

DEPARTMENT of MEDICINE

ANNUAL REPORT

April 1, 2010 to March 31, 2011



“Building the medical network of the 21st century, a network without walls, without boundaries, without limits to quality patient care, research and education”

Medical Advisory Board
November 10, 2011

Department of Medicine

- 302 members – 206 in AARP (211 total members), 188.8 FTE
- 10 divisions across all 3 acute care sites and in the community
- 261 In-Patient beds at all 3 sites
 - 7962 admissions, 1% increase from 09/10
 - GIM, Respiriology, GI, Hematology, Nephrology In-Patient beds
- 15146 inpatient consults
- Ambulatory visits : 32,000 through Central Access and Triage
- Outside of Calgary and outreach - Clinics and via Telehealth, First Nations, CUPS, Vulnerable Populations

Department of Medicine In-Patient Beds

	FMC	PLC	RGH	TOTAL
GIM	36	46	44	126
Respirology	16	12	8	36
GI	8	8	6	22
Hematology	40	10	-	50
Nephrology	45	-	-	45
TOTAL	145	76	58	279

Inpatient Indicators: Discharges and Consults*

Division	Inpatient Discharges		Average Acute Length of Stay (Days)		Inpatient Consults Provided	
	2009-10	2010-11	2009-10	2010-11	2009-10	2010-11
Dermatology	-	-	-	-	175	154
Endocrinology	54	62	1.5	1.3	665	535
Geriatric Medicine	-	-	-	-	1,118	1,155
GI	916	938	5.6	5.5	3,483	3,245
GIM	4,156	4,140	10.1	9.9	4,222	4,107
Hematology	750	831	20.7	19.0	752	699
Infectious Diseases	42	46	10.2	9.3	2,252	2,236
Nephrology	720	703	16.9	12.0	891	853
Respirology	1,244	1,242	8.8	8.0	1,857	1,767
Rheumatology	-	-	-	-	450	395
Total / Average	7,882	7,962	11.0	10.1	15,865	15,146

Source: Health Record

* Data is grouped by the Most Responsible Physician. The Health Record assigns each physician to only one Division, so there may be a few instances where the Division does not match the care provided (e.g., for cross appointed physicians).

* Due to processes for coding and storing the data, a few patients may not have had all of their consults recorded in the electronic Health Record.

* 2009-10 results differ slightly from what was reported in the 2009-10 Annual Report due to additional cleaning of the data.

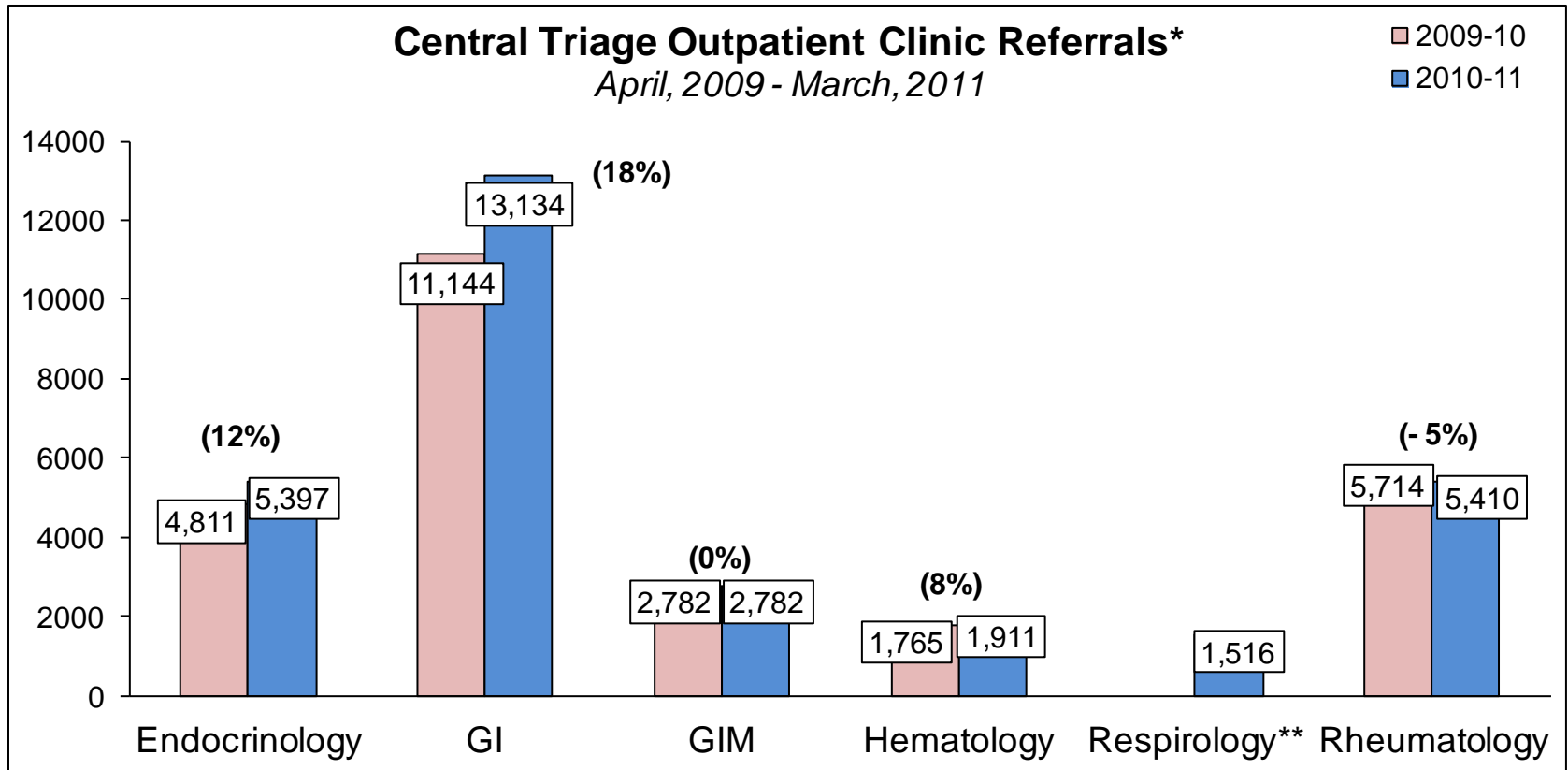
Inpatient Indicators: CMG Occurrence Rate

