

# CMO SMOH Notice for AHS Medical Staff

October 1, 2021

*We would like to recognize that our work takes place on historical and contemporary Indigenous lands, including the territories of Treaties 6, 7 & 8, and the homeland of the Métis. We also acknowledge the many Indigenous communities that have been forged in urban centres across Alberta.*

## This week:

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## [Deadline Approaches to Submit Your Proof of Immunization for COVID-19](#)

The [Immunization of Workers for COVID-19 Policy](#) requires all physicians, employees, medical and midwifery staff, students, volunteers and contracted healthcare providers to be fully immunized for COVID-19 by Oct. 31, 2021.

Healthcare workers have an [ethical and professional](#) responsibility to protect others. Immunization helps us meet this standard. The policy applies to the workforce broadly, including AHS medical staff with privileges in AHS facilities and programs, and AHS midwifery staff.

You must receive the final dose of your vaccine series no later than Oct. 16, 2021, to be considered fully immunized by Oct. 31, 2021. Submit your immunization as soon as you can. See the [Got My COVID-19 Immunization Form](#) for instructions on how to submit your record.

Except where a [workplace accommodation](#) is approved, those who are not fully immunized by Oct. 31, 2021, will be placed on an unpaid Leave of Absence.

**Note: If you submitted using the old form before Sept. 14, you are required to re-submit and provide consent to verify your proof of immunization.**

If you are not an AHS, Alberta Precision Laboratories or Covenant Health employee and you wish to submit a request for exception under the policy, please review the [exception request form](#) and submit to [md.midwife.covidvacc@ahs.ca](mailto:md.midwife.covidvacc@ahs.ca).

Acquiring COVID-19 is much more dangerous than getting the vaccines, which have been proven to be safe and effective in billions of people. Immunization against COVID-19 is an essential component to providing the highest standard of care for all physicians and healthcare professionals.

The AHS [staff FAQ](#) is available for more information. Additional supports and resources can be found on [Insite](#). If you have questions, contact [AHSVaccineTaskForce@ahs.ca](mailto:AHSVaccineTaskForce@ahs.ca).

The CPSA also has the following resources for guidance on exemption requests for patients' vaccination and mask use:

- [Guidance for physicians: requests for COVID-19 vaccination exemptions](#)
- [Patient FAQ: Exemption Requests for Vaccination](#)
- [FAQ: Mask Use Exemption Letters](#)
- [Patient FAQ: Exemption Requests for Mandatory Masking](#)

## **Support for Physicians**

### **Safety Matters: Responding to Exemption Requests**

We know this is an emotional and difficult time, especially on the frontlines of our pandemic response. Many of us have also experienced disrespect and harassment from patients, families and visitors as well as our colleagues while doing our jobs to protect Albertans. Unfortunately, this can include aggressive behaviour towards staff and physicians who are validating immunization status and responding to exemption requests.

We have heard there may be [pressure on our medical staff to grant exemptions](#) and we want to support you.

Physicians are not obligated to provide patients with medical exemptions and will only offer an exemption based on the latest medical evidence from authorities like Alberta Health, Alberta Health Services, the National Advisory Committee on Immunization and the Centers for Disease Control and Prevention. This guidance is now included in the updated AHS FAQ (and captured in the following section of this newsletter, 'Common Questions about COVID-19 Immunization').

How we talk to each other makes a difference. Our [values and competencies](#) guide us during these difficult times. There are also many resources to support you. You can learn about how to talk about [COVID-19 immunizations at work](#) and find more resources on [Change the Conversation](#). Find out how to address [disrespectful behaviour](#) and how to protect yourself from [patient/client harassment or violence](#). If you experience harassment of any kind, report it in [MySafetyNet](#). Please [support each other](#) through this time – we are all people doing our best.

As articulated by the College of Physicians and Surgeons in their [letter to the Profession](#), we must focus on getting as many Albertans vaccinated as soon as possible. Every visit and interaction a physician has with a patient is an opportunity for another Albertan to get vaccinated.

### **Additional resources**

If you are struggling and feel you need support, there are resources available through the [Physician & Family Support Program \(PFSP\)](#).



I (Francois) welcome any feedback by email to [cmo@ahs.ca](mailto:cmo@ahs.ca), and am always open to a chat.

### Common Questions about COVID-19 Immunization

**Q. Is my physician obligated to provide me with a medical exemption?**

A. No. Physicians are highly unlikely to provide patients with an exemption from COVID-19 vaccination. Physicians will only offer an exemption based on the latest medical evidence from authorities like Alberta Health, Alberta Health Services, the National Advisory Council on Immunization and the Centers for Disease Control and Prevention. See the College of Physicians & Surgeons of Alberta (CPSA) [Guidance on COVID-19 Vaccination Exemption Requests](#) and CPSA [Patient FAQ](#).

