

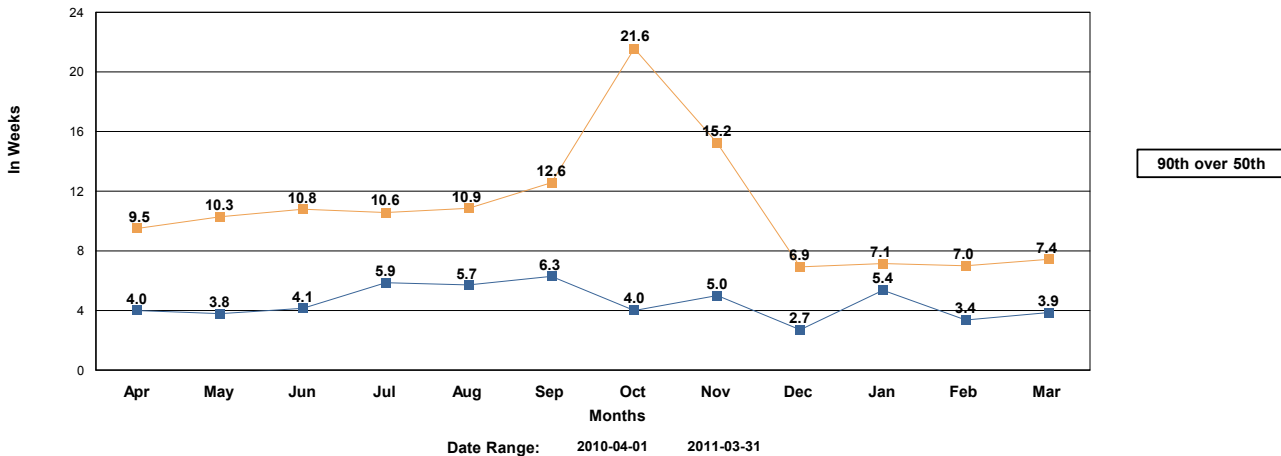
Total Cases: 276  
50th: 10.36 90th: 21.93



## GYNECOLOGY/OBSTETRICS SURGERY

### Urgent Hysterectomy Other Wait Time

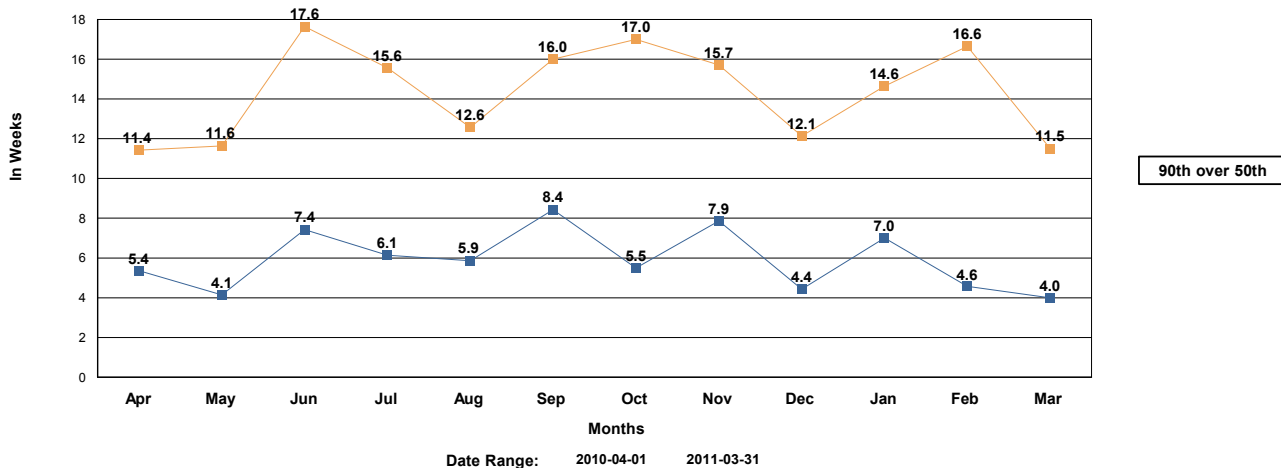
Total Cases: 232  
50th: 4.14 90th: 9.43