Division	Top 1 CMG		TOP 2 CMG	
	2009-10	2010-11	2009-10	2010-11
GI	Inflammatory Bowel Disease		GI Hemorrhage	
	20.50%	19.30%	10.00%	11.30%
GIM	Diabetes		Viral/Unspecified Pneumonia	COPD
	7.10%	5.80%	4.40%	4.80%
Nephrology	Renal Failure		Kidney Disease	
	9.20%	9.50%	5.00%	4.70%
Hematology	Bone Marrow/Stem Cell Transplant		Lymphoma	
	15.50%	16.60%	9.90%	9.10%
Respirology	COPD		Other Lung Disease	
	20.50%	21.10%	8.00%	8.70%

Source: Health Record

* CMG code assigned to discharged inpatients grouped by Most Responsible Physician whose medical service code determines the assignment of Division.

Outpatient Indicators: Clinic Referrals

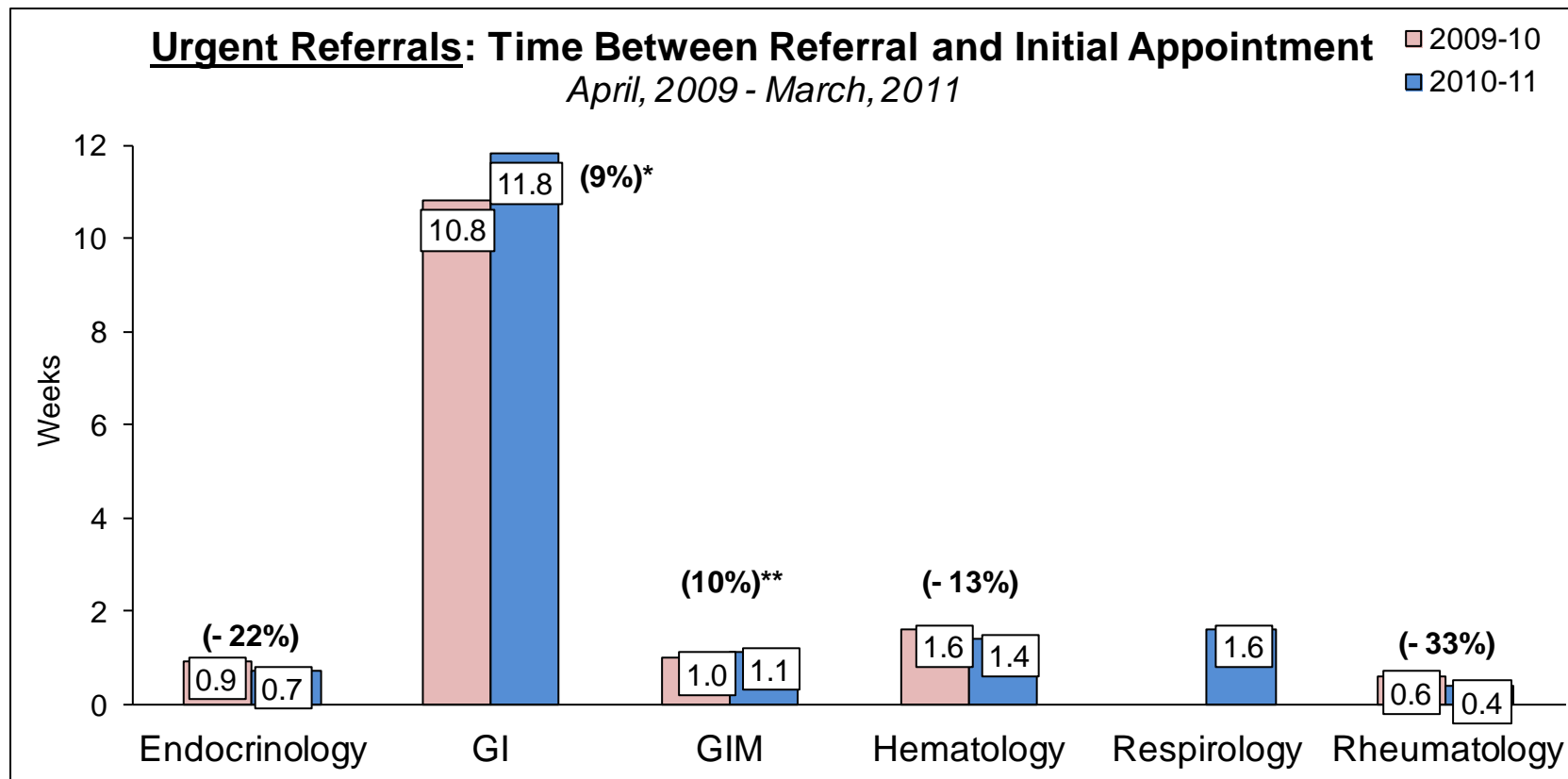


Source: Central Access & Triage

* Data is not available for all Divisions. Also, data is not included for physicians who do not participate in the Central Triage process.

