

# CMO SMOH Notice for AHS Medical Staff

February 4, 2022

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 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.*

**Request for feedback:**

- *Are these updates helpful?*
- *Do you have questions or information that isn't covered here that you would like to see, or know more about?*
- *Do you know a physician or team who have gone above and beyond during the pandemic, that you would like to see covered in an upcoming edition?*

Let us know at [CMO@ahs.ca](mailto:CMO@ahs.ca).

**This week:**

- Support for Physicians
- MD Culture Shift
- Doctor of the Week
- Highlights from the CEO All Staff Update
  - COVID-19 Case Status in Alberta
  - COVID-19 Updates and New Information You Need to Know
    - Visitation exemption for designated support persons of obstetrical patients
    - Designated support persons and visitors can now wear their own N95 or KN95 mask
    - Change in Omicron incubation period and quarantine for close contacts
    - Autodialer to help triage healthcare workers who test positive for COVID-19
    - APL collaboration to speed medical technologies to market
  - COVID-19 Immunization Update
  - COVID-19 Testing for Healthcare Workers — the Latest Numbers
  - Influenza Immunization Update
  - Verna's Weekly Video Message: Creating Capacity in EMS
- Beyond COVID-19
  - Family Physician Shares Thanks to AHS EMS Team
  - Provincial Controlled Substances Policy Suite
  - AHS-Funded Physiotherapy for Albertans in Edmonton & Calgary and Surrounding Areas
  - AHS Survey: Physicians' Perception of Pharmacists Prescribing Opioids and Controlled Substances
  - Your Voice Matters – Malnutrition Survey
  - February is Black History Month
- Additional Resources for Physicians

## Support for Physicians

### *Physician Wellness*

Moral distress is a psychological response to an experience of moral conflict or moral constraint, which is especially likely to occur during public health emergencies and in other situations when there are extreme resource limitations affecting patient care and the safety of health care workers (from the CMA document: COVID-19 and Moral Distress). All physicians may be at risk of moral distress.

MD Culture Shift is looking for your help to proactively identify physicians on your teams who may be at an increased risk of experiencing moral distress, with a focus on providing emotional support.

The [Physician & Family Support Program \(PFSP\)](#) continues to offer services on an individual basis that you can access by calling the assistance line at 1-877-767-4637.



### **The Physician & Family Support Program**

The PFSP is offering small group sessions with a qualified therapist. A group would consist of six to 12 physicians (e.g., from the same team or department) with a qualified therapist. Sessions could be virtual or in-person. Physician leaders interested in this option for their teams should call the PFSP assistance line at 1-877-767-4637 for further discussion.

### **Well Doc Alberta**

Well Doc Alberta is offering an educational session of approximately 60 minutes in length. Questions about or requests for the session are submitted by the physician leader via email to [welldocalberta@ucalgary.ca](mailto:welldocalberta@ucalgary.ca).

Before organizing an educational or small group session, we suggest that leaders communicate with their teams to provide direct support and to gauge interest in attending a session. We recognize that many physicians are experiencing fatigue and burnout and may not have the capacity for another time commitment.

Some additional resources:

- [Moral Distress](#) (Insite login required), AHS Change the Conversation resource
- [The Long Shadow of Covid](#), Well Doc Alberta
- [The Repair of Moral Injury](#), Cleveringa Dallaire [Critical Conversation Series](#)
- [Covid-19 and Moral Distress](#), Canadian Medical Association
- [Pandemic Wellness Toolkit](#), Canadian Medical Association

## **MD Culture Shift**

**NEW** - Check out the February edition of the [MD Culture Shift Newsletter - Issue 11 Feb 2022](#)

## **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. Please provide the nominee's full name and email address.*

### **Call for women physician nominations**

March 11 is Canadian Women's Physician Day. We encourage you to nominate a women physician that you would like to recognize. Email your nomination to [CMO@ahs.ca](mailto:CMO@ahs.ca).



This week's Doctor of the Week is Helen Steed.

Dr. Steed is a gynecologic oncologist and Zone Clinical Department Head of Oncology. In practice almost 17 years, she operates on women with gynecologic malignancies and her specialty is trained to provide chemotherapy and medical treatments for women with gynecologic cancers.

"I appreciate the full spectrum of both surgery and oncologic treatments we offer within my field. I can do minimally invasive surgery using the da Vinci robot where patients go home the same day, yet I also do major laparotomies for masses that are bigger than a

basketball sometimes."

Building relationships with patients and seeing their care through from beginning to end is an incredibly important component of Dr. Steed's work.