**Q: I received my immunization outside of Alberta. How will it be added my immunization records?**

A: If you received COVID-19 immunization outside of Alberta or Canada, you can submit this information to be added to your health records through a secure, web-based portal at [ahs.ca/vaccineregistry](https://ahs.ca/vaccineregistry).

Out-of-province or out-of-country immunization records can be submitted on behalf of a child/youth under 18 years of age.

Submitting out-of-province and out-of-country immunization records ensures Albertan's health records are fully up-to-date. It also provides an accurate record of who has been immunized. If someone is unable to access the online portal, a copy of the immunization record can also be brought to an [AHS Public Health Clinic](#).

### Mandatory Vaccination: An Ethics Perspective

Changes in practice and policy are happening across AHS in response to the pandemic, resulting in many ethical questions for all of us who work in the health system. Last week, our [Clinical Ethics Service](#) hosted a lunch and learn on the ethics of mandatory vaccination. They highlighted how healthcare workers have additional obligations, how there will be times when prevention of harm to others can justify curtailing individual liberties, and how those liberties should be curtailed as little as possible when trying to achieve public health goals.

Due to the popularity of this lunch and learn, a recording has been [posted on the AHS website](#) for all interested staff and physicians. The Clinical Ethics Service also authored a guide to help us [navigate ethical challenges in the COVID-19 pandemic](#).

### [Update on the Janssen Vaccine](#)

Some staff are inquiring about the availability of the Janssen (aka Johnson & Johnson) vaccine in Alberta. Earlier this year, Canada received a shipment of Janssen vaccines that were later determined to have been developed at a location that did not pass FDA inspection. Alberta is currently in discussions with the National Operations Centre about potentially requesting a small shipment of doses of Janssen vaccine, when safely available.

### [Changes Made to Protect Access to Hospitals](#)

As announced this week by Premier Jason Kenney in response to province-wide protests held at some of our health care facilities, hospitals and other facilities that provide health services are now subject to the same protection that railways, highways and pipelines under the *Critical Infrastructure Defence Act*.

This law carries punishments for trespassing, interfering with operations and construction, and causing damage. This important step was made to help ensure staff, patients and families all have safe, quick access to the facilities and services they need without added stress and fear over disruption or intimidation by onsite protests. More information, and the full announcement is available on the [Alberta Health website](#).

### [Updated Designated Support Person in Maternity Being Implemented by Monday](#)

To manage the escalating impact of COVID-19 at our hospitals, AHS has made the difficult decision to reduce designated support person in maternity units.

Being implemented across the province by Monday, **one (1) designated support person can be on-site with a patient in the maternity unit**. Prior to this change, two (2) designated support persons were allowed to be on-site at a time with a patient in the maternity unit. One (1) additional designated support person (for the infant) will be considered in cases of adoption or surrogacy if physical distancing permits.

Exceptional circumstances and requests by patients for two (2) designated support persons will be considered by site command posts on a case-by-case basis. We are asking patients to discuss this option with their healthcare teams directly.

We know the importance of designated support during this time, and we understand how difficult this decision is for all involved. This decision was not made lightly. We continue to encourage patients to stay connected with loved ones virtually or by phone, whenever possible. Learn more at [ahs.ca/visitation](https://ahs.ca/visitation).

### [Verna's Weekly Video Message: National Day for Truth and Reconciliation](#)

Each year, AHS marks Sept. 30 as a time to reflect and remember the thousands of Indigenous children who were taken from their families and sent to residential schools. We honour the survivors

and families who continue to feel the impacts of residential schools, and we honour the children who never made it home.

Over the last several months, we have collectively mourned for the hundreds of bodies that have been discovered from the sites of former residential schools all over the country. I recognize that this has been a very heavy time for all Indigenous people in this country, including our Indigenous staff.

This year, Sept. 30, formerly Orange Shirt Day, was renamed National Day for Truth and Reconciliation with the intention to get more Canadians to recognize that Every Child Matters.

In addition to bearing witness to the harms of residential schools, this day is also an opportunity to recognize and honour the strength of Indigenous people, families and communities, and the wisdom of Indigenous worldviews that have persevered.

Joining Verna to talk about National Day for Truth and Reconciliation are:

- Randal Bell, a senior advisor with the Indigenous Wellness Core
- Sherri Di Lallo, a Manager with the Stollery Awasisak Indigenous Health Centre at the Stollery Children's Hospital

Visit [Together4Health](#) to view recordings of events held on National Day for Truth and Recognition. You can learn more about the [Indigenous Wellness Core on Insite](#).

