



2012

ANNUAL REPORT

DEPARTMENT OF ANESTHESIOLOGY
& PAIN MEDICINE

VISION, MISSION & VALUES

Vision




To be recognized as a group of people who embrace exceptional patient care, leading edge research and education

Mission



Leading in Patient Care, Leading in Science, Leading in Education

Values



The values we embrace to make our vision and mission a reality are:

- Transparency
- Accountability
- Respect
- Professionalism
- Learning
- Innovation
- Workforce Satisfaction
- Wellness

MESSAGE FROM THE CHAIR

Thank you for flipping through this Annual Report for 2012/13 ... the second since I assumed the role of Zone Chief and University Chair. I hope to be able to highlight key activities of the past year and identify some of the challenges facing us in the future.



Turmoil in healthcare administration seems to be a cottage industry here in Alberta and 2012/13 is no exception. Removal of the Board of AHS, the appointment of an administrator, and the dismissal of senior executives have the potential to create *instability in the force*. Thankfully, clear and frequent communication from the CEO, fortified by the same from the Zone administrative leadership, has permitted me as the Zone Chief to remain 'in the loop' to the extent possible and be reassured that the quality of care we provide is not compromised. More to come on this reorganization!

The Zone has identified as much as a 50% increase in population between now and 2030. This past year, a task force was constituted to begin an evaluation

of how that might translate to the delivery of medical services, particularly the infrastructure needed to meet the demand. This conjures up discussions of surgical services consolidation, building new facilities and embracing new ways of delivering services quicker, better and cheaper. I am thankful for the support of the Zone Site Chiefs in participating in this initiative.

Safety and Quality continue to be abiding concerns of our specialty. Dr Michael Auld, the Deputy Zone Chief and our Departmental lead in this area, has provided a report of activities undertaken by him, his group and the sites over the past year. Safety and Quality activities by this zone department is recognized by AHS as one of our key priorities. Lots

to come on this front over the next few years as we advance the concept of the Anesthesia Care Team (ACT) and implement a robust Clinical Information System (CIS) in the zone.

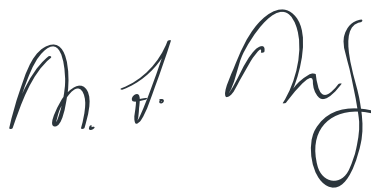
And while we are on that topic, the Enterprise CIS provider has been identified and a contract is almost negotiated. Implementation is slated over the next two years. Representatives of each of the Zone departments participated in evaluating the two finalist providers. This did not go unnoticed by the CIS Selection Committee positioning anesthesia in a leadership role down the road and I am thankful to those individuals for assisting.

The Office of Education and the Office of Research crafted strategic plans in 2012/13. They are now physically constituted, support staff have been identified and the challenge now is to execute those plans... and we will.

Finally, the Office of Staff Wellness is now constituted and rolling out educational initiatives. The leadership of this office is engaged with the College of Physicians and Surgeons of Alberta and the Alberta Medical Association to deliver on our goal

for that office: *Happy families; healthy careers.*

I look forward to the next year ... there is lots to do and I appreciate the commitment of many in the department to participate in our key agendas.

A handwritten signature in black ink, appearing to read 'M. F. Murphy'.