"Since we both operate and give chemotherapy, we do get to meet patients at initial diagnosis, operate, and be involved in their entire cancer journey."

As a member of the dynamic field of gynecologic oncology, Dr. Steed has been part of a number of unique accomplishments throughout her career, most recently, by helping women take steps to improve their surgery outcomes.

"Our team was thrilled to establish a pre-operative weight loss clinic for obese women with gynecologic malignancies. We received grant funding to study outcomes and observe the positive outcomes for patients being able to optimize their weight prior to cancer surgery."

While improving Albertans' healthcare experiences is incredibly motivating, a major driver in Dr. Steed's work also comes from the positive relationships she shares with her colleagues and the deep respect she has for their work.

"I feel rewarded working with such an incredible team. We have created an amazing, supportive and dependable team with a shared philosophy of wanting to provide compassionate, excellent patient care, and ensure that we maintain our own personal wellness and are thriving too."

In her spare time, Dr. Steed lives by a 'work hard, play harder' philosophy.

"Raising three active sons keeps me fit for sure. I love anything active in our beautiful Rockies, and can often be found flying down a mountain on my skis or mountain bike."

From us and your teams, thank you, Dr. Steed, for being an inspiration to your colleagues.

### **Highlights from the CEO All Staff Update**

## COVID-19 Case Status in Alberta

### **ICU Capacity Update**

AHS continues to do all it can to ensure we have enough ICU capacity to meet patient demand.

We will ensure that we maintain ICU capacity above daily demand to a planned maximum of 380 beds as long as staff and physician availability allows.

We currently have 241 general adult ICU beds open in Alberta, including 68 additional spaces above our baseline of 173 general adult ICU beds. There are currently 201 patients in ICU.

Provincially, ICU capacity (including additional surge beds) is currently at 83 per cent. Without the additional surge spaces, provincial ICU capacity would be at 116 per cent.

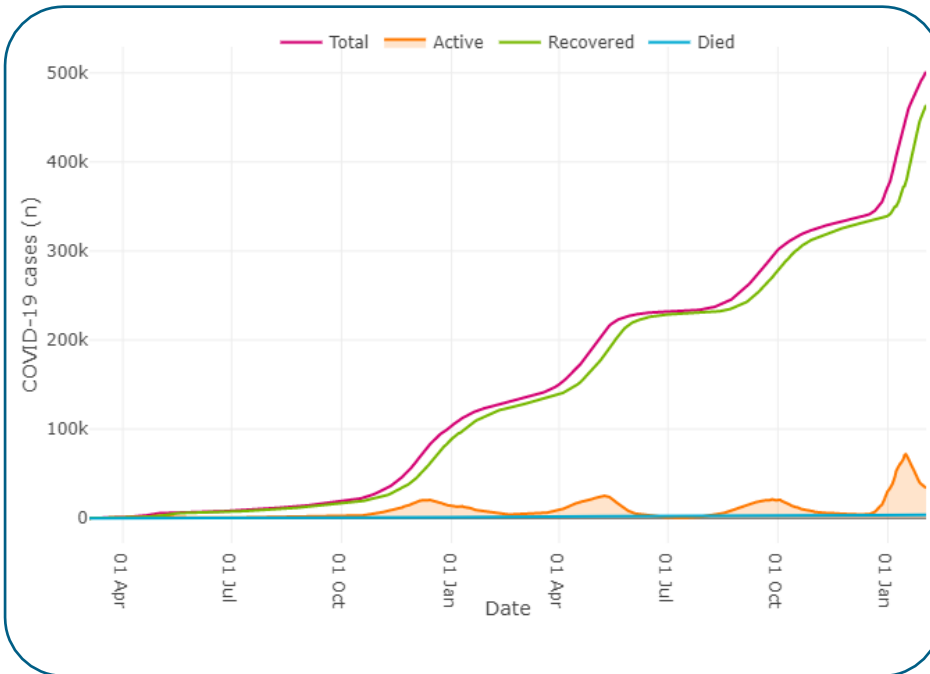
- In Calgary Zone, we currently have 91 ICU beds, including 25 additional spaces. Calgary Zone ICU is operating at 85 per cent of current capacity (including 40 COVID-19 patients in ICU).
- In Edmonton Zone, we currently have 96 ICU beds, including 24 additional spaces. Edmonton Zone is operating at 91 per cent of current capacity (including 48 COVID-19 patients in ICU).
- In Central Zone, we currently have 18 ICU beds, including six additional spaces. Central Zone ICU is operating at 56 per cent of current capacity (including six COVID-19 patients in ICU).
- In South Zone, we currently have 24 ICU beds, including seven additional ICU spaces. South Zone ICU is currently operating at 75 per cent capacity (including 11 COVID-19 patients in ICU).
- In North Zone, we have 12 ICU spaces (split between Grande Prairie and Fort McMurray), including six additional ICU spaces. North Zone ICU is currently operating at 75 per cent capacity (including five COVID-19 patients in ICU).