## OPHTHALMOLOGY

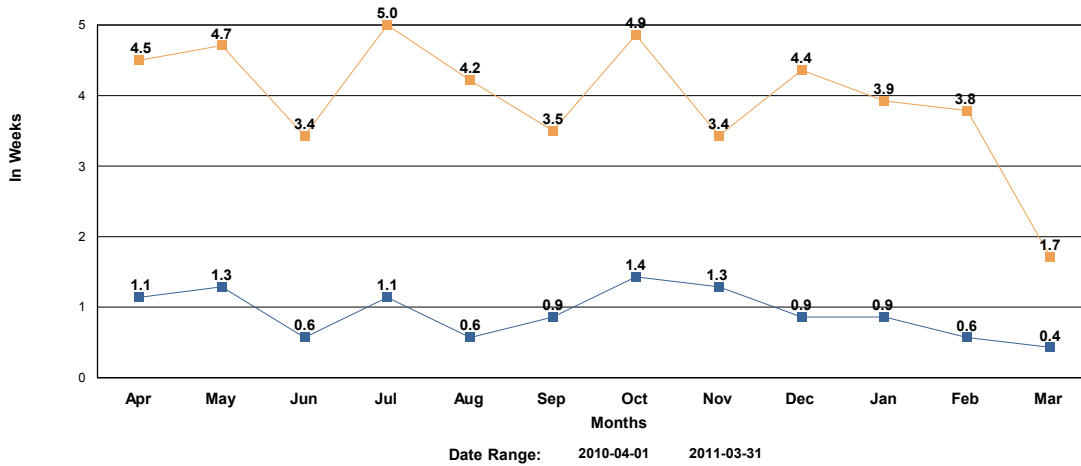
### Elective Eye Retinal/Choroid/Vitreous Wait Time

Total Cases: 762  
50th: 5.86 90th: 13.79



## Urgent Eye Retinal/Choroid/Vitreous Wait Time

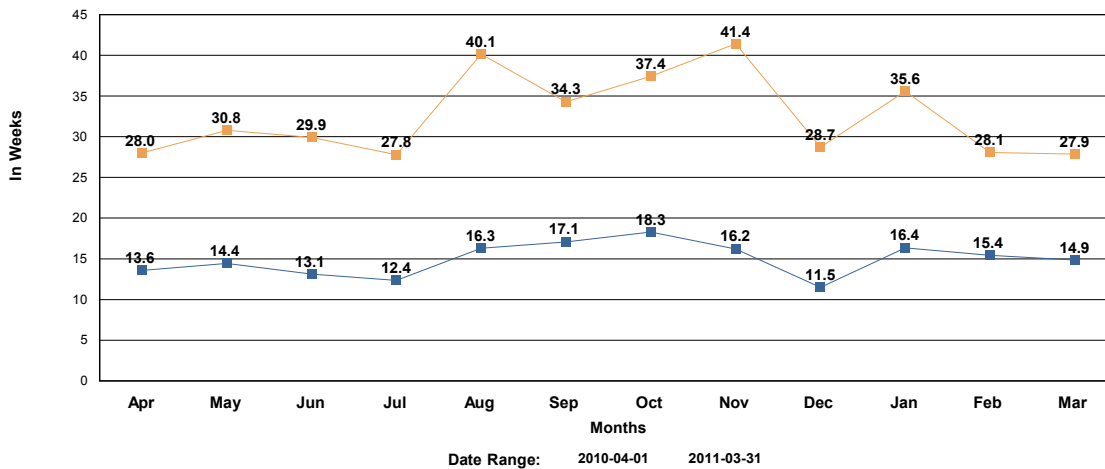
Total Cases: 315  
50th: 1.00 90th: 3.86