### [One-on-one interview with Dr. Verna Yiu](#)

As we continue to push through wave four of this pandemic, there is increased pressure on our health system and our people. COVID fatigue is real, and many of us are feeling it now, more than ever – especially with all of the pandemic coverage in traditional and social media.

Our CEO is no exception, and this week, Colleen Turner, Vice President of Community Engagement and Communications, (virtually) sits down with Dr. Verna Yiu for [a one-on-one interview](#). Verna speaks to the challenges our people are facing, how she handles the polarizing discussions on public health measures and immunization, and how she keeps moving forward during these unprecedented times.

### [Highlights from the CEO All Staff Update](#)

#### [COVID-19 Case Status in Alberta](#)

Message from Verna: Capacity is in place to deliver critical care to patients

While our hospitals – and in particular, our intensive care units – continue to experience unprecedented patient demand, AHS continues to do all it can to ensure we have enough ICU capacity to meet patient needs.

**AHS is not currently implementing the critical care triage protocol, nor has the protocol been enacted during the COVID-19 pandemic.** The pressure on our ICUs is severe, and AHS is doing all it can to increase capacity so that all patients needing critical care will receive it. This includes opening additional spaces and redeploying staff. As of today (Oct. 1), we have 374 ICU beds open in Alberta, including 201 additional spaces (a 116 per cent increase over our baseline of 173).

Critical care triage will only be implemented if all efforts to increase ICU capacity are exhausted – that has not happened yet.

AHS has opened 13 additional ICU surge spaces in the past seven days. Any patient who requires mechanical ventilation is currently able to receive it.

As of midday today, there were 316 patients in ICU, 263 of whom were COVID-19 positive. More than 90 per cent of all COVID-19-positive patients in our ICUs are either unvaccinated or partially vaccinated (with only the first of the two-dose series administered).

Provincially, ICU capacity (including additional surge beds) is currently at 84 per cent. Without the additional surge spaces, provincial ICU capacity would be 183 per cent.

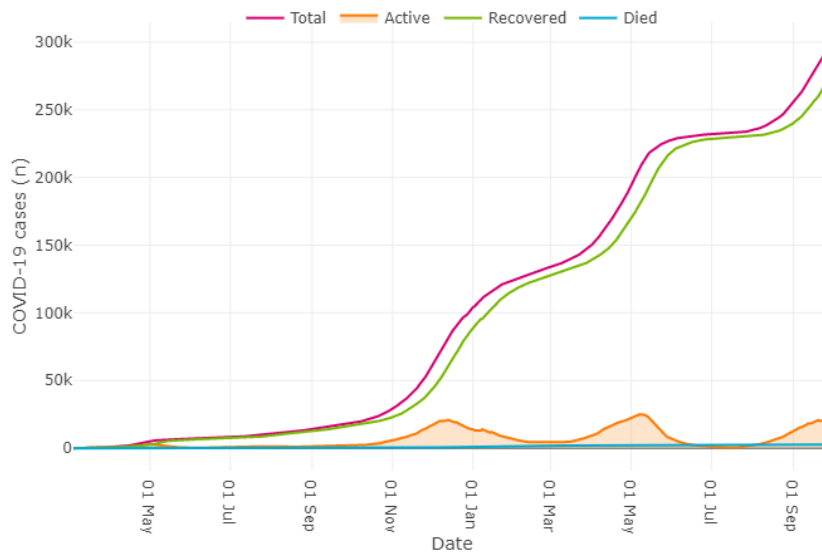
The number of patients in ICU has increased by 3.9 per cent in the past seven days. This increase would be much higher if not for the sobering reality that many ICU patients have passed away. Over the past five days, 109 Albertans with COVID-19 have died, including 34 on Sept. 29 alone, among the highest announced in a single day in the province. We extend our condolences to the families of these individuals, and to all who have lost loved ones from any cause during this time.

I'd like to thank you all for your tireless efforts, and for providing the very best care to patients even though you are frustrated and exhausted. Words aren't enough to sum up how proud I am of all of you.