### **New and Active Cases**

As of Feb. 2, there are 33,879 active cases in Alberta, a 23.5 per cent decrease compared to Jan. 26. Three of five zones reported a decrease in active cases, compared to the last report, as shown in the table below.

	<b>Active Cases (as of Feb. 2)</b>	<b>Active Cases (as of Jan. 26)</b>	<b>Per cent Change</b>
<b>Calgary</b>	13,771	20,779	-33.7%
<b>Edmonton</b>	10,415	14,219	-26.8%
<b>North</b>	2,918	2,560	14.0%
<b>Central</b>	3,633	3,675	-1.1%
<b>South</b>	2,741	2,563	6.9%
<b>Unknown</b>	401	505	-20.6%
<b>Overall</b>	33,879	44,301	-23.53%

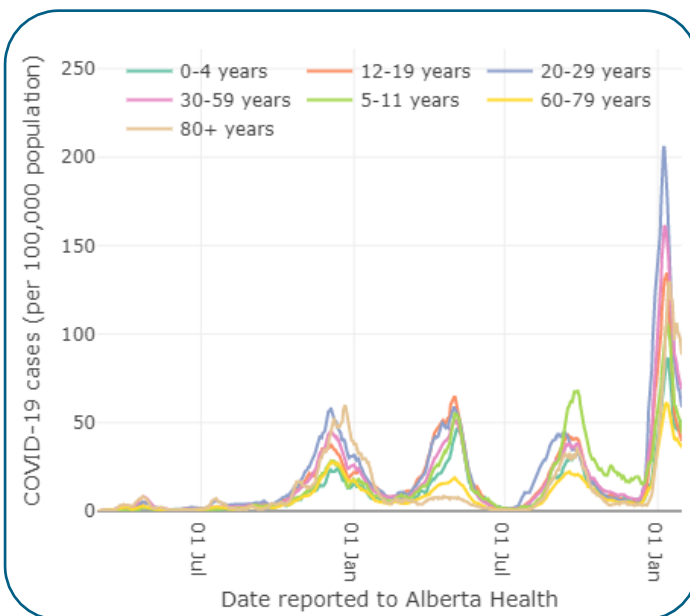
For the seven-day period ending Feb. 2, there was an average of 2,499 new cases of COVID-19 per day, compared to 3,083 cases per day the previous reporting period (Jan. 20 to Jan. 26), an 18.9 per cent decrease. The Calgary Zone reported the highest total number of new cases with 7,285 (an average of 1,041 new cases per day).



Please note: We know these data underestimate the number of people with COVID-19 across the province, and changes in testing eligibility make it difficult to compare cases week over week.