** Respirology data is only available from Dec. 2010 onward (when all sites participated in Central Triage).

Outpatient Indicators: Wait Times for Urgent Referral



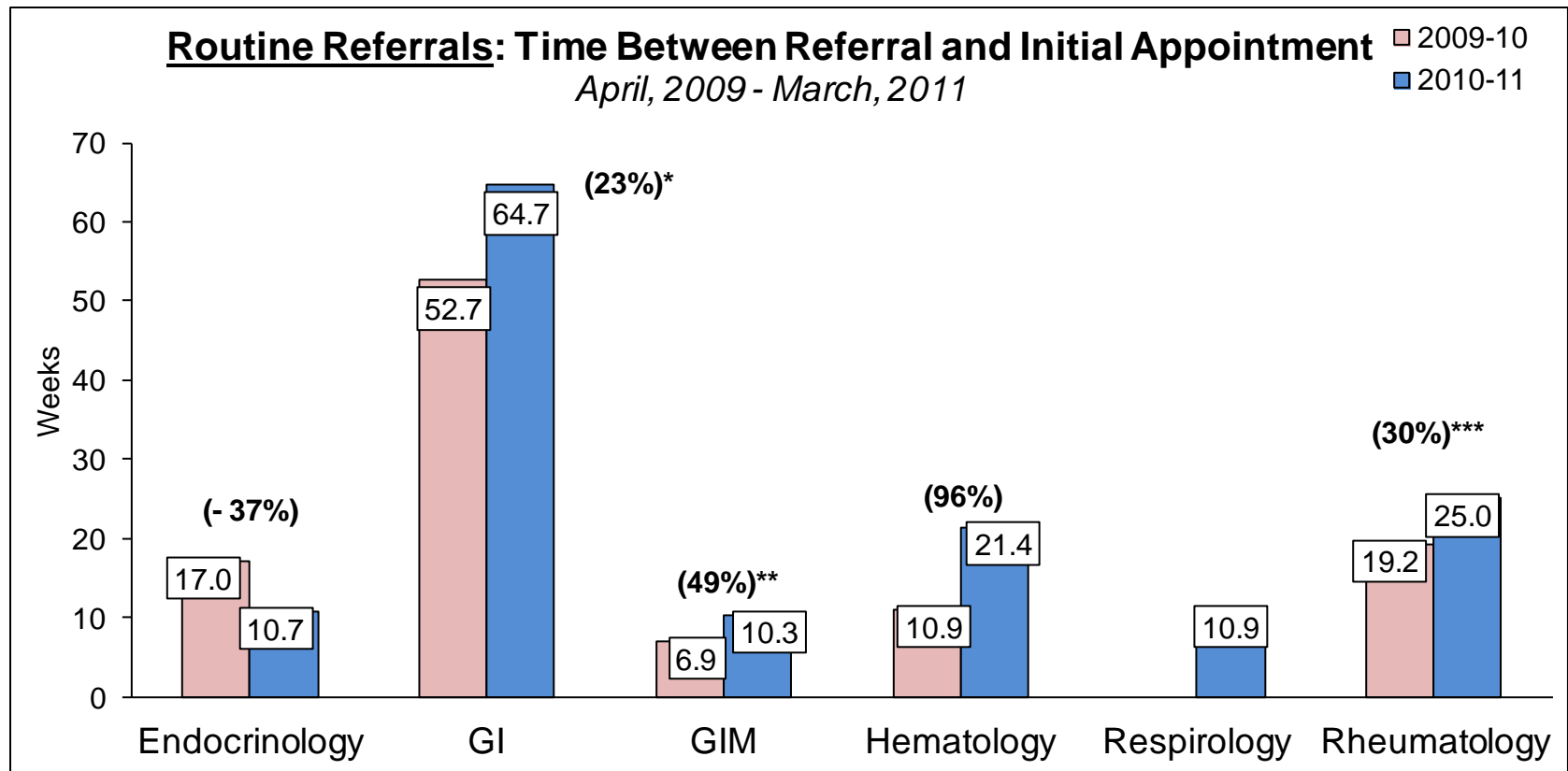
Source: Central Access & Triage

* The median wait time is presented, except for GI where only the average wait time was available. Due to outliers, the average wait time will typically be longer than the median wait time.

* GI data does not include screening colonoscopies performed at the Colon Cancer Screening Centre or triaged as Direct to Procedure.