Michael F. Murphy MD, FRCPC

Chair, Department of Anesthesiology & Pain Medicine
Zone Chief, Anesthesiology

Department Leadership



Michael Murphy
Department Chair
Edmonton Zone Chief



Jacqueline Jubinville
Administrative
Professional Officer



Michael Auld
Chair, Patient Safety &
Quality Committee



Brad Kerr
Assistant Chair, Office
of Research



Ramona Kearney
Chair, Education
Committee



Jason Taam
Director, Postgraduate
Medical Education



Mark Simmonds
Fellowship Program
Director



Teresa Elliason
Administrator, Office of
Staff Wellbeing



Saifee Rashid
Director, Multidisciplinary
Pain Centre



Douglas DuVal
Sturgeon Site Chief



Brian Knight
Misericordia Site Chief



John Koller
Stollery Site Chief



Edward Lazar
Grey Nuns Site Chief



David Muzyka
Royal Alexandra Site
Chief



Timothy Yeh
UAH Site Chief

Academic Leadership

Dr Ramona Kearney

Education Committee Chair

Dr Mike Murphy

Interim Undergraduate Coordinator

Dr Jason Taam

Postgraduate Program Director

Vacant

Assistant Postgraduate Program Director

Dr Edward Lazar

Family Practice Anesthesia Program Director

Dr Ferrante Gragasin

Postgraduate Research Director

Dr Hugh Devitt

CEPD Director

Vacant

Simulation and Mentorship Coordinator

Administrative Staff

Jacqueline Jubinville

Administrative Professional Officer

Lorraine Nowak

Executive Assistant for Dr Murphy

Kam Virk

Secretary, Reception

Susan Beisel

Financial and Human Resources Assistant

Marilyn Blake

Postgraduate Program Administrator

Darci Chaba

Medical Education Administrative Assistant

Heather Clark

Patient Safety & Quality

Mike Fehr

Information Coordinator

Phoebe Hugo

OR Scheduling

Laura Kruzenga

Fellows Billing/Research & Events

Ingrid Rutz

Secretary, Pediatric Anesthesia

PATIENT SAFETY & QUALITY

We have modeled our Office of Patient Safety and Quality on the recommendations arising from our Department's November 2012 Strategic Planning Session. Progress made over the past year, based on proposed functions for the Office includes:

Data Collection and Management - What do we know about anesthesia patient safety and quality in Edmonton Zone?

Through our "Learning from Event Reporting" initiative, we have begun to collect reports from front line anesthesia staff in Edmonton Zone facilities on hazards, close calls, and adverse events. Almost all reports come from our "blue card" system which has been piloted at two sites since October 2012 and now spread to all anesthesia locations in the Edmonton Zone. We already have close to 150 reports for analysis. This reporting information is complemented by selected peri-operative quality indicators as proposed by the Anesthesia Quality Institute (www.aqihq.org). This information will be compiled into site specific graphic reporting dashboards as well as being processed centrally by the Office of Patient Safety and Quality. We are supported by a site based representative from each location in Edmonton Zone as well as our administrative assistant, Heather Clark. Our interdisciplinary committee includes representatives from AHS Quality & Healthcare Improvement, Pharmacy, Biomedical Engineering, Anesthesia Techs/Respiratory Therapists and others.

Communication – What do you know about what we are doing?

The Office of Patient Safety and Quality has been sending out regular newsletter updates to all department members shortly after each safety and quality sub-committee meeting. Site based representatives now have access to the hazard, close call, and adverse event reports in the Reporting and Learning System so they can bring forward the local discussions that are key to our approach to patient safety. We are asking that each facility based anesthesia department devote some time to a patient safety and quality update in each department meeting to help foster the much needed local discussion. Our interdisciplinary committee allows us to communicate with many



other stakeholders about Anesthesia patient safety and quality. Of course our annual report, and its summary on the website are one more way for us to communicate about the work we are doing. Good communication is two way, so we hope the blue card reports and feedback keep coming. Our email address is: saferanesthesia@ualberta.ca.

Education – How have we been involved in education?

Our committee collaborates on planning of educational opportunities with the Department’s Continuing Education and Professional Development Committee. Over the past year, AHS offered to sponsor staff interested in participating in online learning in patient safety and quality through the Institute for Healthcare Improvement “IHI Open School” online learning program. Five of our committee members participated in this program, and we hope to be part of any future educational opportunities in this area. Representatives from the residency program are full members of our committee. As our work in patient safety and quality broadens, we are likely to find many more opportunities for ongoing learning.