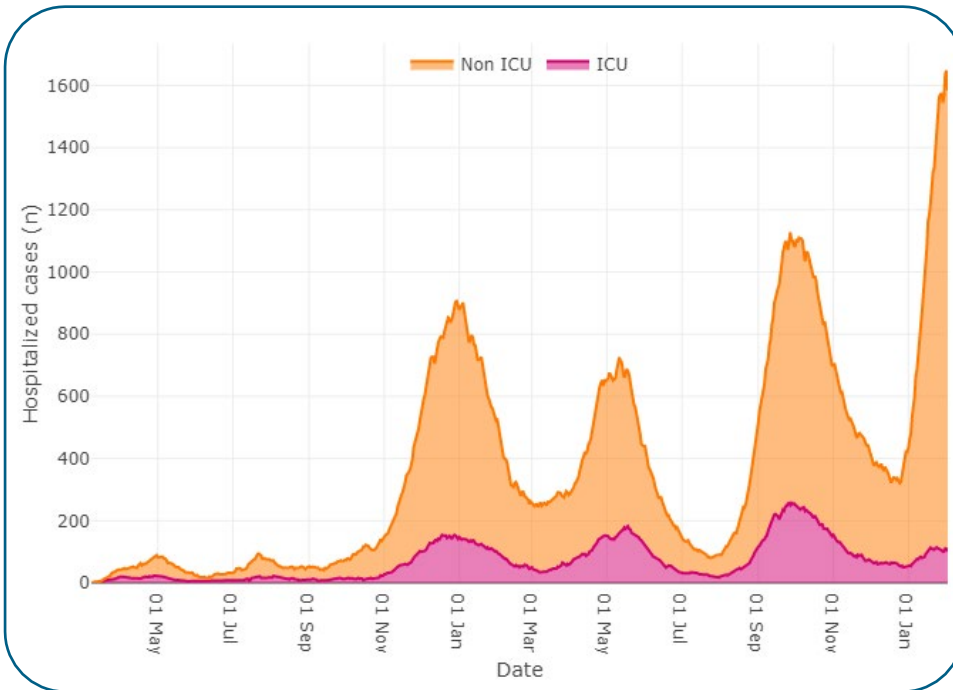
### Cases by Age Group

As of Jan. 30, Albertans aged 80+ have the highest seven-day rolling average rate of new daily COVID-19 cases, with 88.29 cases per 100,000 people. Albertans aged 30-59 had the second-highest rate with 68.86 cases per 100,000 people, followed by those aged 20 to 29 with 58.71 cases per 100,000 people. Targeted testing will affect age groups differently. Trends in cases in Alberta by age group are in the figure below:



### Hospitalizations

A total of 1,472 individuals were in non-ICU hospital beds for COVID-19 on Feb. 2, compared to 1,452 individuals in non-ICU hospital beds on Jan. 26, a 1.4 per cent increase.



As of Feb. 2, 3,608 individuals have passed away from COVID-19, including 90 deaths since the last report. We extend our condolences to the families of these individuals, and to all who have lost loved ones from any cause during this time.

### Variants of Concern

Targeted screening for variants of concern resumed on Dec. 23, 2021. For variants of concern, from Jan. 25 to Jan. 31, the average percent of positive samples that were strain-typed was 56 per cent. Of those strain-typed the rolling average was 93.9 per cent Omicron variant, 0.1 per cent Delta variant, and 5.9 per cent wild type or presumptive variant. Strain-typing takes a number of days and these numbers may change as lab data becomes available.

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

- Alberta Health is providing the proportion of new hospital admissions that are due to COVID-19, as compared to admissions because of other causes, online at [alberta.ca/covid](https://alberta.ca/covid). Data from the last seven days indicate approximately 41 per cent of new admissions to non-ICU spaces are due to COVID-19 infection directly, about 22 per cent had COVID-19 as a contributing cause and about 37 per cent are cases where the infection was not determined to be a cause of admission, or where it was not possible to determine. For ICU, the percentage of new admissions due to COVID-19 directly was about 41 per cent; about 32 per cent had COVID-19 as a contributing cause and about 27 per cent were incidental infections or unclear.
- As of Feb. 2, a total of 501,347 cases of COVID-19 have been detected in Alberta and a total of 19,064 individuals have ever been hospitalized, which amounts to 3.8 individuals for every 100 cases. In all, 463,860 Albertans have recovered from COVID-19, meaning they are no longer considered contagious.
- From Jan. 27 to Feb. 2, 48,168 COVID-19 tests were completed, a seven-day average of 6,881 tests per day. During this period, the daily positivity ranged from 32.16 per cent to 40.44 per cent. As of Feb. 2, a total of 6,767,946 tests have been conducted and 2,713,515 individuals have ever been tested. COVID-19 testing eligibility has changed recently to accommodate the demand due to the increase in cases.
- 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 Jan. 24 to Jan. 30 the province-wide R value was 0.88 and the previously reported value was 1.00.

## **COVID-19 Updates and New Information You Need to Know**

### ***Visitation exemption for designated support persons of obstetrical patients***

A designated support person is an important support for obstetrical patients during their stay and AHS does all it can to ensure they can be accommodated. This is a critical part of our approach to patient-centred care.

AHS has reduced restrictions for designated support persons of obstetrical patients. The exemption allows site access for asymptomatic designated support persons who are close contacts of a confirmed or probable case of COVID-19.

If a support discloses that they have been in close contact with a positive or probable case of COVID-19 prior to arrival on site, they will be permitted to enter to support the patient (provided they meet other screening criteria).

This exemption will make it possible for more patients to have their preferred person available to provide support during labour and to be present at birth.

Sites with outbreaks or on-watch situations may have additional restrictions. We encourage those who want to support a patient to make arrangements early with the care team.

Our aim is to balance the needs of our patients and ensure they have support during their stay in hospital, while protecting our staff from illness so they can be there when Albertans need them.

Learn more at and at [ahs.ca](https://ahs.ca).

