VISION, MISSION AND VALUES

VISION STATEMENT

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

MISSION STATEMENT

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

DEPARTMENT VALUES

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

- TRANSPARENCY
- ACCOUNTABILITY
- RESPECT
- PROFESSIONALISM
- LEARNING
- INNOVATION
- WORKFORCE SATISFACTION
- WELLNESS
October 1st, 2012 marks the beginning of the third year of my tenure as the Zone Chief and Academic Chair of the Department. This Annual Report is the first since assuming the roles as Chief and Chair, and follows on from the following results of the:

- Zone-wide departmental strategic planning session held in September 2011
- Mid-year report which is available on the department website

These two important documents prepare us for our November 3rd zone-wide strategic planning exercise. Our accomplishments to date on executing the eight strategic objectives, identified in September 2011, have been substantial and are detailed later in this annual report. Just to mention some particular successes for 2011/2012:

- Established a governance structure that embraces the operational and academic nature of the department
- Formalized structures for departmental Offices of Research and Education
- Created communication instruments such as list-serves and a website to enhance our abilities to communicate with each other and the world
- Engaged important partners in the areas of pharmacy, AHS administration, procurement, information systems, and academic leadership within the Faculty of Medicine and Dentistry

I believe all of this was accomplished while, and perhaps even because, we identified and adhered to the values we acknowledged in September and articulated in our strategic plan and mid-year report.

There are substantial challenges for 2013-2015 and beyond, that we as a department need to debate and craft strategies to address at our November 3rd meeting.

1. **Information Technology:** Beginning in 2013, the Edmonton Zone will implement a zone-wide Clinical Information System, that will profoundly affect the way we document our care and track data.
2. **Subspecialization:** The sophistication of anesthetic care has increased enormously over the past two decades. For the sakes of our patients, trainees, surgeons, and own self-respect we need to grapple with how we will embrace the incorporation of subspecialty knowledge and practice into our care and teaching.

3. **Safety:** The interaction of machines, devices, medications, and people in providing safe care is perhaps nowhere more evident than in the practice of anesthesia. I believe that there is an important challenge. We need to identify the safety issues for us as individual practitioners, and put processes in place to minimize these threats to our patients.

That is not to say we don’t need to continue to address other pressing issues such as zone-wide approaches to acute pain, chronic pain, simulation education, continuing professional development, mentorship, wellness and others… and we will.

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Michael F. Murphy MD, FRCP
Chair, Department of Anesthesiology & Pain Medicine
Zone Chief, Anesthesiology

... I believe all of this was accomplished... because we identified & adhered to the values we acknowledged... and articulated...
The Department of Anesthesiology & Pain Medicine's reach extends well beyond Edmonton, and much deeper than just providing basic anesthesia and pain management services. Our Departmental faculty - a network of physicians, anesthetists, scientists, educators and allied health professionals - are based at 10 institutions throughout the Edmonton area and serve patients across western and northern Canada.

**2011/2012 Facility Statistics**

- **10** Hospital Facilities
- **165** Anesthetists
- **243** Nursing Units
- **2,515** Number of Beds
- **103,199** Total Operative Procedures
- **95,785** Endoscopy
- **17,150** OB Deliveries
We have continued to provide care for many medically complicated and challenging patients in the course of the past year. Our goal of safe and thoughtful provision of anesthesia, in both the traditional OR as well as many Out-of-OR locations, has greatly expanded. We have had a strong presence and collaboration in the Orthopedic Surgical Centre, the Sturgeon Community Hospital, and continue to supply services to the Leduc Community Hospital, and the Cross Cancer Institute.

New programs for this year include an expanded Endoscopy Suite practice room (spring 2013), and more Transplant Consultative Clinic workspace. The Multidisciplinary Pain Centre moved to the Edmonton Clinic South to address the increasing need for pain services. We remain invigorated by the challenge of being the western Canadian transplant centre, with increased numbers of multiple organ transplants. Additional work in the development of expanding Pre-Admission Clinic systems, as well as Peri-Operative Medicine, and Medical Informatics are in the works. The commitment to our members’ work-life balance is also important, with a new Wellness leader, and regular social and team-building events planned.