### New and Active Cases

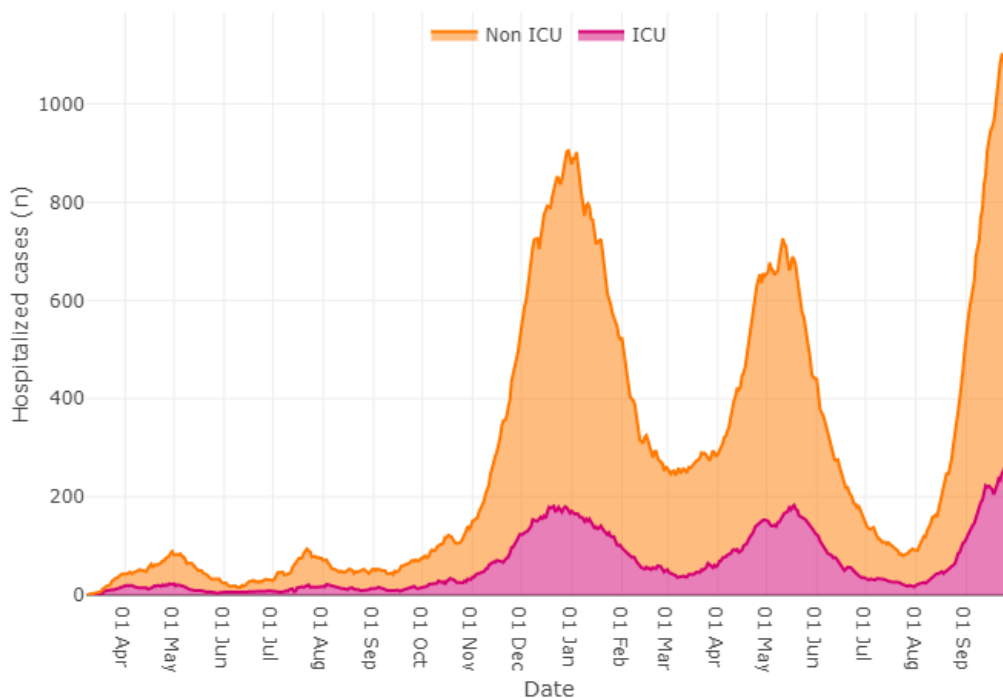
There are currently 20,215 active cases of COVID-19 in Alberta, an increase of less than one per cent compared to Sept. 24 when there were 20,040 active cases.

For the seven-day period ending Sept. 29, there was an average of 1,656 new daily cases of COVID-19, compared to 1,592 for the previous week (Sept. 16-22), a 4.0 per cent increase. New case numbers varied from zone to zone. South Zone reported a 10.3 per cent decrease in new cases compared to last week, whereas North Zone reported an 18.5 per cent increase. Edmonton Zone reported the highest number of new cases over the past week, with 2,814.



## Hospitalizations

A total of 820 individuals were in non-ICU hospital beds with COVID-19 on Sept. 29 compared to 850 on Sept. 22, a one-week decrease of 3.5 per cent. However, a new record high number of individuals in non-ICU hospital beds with COVID-19 was set on Sept. 27 with 865. The previous record was 736 on Jan. 4, 2021.



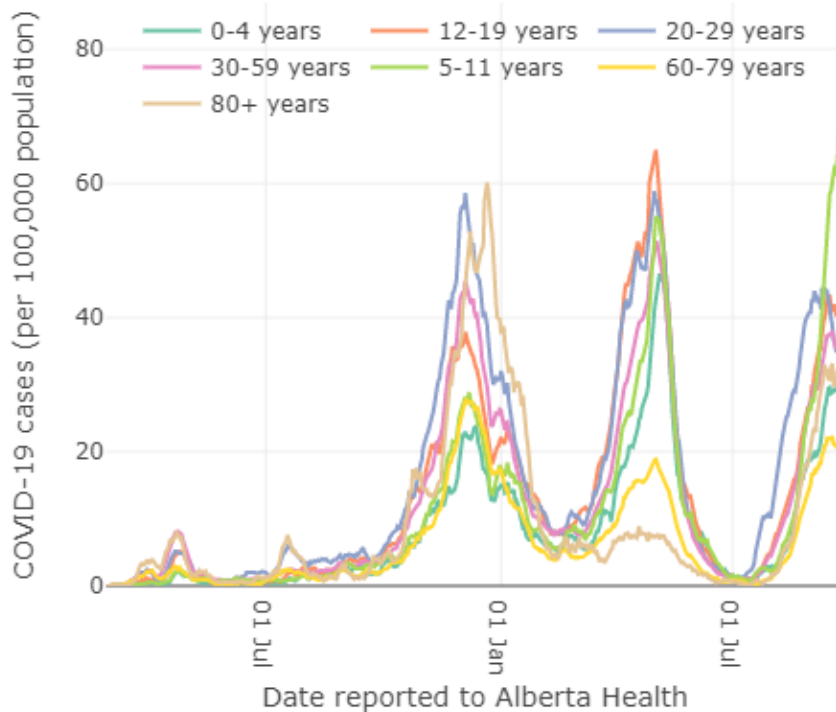
## Cases by age group

As of Sept. 26, children ages five to 11 — who are currently ineligible to receive a COVID-19 vaccine — had the highest seven-day rolling average of new daily COVID-19 cases, with 67.9 cases per 100,000 children. Albertans ages 12 to 19 had the second-highest rate with 40.6 cases per 100,000 people. The more transmissible Delta variant is spreading more easily than previous variants of concern, and it is impacting younger people at higher rates.