** GIM updated their triage categories in Oct. 2009.

Outpatient Indicators: Wait Times for Routine Referral



Source: Central Access & Triage

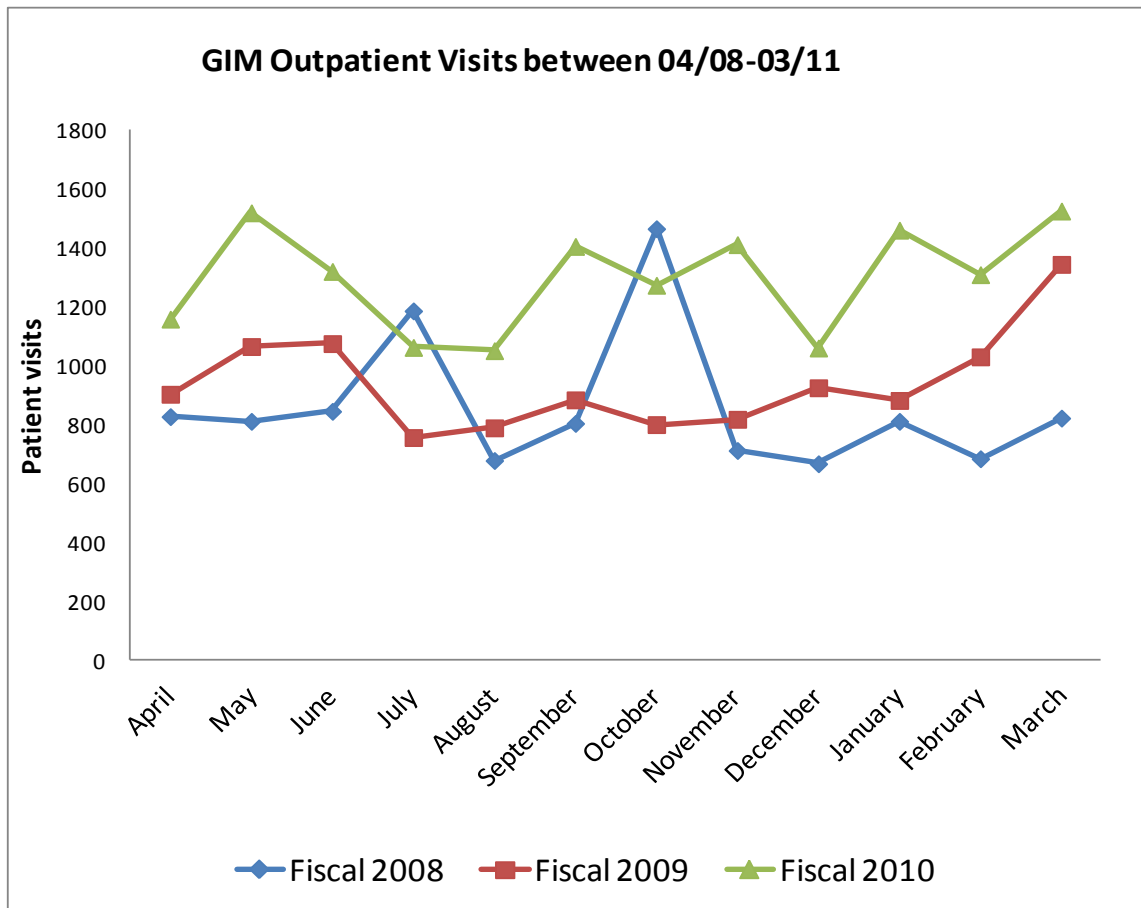
* The median wait time is presented, except for GI where only the average wait time was available. GI also reports wait times separately for moderate and routine referrals. Average wait times for GI moderate referrals were 27.7 weeks in 2009-10 and 26.6 weeks in 2010-11.

* GI data does not include screening colonoscopies performed at the Colon Cancer Screening Centre or triaged as Direct to Procedure.

** GIM updated their triage categories in Oct. 2009.

*** Rheumatology routine referral wait times include Mod-Routine referrals.

Outpatient Indicators: Outpatient Visits*



2008 monthly avg. **861**
 2009 monthly avg. **941**
 2010 monthly avg. **1298**

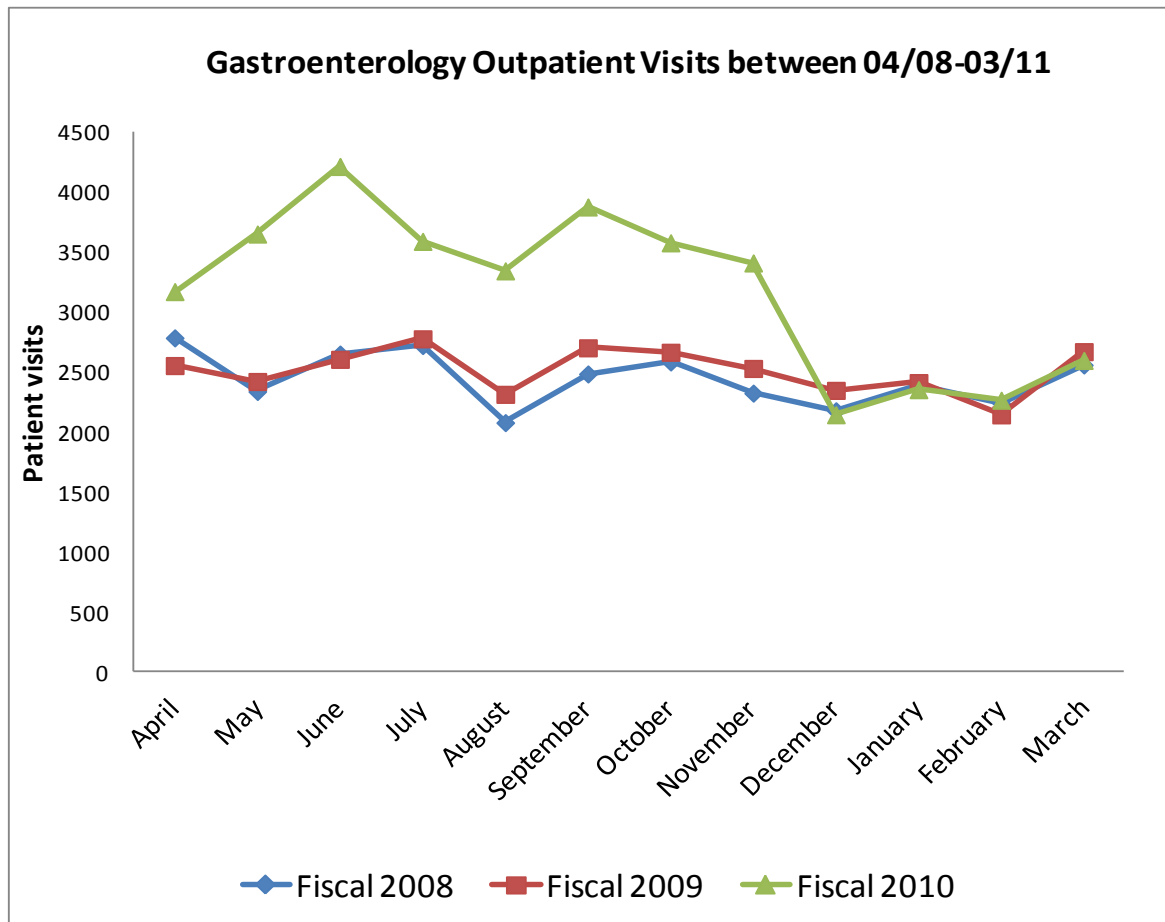
2008 total **10336**
 2009 total **11295** (2009 vs. 2008 +9.7%)
 2010 total **15577** (2010 vs. 2009 32.2%)