## ORTHOPAEDIC Elective Hip Arthroplasty Wait Time

Total Cases: 933  
50th: 14.71 90th: 32.64

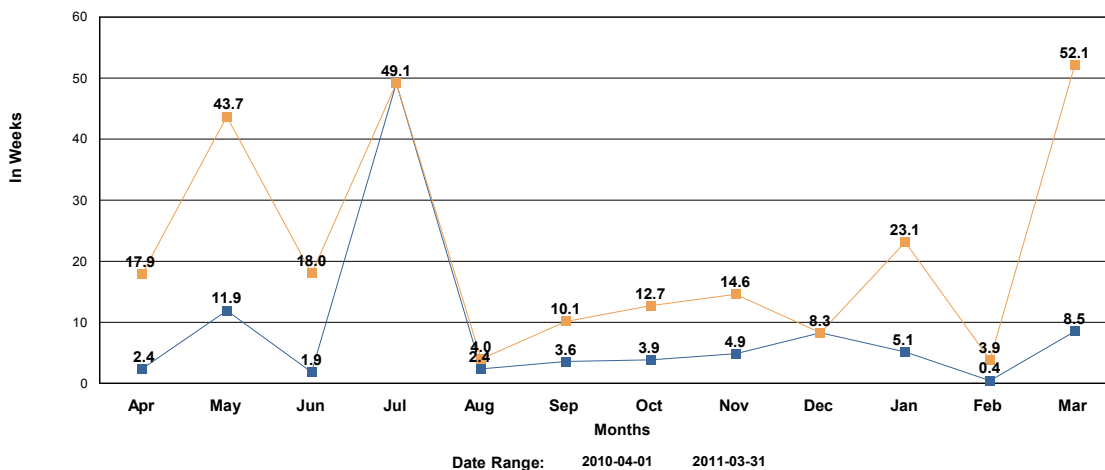
Elective Target Wait Time: 28 weeks



## Urgent Hip Arthroplasty Wait Time

Total Cases: 44  
50th: 3.86 90th: 28.43

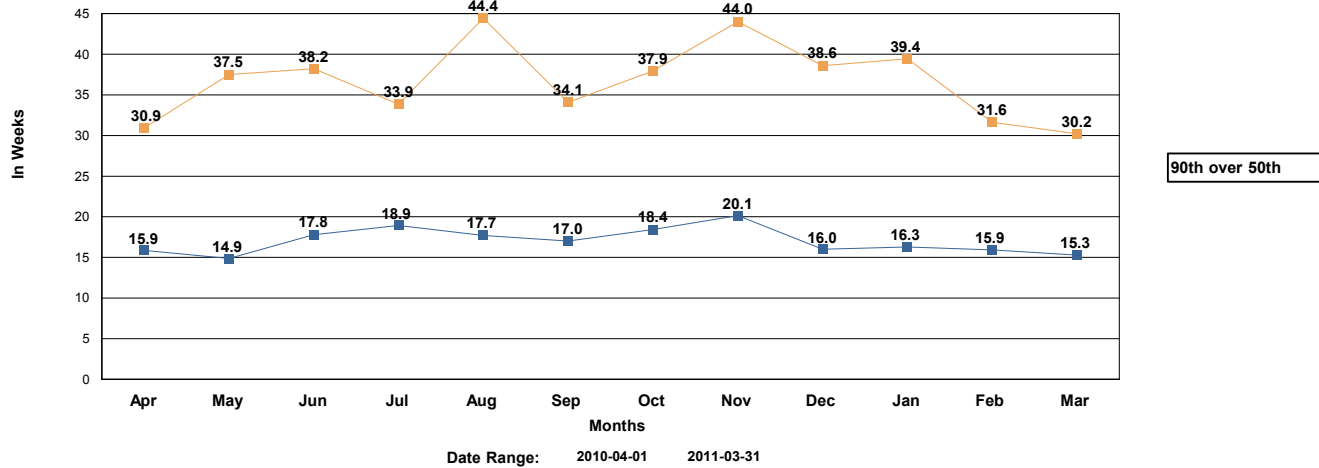
Elective Target Wait Time: 28 weeks



## Elective Knee Arthroplasty Wait Time

Total Cases: 1290  
