

CMO SMOH Notice for AHS Medical Staff

March 11, 2022

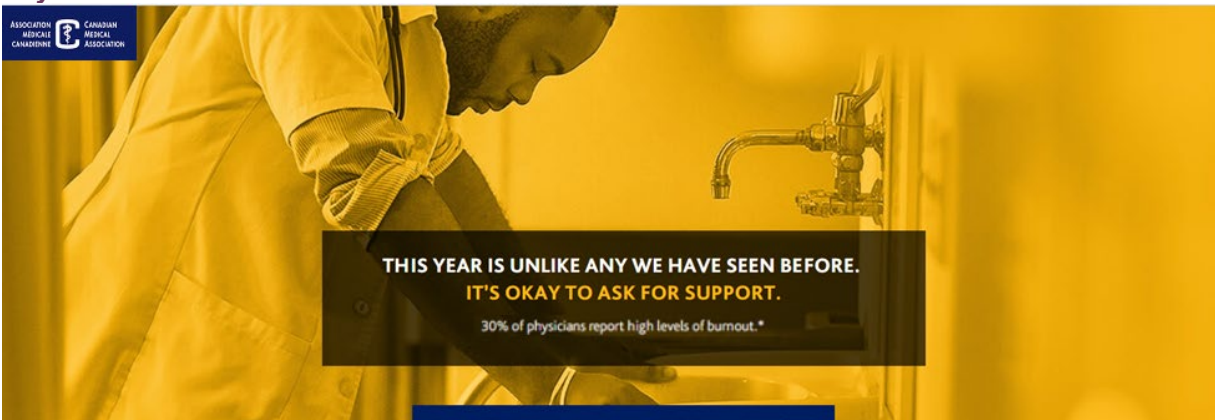
We would like to recognize that our work takes place on historical and contemporary Indigenous lands, including the territories of Treaties 6, 7 & 8, and the homeland of the Métis. We also acknowledge the many Indigenous communities that have been forged in urban centres across Alberta.

This week:

- Support for Physicians
- COVID-19 Variants of Concern in Canada
- Resources for Long COVID
- Reminder: University of Calgary COVID Corner: After Two Years on the COVID Roller Coaster
- Highlights from the CEO All Staff Update
 - COVID-19 Case Status in Alberta
 - COVID-19 Updates and New Information You Need to Know
 - APL helps lead the way in COVID-19 tracking in Canada
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 - AHS Survey: Physicians' Perception of Pharmacists Prescribing Opioids and Controlled Substances
 - Submit expression of interest to sit on the Wisdom Council
 - Change for ID and access card requests
 - Call to submit abstracts for the Preventing Overdiagnosis conference
- Additional Resources for Physicians

Support for Physicians

Physician Wellness



**THIS YEAR IS UNLIKE ANY WE HAVE SEEN BEFORE.
IT'S OKAY TO ASK FOR SUPPORT.**

30% of physicians report high levels of burnout.*

Alberta Medical Association - Physician and Family Support Program (PFSP)

1-877-SOS-4MDS (767-4637)

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 **PFSP** is also offering **small group support 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.

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

COVID-19 Variants of Concern in Canada

Please see the [Government of Canada's website](#) for information about the spread of COVID-19 over time and in different regions of Canada, including breakdowns of age, and overview of hospitalizations, testing, variants of concern and exposures.

Resources for Long COVID

Dedicated [Resources for health professionals](#) include care pathways and toolkits; and a long COVID Functional Screening Assessment Tool and Symptom Checklist to help providers determine what rehabilitation supports may be required for their patients moving forward.

In-person, phone and online resources are available for those who report lingering symptoms of COVID-19 and can be found on [MyHealth.Alberta.ca](#) or [Getting Healthy after COVID-19](#). For those with moderate to severe symptoms, targeted and personalized resources including community rehabilitation, and referral to IPOP clinics are available.