Source: Health Record (ACCS)

* Patient visit type: face to face

* Patient visit counts for each division were based on 1) its physician as main service provider; 2) physicians' medical service code

Outpatient Indicators: Outpatient Visits*



2008 monthly avg. **2449**
 2009 monthly avg. **2517**
 2010 monthly avg. **3188**

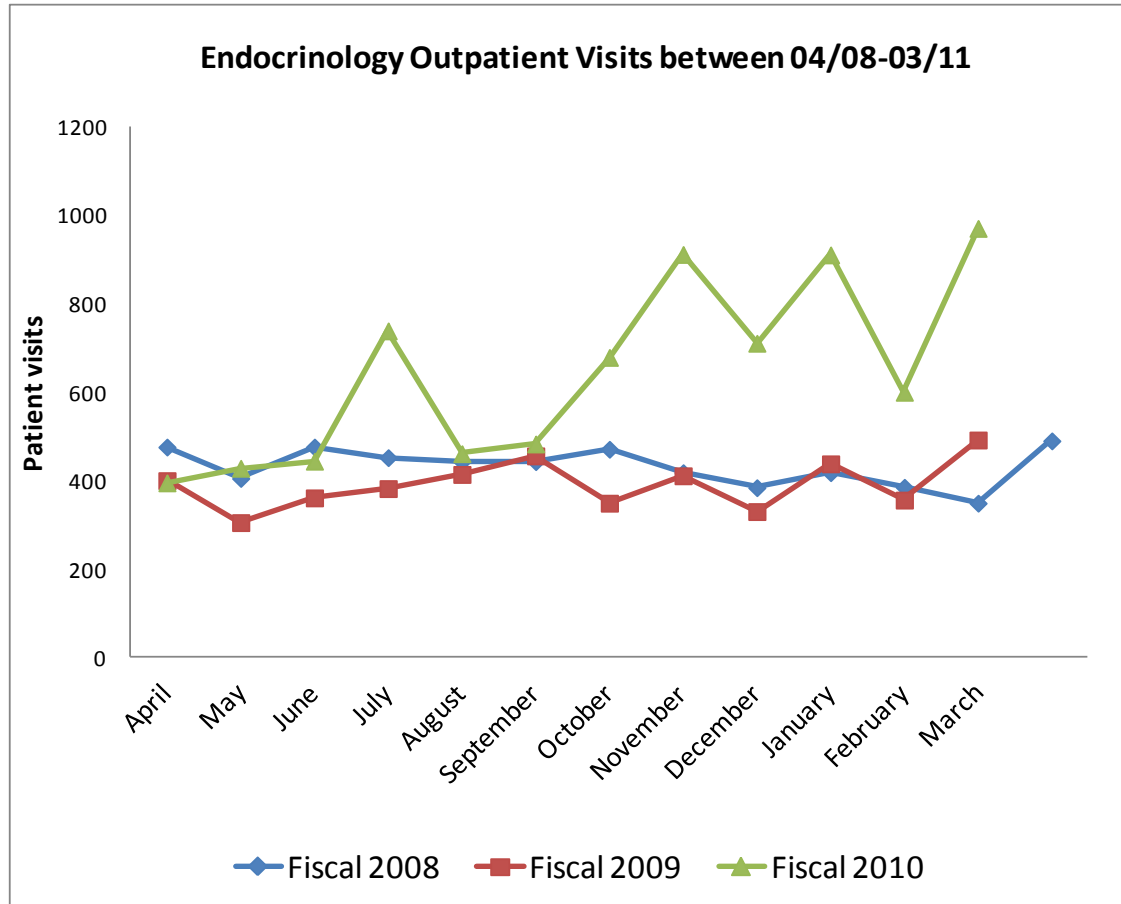
2008 total **29388**
 2009 total **30201** (2009 vs. 2008 +2.8%)
 2010 total **38255** (2010 vs. 2009 26.7%)