### ***Designated support persons and visitors can now wear their own N95 or KN95 mask***

Personal Protective Equipment (PPE) is critical to the health and safety of staff, visitors and those in our care. To support their protection, continuous masking is required at AHS sites.

Designated support persons and visitors may now wear their own KN95 or N95 mask on site, provided the mask is clean. However, those supporting a COVID-19-positive or suspected COVID-19 positive patient may be provided with a best-fit KN95, or procedure mask.

AHS sites will continue to provide procedure masks and additional measures, including hand sanitation and COVID-19 screening, will remain in place, regardless of the type of mask worn.

### **Providing PPE to designated support persons of COVID-19 patients**

As a patient-centred organization, we believe that a designated support person is an important part of the patient's care team.

We recognize that KN95 and N95 masks are not currently available to every staff member. However, the decision to provide KN95 masks to designated support persons of COVID-19-positive patients acknowledges the high risk of transmission in these settings. Enhanced PPE requirements for designated support persons protect not only the individual, but also staff, patients and others on site.

More information is available at [ahs.ca/visitation](https://ahs.ca/visitation) and through AHS' [PPE Directive](#).

### ***Change in Omicron incubation period and quarantine for close contacts***

As [Alberta Health](#) announced yesterday, current evidence indicates that Omicron has a shorter incubation period than previous variants. Given that Omicron is the predominant strain of COVID-19 in the province, overall provincial guidance will be shifting to use of a 10-day incubation period. As such:

- People with a close contact exposure to COVID-19 will now be told to monitor for symptoms for 10 days instead of 14.
- Unimmunized household close contacts of a confirmed case will be recommended to stay home and away from other people (i.e. not attend work, school or other activities) for 10 days instead of 14.
- Outbreaks that are currently open for two incubation periods will be open for 20 days instead of 28.

Household contacts and other close contacts should continue to monitor for symptoms of COVID-19 and if they develop symptoms, isolate right away and use the [AHS COVID-19 Assessment & Testing Tool](#) for advice on managing mild symptoms, to help decide if you should talk to someone about your symptoms, and to determine whether you need to be tested for COVID-19.

This change is effective immediately and applies to all Albertans, including Continuing Care. AHS guidance will be updated in the coming days. Please use all existing guidance until updates are complete. There will be no immediate changes to acute care patient-related recommendations. However, these recommendations are under continuous review and updates will be provided as needed.

At this time, federal quarantine requirements that use a 14-day incubation period will stay as is.

#### ***Autodialer to help triage healthcare workers who test positive for COVID-19***

Workplace Health and Safety is implementing an autodialer system to build more capacity for our Occupational Health Nurses to support the assessment of those healthcare workers who test positive for COVID-19. You may get a call from the autodialer to answer questions about your positive COVID-19 infection.

The goal is to identify those who worked during their infectious period or may have contracted COVID-19 in the workplace. If you are identified as an occupational case, the autodialer will provide information about the next steps.

If you have questions about when you can return to work, please see the COVID-19 [Return To Work Decision Chart](#) found on Insite. For more information, see the [COVID-19 Staff Frequently Asked Questions](#).

#### ***APL collaboration to speed medical technologies to market***

A lab dedicated to helping Alberta innovators bring new medical technologies to market faster will be a welcome addition to Alberta Precision Laboratories' Diagnostic and Scientific Centre (DSC) in Calgary, thanks to support from the Government of Alberta announced this week.

The DSC will host one of three labs that will be developed in Calgary and Edmonton by APL and DynaLIFE Medical Labs where researchers can work with licensed and accredited medical and scientific staff to test new diagnostic technologies. The Alberta Diagnostics Ecosystem Platform for Translation (ADEPT) program will receive \$3 million in funding over the next three years from [Alberta Innovates' Health Innovation Platform Partnerships \(HIPP\) program](#).

With lab tests being crucial to most healthcare decisions, any improvements to laboratory medicine through innovation directly benefit patients through greater precision, more convenience and faster turnaround times for results. Congratulations to APL's medical-scientific team for helping to bring the ADEPT program to life.

Learn more on the [APL website](#).



### ***Rapid test distribution update***

The Government of Alberta (Alberta Health) has undertaken a new process for distributing COVID-19 rapid test kits across the province. Shipments of the rapid test kits are out for delivery, including 475,000 tests to First Nations communities; 1,775,520 tests to pharmacies in Calgary, Edmonton and Red Deer; and 891,000 tests to AHS locations this week.