Reminder: University of Calgary COVID Corner: After Two Years on the COVID Roller Coaster

COVID Corner, hosted by the University of Calgary, offers updates on various topics and aspects related to the COVID-19 pandemic. The next session reflects on the past two years of the pandemic.

Date: March 23
Time: 7-9 p.m. MST

For more information, including registration, visit the [website](#).

Highlights from the CEO All Staff Update

Note: Recognizing some medical staff use an alternate email address instead of an AHS email address, this section is included to ensure all AHS medical staff have all up-to-date organizational information that pertains to the pandemic and AHS medical staff practices.

COVID-19 Case Status in Alberta

ICU 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 229 general adult ICU beds open in Alberta, including 56 additional spaces above our baseline of 173 general adult ICU beds. There are currently 191 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 110 per cent.

- In Calgary Zone, we currently have 85 ICU beds, including 19 additional spaces. Calgary Zone ICU is operating at 86 per cent of current capacity (including 29 COVID-19 patients in ICU).
- In Edmonton Zone, we currently have 91 ICU beds, including 19 additional spaces. Edmonton Zone is operating at 82 per cent of current capacity (including 31 COVID-19 patients in ICU).
- In Central Zone, we currently have 18 ICU beds, including six additional spaces. Central Zone ICU is operating at 83 per cent of current capacity (including seven COVID-19 patients in ICU).
- In South Zone, we currently have 23 ICU beds, including six additional ICU spaces. South Zone ICU is currently operating at 70 per cent capacity (including five 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 100 per cent capacity (including four COVID-19 patients in ICU).

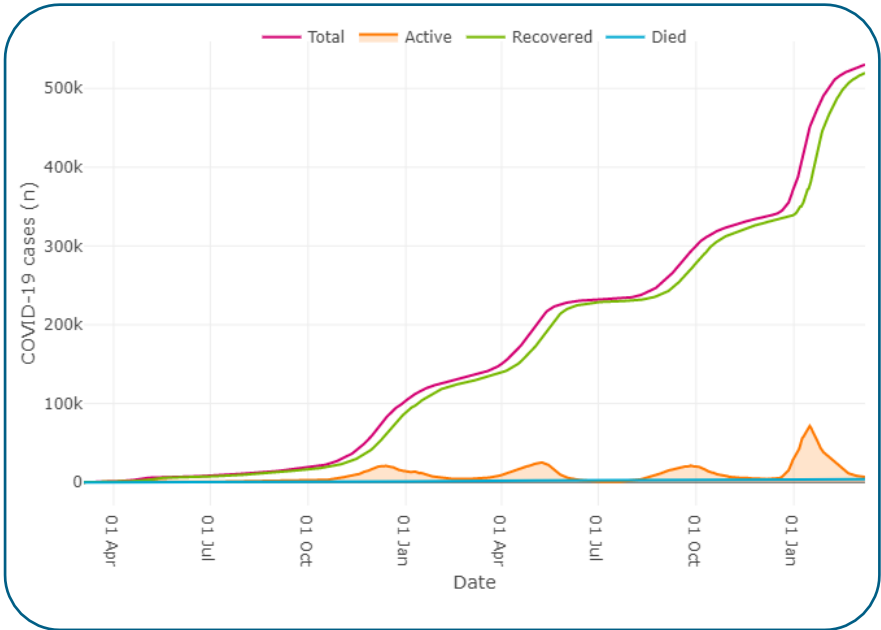
New and Active Cases

Note: Available data is only based on statistics gathered from testing.

As of Mar. 9, there are 6,689 active cases in Alberta, a 15.8 per cent decrease compared to Mar. 2. All five zones reported a decrease in active cases compared to the last report, as you can see in the table below.