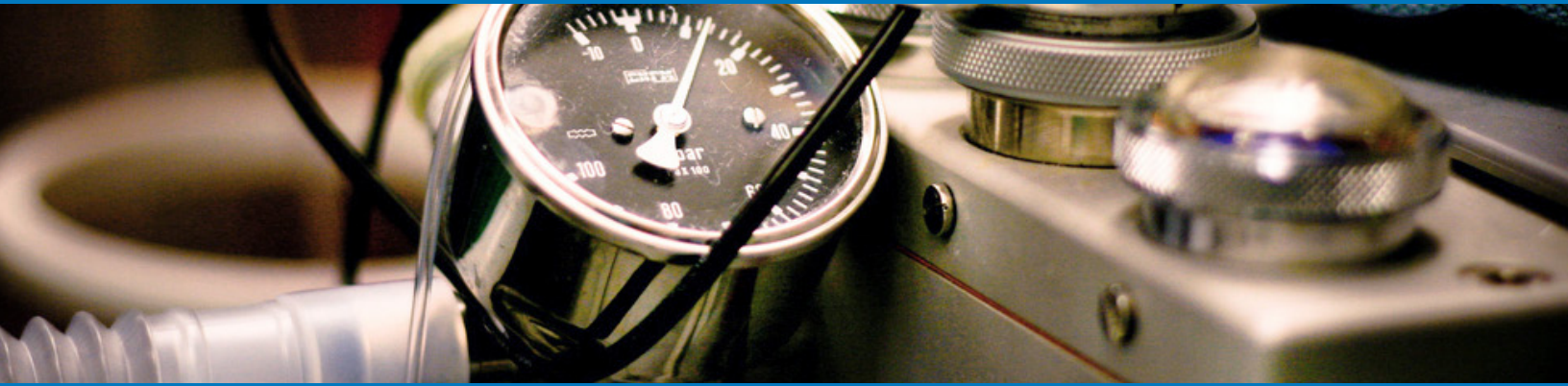
Change – How will we know that a change is an improvement?

Data collection, communication, and education are not ends in themselves but should help to build on our culture of patient safety. The ability to improve processes, apply the right standards, and ensure our practice has a sound evidence base were all themes that came up in planning for our approach to patient safety and quality. These are the goals we want to continue to work towards.







Dr Michael Auld

Chair, Patient Safety & Quality Committee







CLINICAL OVERVIEW



Department Clinical Statistics

| | 2012 | Increase | 2013 |
|--|---------|----------|---------|
|  Anesthetists | 165 | 2% | 169 |
|  Nursing Units | 243 | | 243 |
|  Beds | 2,515 | | 2,515 |
|  Operating Procedures | 103,205 | 0.5% | 103,757 |
|  Endoscopies | 95,785 | 12% | 106,803 |
|  OB Deliveries | 17,413 | 4% | 17,848 |

2012/13 Clinical Statistics

| |  Anesthetists |  Nursing Units |  Beds |  Operating Procedures |  Endoscopies |  OB Deliveries |
|-------------|--|---|--|---|---|---|
| UAH | 48 | 48 | 646 | 13,113 | 23,573 | N/A |
| RAH | 54 | 106 | 804 | 32,062 | 32,717 | 6,060 |
| STO | 15 | 15 | 146 | 8,500 | 1,100 | N/A |
| GNH | 16 | 21 | 361 | 16,125 | 17,686 | 6,053 |
| MIS | 20 | 26 | 314 | 19,876 | 16,449 | 2,977 |
| SCH | 9 | 14 | 142 | 6,011 | 6,127 | 2,650 |
| CCI | 6* | 3 | N/A | 748 | N/A | N/A |
| FSCH | 4 | 3 | 32 | 2,724 | 4,026 | 106 |
| WHC | 3 | N/A | N/A | 2,247 | 5,125 | 2 |
| LCH | 15* | 7 | 70 | 2,351 | N/A | N/A |

* Site does not employ full time anesthetists. Supported by other department facilities.