Source: Health Record (ACCS)

* Patient visit type: face to face

* Patient visit counts for each division were based on 1) its physician as main service provider; 2) physicians' medical service code

Outpatient Indicators: Outpatient Visits*



2008 monthly avg. **433**
 2009 monthly avg. **392**
 2010 monthly avg. **646**

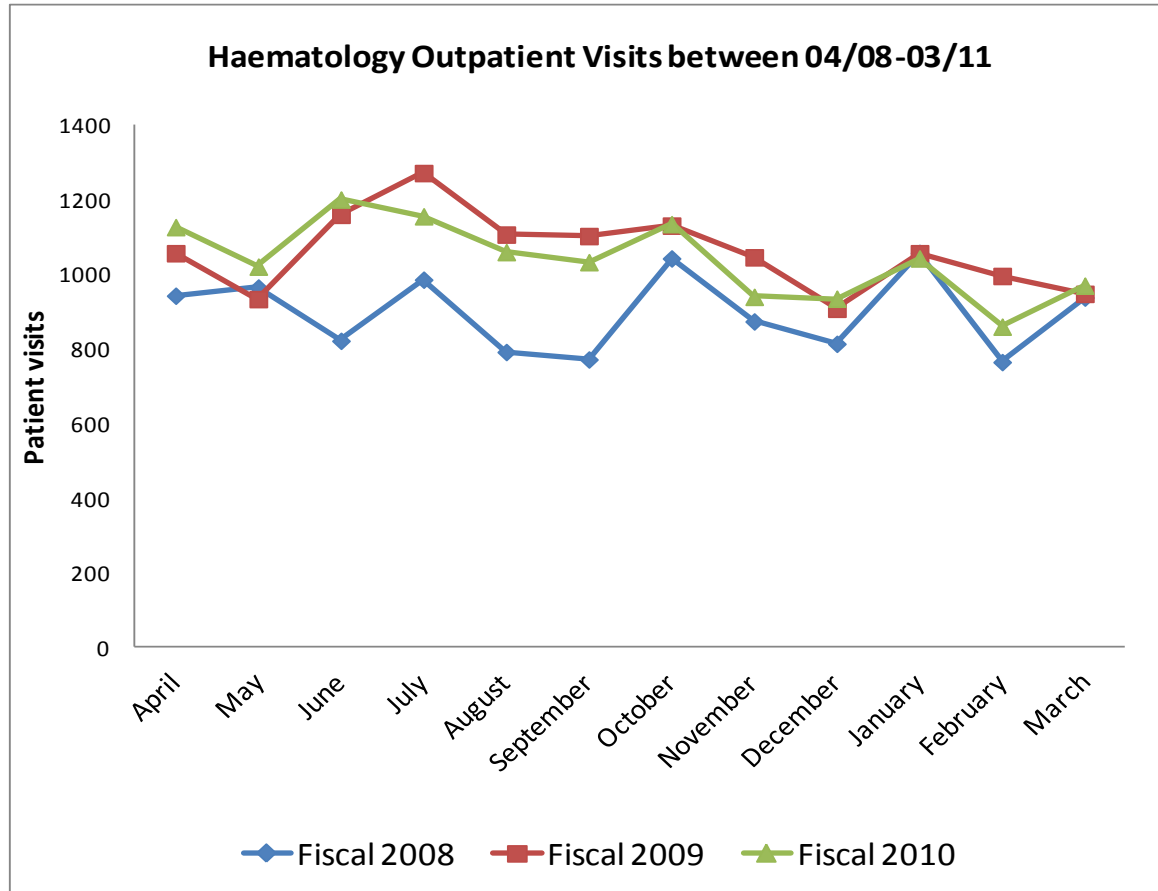
2008 total **5623**
 2009 total **4706** (2009 vs. 2008 -16.3%)
 2010 total **7746** (2010 vs. 2009 +64.6%)

Source: Health Record (ACCS)

* Patient visit type: face to face

* Patient visit counts for division were based on 1) its physician as main service provider; 2) physicians' medical service code

Outpatient Indicators: Outpatient Visits*



2008 monthly avg. **899**
 2009 monthly avg. **1061**
 2010 monthly avg. **1041**

