Division of Digestive Care & Endoscopy
Physician Resources

The total physician complement in the Division for the 2013-14 year was 11.69 FTE gastroenterologists.

Division Highlights

Our Patient Care

Members of the Division provide the only 7-day/24-hour comprehensive on-call coverage for therapeutic endoscopy not only with Capital District but also for the province.

The Division is continuing its collaboration with the District Departments of Diagnostic Imaging, Family Practice, Medicine and Surgery to refine the referral process for digestive care and endoscopy within the District. Clinic space for ambulatory service is limited. Wait time tracking is being standardized and benchmarked to other similar academic gastroenterology divisions.

Our Research

To enhance research output in the era of cost control, the Division has joined our pediatric colleagues from the IWK Health Centre to put in place a single divisional research committee.

Our Education and Teaching

Dr. Steve Gruchy took over from Dr. Dana Farina as program director for the GI Training Program.

Division members are active core members of Department of Medicine and the Faculty of Medicine educational endeavors at undergraduate, postgraduate and continuing professional development levels.

Dr. Desmond Leddin organized a successful Departmental CME event, Medicine Matters, with case-based small group learning on topics that cut across all areas of internal medicine in November 2013.

Our Team

Dr. Dana Farina took over District Endoscopy co-leadership from Dr. Donald McIntosh. Both, together with other Divisional members, are national leaders in the adoption of quality improvement process into gastroenterology endoscopic units and also in teaching and up-scaling of other physicians in their endoscopy techniques.

Congratulations to

Dr. Geoff Williams, recipient of Departmental Excellence in Medical Education award in June 2013.

Dr. Geoff Turnbull, winner of the College of Physicians and Surgeons of Nova Scotia Gold-headed Cane award in February 2014. This award is presented in partnership with Dalhousie Faculty of Medicine honoring a practicing community-based Nova Scotia physician who exhibits outstanding professionalism in medical practice.

Welcome Aboard to

Dr. John Igoe completed gastroenterology residency training in June 2014. He has accepted a part time locum position within our Division at Capital Health for a couple of maternity leaves.

A Fond Farewell to

Dr. Abdulaziz Alhasan completed gastroenterology residency training in June 2014. He has accepted an advanced hepatology and liver transplantation fellowship at the Toronto Hospital, Toronto, ON.

Dr. Jaclyn Flemming also completed her gastroenterology residency training in June 2014. She has since started internal medicine/gastroenterology practice based at the Dartmouth General Hospital, Halifax, NS.

Dr. Colin Struthers completed gastroenterology residency training in June 2013 and an additional one-year advanced training in therapeutic endoscopy focusing on ERCP. He has started internal medicine/gastroenterology practice in Belleville, ON.
Work for Nova Scotia Department of Health & Wellness

Provincial Colon Cancer Screening Program
Division members have been integral to the establishment of the program, ensuring a high quality service for the important screening modality.

Emergency Coverage
Gastroenterologists provide 24 hour, 7-day/week emergency and on-call coverage for patients in the Capital District Health Authority.

Clinical Services

Therapeutic Endoscopy
The Division provides advanced therapeutic endoscopy interventions for Capital District and for the province. The Cobequid Endoscopy Service continues to be a major centre for assessment and endoscopy of patients referred from primary care. There were 1,638 patient registrations to Cobequid in 2013-14.

IBD
The service provides support to physicians around the province who are managing patients with these difficult diseases. There were 1,050 patient registrations in 2013-2014 to nurse practitioners.

Motility
The Gastroenterology Division is the only unit operating esophageal and colonic motility studies in Nova Scotia. 182 procedures were done this year on patients with motility disorders. This helps provide guidance to internists, surgeons and others with regard to management of patients with refractory reflux disease or anal rectal motility disorders.

Nutrition
The division has also taken responsibility for the insertion of percutaneous gastroscopy tubes in patients with ENT and other cancers, who are unable to eat. 27 percutaneous gastroscopy procedures were performed during 2013-14.

Inpatient Services

There have been significant changes to the number of inpatient beds managed by Gastroenterologists. Beds have been reduced from 12 beds in 2006-2008 to 9 beds in 2008-2010. In August of 2010 beds were reduced to 6. Beds are now reduced to 2 and are located on 6B VG site. Most patients are admitted to the Medical Teaching Unit at the HI site.