Anesthetists numbers are approximates, based on their prime based location. Data Source: Medical Affairs Database

Data Sources: Endoscopic Procedures: AHS Activity and Costing; Operative Procedures/OB Deliveries: AHS Data Integration Measurement and Reporting

SITE CHIEF REPORT

University of Alberta Hospital

Dr Timothy Yeh

The U of A Hospital provides tertiary-level care in a variety of programs, to patients from Alberta and the surrounding provinces and territories. Our services include cardiac and pulmonary surgery at the Mazankowski (MAHI), DaVinci robotic assisted surgery, living-related and deceased donor organ transplantation, regional blockade day surgery for orthopedics and plastic surgery, major reconstructive head and neck cancer surgery, complex spine and orthopedic procedures, Firefighters' Burn Unit debridement and reconstruction, and radiology guided interventional therapies (neurovascular and cardiovascular). We manage major trauma patients for the Northern Alberta zone, and are team leaders in the Acute Care Emergency Surgery (ACES) program.

The Dan and Bunny Widney Intraoperative Magnetic Resonance Imaging suite also opened this past year, for complex patients needing immediate scans for intraoperative decision making. These specialized cases using a 3T MRI machine are a challenging addition to our neurosurgical practice.

Our department is dedicated to teaching and mentorship, in both general and sub-specialty anesthesia. We organize an annual Anesthesia Research day, and have a commitment to weekly rounds and lectures. One of our awards is the Robert James Kelly Memorial award for Global Health, and we have a sponsorship program for our Recovery Room nurses for conference assistance. Our goal is to have an exemplary group devoted to advancing medical and anesthesia practice.

Royal Alexander Hospital

Dr David Muzyka

As one of Alberta's largest surgical facilities, the Royal Alexandra Hospital (RAH) provides expertise in all surgical subspecialties except for cardiac/vascular. The RAH is a dedicated tertiary Trauma Center providing comprehensive care to injured patients of Northern Alberta, British Columbia, Saskatchewan, and the Northwest Territories/ Nunavut. The recently-built Lois Hole Hospital for Women provides care for high-risk obstetrical patients, in one of the busiest obstetrical units in the province. Four state-of-the-art operating rooms

provide general and specialized gynecological surgery.

We play a lead role in the expansion and development of minimally invasive techniques in bariatric, urological, and thoracic surgery. The new Orthopedic Surgical Center provides innovative care to patients undergoing total joint arthroplasty. The staff in the RAH Department of Anesthesia give residents and students exposure to a unique generalist practice in a busy urban tertiary-care center.

Stollery Children's Hospital

Dr John Koller

The Stollery Children's Hospital Pediatric Anesthesiology Department provides specialized anesthetic care for all Pediatric Surgical disciplines and associated diagnostic and interventional procedures. We support all forms of congenital heart surgery, solid organ transplantation, complex scoliosis repair, trauma surgery, cranio-facial reconstruction, and neurosurgery as well.

Over the next three years the Stollery Pediatric Operating Theaters will undergo renovation

doubling the number of OR's and procedure rooms, recovery care areas and day surgical spaces all with a family centered focus. Included will be the introduction of a Pediatric specific Anesthesia Information Management System tasked to improve patient care, quality and safety. These projects are proudly supported by the Stollery Children's Hospital Foundation.

Grey Nuns Hospital

Dr Edward Lazar

The Grey Nuns Community Hospital is the vascular surgery referral center for Northern Alberta, British Columbia, and the Territories. It is also a leading center for minimally invasive general surgery and HIPEC. Other surgical services include, plastics, ENT, gynecology, and orthopedics.

Emergency surgical volume continues to climb, and relative to the size of its program, we perform the largest number of emergency general surgery cases in the capital region.

The scope of anesthesia services at the Grey Nuns Hospital continues to expand. In June 2012 we added a second anesthesiologist in the caseroom to deal with the high volume of labour and delivery cases on weekdays. In addition, we have also started providing monitored sedation for endoscopy patients. Both of these services have been received with enthusiasm from medical staff, nursing, and the patients.

We look forward to another year of continued growth.

Misericordia Community Hospital

Dr Brian Knight

The Misericordia Community Hospital provides anesthetic care for all specialties except cardiac, thoracic and major vascular. We do 1/5th of the total joints in the zone and 1/3rd of the orthopedic trauma in the zone.