Kits are available on a first-come, first-served basis, and are being distributed throughout the province to make supplies available to Albertans all over Alberta. Alberta Health is continuing to work with the federal government to secure additional rapid test kit supplies, as quickly as possible. If a specific location does not have kits available, Albertans are encouraged to [look online](#) for additional locations.

As a reminder, you can pick up kits on behalf of a friend or family member provided you have their Alberta Health Care card information.

The plan is to eventually transition rapid test distribution from AHS sites to pharmacies outside of Edmonton, Calgary and Red Deer, as supply and distribution capacity permits.

### **COVID-19 Immunization Update**

#### ***Fourth doses for eligible immunocompromised Albertans 18+***

Fourth doses of the COVID-19 vaccine are available for people who are [severely immunocompromised](#) 18 years of age and older. A fourth dose is recommended a minimum of five months after the third dose. Fourth doses have not been approved for immunocompromised youth ages 12 to 17, but these youth continue to be eligible for third doses.

#### ***Get your third dose as soon as possible***

The Moderna and Pfizer vaccines are both in good supply at this time and offer a high level of protection against severe outcomes from COVID-19.

Albertans aged 18 and older who received their second COVID-19 vaccine at least five months ago should book a third dose as soon as possible.

Book appointments for third doses [online](#), by calling or walking into your local pharmacy, or calling Health Link at 811. In addition, there are some family physicians offering vaccines in their clinics.

#### ***Vaccine rollout to ages five to 11 continues***

As of Feb. 1, 45.5 per cent of children aged five to 11 have received one dose of the COVID-19 vaccine and 14.5 per cent have received two doses.

Children aged five to 11 who received their first COVID-19 dose eight weeks ago are eligible for a second dose. Book second dose appointments [online](#) or by calling Health Link at 811.

Evening and weekend appointments are available at clinics to accommodate family schedules. Please check [ahs.ca/vaccine](https://www.ahs.ca/vaccine) for more information.

We strongly urge all parents/guardians to book their child in for whichever dose they are eligible for, as soon as possible.

Emerging evidence suggests longer intervals between the first and second dose result in a more robust immune response and higher vaccine effectiveness. However, parents/guardians can book a second-dose appointment before the recommended eight weeks if their child is immunocompromised or if a second dose is required for travel. The absolute minimum spacing between doses is 21 days.

More information is available at [COVID-19 Immunization for Children Under 12 – FAQ](#) and at [ahs.ca/vaccinekids](https://www.ahs.ca/vaccinekids).

### ***Get immunized after COVID-19 infection***

There is no mandatory waiting period between having COVID-19 disease and being immunized; however, if you've had COVID-19, you must wait until you have completed your required [isolation period](#) and are feeling better before getting the vaccine, or your next dose.

Some medicines can affect the way your immune system responds to vaccines. People who take medicines that affect their immune system, or had medicine to treat their COVID-19 infection, should check with their doctor about when to get immunized.

For an overview of current evidence, general recommendations and clinical considerations, see [Information on Immunization after COVID-19 Infection](#) from Alberta's Chief Medical Officer of Health.

### **COVID-19 Testing for Healthcare Workers — the Latest Numbers**

We continue to update the testing data for healthcare workers. These statistics provide the total number of AHS and Alberta Precision Laboratories (APL) employees and physicians tested, including a breakdown of the number of positive tests and those who have been confirmed to have been exposed in the workplace. The testing data does not include rapid antigen test results for healthcare workers.

As of Feb. 1:

- 92,311 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 19,541 (or 21.17 per cent) have tested positive.
- Of the 7,777 employees who have tested positive and whose source of infection has been determined, 719 (or 9.25 per cent) acquired their infection through a workplace exposure. An additional 11,880 employees who have tested positive are still under investigation as to the source of infection.
- 6,423 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 862 (or 13.42 per cent) have tested positive.
- Of the 315 physicians who have tested positive and whose source of infection has been determined, 26 (or 8.25 per cent) acquired their infection through a workplace exposure. An additional 551 physicians who have tested positive are still under investigation as to the source of infection.

For more information, see the AHS Healthcare Worker COVID-19 Testing [infographic](#).

### **Influenza Immunization Update**

As of Jan. 29, approximately 1.18 million doses of influenza vaccine have been administered, which is around 26.7 per cent of the population. One influenza case was confirmed in the past week, bringing the total cases so far this season to 40.

Interactive aggregate data is available online at [Alberta influenza statistics](#). For more information on influenza, visit [ahs.ca/influenza](https://ahs.ca/influenza).