The Stollery Children’s Hospital provides anesthesia care in all sub-specialty pediatric disciplines. Some of our more complex activities include specialized anesthetic care for all types of solid organ transplantation, all forms of neonatal, pediatric and congenital cardiac surgery, scoliosis surgery, trauma and neurosurgery. We organize, maintain and participate in a very busy diagnostic and procedural sedation service, serving the various surgical programs, pediatricians and sub-specialists.

Our pediatric acute pain service continues to support the principle of excellent pain management for post surgical and medical patients in collaboration with specifically trained pediatric pain nurse practitioners. A pediatric chronic pain team meets regularly to serve the special needs of pediatric patients suffering chronic pain syndromes. Our Pre-Admission and Consult clinics remain very busy and we also have a continued presence with opportunities for future growth in the Pediatric Intensive Care Unit.
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.

The Grey Nuns Community Hospital continues to be a busy and ever expanding service. With well over 5,000 deliveries last year, we have added 2 full time positions to address the increased demand, as well as a second anesthesiologist to work in the case room on weekdays. In addition, we have expanded our services to provide monitored sedation in the Endoscopy Suite.

Our OR utilization has been maximized during weekday hours and we are looking for budgetary approval for additional OR days to our schedule. Our OR emergency work continues to expand, particularly in General Surgery cases. Of course being the Vascular Surgery referral centre for all of Northern Alberta, the Territories, and Northern British Columbia keeps us busy on the vascular front. With all of our services combined, including the occasional urgent gynecological case, we are dealing with a potentially high acuity workload at any given moment. We are currently working on strategies to ensure that there is adequate anesthesia coverage to deal with this increased volume and acuity.
ROYAL ALEXANDRA HOSPITAL

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.

STURGEON COMMUNITY HOSPITAL

The Sturgeon Community Hospital provides anesthetic services in support of community-based orthopedic, general surgery and gynecology programs, as well as a prominent program of minimally-invasive gynecologic surgery, and a regional referral focus on upper extremity orthopedic surgery and intermediate volume of low-risk obstetrics.

This past year, Dr Robert Boman retired as our Facility Chief, after over 30 years of dedicated service in this role. Dr Michael Hogan was appointed Director of Regional Anesthesia & Pain Management, in recognition of his expertise in this area, and of the importance of regional anesthesia in support of the prominent upper extremity orthopedic surgery program. Recruitment initiatives have emphasized the importance of Canadian anesthesia specialty qualifications in the future direction of the department.

A Surgical Services Strategic Planning Initiative was carried out under the auspices of the Office of the Medical Director which has helped clarify desired future directions for the Sturgeon Community Hospital Surgical Obstetric and Anesthesia Programs.
CROSS CANCER INSTITUTE

6* Supplied Anesthetists
3 Nursing Units
910 Total Operative Procedures

FORT SASKATCHEWAN COMMUNITY HOSPITAL

5 Anesthetists
3 Nursing Units
32 Number of Beds
3,137 Total Operative Procedures
4,214 Endoscopy
126 OB Deliveries

WESTVIEW HEALTH CENTRE

1 Anesthetists
2,311 Total Operative Procedures
2,756 Endoscopy
46 OB Deliveries

LEDUC COMMUNITY HOSPITAL

15* Supplied Anesthetists
7 Nursing Units
70 Number of Beds
2,350 Total Operative Procedures

* Site does not employ full time anesthetists. Anesthetists are supplied from other department facilities.
A NEW JOURNEY. A CONTINUED SUCCESS

The Multidisciplinary Pain Centre continued to make progress in each of its core areas of activity in 2011/12. We saw an increase of 7% of new consults and follow-up visits from the previous year. We also had 10 residents who undertook rotations in Chronic Pain, and indicated a high degree of satisfaction with our teaching.