The major areas that our staff support are the operating room, labour and delivery, endoscopy,

and a Pre-Assessment clinic. We recently initiated the first patient-controlled epidural analgesia (PCEA) in obstetrics and have also instituted a formal pca remi fentanyl protocol in obstetrics. Both of these are the first such initiatives in the zone

Sturgeon Community Hospital

Dr Douglas DuVal

The Sturgeon supports programs in general surgery, orthopedic surgery and gynecologic surgery, as well as endoscopic procedures and an intermediate volume of low-risk obstetrics. In addition, two to three times monthly, the Canadian Armed Forces schedules days of surgery by and for military personnel.

In accordance with Edmonton Zone clinical services organizational strategies, the orthopedic surgery program retains a subspecialty focus on upper extremity orthopedic surgery, of both an elective and urgent/emergent nature. The elective upper extremity orthopedic surgery program is supported by members of our department who have subspecialty skills in the provision of regional anesthesia. Our regional anesthesia service is in turn supported by an affiliation with the U of A and

the UAH departments of Anesthesiology & Pain Medicine. The gynecologic surgery program enjoys a prestigious reputation within the Edmonton Zone for its prominent role in pioneering minimally invasive techniques.

Budgetary constraints are a major concern. Increasing frequency and duration of curtailments of elective surgery due to budgetary imperatives are impairing service delivery, aggravating already unacceptable waiting lists and creating considerable uncertainty with respect to medical and nursing human resource management.

An external task force of system engineers is working on a project to improve process efficiencies in the SCH surgical suite.

MULTIDISCIPLINARY PAIN CENTRE



Physicians 6



Nurses 1



Psychologists 3



Physiotherapist 1



Yoga therapist 1



Clerks 1

828

New Consults

1,987

Follow-up
Visits

8,041

Phone
Consults

605

Psychology
Visits

407

Pain Education
Course Visits

103

PT Visits

283

Yoga Visits

2012/13 was an exceptionally busy year for the staff of the Multidisciplinary Pain Centre. Recruitment of new physicians in the previous year enabled us to more than double our throughput: we saw more new and follow-up patients than in the previous two years combined. In keeping with our multidisciplinary mandate, this increase in activity was mirrored by our colleagues in psychology, physical therapy and nursing. Our new home in the Kaye Edmonton Clinic has enabled us to consolidate most of our activities under one roof.

We've been actively making arrangements to host one of the new Royal College residency programs in Pain Medicine, a career pathway that will allow trainees from a number of specialties to obtain bona fide expertise in this important and complex area of medical practice. With the strong support of the Department of Anesthesiology and the Faculty of Medicine, we hope to be amongst the first programs

in Canada to accept such trainees.

Our parallel missions of education and research continue to be successfully pursued. Residents continue to express high degrees of satisfaction with the teaching we offer, while our academic staff are actively involved in advocating for more and better education in pain in the newly redesigned undergraduate curriculum.

Significant challenges remain. Chronic pain continues to be administratively homeless in the organizational chart of AHS, while the recent departure of one of our psychologists on maternity leave resulted in the hospital withdrawing her salary because that indicated to them that she wasn't really needed. Nonetheless, the staff of the centre remains steadfast in its belief that, eventually, the work that we do will be adequately resourced and supported.

Dr Saiffee Rashiq

Director, Multidisciplinary Pain Centre

OFFICE OF EDUCATION

During the academic year of 2012/13 the department sponsored a retreat designed to look at the activities of the Office of Education with reference to the departmental educational mandate.

This included activities in the undergraduate, family practice anesthesia, postgraduate, continuous professional learning, and fellowship programs. The retreat was well attended and generated an excellent discussion which resulted in several priorities which will be the focus of next year's activities for the Education Committee:

1. Develop an organizational chart
2. Develop job descriptions for education leaders
3. Provide administrative assistant support to each education office
4. Secure accessible dedicated space for debriefing/confidential discussions with learners
5. Provide educational events management support
6. Secure the services of a webmaster
7. Institute a Faculty Educators' Development Day to enhance teaching skills (utilize existing

resources - our own experts; groom future leaders)

8. Explore ways to provide protected time for teaching
9. Integrate simulation into each program (UGME, PGME, etc)
10. Recognize physician engagement (ie. faculty development, peer recognition, appreciation)
11. Increase UGME presence; appoint program director and increase engagement

This year saw the departure of Dr Brent MacNicol as the residency program director, as he moved his practice to Victoria. This position has been filled by Dr Jason Taam, the former residency assistant program director. Dr Ron Cheng stepped down as undergraduate program director and the position is presently unfilled with Dr Mike Murphy acting as interim director.