	Active Cases (as of Mar. 9)	Active Cases (as of Mar.2)	Per cent Change
Calgary	2,144	2,529	-15.2%
Edmonton	1,992	2,252	-11.6%
North	854	1,172	-27.1%
Central	989	1,106	-10.6%
South	700	878	-20.3%
Unknown	10	8	25.0%
Overall	6,689	7,945	-15.8%

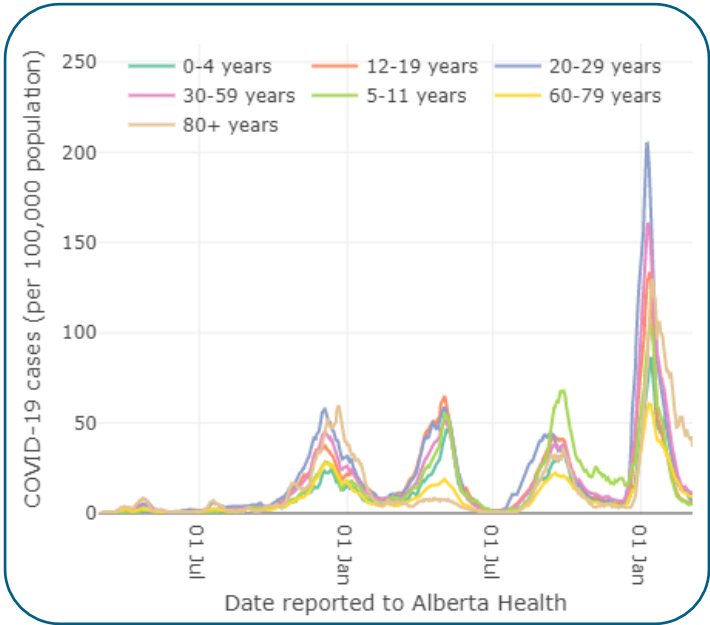
For the seven-day period ending on Mar. 9, there was an average of 460 new cases of COVID-19 per day, compared to 549 cases per day the previous reporting period (Feb. 24 to Mar. 2), a 16.2 per cent decrease. The Calgary Zone reported the highest total number of new cases with 1,067 (an average of 152 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.

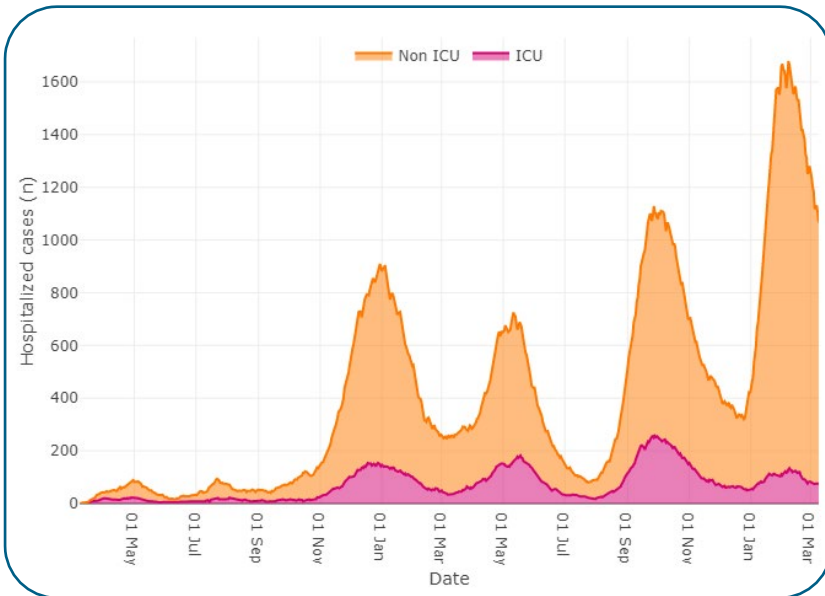
Cases by Age Group

As of Mar. 6, Albertans aged 80+ have the highest seven-day rolling average of new daily COVID-19 cases, with 36.86 cases per 100,000 people. Albertans aged 30-59 had the second-highest rate with 11.29 cases per 100,000 people, followed by those aged 20-29 with 10.57 cases per 100,000 people. Targeted testing will be affecting age groups differently. Trends in cases in Alberta by age group are below:



Hospitalizations

A total of 991 individuals were in non-ICU hospital beds for COVID-19 on Mar. 9 compared to 1,157 individuals in non-ICU hospital beds on Mar. 2, a 14.4 per cent decrease.