50th: 16.71 90th: 35.86

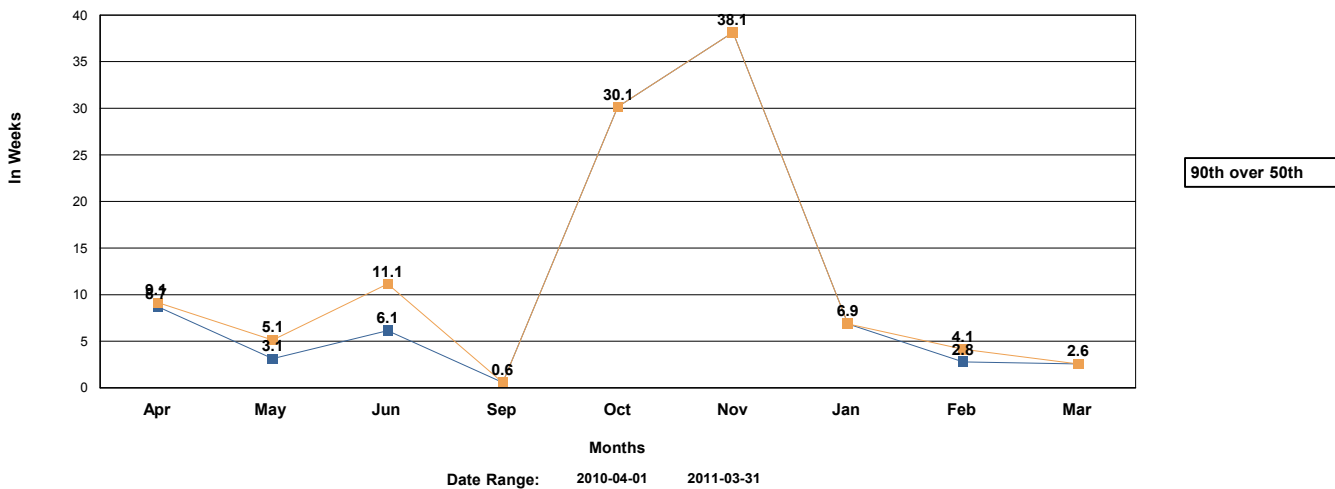
Elective Target Wait Time: 42 weeks



## Urgent Knee Arthroplasty Wait Time

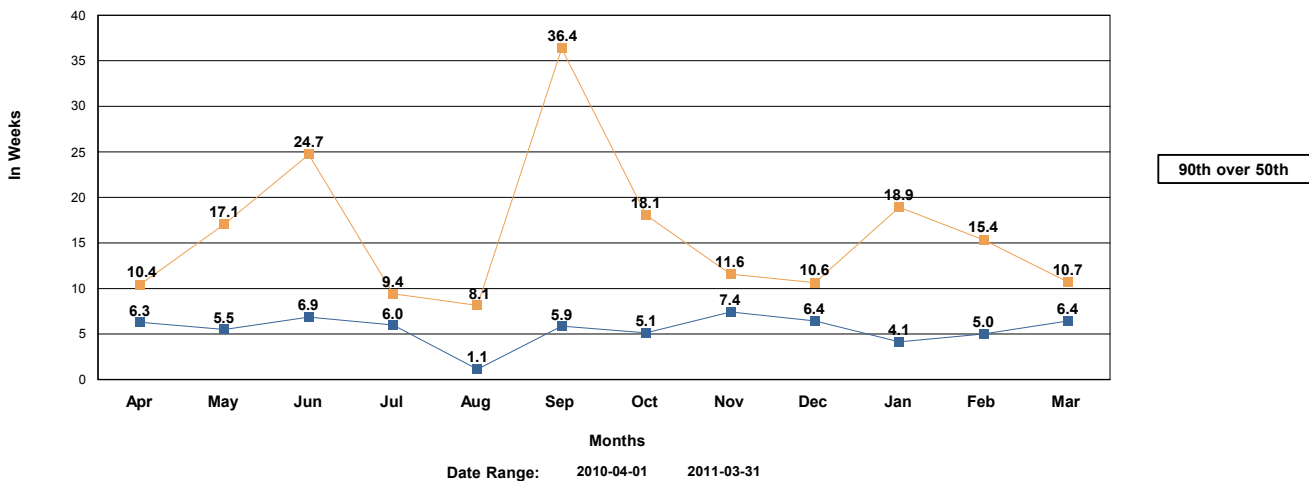
Total Cases: 17  
50th: 5.14 90th: 34.14

Elective Target Wait Time: 42 weeks



## THORACIC Urgent Lung Wait Time

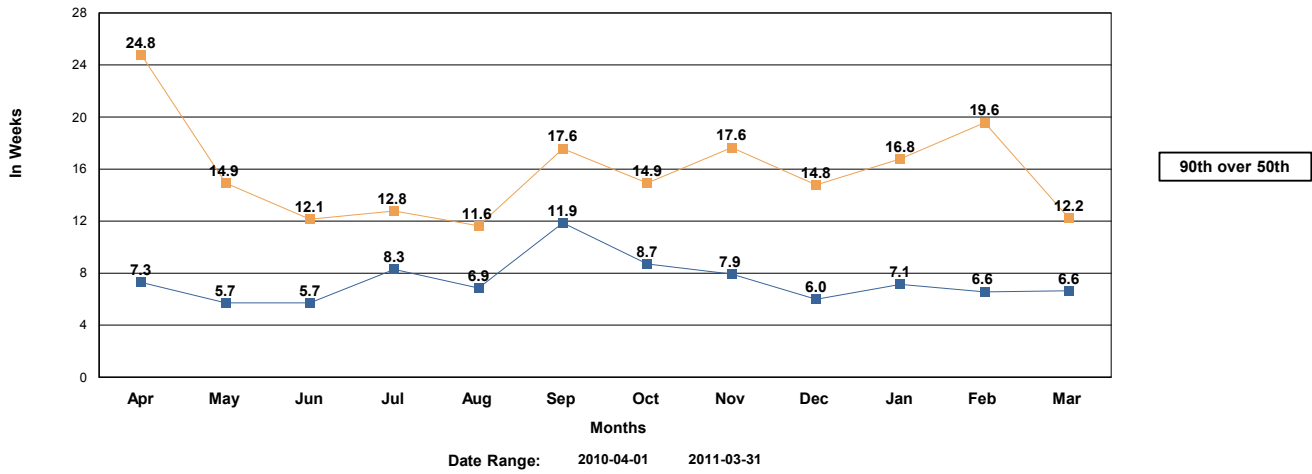
Total Cases: 211  
50th: 5.86 90th: 11.14