Figure 1

Hepatology
Inpatient Admissions
QEII Health Sciences Centre, 2009 - 2014

Figure 2

Hepatology
Inpatient Average Length of Stay (Days) by Fiscal Year
QEII Health Sciences Centre, 2009 - 2014
Inpatient Consultations

There were 1,184 inpatient consults reported by gastroenterologists in 2013-14.

Division gastroenterologists provided inpatient and emergency room consultations to the HI and VG sites, the IWK Health Centre and the Dartmouth General Hospital.

Ambulatory Care Clinics

The VG site Gastroenterology staff registered 7,692 clinic visits and 4,318 endoscopy procedure visits. An additional 703 visits for endoscopy procedures performed by GI physicians were registered at the HI site and 1,638 visits at the Cobequid endoscopy clinic.

GI ambulatory care clinics include GI General, GI Liver Transplant, and Endoscopy Procedures. Dr. Turnbull sees patients monthly at the Neurogenic Bowel clinic at the Nova Scotia Rehabilitation Centre.

Clinics

There were 7,228 visits registered in 2013-14. These registrations include GI Division physician’s new patients who have been triaged as C1, C2 and C3 and return visits. There were an additional 1,238 chart checks performed in 2013-14 not reported in the following figures.

34 Neurogenic Bowel registrations are included in the graph below for 2013-14 as well as 356 registrations to Cobequid Community Health Centre.

Figure 5

GI General
New and Return Physician Ambulatory Care Registrations
QEII Health Sciences Centre & Cobequid Community Health Ctr, 2009-2014

<table>
<thead>
<tr>
<th>Year</th>
<th>New</th>
<th>Return</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-2010</td>
<td>2,114</td>
<td>3,307</td>
<td>5,421</td>
</tr>
<tr>
<td>2010-2011</td>
<td>2,377</td>
<td>3,613</td>
<td>6,090</td>
</tr>
<tr>
<td>2011-2012</td>
<td>2,668</td>
<td>4,088</td>
<td>6,756</td>
</tr>
<tr>
<td>2012-2013</td>
<td>2,804</td>
<td>4,603</td>
<td>7,407</td>
</tr>
<tr>
<td>2013-2014</td>
<td>2,437</td>
<td>4,991</td>
<td>7,432</td>
</tr>
</tbody>
</table>

*Includes neurogenic bowel clinic.

Source: STAR Data
Prepared by DOM Information Office
The 9th Floor Endoscopy Unit registered 4,318 visits for GI Medicine physicians.
**Clinic No Show**

The overall ‘No Show’ rate for endoscopy procedures was 2.4% for the year. The overall ‘No Show’ rate for clinic visits by Gastroenterologists including liver was 7.4% for the year. Patients receive reminder calls of their appointment.

**Medical Day Unit**

There were 2,168 GI patient visits registered in the Medical Day Unit in 2013-14.
Distribution of Patients by Age

Figure 16

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-19</td>
<td>19.7%</td>
<td>12.9%</td>
</tr>
<tr>
<td>20-29</td>
<td>22.7%</td>
<td>18.3%</td>
</tr>
<tr>
<td>30-39</td>
<td>10.8%</td>
<td>11.3%</td>
</tr>
<tr>
<td>40-49</td>
<td>10.0%</td>
<td>13.3%</td>
</tr>
<tr>
<td>50-59</td>
<td>6.5%</td>
<td>11.1%</td>
</tr>
<tr>
<td>60-69</td>
<td>3.5%</td>
<td>3.3%</td>
</tr>
<tr>
<td>70-79</td>
<td>0.1%</td>
<td>0.3%</td>
</tr>
<tr>
<td>80-89</td>
<td>0.1%</td>
<td>0.3%</td>
</tr>
<tr>
<td>90+</td>
<td>2.1%</td>
<td>11.4%</td>
</tr>
</tbody>
</table>

Source: SHRM Data
Prepared by DOM Information Office

Distribution of Patients by District

Figure 17

<table>
<thead>
<tr>
<th>District</th>
<th>Registrations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital District</td>
<td>5,550</td>
</tr>
<tr>
<td>Non Capital District</td>
<td>1,149</td>
</tr>
<tr>
<td>Out of Province</td>
<td>129</td>
</tr>
</tbody>
</table>

Source: SHRM Data
Prepared by DOM Information Office

Education

Gastroenterologists provided 2 weeks as attending physician staff for MTU and 35 night/weekend shifts to the Emergency Department.