As of Mar. 9, 3,992 individuals have passed away from COVID-19 including 46 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

APL continues to closely monitor SARS-CoV-2 variants. From March 4-10, an average of 72 per cent of positive samples were strain-typed. Of those, the seven day rolling average was 67 per cent Omicron BA.1 lineage, 33 per cent Omicron BA.2, and Delta is rarely detected. The BA.2 sub-lineage continues trending to higher proportions as has been seen in other countries where Omicron BA.2 is now the predominant strain. While viral recombinants between Omicron and Delta have been reported in several cases globally, no recombinant SARS-CoV-2 viruses have been detected in Alberta through our ongoing genomic sequencing.

Other notable COVID-19-related information:

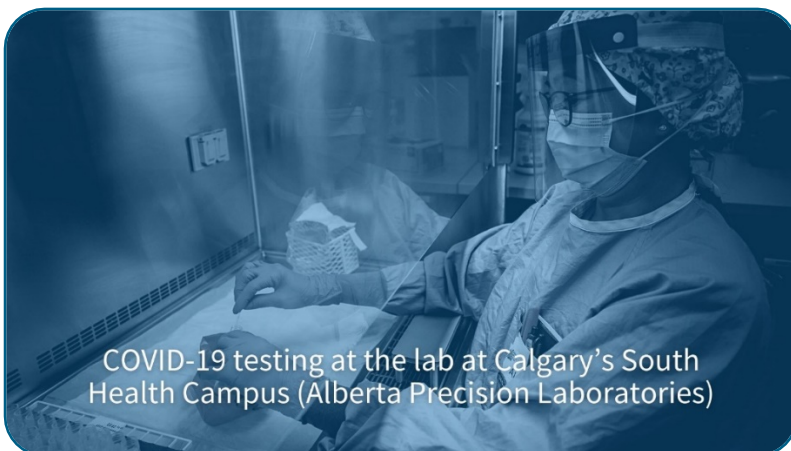
- Data from the last seven days indicate that 33.5 per cent of new admissions to non-ICU spaces are due to COVID-19 infection directly, 32.0 per cent had COVID-19 as a contributing cause and 34.5 per cent are cases where the infection was not determined to be a cause of admission, or where it was not possible to determine. For ICU, the percentage of new admissions due to COVID-19 directly was 52.0 per cent; 36.0 per cent had COVID-19 as a contributing cause and 12.0 per cent were incidental infections or unclear.
- As of Mar. 9, a total of 530,288 cases of COVID-19 have been detected in Alberta and a total of 21,641 individuals have ever been hospitalized, which amounts to 4.1 individuals for every 100 cases. In all, 519,607 Albertans have recovered from COVID-19, meaning they are no longer considered contagious.
- From Mar. 3 to Mar. 9, 17,022 COVID-19 tests were completed, a seven-day average of 2,432 tests per day. During this period, the daily positivity ranged from 17.56 per cent to 20.65 per cent. As of Mar. 9, a total of 6,885,055 tests have been conducted and 2,731,759 individuals have ever been tested.

[COVID-19 Updates and New Information You Need to Know](#)

APL helps lead the way in COVID-19 tracking in Canada

Alberta continues to play a leading role in tracking the evolution of COVID-19 in Canada. This week, Alberta Precision Laboratories' lead on genetics, Dr. Matthew Croxen, participated in a [Q&A with Genome Canada](#) about variant testing and genetic sequencing. In the interview, Dr. Croxen explains

how the pandemic has bolstered provincial and national efforts for monitoring diseases. Learn more about [APL's role in tracking COVID-19](#).



COVID-19 testing for healthcare workers — the latest numbers

We continue to update the testing data for healthcare workers. These statistics provide the total numbers 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. Testing data does not include rapid antigen test results for healthcare workers.