## UROLOGY

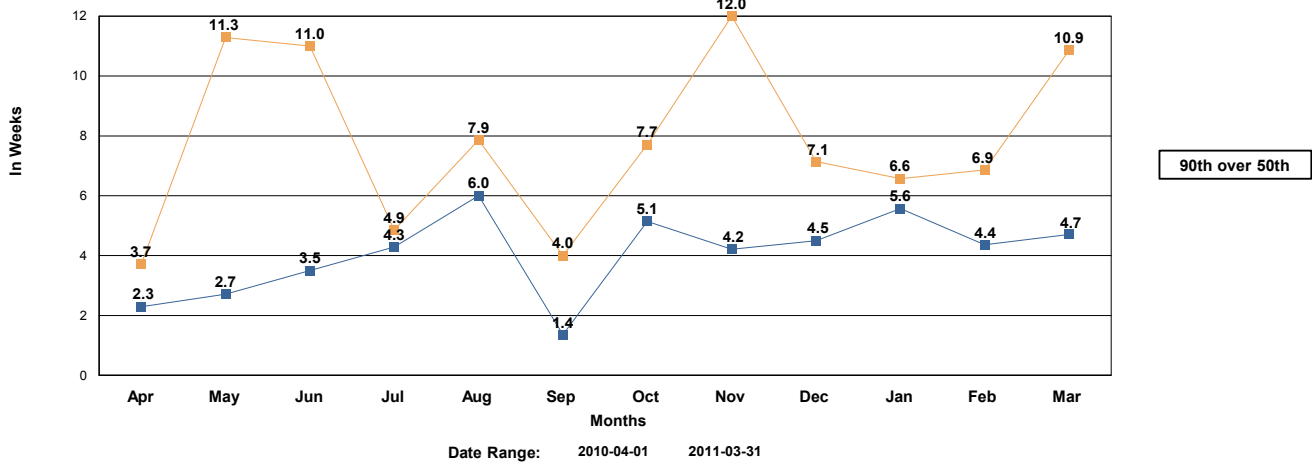
### Elective Prostate Other Wait Time

Total Cases: 499  
50th: 7.29 90th: 15.57



### Urgent Prostate Other Wait Time

Total Cases: 66  
50th: 4.29 90th: 7.86



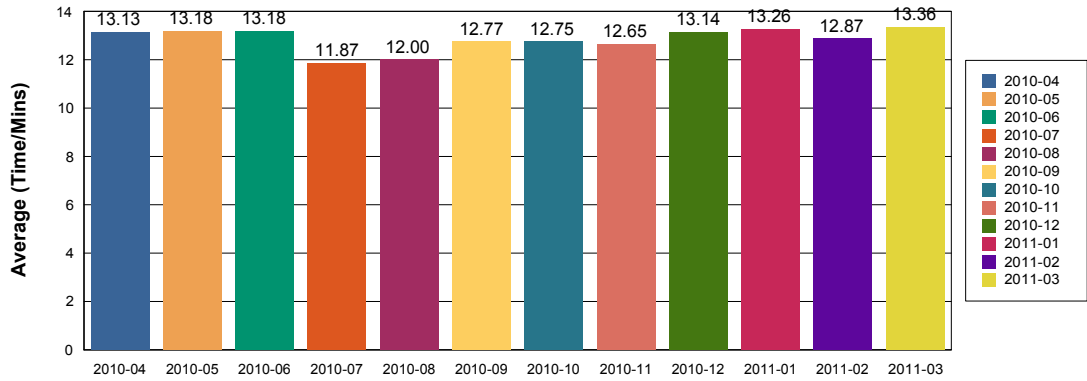


# DEPARTMENT OF SURGERY

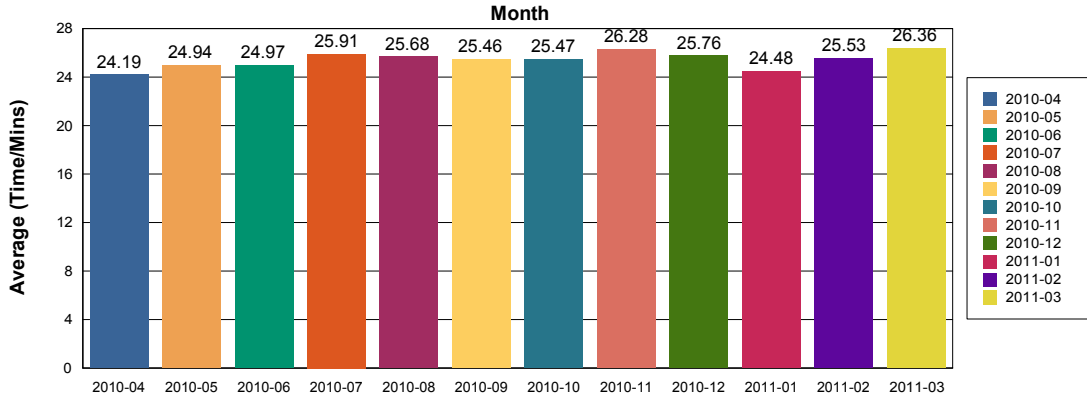
## 2.5 AVERAGE PATIENT TURNOVER

### Surgical Statistical Activity by Facility

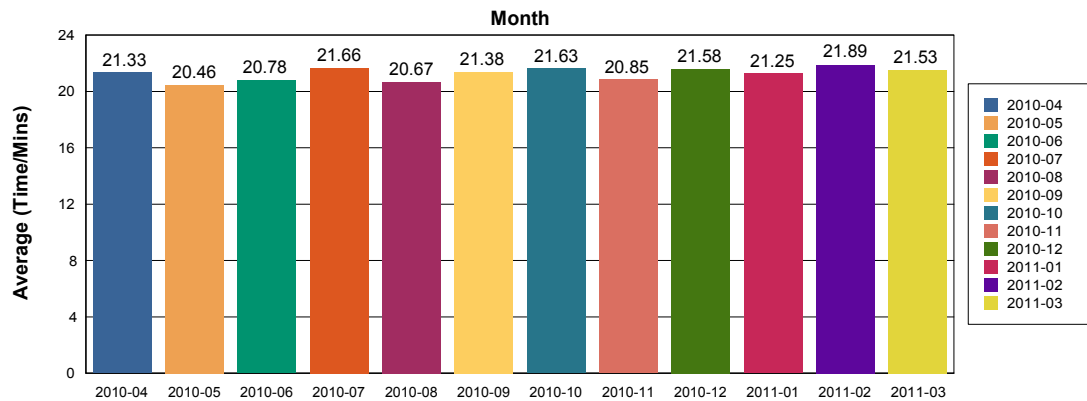
ACH



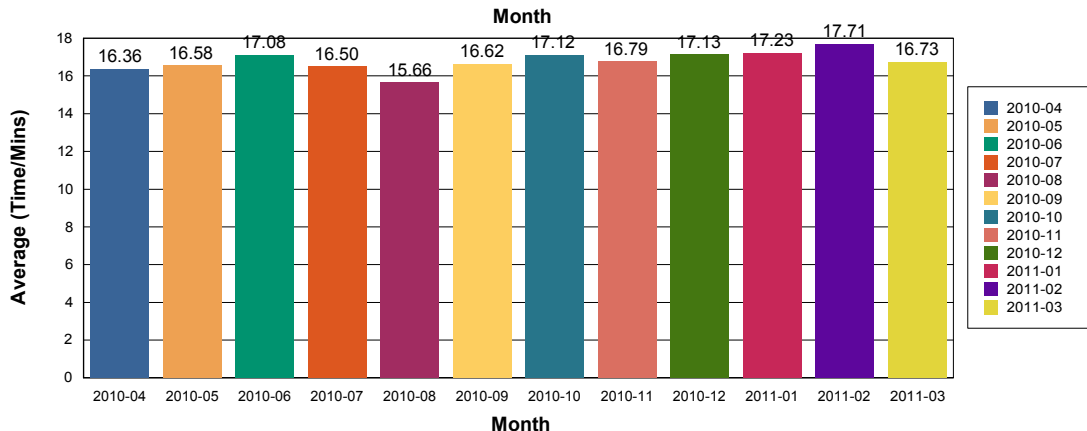
FMC



PLC



RGH



# DEPARTMENT OF SURGERY

## 3.1 PEER REVIEWED JOURNAL ARTICLES

### SECTION OF GENERAL SURGERY

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3. **Ball CG**; **Sutherland F**; **Kirkpatrick AW**; **Dixon E**; **Maclean AR**; **Mack LA**; Feliciano DV; Rajani RR; Karmy-Jones R; **Buie WD**; **Temple WJ**; Rozycki GS; Simeone A (2010) Dramatic innovations in modern surgical subspecialties. *Can J Surg* 53(5):335-41
4. Warsi AA; Mukherjee S; **Armstrong CP** (2010) Pneumospine and pneumocranium--an unusual complication of anastomotic leak: a case report. *Colorectal Dis* 12(4):380-1
5. Markel T; **Ball CG**; Hayward T; Gomez GA (2011) Acute aortic rupture after a trans-spinal gunshot injury. *J Trauma* 70(2):522
6. **Ball CG**; Navsaria P; **Kirkpatrick AW**; Vercler C; **Dixon E**; Zink J; Laupland KB; Lowe M; Salomone JP; Dente CJ; Wyrzykowski AD; Hameed SM; Widder S; Inaba K; Ball JE; Rozycki GS; Montgomery SP; Hayward T; Feliciano DV (2010) The Impact of Country and Culture on End-of-Life Care for Injured Patients: Results From an International Survey. *J Trauma* ;p