By keeping the number of influenza cases and outbreaks low, we can help protect at-risk Albertans and reduce the pressure on our healthcare system.

#### *Influenza immunization information for physicians, staff and volunteers*

Physicians, staff and volunteers can choose to be immunized at a pharmacy, doctor's office or public health clinic (for children under five years of age and their family and household members). Medical staff using these options are reminded to submit their [Got My Flu Shot form](#). See [Insite](#) for more on the immunization campaign.

### **Verna's Weekly Video Message: Creating Capacity in EMS**

Alberta Health and AHS recently [announced a comprehensive 10-point plan](#) to address the 30 per cent increase in EMS calls that have been experienced over the last year.

This plan focuses on immediate actions that will help create capacity within our system and ensure EMS continues to remain available and safe for all Albertans. Alberta Health will also be leading an EMS Advisory group over the coming months, and we look forward to new ideas and connections coming from that work.

Joining vlog guest host Sean Chilton, Vice President of Health Professions and Information Technology, to [discuss the plan and how we are supporting EMS staff](#) are:

- Kathleen Fraser, Provincial Program Director, EMS Employee Program
- Darren Sandbeck, Senior Provincial Director and Chief Paramedic, EMS

## **Beyond COVID-19**

### **Family Physician Shares Thanks to AHS EMS Team**

"I am writing to commend two of your paramedics for the excellent and life-changing care they provided to me on April 28, 2021, and to share my story. It is a story of kindness, clinical excellence, and confidence.

I'm a family doctor and previous emergency medicine physician. I share this because it is relevant, as the care by these two paramedics resulted in me being able to continue to provide care to so many others during this difficult pandemic time.

At the end of August 2020, I had knee surgery. My usual energy didn't return after my surgery and almost nine weeks later, I was diagnosed with pulmonary emboli. Once diagnosed, I was started on blood thinners and anticipated a return to my normal function over time. That didn't happen. I started having episodes of significant chest pain, shortness of breath, palpitations, and fatigue.

I had enough energy to do my work most days, and that was about it. I remember many difficult days, thinking that I would likely be dealing with these symptoms for the rest of my life.

On April 28, 2021, I developed chest pain...more intense than my then usual episodes. The symptoms faded, then recurred, then faded again. When they recurred the third time, I called 911.

The two-woman paramedic team dispatched to my home arrived soon after. They were friendly and efficient. My older daughter was home with me at the time. The paramedics created a friendly and calm atmosphere; I could see my daughter relax quite a bit in their presence. I certainly felt I was in good hands. They took my vitals and said they were going to take me to the Foothills Medical Centre (FMC).

Throughout my contact with them, the lead paramedic would ask me about the severity of my chest pain on a scale from one to 10. It had worsened; I think I told her seven or eight. She looked at me and said, "If you were any other patient, I would want to give you a trial of nitro spray right now." I said, "Please just do whatever you would normally do." She said, "Okay, I'm going to give you a spray of nitroglycerin."

That spray changed my life.

About a minute later, she asked how my chest pain was and I told her it was improving. Another minute later, it had improved quite a bit more. By the time we pulled up to the FMC ambulance bay, I was feeling pretty great with only mild pain. A while later, my pain was growing again and she gave me another spray. A few minutes after that, I felt the best I had felt in months. It was startling. I felt incredible. Over the next few hours, I had blood work drawn, an ECG conducted, and talked to the Emergency Medicine physician. I was amazed – I had experienced a solid few hours of feeling

entirely well, something I hadn't felt since prior to my surgery eight months earlier. My discharge diagnosis: coronary vasospasm angina.

My life has massively changed since April 28, 2021. I've been well. Nearing the end of April 2021, I had been pretty much resigned that my life was going to be filled with lots of chest pain, fatigue and other symptoms, and that it was going to be a very limited existence. That all changed through the care of my paramedic team.

I would like to highlight some key reflections on the care of that team:

- Their general approach was outstanding. They were friendly and set my daughter and me at ease. I felt dreadful and yet quickly knew I was in good hands.
- The lead paramedic was outstanding, clinically. She looked at me while asking questions and hearing my responses. She seemed fully present with me as a patient.
- They worked incredibly well as a team. Even feeling really ill, I could see how fluid their teamwork was.
- The lead paramedic was curious if I was in healthcare, and then was glad that I was able to give more accurate info given my knowledge of my health conditions. I was relieved at her level of confidence that it was such a non-issue.
- The lead paramedic was exceptionally patient-centred. She knew I was a doctor, and instead of discarding that fact, leveraged it. While internally hesitant, her confidence and patient-centredness made it easy for me to say, "Please just do whatever you would normally do." And, by giving me a spray of nitroglycerin, it unlocked a diagnosis for me that was not only unexplored, but already crossed off the list. The relief of chest pain I felt from that nitro spray was not only relief on that day, but the dawn of hope that my health path was soon to change.