As of March 8:

- 93,473 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 23,203 (or 24.82 per cent) have tested positive.
- Of the 9,407 employees who have tested positive and whose source of infection has been determined, 753 (or 8.00 per cent) acquired their infection through a workplace exposure. An additional 14,377 employees who have tested positive are still under investigation as to the source of infection.
- 6,522 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 1,068 (or 16.38 per cent) have tested positive.
- Of the 382 physicians who have tested positive and whose source of infection has been determined, 27 (or 7.07 per cent) acquired their infection through a workplace exposure. An additional 706 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](#).

Verna's weekly video message: the latest from the Emergency Coordination Centre

Since before the pandemic began, our Emergency Coordination Centre (ECC) has played a huge role in helping us navigate COVID-19. Set up in January 2020, the ECC has been in operation for more than two years now.

The ECC continues to be the nerve centre for our pandemic response, overseeing our actions across all portfolios across the province, as well as with government, the executive leadership team and many of our other partners.

There have been countless people involved with ECC over those two years, and we'd like to thank every one of them, both current and former members, for their efforts.

Joining Verna to share some of their experiences in ECC are:

- Murray Crawford, Senior Operating Officer, Fort McMurray and area, and ECC Deputy Director

- David O'Brien, Senior Program Office for Provincial Continuing Care and Seniors Health, and ECC Director

Influenza immunization update

As of Mar. 10, 1.2 million doses of influenza vaccine have been administered across Alberta, which is approximately 27 per cent of the population. A total of 49 influenza cases have been confirmed this season.

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

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). Physicians and staff using these options are reminded to submit their [Got My Flu Shot form](#). See [Insite](#) for more on the immunization campaign.

COVID-19 Immunization Update

Additional doses available for Albertans 12 – 17 years of age

Appointments for third doses for ages 12-17 can now be booked Mar. 14 and onwards at AHS clinics and participating pharmacies through the [Alberta Vaccine Booking system](#). Albertans can also call 811 to book vaccination appointments with AHS.

Eligible Albertans can book the appointment and receive this additional dose if a minimum of five months has passed since receiving their first two doses.

While the rate of severe outcomes for youth aged 12 to 17 years remains low compared to those in older age categories or for youth with risk factors, third doses have been shown to offer better protection against the Omicron variant, which continues to circulate in our communities. This is also in line with guidance in other provinces, including B.C., Ontario, Saskatchewan and Quebec, which are also offering boosters to 12 to 17 year olds.

For most adolescents without risk factors, two doses offer good protection against severe outcomes. Some individuals in this age group may live with high-risk household members, or may have other factors that make this third dose important as an added layer of protection.

Walk-in vaccine appointments continue to be available for children, age five to 11 at AHS COVID-19 vaccine clinics. Until Mar. 16, AHS clinics will offer flexible hours with availability during the evening and on weekends. To find an AHS clinic with walk-in appointments, visit [ahs.ca/vaccine#walkin](#)

Length of time to get a vaccine or booster after an infection

Updated guidance released by the National Advisory Committee on Immunization related to the time period between COVID-19 infection and vaccine administration is now being recommended in Alberta.

It is now recommended to wait eight weeks after a COVID-19 infection before beginning or completing a primary series of vaccine. It is recommended to wait three months after a COVID-19 infection before getting a booster dose.

Update: Amended AHS Immunization Policy

At the [direction of the provincial government](#), AHS will amend the [Immunization or Testing of Workers for COVID-19 Policy](#) effective Mar. 10, 2022.

While the policy is still in effect, the change will allow any worker currently on a leave of absence due to their immunization status to return to work by March 31, 2022. Impacted workers can work with their leaders to return sooner. Requests to return after March 31, 2022 can be made and will require

manager approval. The directive also removes the requirement for rapid testing before shifts for those employees who had opted in the testing option.