Dr Ramona Kearney
Chair, Education Committee



Postgraduate Medical Education

We had another successful year. We had 33 residents in our Royal College of Physicians and Surgeons of Canada Residency program, and two Family Practice Anesthesia program trainees. This year one of our residents went to Ecuador to participate in care in a developing nation. We hope our residents continue to participate in

opportunities like this in the upcoming years.

In the next year we are planning to hold regional and cardiac ultrasound workshops for our residents, adding another dimension to our curriculum.

Dr Jason Taam

Residency Program Director

Where are they now?

Dr Raveen Bhalla – *Locum at GNH*

Dr Riley Boyle – *Pediatric fellowship in Ottawa*

Dr Craig Needham – *Staff at GNH*

Dr Angela Neufeld – *CV fellowship at Mayo Clinic in Rochester, MN*

Dr Vitali Petrounevitch – *Locum at UAH, then Obstetric fellowship in Toronto in Jan*

Dr Bernard Sowa – *Locum at MIS*

Dr Barry Thorneloe – *Staff at Royal Columbian*

2012 Postgraduate Statistics

Postgraduate Entrance Breakdown



Postgraduate Program Capacity

| Year | RCPSC Trainees | FPA Trainees | Capacity | PGY5 Graduates |
|------|----------------|--------------|----------|----------------|
| 2008 | 33 | 2 | 100% | 6 |
| 2009 | 33 | 2 | 100% | 8 |
| 2010 | 33 | 2 | 100% | 7 |
| 2011 | 33 | 2 | 100% | 8 |
| 2012 | 33 | 2 | 100% | 7 |
| 2013 | 33 | 2 | 100% | 7 |



Family Practice Anesthesia

The Family Practice Anesthesia (FPA) program underwent a successful internal review and has full accreditation as an enhanced skills program. A progress report to address some remaining issues will be required to be submitted by May 2014.

The FPA program committee will be meeting quarterly to address these concerns and provide a response in the form of a progress report.

There are currently two residents in the program. The educational objectives have been updated for this year. They have also been provided with a list of Sentinel Habits specific to anesthesiology, that they are to share with staff members to assist in providing residents with useful

feedback on their daily evaluations.

This year the residents are scheduled to spend one of their rotations at the Fort Saskatchewan hospital which only has FPA's working in the ORs. This should give them greater opportunity to connect with staff FPA's and improve their understanding of their future roles.

Dr Edward Lazar

Family Practice Anesthesia Program Director

Fellowship Programs

Our fellowships continue to offer exceptional education, clinical experience, and academic and research opportunities in complex and challenging subspecialties. Throughout all of our fellowship programs our goal remains the same: *to train fellows to become true experts in their field of practice.*

This year we offered fellowships in cardiac anesthesia, liver transplant anesthesia, pediatric anesthesia, regional anesthesia, pain medicine, and research. Each program is lead by a subspecialty fellowship director who works closely with the individual fellows. Their role is to facilitate a satisfactory and successful completion of the agreed program and to explore and implement program developments.

In addition to the informal in-training discussions, it is becoming increasingly clear that regular, formal in-program evaluation and two-way feedback is greatly valued and that frequent evaluations before a final assessment are a means of rectifying problems in a timely fashion. These issues have been

highlighted in recent fellowship council meeting.