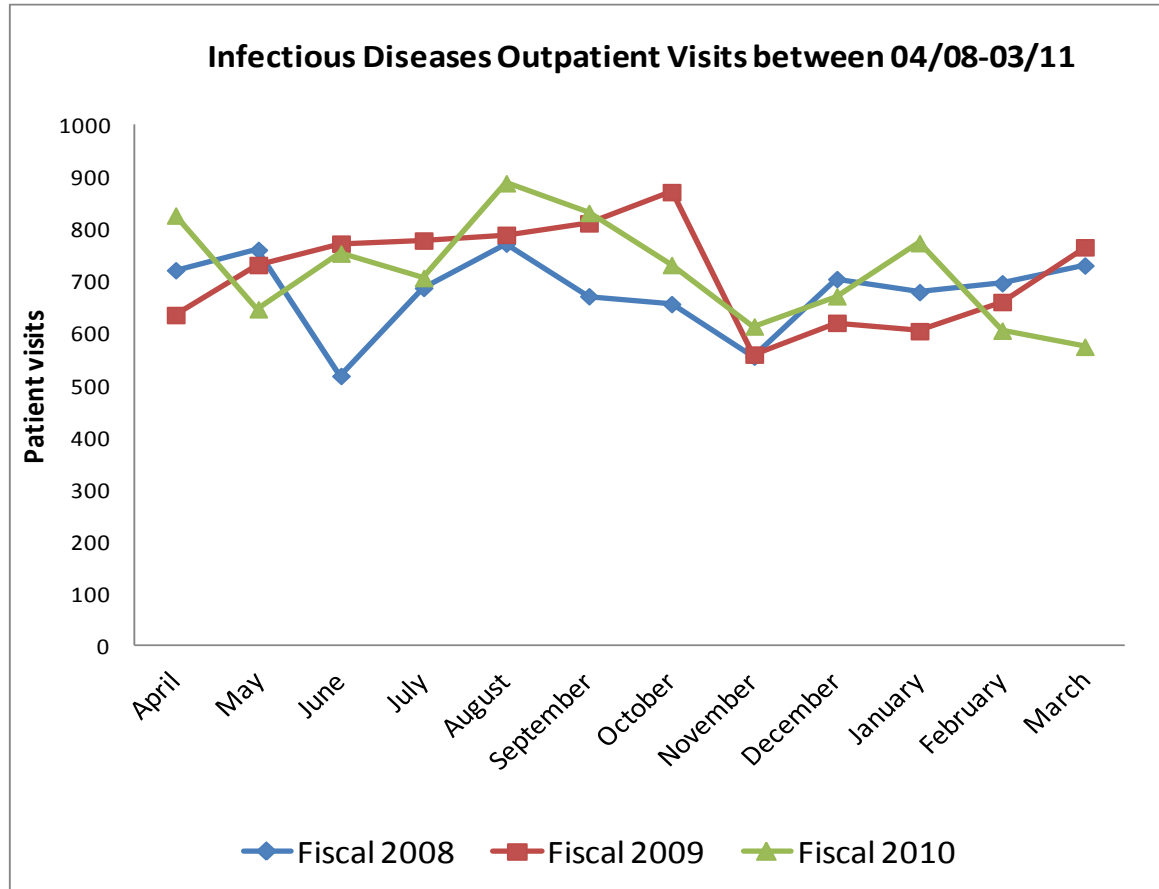
2008 total **10784**
 2009 total **12731** (2009 vs. 2008 **+18.1%**)
 2010 total **12493** (2010 vs. 2009 **-1.9%**)

Source: Health Record (ACCS)

* Patient visit type: face to face

* Patient visit counts for each division were based on 1) its physician as main service provider; 2) physicians' medical service code

Outpatient Indicators: Outpatient Visits*



2008 monthly avg. **680**
 2009 monthly avg. **717**
 2010 monthly avg. **719**

2008 total **8161**
 2009 total **8607** (2009 vs. 2008 +5.5%)
 2010 total **8629** (2010 vs. 2009 0.26%)

Source: Health Record (ACCS)

* Patient visit type: face to face

* Patient visit counts for each division were based on 1) its physician as main service provider; 2) physicians' medical service code

Accomplishments – Improving Access and Wait Times

Medical Access to Service (MAS)

- Expansion to 55 clinics/programs, other departments
- Standards with Dashboard to examine indicators
 - Communication to referring MD (2 days) and patient (7 days)
 - Triage guidelines – e.g. referral requirements
 - Accountability – track referrals
- Priority Referral Scoring Tool pilot – good inter-rater reliability, comparable to staff consultant rank orders
- RRDTC: Endocrinology, Dermatology, GIM

MAS Programs

- Standards of Practice and Policies and Procedures for the Central Access and Triage are enforced to all current as well as joining areas to MAS.
- Supporting the team implementing scheduling systems to include referral and waitlist management capabilities
- Participation with IT to help develop Cerner® Millennium as an Outpatient Database.
- Participating in the Access to Primary and Specialty Care Steering Committee and Working Groups.
- Participating in the Access from Primary to GI Specialty Care Steering Committee.
- Rheumatology has established a partnership with the Foothills Primary Care Network for managing referrals for osteoarthritis referrals.

Accomplishments – Building primary care foundation

Quality – Prevention and Health Promotion

1. Health promotion in community – e.g. Salt intake, obesity, skin cancer screening
2. Case management of chronic diseases – Chronic diseases clinic at PLC, links with PCN for Rheumatoid Arthritis and Satellite Hypertension clinics
3. Service delivery to disadvantaged and vulnerable populations
 - First Nations - Siksika, Morley, Stoney Nation, Tsui T'ina
 - Inner city – CUPS, Alex clinics, Refugee Clinics
 - Alex Clinics – GIM and geriatrics
 - Enabled by the AARP

South Health Campus

- Phased introduction of Outpatient Services in GIM, Respiriology and Gastroenterology during 2012.
- The Department of Medicine plans to open a General Internal Medicine (GIM) in-patient service at South Health Campus (SHC) in January, 2013.
- Section Leads for GIM (Ralph Hawkins), Respiratory Medicine (Charlene Fell) and Gastroenterology and Department of Medicine (Maria Bacchus) have been working on models of care for SHC.
- Workforce planning has been completed to support a significant DOM on-site presence at SHC.