Undergraduate Medical Education

Gastroenterologists contribute directly to undergraduate education by tutoring, lecturing, clinical demonstrations, evaluation, electives and course development throughout the academic year. The division provided 36 core and elective rotations and over 224 hours of undergraduate education.

Postgraduate Medical Education

36 residents did 4-week rotations in the Gastroenterology Service during the 2013-14 academic year, including 28 Core Internal Medicine residents and 6 external residents, from General Surgery, Radiation Oncology and Radiology.

Division members provided 12 hours of Core Internal Medicine Academic Half Day presentations, 105 hours for CaRMS file review and 8 hours as CaRMS interviewers.

Sub-specialty Medical Education

Drs Alhasan, Fleming and Igoe completed Gastroenterology residency training June 30, 2014.

Dr. Robert Martin passed the Royal College exam in October 2013 and is currently working at Dr. Everett Chalmers Regional Hospital in Fredericton, NB.

Dr. M. Stewart passed the Royal College exam in October 2013 and is currently completing an advanced IBD fellowship at UCLA, Los Angeles, CA.

Dr. Colin Struthers passed the Royal College exam in October 2013, completed a one-year advanced endoscopy fellowship at QEI, Halifax, NS and is currently working in Belleville, ON.

Continuing Medical Education

Gastroenterologists were active in the provision of continuing medical education, with 27 sessions presented to general practitioners, specialists and other trainees in 2013-14.
Research

The Division generated $450,450 in research grants and industry contracts during 2013-14.

6 peer reviewed, 1 non-peer reviewed publications and 6 abstracts were presented at National/International scientific meetings in 2013-14.

Members provided referee and editorial services for 12 journals/granting agencies during 2013-14.

Administration

Gastroenterologists performed the following administrative activities:

- Acting Division Head, including all responsibilities of the position.

Division members act as Directors/Head/Chairs for:

- Director, Education Portfolio
- Program Director, GI Residency Training Committee
- Chair, Practice Affairs Portfolio
- Chair, Quality and Patient Safety Subcommittee (Morbidity and Mortality Committee)
- Chair, Referral Management Subcommittee
- Program Director, Core Internal Medicine Residency Training Committee
- Director, CME Department of Medicine
- Chair, Department of Medicine IT Steering Committee
- Co-Leader, District Endoscopy
- Site Leader, District Endoscopy Operations Committee
- Quality Officer, District Endoscopy Operations Committee
- Medical Director, Inflammatory Bowel Disease Program
- Medical Director, Liver Transplant Team, Atlantic Multi-Organ Transplant Program
- Chair, Nutrition Support Subcommittee, DD&T Committee
- Chair, GI Component, Metabolism & Homeostasis for Med 1
- Director, Laboratory Section, GI Component, Metabolism & Homeostasis for Med 1
- Director, Nutrition Section, GI Component, Metabolism & Homeostasis for Med 1
- Canadian Association of Gastroenterology, SEE Program
- Canadian Association of Gastroenterology, Colon Cancer Guideline Group
- Chair, Canadian Association of Gastroenterology, Colon Cancer Guideline Group
- Co-Chair, CDHF Health Care Provider Conference
- Chair, Cancer Care Nova Scotia Education Committee
- Chair, Canadian Association of Gastroenterology Access to Care Survey
- Director, World Gastroenterology Organization Training Centre
- Chair, Quality & Standards Workgroup, Colorectal Cancer Prevention Program
- President, Canadian Association for the Study of the Liver (CASL)
- Chair, Canadian Standards Association Perfusable Organs for Transplantation Subcommittee
- Chair, Gender and Ethics Committee, Canadian Association of Gastroenterology
- Co-Chair, Canadian Association of Gastroenterology, Scholars Program