7. Brar MS; Bains I; Brunet G; Nicolau S; **Ball CG**; **Kirkpatrick AW** (2010) Occult pneumothoraces truly occult or simply missed: Redux. *J Trauma* 69(6):1335-1337
8. **Ball CG**; Pitt HA; Kilbane ME; **Dixon E**; **Sutherland FR**; Lillemoe KD (2010) Peri-operative blood transfusion and operative time are quality indicators for pancreatoduodenectomy. *HPB (Oxford)* 12(7):465-71
9. **Ball CG**; Howard TJ (2010) Does the type of pancreaticojejunostomy after Whipple alter the leak rate? *Advances Surg* 44:131-148
10. **Ball CG**; Correa-Gallego C; Howard TJ; Zyromski NJ; Lillemoe KD (2010) Damage control principles for pancreatic surgery. *J Gastrointest Surg* 14(10):1632-1633
11. **Kirkpatrick AW**; Gillman LM; Chun R; **Ball CG**; Tiruta C; **Lall R**; Dunham M (2010) Opening Pandora's box: The potential benefit of the expanded FAST exam is partially confounded by the unknowns regarding the significance of the occult pneumothorax. *Critical Ultrasound J* 1(3):117-122
12. **Kirkpatrick AW**; Pelosi P; De Waele JJ; Malbrain ML; **Ball CG**; Meade MO; Stelfox HT; Laupland KB (2010) Intra-abdominal hypertension: Does it influence the physiology of prone ventilation? *Critical Care Med* 14:232
13. **Ball CG**; Feliciano DV; Mattox KL (2010) Combined splenectomy and nephrectomy for trauma: morbidity, mortality and outcomes over 30 years. *J Trauma* 68(3):519-521
14. **Ball CG**; Keaney MA; Chun R; Groleau M; Tyssen M; Keyte J; Broderick TJ; **Kirkpatrick AW** (2010) Anesthesia and critical-care delivery in weightlessness: A challenge for research in parabolic flight analogue space surgery studies. *J Planetary and Space Science* 58(4):732-740