We continue to receive a large amount of applicants, both Canadian and international, for all programs. We select only the very best of candidates and would rather leave a spot vacant than compromise. Recently we have seen an increase in number of applications from individuals who have completed or near-completed Canadian residency training. We believe this is related to the tightening of the job-market and the evolving position of many major Canadian departments who favour recruiting fellowship-trained anesthesiologists. We have also received a substantial number of impressive applications from hardy international medical graduates, who despite the required 6-month process for Canadian licensing (LMCC evaluating exam, and the huge volume of paperwork and hassle) are still willing to come. I believe this is a testimony to the excellence of our programs, facilities and dedicated teachers who put in a huge, and often unrewarded effort.

The fellowships continue to be self-funded (approx 50% academic time, plus 50% clinical fee-for-service time, with exception of the CV fellowship), which is far from ideal, however, there are no other funding routes open to us at this juncture.

Our portal to the world is most often word of mouth but the department website and our setup at the annual CAS

Fellowship Fair attracts a lot of interest.

Frontiers for the future? We would dearly like to explore the agenda for an obstetric anesthesia fellowship and maybe, if the opportunity knocks, a fellowship in anesthesia simulation?

Mark Simmonds

Fellowship Program Director

Program Developments



Cardiac Anesthesia - Moved to a 80% academic / 20% clinical service split from its previous 50:50 split and our new CV fellow will give us insight into how this is working. Dr Masaru Yukawa is to be congratulated for crafting an excellent program that will be very competitive in North America ... at least the volume of applications certainly reflects this.



Liver Transplant - Under the leadership of Dr Ed Bishop the fellowship is evolving and diversifying into a challenging and competitive solid organ transplant program, which will be far more demanding of future fellows than previously.



Pain Medicine - Giving way to the two year pain medicine residency program that will hopefully be commencing in 2015. The foundation work has been laid but there are still some issues to be ironed out before it can be rolled out.



Pediatric Anesthesia - Continues to be very popular, offering excellent clinical training in very highly specialized tertiary-care pediatric anesthesia. The program has often accommodated up to two fellows at one time, however, currently for a number of reasons this is not thought to be sustainable.



Regional Anesthesia - Growing and constantly attracts high quality fellows, often from overseas. They finish the program not only with excellent skills in ultrasound-guided regional blocks and acute pain medicine but also with a number of academic projects completed and personally equipped with managerial skills to direct a program of their own.

OFFICE OF RESEARCH

In October 2013 the Office of Research underwent some organizational restructuring. Dr Bradley Kerr assumed the position of Vice Chair Research with Dr Ban Tsui continuing as lead for Clinical Research within the Department.

Research within the department continues to grow. In the coming year we plan to add a new Geographical Full-time Faculty (GFT) position in the basic sciences that will build on our research strengths in cardiovascular biology. The new GFT will be cross-appointed in the Department of Pharmacology and will build upon the already strong links between our two departments. We also plan to build on our strengths in pain research by adding a second GFT position in the basic sciences in the coming years.

Both national and provincial research funding continues to move toward the funding of larger scale projects that encompass teams of scientists and clinicians. In response to these changes, a major goal for the Department is to continue to build and strengthen the Department's relationships with other departments in the Faculty of Medicine such as Pharmacology, Physiology and Pharmacy. This will enable greater collaboration across disciplines and create

research partnerships that are mutually beneficial for generating high quality, comprehensive research strategies.

Another major goal of the Office of Research will be to continue to instill within our residents the importance of research in the field of Anesthesiology. We are planning to implement a 'mentorship' program that will match new residents with a GFT of their choosing. The role of the GFT mentors will be to monitor and guide the research activities of the residents over the course of their training.

Dr Bradley Kerr

Assistant Chair Research

Research Staff

Eliana Lucchinetti - Cardiovascular Lab (Dr Zaugg)

Katherine Pohoreski - Dr Finegan

Fadi Hammal - Dr Finegan

Michelle Verrier - Dept of Anesthesiology & Pain Medicine/Pain Centre

Gareth Corry - Dr Tsui

Anita McKoy - Dr Jacka

2012/13 Publications



6

Abstract publications



19

Original Research
Journal Article



1

Book



11

Book Chapters



5

Letters



3

Commentaries



2

Editorial



2

Review Journal Articles

2012/13 Presentations



OFFICE OF STAFF WELLBEING

The office of staff wellbeing was established to address the health and wellness of the people who make up the Department of Anesthesiology & Pain Medicine.