To the April 28, 2021 paramedic team, I want to express my utmost thanks. They gave me great care which led to a change in the direction of my life. Where before I was on a path of continued dreadful symptoms, I am now so, so much better. I am fully back to work, and fully back to life. And the key thing was a decision to do her own assessment and, when pretty certain I might be experiencing angina, give me a spray of nitro."

David Keegan MD CCFP(EM) FCFP (he/him)  
Professor, Family Medicine  
Associate Dean, Faculty Development and Performance  
Cumming School of Medicine, University of Calgary

### **Provincial Controlled Substances Policy Suite**

AHS developed the Provincial Controlled Substances policy suite to enhance patient, physician and staff safety. The policy suite will ensure standardized practices in the transport, storage, inventory, documentation, and wastage of controlled substances (including narcotics, controlled drugs, benzodiazepines, and other targeted substances) in all patient care areas, including surgical suites, within AHS settings.

The policy, which adheres to federal legislation, clarifies the accountabilities and responsibilities of leaders, medical and midwifery staff, and AHS staff who handle and/or are responsible for controlled substances. The Provincial Controlled Substances policy suite will become effective Feb. 15.

Visit [Insite](#) for available resources including an FAQ and posters for distribution.

Further information specific to the implementation of the policy suite within the operating room environment will be available soon.

### **AHS-Funded Physiotherapy for Albertans in Edmonton & Calgary and Surrounding Areas**

AHS is moving to a standard level of physiotherapy care so Albertans can expect consistent care regardless of where they live.

Starting March 1, eligible Albertans in Edmonton and Calgary zones will be able to access AHS-funded physiotherapy through contracted clinics and some AHS sites as part of the new standard.

The standard supports virtual or in-person physiotherapy for:

- General joint or muscle conditions or injuries
- Recent fractures or orthopedic surgeries (e.g., bones and joints)
- Recent hip or knee replacements through group intervention

Albertans can access AHS-funded physiotherapy directly without referrals. See and share the [patient handout](#) for information on how to access services. Learn more about the approach to standardizing Outpatient & Community Physiotherapy services in the [FAQ](#).

### **AHS Survey: Physicians' Perception of Pharmacists Prescribing Opioids and Controlled Substances**

Practicing Alberta physicians (on the general/provisional register) are invited to take a 10 minute anonymous survey exploring your perceptions. Take the [survey](#).

### **Your Voice Matters – Malnutrition Survey**

One in two adults and one in three children who are admitted into the hospital in Alberta are already malnourished. Please take a [short survey](#) on patient nutrition to help us understand how we can work together to detect, prevent and treat malnutrition.

### **February is Black History Month**

In recognition of Black History Month, the AHS Diversity & Inclusion and the Diversity and Racial Equity (DaRE) Workforce Resource Group, and the AHS Physician Wellness, Diversity and Development portfolio invite you to take part in the following activities that have been planned to celebrate Black History Month at AHS this year.

Join us for Black History Month webinars in February including *Health and Black Communities in Canada*, as well as a forum for people to discuss racism. See full listing and registration details in the schedule of events [poster](#).

Learn more with these resources:

- [Standing Together Against Anti-Black Racism and Intolerance](#)
- [Best Practice Guide – Being an Ally](#)
- [Anti-Racism Position Statement](#)
- [Recommendations of the Anti-Racism Advisory Group Report](#)

For more, see previous webinars on [Insite](#). If you have questions, email [diversityandinclusion@ahs.ca](mailto:diversityandinclusion@ahs.ca).

Note: Physicians and allies are welcome to join the DaRE Workforce Resource Group by emailing [DaRE.WRG@ahs.ca](mailto:DaRE.WRG@ahs.ca) and indicating they'd like to be a member.

For more information about the Physician Wellness, Diversity and Development portfolio, please visit their [website](#).

### **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](#)
- [MD News Digest](#)
- [Online Healthcare Worker Self-Assessment Tool](#)
- [Physician & Family Support Program](#) - 1-877-SOS-4MDS (767-4637)
- [Physician Wellness Educational Resources: Well Doc Alberta](#)
- [Sotrovimab Easy Reference Guide](#)
- [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 \(CPSA\)](#).

**Dr. Francois Belanger**

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