To make it easier for eligible children and teenagers to get immunized, we are supporting schools to provide immunizations at temporary in-school clinics. This is open to eligible students in Grades 7 to 12, as well as teachers and staff.

Clinics are running during and after school hours at schools across the province, and we're strongly advising parents to take advantage of this program.

Trends in COVID-19 cases by age group can be seen in the figure below.



### Variants of Concern

With the increase in cases of COVID-19, the lab has moved back to targeted screening of positive samples for strain-typing. From Sept. 21 to Sept. 27, the average percent of positive samples that were strain-typed was 35 per cent. Of those strain-typed, the rolling average was 99.4 per cent Delta variant. Strain-typing takes a number of days and these numbers may change as lab data becomes available.

### Other notable COVID-19-related information:

- As of Sept. 29, a total of 298,172 cases of COVID-19 have been detected in Alberta and a total of 12,739 individuals have been hospitalized, which amounts to 4.3 individuals for every 100 cases. In all, 275,200 Albertans have recovered from COVID-19.
- From Sept. 23 to Sept. 29, 106,525 COVID-19 tests were completed, an average of 15,218 tests per day. During this period, the daily positivity ranged from 9.9 per cent to 12.0 per cent. As of Sept. 29, 5.5 million tests have been conducted and 2.4 million individuals have been tested.
- The R value, also known as the reproduction number, describes the ability of a disease to spread. It tells us the average number of people that someone with COVID-19 will infect. An R value of 1 means an infected person will infect one other person on average. Values below 1 mean transmission is decreasing; above 1, transmission is increasing. The R value is updated every two weeks. From Sept. 13 to Sept. 19, the provincewide R value was 1.04 and the previously reported value was 1.12. The R value for Edmonton and Calgary was 0.97 and 0.94, respectively, while the rest of the province had an R value of 1.15.
- Alberta Health has not resumed school reporting.

### [COVID-19 Immunization Update](#)



## Protective effects of COVID-19 immunization

Vaccines remain one of our most powerful tools in the fight against COVID-19. They are safe, effective and they save lives.

The data below compiled by [Alberta Health](#) on vaccine outcomes shows that immunization will protect most people from getting sick, having to go to the hospital or dying if they get infected with COVID-19.

We hope this data can help inform and support your conversations with patients, clients, family members, friends, loved ones and networks, about the importance and effectiveness of COVID-19 immunization.

Table 6. COVID-19 hospitalization, count and rate (per 100,000 population) in the past 120 days in Alberta by vaccine status Vaccine status category is based on protection as Table 3.

Age group	Fully vaccinated & hospitalized (n)	Fully vaccinated & hospitalized (rate per 100K)	Partially vaccinated & hospitalized (n)	Partially vaccinated & hospitalized (rate per 100K)	Unvaccinated & hospitalized (n)	Unvaccinated & hospitalized (rate per 100K)
Under 12 years	0	0.00	0	0.00	68	0.29
12-29 years	16	2.65	12	1.95	316	103.19
30-39 years	21	4.64	18	29.74	448	221.31
40-49 years	34	7.84	33	8.94	413	310.12
50-59 years	44	10.39	45	147.10	588	607.18
60-69 years	91	22.41	46	232.81	607	1248.65
70-79 years	159	67.55	52	710.87	418	2328.69
80+ years	264	212.59	44	1089.11	255	2116.97

Table 8. COVID-19 ICU admission, count and rate (per 100,000 population), in the past 120 days in Alberta by vaccine status. Vaccine status category is based on protection as Table 3.

Age group	Fully vaccinated & admitted in ICU (n)	Fully vaccinated & admitted in ICU (rate per 100K)	Partially vaccinated & admitted in ICU (n)	Partially vaccinated & admitted in ICU (rate per 100K)	Unvaccinated & admitted in ICU (n)	Unvaccinated & admitted in ICU (rate per 100K)
Under 12 years	0	0.00	0	0.00	12	1.82
12-29 years	2	0.33	0	0.00	47	5.35
30-39 years	0	0.00	1	1.65	90	44.46
40-49 years	11	2.54	9	21.53	111	83.35
50-59 years	7	1.65	12	39.23	193	199.30
60-69 years	19	4.68	13	65.79	207	425.82
70-79 years	16	6.80	11	150.38	112	623.96
80+ years	9	7.25	1	24.75	18	149.43

Table 11. COVID-19 deaths, count and rate (per 100,000 population), in the past 120 days in Alberta by vaccine status. Vaccine status category is based on protection as Table 3.