Our faculty made significant contributions to Canadian Pain Science in journal articles, abstracts, presentations, and in leadership roles at the national level, including being active participants in the 2012 Canadian Pain Summit.

We recently took up new working space in the Edmonton Clinic South and have appointed new clinical experts in pain medicine and psychology.

Significant challenges remain, but the staff of the Centre is optimistic that the 2012/13 year will witness continued progress in the execution of its agenda to improve the lives of those with Chronic Pain and its associated conditions.

2011/12 Statistics

<table>
<thead>
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<th>Role</th>
<th>Count</th>
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<td>Yoga Instructor</td>
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<tr>
<td>Psychologist</td>
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<td>Clerk</td>
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<table>
<thead>
<tr>
<th>Statistics</th>
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<tr>
<td>New Consults</td>
<td>318</td>
</tr>
<tr>
<td>Follow-up Visits</td>
<td>1,457</td>
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MULTIDISCIPLINARY PAIN CENTRE
The Education Committee is responsible for performing ongoing reviews of the educational programs with respect to resources, prioritizing educational needs, and ensuring a safe learning environment. Their mandate includes the undergraduate, family practice anesthesia, continuous professional learning, fellowship, and postgraduate programs. The committee, with input from Dr Murphy, has identified the priorities for this academic year:

- **CEPD** – Ensure the department complies with MOCert requirements for credit; develop specific local courses/meetings to meet our needs
- **Simulation** – Create an administrative structure to coordinate anesthesiologists’ involvement and training; liaise with AHS to develop other opportunities for learner experiences
- **New Residency Program** – Pain Residency now has Royal College approval and the application is being completed
- **Undergraduate** – Focus on changing from a mandatory rotation to an elective experience; plan to optimize the elective to attract potential residents; Dr Cheng is assuming the director position this fall, many thanks to Dr Faccenda for her years of support
- **Master’s program** – The possibility of a master’s program for research assistants may enhance the ability of our researchers to hire quality assistants; the program may also support anesthesiologists in the department who are looking for other skill sets
- **Mentorship** – A residency mentorship program; Dr Murphy would like us to explore the extension of a mentorship program to physicians and staff

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Dr Ramona Kearney  
Chair, Education Committee

[We are] responsible for performing ongoing reviews of the educational programs with respect to resources, prioritizing... and ensuring a safe learning environment.
Message from the Program Director

It has been another eventful year for Postgraduate Medical Education in the Department of Anesthesiology & Pain Medicine. In 2011/12 our resident training programs were again at capacity as we had 35 residents enrolled in our Royal College of Physicians and Surgeons of Canada Residency program, and two Family Practice Anesthesia program trainees.

This year we also celebrated as all six of our PGY5 residents passed their Royal College exams! We are so proud of them and believe they will be great representatives of the department in their future endeavors.

Where are they now?

- 3 Residents - locums at RAH and GNH
- 2 Residents - fellows in Pediatrics and Intensive Care & Adult Cardiovascular Anesthesia
- 1 Resident - relocated to Nanaimo, BC

Lastly we are looking forward to the fiberoptic intubation and bronchoscopy trainer that we recently acquired and will expand our abilities for real world training.
2011/12 Postgraduate Statistics

35 Residents

65% Male

35% Female

Program Entrance Breakdown

- CARMS
- AIMG
- FPA
- Re-Entry
- IMG
- Transfer in

Postgraduate Trainee Numbers

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Trainees</th>
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<tr>
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</tr>
<tr>
<td>2011/12</td>
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</table>

DEPT CAPACITY

PGY5 Royal College Exam Success rate

100%

2011/12 PGYS Trainees
We offer six fellowship programs and continue to attract very high caliber applicants. Our goal is to train fellows to become true experts in their field of practice. We have continued to refine the educational elements of each program by upgrading program objectives and in the unique case of the CV fellowship completely restructuring the program to allow for an 80% commitment to educational activities.