Its goal is to support the individual and

collective physical, intellectual, emotional and spiritual needs of the members by departmental attitude, educational programs, and engagement.

Dr Teresa Eliasson

Administrator, Office of Staff Wellbeing

ADMINISTRATION

It is exciting to see the progress and completion of deliverables within our strategic plan. It never ceases to amaze me how much our administrative staff is able to accomplish each year.

We are pleased to welcome several new staff this year, including Kam Virk, Heather Clark and Phoebe Hugo. Anita McKoy, and Katherine Pohoreski also joined the research area.

I am very proud of our staff this year and I admire their commitment to providing

the highest quality of support through innovation, teamwork and creativity. They have demonstrated leadership, provided a positive environment, supported educational and clinical partnerships, and continue to deliver a high quality academic experience. We are fortunate to have such a talented and dedicated staff.

Jacqueline Jubinville

Administrative Professional Officer

LOOKING FORWARD

Perhaps the most pressing issue for the Zone is identifying the mix of knowledge and skills that we need to incorporate into our varying sites over the next 5 to 10 years. Some of these are clinical skills such as thoracic, vascular, neuro, obstetrical, perioperative anesthesia and other subspecialty areas of anesthesia.

Others include expertise in education, informatics, ultrasound, simulation and medical decision support technologies. Each of these has a clinical care, education and research dimension.

These decisions are important to our trainees. Fundamental to our mission is the training of this future generation of anesthesiologists. These anesthesiologists will employ ultrasound to place blocks and lines, diagnose cardiac and vascular pathologies, and to guide airway management. They will rely on Anesthesia Information Management Systems (AIMS) to produce automated records, inform care on a minute to minute basis and to guide innovations in safety and quality. Fields such as perioperative medicine will move us even farther from the OR than we find ourselves now. So, it is our job to ensure that we build the capability to ensure that our residents are prepared for the future.

Perhaps our most important task is to prepare these trainees for the job market that they will face on completion of their training, one that is increasingly insisting on additional education and training to remain competitive. To do that they need to be making decisions regarding applications for fellowships and advanced education programs by the end of their third year. If they wish to remain in Edmonton we must give them some guidance as to how to position themselves to be competitive (ie. what additional education or training investment is most likely to position them for an appointment here).

It is estimated that the population of the Edmonton Zone will grow by 40-50% over the next 10-15 years. Discussions are already underway regarding how the health care delivery system must grow and adapt to meet the health care needs of a growing population. Imperatives

such as doing it 'faster, quicker, better, cheaper, etc' are on the table. So are medical service plans: what surgical services will be delivered and where will they be delivered. Anesthesia is engaged in these discussions.

Looming on the horizon is the implementation of a zone wide Clinical Information System that will directly affect each and every anesthesiologist and anesthesia trainee in this zone. Engagement in this process is crucial in delivering patient care, improving safety and ensuring quality; 2014 and 2015 will call for increasing involvement by anesthesiologists in this project.

Safety continues to be a critically important issue for us as we work to devise and implement processes that ensure we deliver care to our patients in as safe an environment as possible. A key issue for us in this regard is management of the 'anesthetic field', and analogy to the 'sterile field'. Morphing to a system where only members of the Anesthesia Care Team (anesthesiologists, fellows and residents, technicians and assistants, anesthesia clinical engineering) interact with our machines, equipment and supplies, assists us with induction, line placement, airway management, etc, is fundamental to our safety mission. We will develop this theme over the next few years.

Lots going on... in the words of JFK:



Change is the law of life. And those who only look to the past or present are sure to miss the future

Michael F. Murphy MD, FRCPC

Chair, Department of Anesthesiology & Pain Medicine
Zone Chief, Anesthesiology

DEPARTMENT OF ANESTHESIOLOGY & PAIN MEDICINE

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