Age group	Fully vaccinated & died (n)	Fully vaccinated & died (rate per 100K)	Partially vaccinated & died (n)	Partially vaccinated & died (rate per 100K)	Unvaccinated & died (n)	Unvaccinated & died (rate per 100K)
Under 12 years	0	0.00	0	0.00	0	0.00
12-29 years	0	0.00	0	0.00	4	1.31
30-39 years	0	0.00	0	0.00	7	3.46
40-49 years	4	0.92	2	4.78	12	9.01
50-59 years	4	0.94	2	6.54	36	37.17
60-69 years	15	3.69	7	35.43	62	127.54
70-79 years	28	11.90	8	109.36	93	518.11
80+ years	83	66.84	7	173.27	92	763.77

### Reminder: book your second dose as soon as possible

If you received your first dose of the COVID-19 vaccine 28 days ago or longer, you are eligible to book your second dose.

Two doses are required for optimal immunity to COVID-19 and to protect against the Delta variant, the dominant strain of COVID-19 in Alberta.

We need to ensure as many Albertans as possible are fully immunized against COVID-19. Please encourage your families, friends, loved ones and networks to book their second dose as soon as they are eligible. Widespread immunization will help us all return to a more normal way of life, sooner.

If you receive your first or second dose between Sept. 3 and Oct. 14, you may be eligible to receive a \$100 debit card. Learn more about vaccine incentives at [alberta.ca/vaccine](https://alberta.ca/vaccine).

You can book your immunization appointment [online](#) at an AHS clinic or pharmacy, attend a [walk-in clinic](#), contact a [doctor's office](#), or call Health Link 811.

### **Expansion of criteria for third doses**

Last week, the Government of Alberta expanded eligibility for an additional dose of COVID-19 vaccine to more immunocompromised Albertans to align with [recent recommendations made by the National Advisory Committee on Immunization](#).

Individuals with advanced HIV infection and additional patients receiving medications that impact their immune systems are among those now able to get an additional dose of COVID-19 vaccine.

A full list of immunocompromising conditions that qualify for an additional dose at least eight weeks after a second dose is available on the [Alberta Health website](#).

Third doses of COVID-19 vaccine are also available for seniors living in congregate care. These individuals are at the highest risk of severe outcomes and potential spread within congregate living sites.

Additional mRNA doses are available to Albertans who are travelling to a jurisdiction that does not accept visitors who have been vaccinated with Covishield/AstraZeneca or mixed doses.

Eligible Albertans can book an immunization appointment [online](#) at an AHS clinic or pharmacy, attend a [walk-in clinic](#), contact a [doctor's office](#), or call Health Link 811.

### **COVID-19 immunization during pregnancy**

Since September 9, eight more pregnant Albertans have been admitted to ICU due to COVID-19. The situation remains serious in Alberta hospitals.

From July 15, 2021 to September 28, 2021, 14 pregnant individuals have been admitted to ICU due to COVID-19. All were unimmunized.

AHS continues to strongly urge those who are pregnant, trying to become pregnant, or have recently delivered, to get both doses of the COVID-19 vaccine as soon as possible.

Vaccines are safe and effective and they are the best way to protect mother and baby from COVID-19.

Several resources are available (including a **recently updated fact sheet for practitioners**) to support your conversations with patients and clients who are pregnant, trying to become pregnant, or who have recently delivered:

- **Web:** [ahs.ca/vaccinepregnancy](https://ahs.ca/vaccinepregnancy)
- **Updated:** [Alberta COVID-19 Immunization in Pregnancy Factsheet for Practitioners](#)
- [COVID-19 Immunization in Pregnancy](#)
- [COVID-19 and Pregnancy, Birth, and Postpartum and Breastfeeding: Information for Expectant and New Parents Public Health](#)
- **Videos:** [Dr. Sue Chandra on Why COVID-19 Vaccine is Safe During Pregnancy & Dr. Erin Bader on How the COVID-19 Vaccine Protects Mother and Baby](#)

- **Posters:** COVID-19 Vaccines & Pregnancy [8.5x11](#) | [11x17](#)

### **COVID-19 Testing for Healthcare Workers**

Testing data for healthcare workers is reported every two weeks and will return next week.

### **Scientific Advisory Group Rapid Review: Non-pharmaceutical Interventions to Control Community Transmission of COVID-19**

Alberta is experiencing a significant fourth wave of COVID-19 driven by the Delta variant, with expected caseloads and resultant hospitalizations projected to exceed healthcare system capacity without population level interventions. There is a strong need to reduce community transmission across Alberta because the healthcare system will be unable to support this number of COVID-19 patients, and care for patients with other conditions is being severely impacted.