It is fully anticipated that our Pain Medicine Fellowship will transition to a Royal College approved two-year residency training program come 2014. We are attracting more graduates of Canadian residency programs and we are seeing more domestic graduates applying for fellowship training in order to make themselves more marketable. International graduates, on the other hand, now have an increasing number of licensing obstacles to overcome before undertaking a fellowship with us.

We are considering the possibility of launching an obstetric anesthesia fellowship program. Our fellowships continue to be self-funded which is far from ideal but there is no alternative at present.
As of spring 2011 the College of Canadian Family Physicians (CCFP) has officially recognized us as an enhanced skills Family Practice Anesthesia (FP-A) program. Over the last year and a half we have expanded the teaching of FP-A’s to the Sturgeon Community Hospital, Dr Linda Pfeifer has taken on the role of FP-A coordinator there, and an elective rotation at the Queen Elizabeth II Hospital in Grande Prairie. Our future plans are to also include the Fort Saskatchewan Community Hospital once their operating rooms get up-to-speed.

A FP-A training committee, consisting of the FP-A coordinators from all sites and current FP-A residents, has met twice in the last 12 months to make recommendations on ways to improve the current program. In addition, to help promote the FP-A program, residents are scheduled to be presenting an anesthesia related topic to all the Family Practice residents at one of their half-day sessions.
SIMULATION TRAINING PROGRAM

The Anesthesia Residency Simulation Training program continues to be a valuable learning tool by enabling us with a safe and controlled method that offers residents firsthand experiences in almost all anesthesia crises imaginable. The program is currently located at the Edmonton General Hospital, but within the next year we hope to move it to the Health Sciences Education and Research Commons.

EDUCATION LEADS

Dr Ramona Kearney  
Office Director

Dr Ronald Cheng  
Undergraduate Coordinator

Dr Brent MacNicol  
Postgraduate Program Director

Dr Jason Tamm  
Assistant Program Director, Postgraduate

Dr Ferrante Gragasin  
Postgraduate Research Director

Dr Hugh Devitt  
CEPD Director

Dr Edward Lazar  
Family Practice Anesthesia Program Director

Dr Brent MacNicol  
Simulation and Mentorship Coordinator

Marilyn Blake  
Program Administrator

Darci Chaba  
Administrative Assistant
Last year’s strategic meeting identified three main obstacles in developing research within the department, specifically, a lack of: support with study design (especially statistical analysis); assistance with administrative tasks (e.g. applying for ethics/operational approvals); and assistance with patient recruitment, consent, and data collection.

As a result, the Office of Research has developed a committee to oversee a strategy to overcome these obstacles.

**Future goals include:**

- Hiring a dedicated Manager of Research - to liaise between researchers and the University
- Establishing a novel summer research program under the supervision of the Research Manager - hire UGME students to assist with departmental research studies

A pilot version of this program was started this past summer with great success. This novel program will not only provide needed support for expanding and developing departmental research in an affordable manner, but will also create an excellent opportunity for exposing and profiling our specialty to medical students, thereby attracting the brightest students to our profession.

Going forward, our plan is to focus on executing and implementing the infrastructure necessary to overcome the aforementioned obstacles in an affordable, achievable, and deliverable manner within two years. In addition, the Office is working with the resident training committee to successfully transform the yearly resident research day to an annual departmental academic education day.
2011 Research Statistics

**NOTE:** Research statistics only pertain to Global Full-Time Faculty (GFT). Research statistics for remaining department researchers were unavailable at the time of print.

Output numbers are reflected from the 2011 Annual Reports.

### 2011 Research Publications

<table>
<thead>
<tr>
<th>Category</th>
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<tbody>
<tr>
<td>GFT Researchers</td>
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<tr>
<td>Peer Reviewed Journal Articles</td>
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<td>Abstract publications</td>
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<td>Textbooks</td>
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<td>Dissertation</td>
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<td>Editorial</td>
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### 2011 Research Funding Sources

- **Canadian Anesthesiologists Society**
- **MS Society of Canada**
- **Canadian Institutes of Health Research**
- **Pfizer Canada**
- **Alberta Heritage Foundation for Medical Research (AHFMR)**
PATIENT SAFETY IS A CORNERSTONE OF ANESTHESIOLOGY...