15. **Kirkpatrick AW**; Keaney MA; Bentz K; Groleau M; Tyssen M; Keyte J; **Ball CG**; Campbell MR; Grenon SM; McBeth P; Broderick TJ (2010) The use of the National Research Council of Canada's Falcon 20 research aircraft as a terrestrial analogue space environment (TASE) for space surgery research: Challenges and suggested solutions. *J Planetary and Space Science* 58(4):717-723
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17. Datta I; **Ball CG**; Rudmik L; Hameed SM; **Kortbeek JB** (2010) Complications of deep venous thrombosis prophylaxis in trauma: A systematic review of the literature. *J Trauma Management and Outcomes* 4:1
18. **Ball CG**; House MG; Lillemoe KD (2010) A bile duct injury associated with an anomalous right posterior sectoral hepatic duct. *Archives Surg* ;p
19. **Ball CG**; Salomone JP; Shaz B; Dente CJ; Tallah C; Anderson K; Rozycki GS; Feliciano DV (2010) Uncrossmatched blood transfusions for trauma patients in the emergency department: Incidence, outcomes and recommendations. *Can J Surg* ;p
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21. Roberts DJ; **Ball CG**; Tiruta C; **Kirkpatrick AW** (2010) Tension occult pneumothorax. *Archives Surg* ;p
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23. **Ball CG**; Wyrzykowski AD; Nicholas JM; Rozycki GS; Feliciano DV (2011) A decade's experience with balloon catheter tamponade for the emergency control of hemorrhage. *J Trauma* 70(2):330-3
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25. Chauhan A; House MG; Pitt HA; Nakeeb A; Howard TJ; Zyromski NJ; Schmidt CM; **Ball CG**; Lillemoe KD (2011) Post-operative morbidity results in decreased long-