The requirement to be fully immunized will remain in place for new hires. Any worker hired after Nov. 30, 2021, must be fully immunized against COVID-19. The changes to the policy and new hire requirement will apply to all staff, physicians, midwives, students, and volunteers of AHS, APL, Covenant Health, CapitalCare and Carewest. The details around contracted workers are still to be determined. As more information is available updates will be shared directly with our contracted service providers.

If you have questions, see the [Worker FAQ](#) as these resources will continue to be updated as we work through the details of this change. Thank you for your ongoing support and commitment during this time.

Beyond COVID-19

Today is Canadian Women Physicians' Day

March 11, 2022, marks the second ever Canadian Women Physicians Day. Created in 2021, [Canadian Women Physicians Day](#) (CWPD) recognizes women's contributions and achievements in medicine. We celebrate CWPD on this date because it marks a significant milestone: It was on March 11, 1875, that Dr. Jennie Trout became the first woman licensed to practice medicine in Canada.



Doctor of the Week: Dr. Daisy Fung

In celebration of CWPD, this week's Doctor of the Week is Dr. Daisy Fung, guest speaker at tonight's [Canadian Women in Medicine event](#) (more information below). Keep an eye out in the coming weeks as we feature the many women physicians who were nominated to be celebrated on this day.

Dr. Fung is a family physician and Assistant Clinical Professor in the Department of Family Medicine at the University of Alberta. She is also a Member at Large on an all-female College of Physicians and Surgeons of Alberta (CPSA) Council Executive, and a long COVID patient and advocate.

As part of her practice, Dr. Fung regularly dedicates time to supporting patients who reside in long term care facilities or who are housebound. This includes geriatric and palliative patients, patients with spinal cord injuries and those who have developmental disabilities.

"This work really is satisfying. I get to work closely with home care nurses, community pharmacists, other specialist physicians, and a multitude of health care professionals to not only keep a patient at home, as per their wishes and goals of care, but prevent them from unnecessarily attending urgent care, ER, or needing hospital admission," explains Dr. Fung. "Ultimately, we're trying to give them a better quality - and quantity - of life."

Her deep appreciation for helping vulnerable populations access care was inspired by her own upbringing in rural Alberta. Growing up near a hamlet of approximately 50 people, Dr. Fung witnessed firsthand how health outcomes can be impacted by discrepancies in health services and supports locally available.

"I'm a rural Alberta farm girl and the disparity, discrimination, access, and resulting poorer health outcomes I saw not only in my own family, but in the community was what sparked the drive to pursue this career," says Dr. Fung.

“The cliché is genuine - I want to help people, and protect patients as best I can, and it hurt my heart to see what was happening around me. Now I can not only help the individual in front of me at the office or at the bedside, but through nonclinical work and advocacy helping those in the community and provincially.”

This passion for advocacy permeates much of Dr. Fung's work and is largely supported by an adept social media presence. Her gift for storytelling on platforms such as [Twitter](#) and [Facebook](#) helps her to share important messages and connect with larger audiences on medical issues.

“I honestly think social media has a poorer reputation than it should in medicine, fraught with perils as it is. I credit it in large part for helping me advocate, giving me opportunities and a platform to do more for others, whether it is getting a media appearance to talk about ageism in long term care, being offered a position on an education steering committee, or gathering votes for an election to the CPSA council,” says Dr. Fung.

While improving Albertans' healthcare experiences is incredibly motivating, a major driver in Dr. Fung's work comes from a commitment to perpetual learning and creating opportunities to make a difference in her community.

“The biggest achievement I have made in the last few years is my comfort in being uncomfortable, and acknowledging my mistakes. I started very intentional work to learn and unlearn my biases, and ask questions on how to do and be better. I have started doing more anti-racism and anti-discrimination work, and bring what I've learned to my patients, committees and organizations to continue to learn as well as ultimately enact change.”

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

Reminder: Canadian Women in Medicine event Today at 6 p.m.