Alberta Health Services' (AHS) Scientific Advisory Group (SAG) conducted a rapid review of the evidence supporting various non-pharmaceutical interventions (NPI) (e.g., community masking, event-size restrictions, etc.) to reduce transmission of COVID-19.

NPIs with a moderate to high effect have been documented to reduce the R value, a measure of transmission, by up to one third, and consequently decrease downstream cases. The timing of measures and population adherence to them impact effectiveness. From the existing evidence, certain measures appeared more likely to be effective:

- The most effective strategies included restricting gathering sizes (including business and restaurant settings and social gatherings), event sizes, and broader lockdown/stay at home orders which include the preceding measures.
- Moderately useful strategies include masking and symptom screening as a part of “bundles” of interventions, but given the nature of the evidence, it is difficult to determine their effectiveness as single measures.
- Vaccination as a strategy has not been compared to NPIs (country-based NPI data is pre-COVID-19 vaccination) but on the basis of effect size and experience in highly vaccinated populations, vaccination is the dominant control measure.
- Experience and evidence suggests NPIs will be needed to control transmission until sufficient vaccination rates are reached to provide population protection, and that NPIs can more quickly control a significant pandemic wave.

This situation is serious, and we would like to remind all Albertans that we need their help in reducing the transmission of COVID-19 in the community, which in turn will reduce strain on the healthcare system.

We strongly urge all eligible Albertans to get immunized as quickly as possible, which is your best defense against a severe outcome from COVID-19.

[For more information, please see the rapid review.](#)

### **MD Culture Shift**

**MD Culture Shift Newsletter:** The October edition will be featured in the October 8 issue of the CMO Update

**Reminder: Leadership Development**

Provincial Medical Affairs is pleased to sponsor the following virtual Physician Leadership Institute (PLI) courses for 2021/2022:

- Coaching for Excellence – Nov. 8-10: 8 a.m.-12 p.m. MST each day
- Leading Change – Dec. 8-9: 9 a.m.-3:30 p.m. MST each day.
- Building and Leading Teams – Jan. 19-20, 2022: 9 a.m.-3:30 p.m. MST each day.
- Leadership Strategies for Sustainable Physician Engagement – Feb. 17 & 24, 2022 (two Thursdays) - Day 1, 9 a.m.-4 p.m. MST and Day 2, 9 a.m.-3:30 p.m. MST.
- Talent Management for Exceptional Leadership - TBA

To register, email: [ProvMAProfDevelopment@ahs.ca](mailto:ProvMAProfDevelopment@ahs.ca)

### [Doctor of the Week](#)

*Doctor of the Week shows the people, faces and stories of the physicians caring for patients across Alberta Health Services. Physicians for this feature are nominated by their colleagues. Contact [cmo@ahs.ca](mailto:cmo@ahs.ca) to nominate a physician to be featured here.*

### [Calgary ICU Patient Talks about His Experience](#)

We'd like to share something you might be interested in seeing and hearing: 46-year-old Calgary man, Bernie Cook, shares his story of contracting COVID-19 and being intubated in an ICU for almost two weeks. He admits he was once vaccine-hesitant but now encourages others to get vaccinated.

[Watch him tell his story](#) or hear him on [CBC Radio's Calgary Eyeopener](#).

## **Beyond COVID-19**

### **Updated process for ordering knee MRI exams for osteoarthritis starts Monday, Oct. 4 in the Edmonton Zone**

Diagnostic Imaging is working with physicians to increase the appropriateness of referrals for the investigation of knee osteoarthritis. This collaborative effort will ensure MRI exams are timely, evidence-based, beneficial and improve patient outcomes.

Osteoarthritis is a common reason for MRI requests despite recommendations against this practice, as it rarely provides useful information to guide the diagnosis or treatment of a patient's condition that is moderate or anything more severe.

Starting Monday, Oct. 4 in the Edmonton Zone, the Diagnostic Imaging intake process will promote compliance with the Choosing Wisely Canada recommendations, for patients 55 years of age and older. The project is based on a successful pilot in the Calgary Zone and will be implemented broadly at all MRI sites in the Edmonton Zone. Central, South and North Zones will be implemented at a later date.

Please [read the full Alberta Medical Association letter](#) to physicians from W.W. (Bill) Anderson, MD, FRCPC, Provincial Clinical Medical Director, Diagnostic Imaging and Peter Froese, Senior Operating Officer, Diagnostic Imaging, Alberta Health Services.

This project is a collaborative effort between AHS Diagnostic Imaging Services, Primary Care Networks, Bone & Joint Health Strategic Clinical Network, Bone and Joint Health Institute, Physician Learning Program, Alberta Medical Association and Alberta Society of Radiologists. We look forward to collaborating with all leaders and teams as we work towards improving health outcomes and experiences.