Our Department’s 2011 strategic plan led to the formation of a zone-wide committee to coordinate our efforts in improving patient safety. We have begun work on some important priorities including learning from hazard and adverse event reporting, medication safety, and team communication.

**Learning from Event Reporting** - We are piloting our new process for reporting which serves as a complement to the existing AHS system (Reporting and Learning System). The added value of our system is ease-of-use for practitioners, responsiveness, and engagement of front line clinicians in improving patient safety.

**Medication Safety** - We have had extensive discussions with Pharmacy and other stakeholders on an evidence based, best practice initiative to improve medication safety. We are ready to begin to try out this new system in some of our sites and will continue to seek opportunities to reduce drug errors.

**Team Communication** - Communication between professionals in the complex work environment of anesthesiologists is a rich area of investigation and learning. We are currently exploring the literature and building linkages with our educational programs to support work in this important area.

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Dr Michael Auld
Chair, Patient Safety and Quality Committee
MESSAGE FROM THE APO

I accepted this role in July 2010, only a short time before Dr Murphy came on board. The day-to-day administration of the Department takes time and effort in the areas of human resources, finances and research administration.

I consider myself a “resource” to all academic, clinical members, trainees and administrative staff of our department and believe it is my job to ensure that we can provide what they need to be successful in their roles. In order to do this, there are obvious challenges such as following University policy and procedures and trying to think outside the box to get things done; this is all in a day’s work!

I am very happy to have contributed to the completion of several strategic directions within our Strategic Plan and I am confident, along with Dr Murphy, that we will have the opportunity to complete more in the upcoming year. It’s wonderful to see these things happen and share in the excitement as we bring everyone up-to-speed with new websites, distribution list-serves and electronic media.

We are very fortunate as a Department to have a wonderful administrative team, who on a daily basis, make our lives easier in the areas of clinical schedules and billings, resident and fellow training, research assistance, human resources, finance support, and many other secretarial and administrative duties.

What is an Administrative Professional Officer (APO)? As defined by the University of Alberta: it is a person who has been designated as “academic staff” by the U of A. An APO is a manager who provides leadership, strategic advice and direction within the organization; and is accountable for planning, negotiating, problem-solving, risk assessment and prevention, and/or operation oversight of resources.

No one who achieves success does so without acknowledging the help of others. The wise and confident acknowledge this help with gratitude.

Jacqueline Jubinville
Administrative Professional Officer
MAKING MOVES TO THE FUTURE

STRATEGIC DIRECTION

In September of 2011 the department articulated eight strategic objectives designed to achieve our vision. Those strategic objectives are listed below. As detailed in the Mid Term report we continue to execute those objectives. As the end of the first year draws to a close many of the actions identified under each objective have been achieved. The meeting this year is to build on that success and to map a clear path for the Department for the next 5 years; particularly as it relates to physician human resources and subspecialization, safety and Clinical Information Systems implementation.

DEPARTMENT DELIVERABLES

Governance Model and Infrastructure - To support the Department’s vision, mission, values, functions and activities

Communications - To heighten our Department’s profile, keep our workforce up-to-date and knowledgeable on departmental matters, and inform our public on departmental performance

Zone-wide Information Management - Strategy integrated with government and university systems and encompassing futuristic trends

Office of Research - Supportive of departmental research endeavors with an appropriate infrastructure and a nucleus of accomplished researchers

Office of Education - To further zone-wide educational aspirations and department requirements

Office of Quality and Patient Safety - To embody safety and vigilance, track, and improve patient care and outcomes.

Subspecialization - To optimize patient care, anesthesiologist satisfaction, zone-wide efficiencies and effectiveness, and reflective of the Department’s mission

Partnership - Alliances, networks and relationships that further the realization of the department’s vision and goals