Canadian Women in Medicine will be hosting a virtual event on March 11 at 6 p.m., open to physicians of all genders. They will discuss the challenges of the last two years and opportunities for meaningful change with guest speakers, Dr Daisy Fung, Dr Aimée Bouka, Dr Courtney Howard and Dr Lisa Richardson. Please visit [Eventbrite](#) to register.

MD Culture Shift Newsletter Celebrates CWPD with Doctor of the Week Collage

To celebrate this day, MD Culture Shift created a collage of the women physicians who were nominated for Doctor of the Week in 2021 in their [March 2022 newsletter](#).

We want to apologize as not all women physicians from the 2021 Doctor of the Week features were included in the initial send out of the newsletter. This has been amended to include recognition of the following women physicians nominated as Doctor of the Week in 2021:

- [Dr. Christine East](#)
- [Dr. Hong Yuan Zhou](#)
- [Dr. Jan Ooi](#)
- [Dr. Jen Furlong](#)
- [Dr. Karla Gustafson](#)
- [Dr. Linda Mrkonjic](#)
- [Dr. Sarah Grant](#)

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 to nominate a physician to be featured here. Please provide the nominee's full name and email address.

MD Culture Shift

Learn about, and register, for the following upcoming events in [MD Culture Shift's March 2022 Newsletter](#):

- Physician Leadership Institute course: Talent Management for Exceptional Leadership
- MD Culture Shift Community of Practice
- Trauma Informed Leadership Workshops
- Equity in Medicine Conference

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 their perceptions.

Submit expression of interest to sit on the Wisdom Council

AHS is accepting expressions of interest from individuals who wish to sit on the Wisdom Council, an advisory board of dedicated people who speak as an Indigenous person to share their experiences to ensure AHS is providing culturally safe, accessible care for Indigenous peoples. Participating in the Wisdom Council will allow you to have a voice in how healthcare is delivered to Indigenous peoples in Alberta. Please email WisdomCouncil@albertahealthservices.ca for more information, or to submit an expression of interest. **Deadline to submit: March 31**

Change for ID and access card requests

Workers can now submit requests for new or replacement ID or access cards to one of these simplified [email addresses](#) and pay for replacement cards through [AHS' online payment system](#). Cash or cheque payments are no longer accepted at badging offices. Learn more on [Insite](#).

Call to submit abstracts for the Preventing Overdiagnosis conference

The Preventing Overdiagnosis conference, an international partnership between The British Medical Journal (BMJ) and the Centre for Evidence-Based Medicine at the University of Oxford (UK), The Dartmouth institute (US), and Wiser Healthcare (Australia), is being hosted by the University of Calgary on **June 9-12**.

They are [accepting abstracts and session proposals](#) covering the following themes:

- Equity & Equality: disparities, marginalized populations, and conflicts of interest driving inequity
- Sustainability and lessons learned from COVID-19: repurposing healthcare during a pandemic
- Medicalizing citizens: challenges associated with screening, disease thresholds, industry influences, the role of media
- The role of specialists in generating Overdiagnosis and their efforts to mitigate it
- Clinical Practice: Other dimensions of Overdiagnosis, overtesting and attendant harms of too much medicine

[Call for Abstracts](#) closes March 31.

Note: As BMJ is a founding partner, abstracts are published in the [BMJ Evidence Based Medicine](#).

They are also offering the [Lisa M Schwartz Scholarship](#) for people at early stages of their careers providing awardees with funding toward travel and accommodation and the opportunity to present at the conference. Submissions (made through the [abstracts portal](#)) should address an issue of relevance to Dr Schwartz's work, values, and her career as champion in the communication of risk.

[Registration open](#) – Early Bird Closes April 30.

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
 - ZEOC.Calgary@ahs.ca
 - ZEOC.Central@ahs.ca
 - ZEOC.Edmonton@ahs.ca
 - 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 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.

Dr. Francois Belanger

Chief Medical Officer and Vice President, Quality

Dr. Laura McDougall

Senior Medical Officer of Health



**Alberta Health
Services**

Physical
distancing
works