Education Highlights

- The ARP members of the Department offered 15323 hours of UME and 22977 hours of PGME teachings.
- Number of positions in the Core Internal Medicine Residency Program increased to 75 (fiscal 09-10 was 63)
- 18 IMG positions
- Number of positions within the Subspecialty Residency Programs increased to 65 residents and fellows.
- Dermatology residency program: successful launch
- Community rotations – Lethbridge, Grande Prairie, Yellowknife
- New Health of Special Populations rotation- First Nations, CUPS
- Simulation is an educational priority for the Department
- Program Director: Dr J Schaefer

Internal Medicine Clerkship

CLERKSHIP SUMMARY	Class of 2011 (completed clerkship)	Class of 2012 (in progress presently)	Class of 2013 (see dates below)
Total # students with Calgary Clerkship	147 Block 1: 38 Block 2: 37 Block 3: 39 Block 4: 33	159 Block 1: 42 Block 2: 40 Block 3: 39 Block 4: 38	153 Block 1: 40 Block 2: 38 Block 3: 38 Block 4: 37
Students completing rural clerkship (RICC)*	13 (rolled into Blocks 3 and 4)	17 (rolled into Blocks 3 and 4)	17 (rolled into Blocks 3 and 4)
Total graduated May/Nov**	153	180 (planned)	170 (planned)
Time away for National Interview period (CaRMS)	Jan 31 - Feb 13, 2011 ***there will be NO clerks available during this time	Jan 30 - Feb 12, 2012 ***there will be NO clerks available during this time	Jan 28 – Feb 10, 2013 ***there will be NO clerks available during this time
Xmas Holiday	Dec 20, 2010 - Jan 2, 2011	Dec 18, 2011 – Jan 1, 2012	Dec 17, 2012 – Jan 1, 2013
Additional information		Clerkship ENDS April 2012	Clerkship Begins April 2012

The Internal Medicine Clerkship was reduced from 12 weeks to 10 weeks as of the Class of 2011 (two weeks of the original 12 are now taken up by the mandatory 2-week Emergency Medicine Clerkship).

Research Highlights

- 719 articles in peer reviewed journals (Science, NEJM, Lancet)
- 325 articles published in non-peer reviewed journals
- 616 invited presentations
- \$10 million in research grants in the 2010-11
- Combined Department of Medicine and Department of Surgery Research Development Fund
- 2 cycles of DoM Research Grant Awards
- Dr John Esdaile: Arthur C Childs Chair in Rheumatology; Dr Mark Swain: Cal Wenzel Chair in Hepatology; Dr Brenda Hemmelgarn: Baay Chair in Nephrology

QA/QI Highlights

- **DOM QI Focus Areas**
- 1. Examination and optimization of Clinic Flow within various Sections to look at improving access (decreasing wait times) to specialists
- 2. Collaborate with Seniors Health and AHS-Calgary operations on initiation of HELP (Hospital Elders Life Program) in order to help address issues around
 - a. in-hospital delirium management
 - b. ensuring Seniors are provided with patient-centered high quality care while in hospital
 - c. hospital length of stay and downstream effects on Emergency Department wait times
- 3. Support of Sectional QI initiatives that focus in the areas of quality and access
- **Aligning with the 5 TIPS**

Accomplishments – Enabling our Staff

Recruitment and Retention

- 12 new members were recruited including 1 new section chief – Dr. Kelly Zarnke (General Internal Medicine). Dr Mark Swain took over as Interim section chief (Gastroenterology).
- 3 site Chiefs: FMC: Dr Maria Bacchus (Deputy Head), PLC: Dr Ian Scott; RGH: Dr Stefan Mustata.
- Recognizing employees – Mentorship event, DoM Awards for teaching research, innovation, clinical excellence, Lifetime Achievement, Meet the Professor, Meet the Clinician
- Engagement – New Website, DoM Survey

Significant Awards

- NATIONAL HEALTH SCIENCES ACADEMY
- 3 Members invited to the Canadian Academy of Health Sciences
- Dr. William Ghali - General Internal Medicine
- Dr. Marvin Fritzler - Rheumatology
- Dr. Jon Meddings - Gastroenterology

- ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA
- Dr. Otto Rorstad - Endocrinology - Donald Richards Wilson Award
- Dr. David Hogan - Geriatric Medicine - Prix d'Excellence Award

Challenges and Opportunities

- Meeting workforce planning targets - Population growth and human resources, new Provincial AARP negotiations, SHC workforce
- Space availability – clinical and office (RRDTC, SHC)
- South Health Campus rollout
- Lack of coordinated single database for Alberta for quality and clinical activity data, EMR, Cerner Millennium
- Ensuring clinical and clerical AHS staff keep pace with physician recruitment and population/patient growth
- Challenges in GFT recruitment in post AHFMR era
- Re-organization of DoM Administration

Top Departmental Priorities

- Further linkages with PCNs via nurse navigators and innovative access programs to improve patient access, manage demand and referral.
- Enhance Outreach Services to First Nations, inner city populations and rural Albertans.
- DoM Strategy for 1 year, 3 years and 5 years. Department of Medicine Annual Retreat December 2011.
- The DoM survey of its members to identify priorities, strengths and weaknesses.
- The DOM will develop two important programs via its office – Office for care of special populations and Office for Patient Centred care in alignment with the ZCMO office and its programs.
- The Department will also hold regular open forums to discuss and obtain feedback from its members.

Top Departmental Priorities

- QA/QI
- Implementation of plan for further development of DOM presence at RRDTTC site
- Planning and initiation of the SHC site including physician workforce planning and recruitment
- Reduction of length of stay via proactive discharge planning
- Improve accountability of physician ISAs, involvement of the DOM in the Province-wide AARP planning and support of clinician scientists in the post-AHFMR era.
- Recognition and Promotion
- The DOM will host key evening lectures of interest to its broad membership.