- term survival after reSection for hilar cholangiocarcinoma. *HPB (Oxford)* 13(2):139-47
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  27. Chow AW; Evans GA; Nathens AB; **Ball CG**; Hansen G; Harding GK; **Kirkpatrick AW**; Weiss K; Zhanel GG (2010) Canadian practice guidelines for surgical intra-abdominal infections. *Can J Infect Dis Med Microbiol* 21(1):11-37
  28. Datta I; **Ball CG**; Rudmik L; Hameed SM; **Kortbeek JB** (2010) Complications related to deep venous thrombosis prophylaxis in trauma: a systematic review of the literature. *J Trauma Manag Outcomes* 4:1
  29. Waters JA; Canal DF; Wiebke EA; Dumas RP; Beane JD; Aguilar-Saavedra JR; **Ball CG**; House MG; Zyromski NJ; Nakeeb A; Pitt HA; Lillemoe KD; Schmidt CM (2010) Robotic distal pancreatectomy: cost effective? *Surgery* 148(4):814-23
  30. Murage KP; **Ball CG**; Zyromski NJ; Nakeeb A; Ocampo C; Sandrasegaran K; Howard TJ (2010) Clinical framework to guide operative decision making in disconnected left pancreatic remnant (DLPR) following acute or chronic pancreatitis. *Surgery* 148(4):847-56; discussion 856-7
  31. **Ball CG**; Schmidt CM; Lillemoe KD (2010) A bifid neck of the pancreas. *J Gastrointest Surg* 14(9):1462-3
  32. Sridhar SK; Sadler D; **McFadden SD**; **Ball CG**; **Kirkpatrick AW** (2010) Percutaneous embolization of an angiographically inaccessible pulmonary artery pseudoaneurysm after blunt chest trauma: a case report and review of the literature. *J Trauma* 69(3):729
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  39. **Ball CG**; Hameed SM; Brenneman FD (2010) Acute care surgery: a new strategy for the general surgery patients left behind. *Can J Surg* 53(2):84-5
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  44. Chatten C; **Bathe OF** (2010) Immunoregulatory cells of the tumor microenvironment. *Front Biosci* 15:291-308
  45. Town S; Hilsden R; McGregor SE; **Bathe O**; Paszat L; Rabeneck L (2010) A New Biorepository to Support the Development and Validation of Novel Non-Invasive Colorectal Cancer Screening Tests. *Biopreservation and Biobanking* 7(4): 202-203
  46. Redstone HA; **Buie WD**; **Hart DA**; Wallace L; Hornby PJ; Sague S; Holst JJ; **Sigale DL** (2010) The effect of glucagon-like Peptide-2 receptor agonists on colonic anastomotic wound healing. *Gastroenterol Res Pract* ;p
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  48. **Buie WD** (2010) Clinical practice guidelines: appraising the evidence. *Dis Colon Rectum* 53(8):1107-9
  49. Zubaidi A; **Buie WD**; **Hart DA**; **Sigale D** (2010) Temporal expression of cytokines in rat cutaneous, fascial, and intestinal wounds: a comparative study. *Dig Dis Sci* 55(6):1581-8
  50. Paun BC; Cassie S; **MacLean AR**; **Dixon E**; **Buie WD** (2010) Postoperative complications following surgery for rectal cancer. *Ann Surg* 251(5):807-18
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  54. Jr CM; **Dixon E** (2010) Intraductal papillary mucinous neoplasm: Coming of age. *World J Gastrointest Surg* 2(10):299-305

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## ANNUAL REPORT 2010/2011

APRIL 1, 2010 TO MARCH 31, 2011



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