You can email [DIClinicalAppropriateness@albertahealthservices.ca](mailto:DIClinicalAppropriateness@albertahealthservices.ca) with any questions or concerns.

*This project is part of [Right Care Alberta](#), an initiative focused on clinical appropriateness, shared decision-making, minimizing variations in care and following [Choosing Wisely Canada](#) recommendations. [Choosing Wisely Canada](#) is the national healthcare voice for reducing unneeded treatments and tests.*

## **Drop the Pre Op: Updated provincial process for performing preoperative chest x-rays**

In support of AHS' commitment to providing the most appropriate care for Albertans, Diagnostic Imaging, the Surgery Strategic Clinical Network and the Alberta Medical Association have a goal to reduce the number of chest x-rays performed as part of routine surgical practices.

Based on this knowledge, and after extensive research and consultation, AHS is aligning with the following Choosing Wisely Canada principles:

- **Anesthesiology:** Baseline chest x-rays in asymptomatic patients should not be conducted, except as part of surgical or oncological evaluation.
- **General Surgery:** Routine preoperative chest x-rays and baseline laboratory studies, such as complete blood count, metabolic panel, or coagulation studies, should not be obtained in patients undergoing low-risk surgery with no significant systemic disease (ASA I or II) and the absence of symptoms.
- **Internal Medicine:** Routine preoperative testing (such as chest x-rays, echocardiograms or cardiac stress tests) for patients undergoing low risk surgeries should not be performed.
- **Nurse Practitioner:** Orders for screening chest x-rays in asymptomatic patients should not be conducted.
- **Medical Radiation Technology** are encouraged to engage patients in conversations to help in this transition of care. They should speak with other members of the healthcare team to address any discrepancies with an imaging request.

Please review [recent communication](#) from the AMA to its members. You can email [DIClinicalAppropriateness@albertahealthservices.ca](mailto:DIClinicalAppropriateness@albertahealthservices.ca) with any questions or concerns.

*This project is part of [Right Care Alberta](#), an initiative focused on clinical appropriateness, shared decision-making, minimizing variations in care and following [Choosing Wisely](#) recommendations.*

### **Additional Resources for Physicians:**

- [Acute Care Outbreak Prevention & Management Task Force](#)
- [AHS Immunization Information](#)

- [AHS Virtual Health](#)
- [COVID-19 FAQ for Clinicians](#)
- [COVID-19 Resources for Community Physicians](#)
- [COVID-19 Testing and Self-Isolation Criteria](#)
- [CPSA's Physician Portal](#)
- [Cumming School of Medicine Continuing Medical Education \(CME\) Resources](#)
- [Government of Alberta Vaccination Updates](#)
- [How to Access AHS Insite and Email](#)
- [How to do a Nasopharyngeal \(NP\) Swab](#) (New England Journal of Medicine)
- [IPC Emerging Issues](#)
- [Online Healthcare Worker Self-Assessment Tool](#)
- [Physician & Family Support Program](#) - 1-877-SOS-4MDS (767-4637)
- [Physician Wellness Educational Resources: Well Doc Alberta](#)
- [Spectrum](#): A mobile app customized to deliver local antimicrobial stewardship guidelines, resistance data, dosing information, and AHS COVID-19 related content.
- COVID-19 Questions? Contact your local Zone Emergency Operations Centre (ZEOC):
  - [ZEOC.South@ahs.ca](mailto:ZEOC.South@ahs.ca)
  - [ZEOC.Calgary@ahs.ca](mailto:ZEOC.Calgary@ahs.ca)
  - [ZEOC.Central@ahs.ca](mailto:ZEOC.Central@ahs.ca)
  - [ZEOC.Edmonton@ahs.ca](mailto:ZEOC.Edmonton@ahs.ca)
  - [PCH.ZEOCNorth@ahs.ca](mailto:PCH.ZEOCNorth@ahs.ca)

#### For more information

- Visit the [COVID-19 Healthcare Professional information page](#) on the AHS website for more information.
- Additional updates and information are being shared through the [College of Physicians & Surgeons of Alberta \(CPSA\)](#).

*This update is intended to provide a summary of the key action items, information and decisions for AHS Medical Staff in relation to clinical policies and practices, and for the COVID-19 pandemic response. It is forwarded to physicians' preferred email inbox.*

*Do you have COVID-19 questions, information, or a physician or team who have gone above and beyond during the pandemic, that you would like to see covered in an upcoming edition of the COVID-19 CMO update? Let us know at [CMO@ahs.ca](mailto:CMO@ahs.ca).*

Sincerely,

#### **Dr. Francois Belanger**

Chief Medical Officer and Vice President, Quality

#### **Dr. Laura McDougall**

Senior Medical Officer of Health

