

CMO SMOH Notice for AHS Medical Staff

April 14, 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.

Note: Recognizing some medical staff use an alternate email address instead of an AHS email address, some information is duplicated from the CEO Update to ensure all AHS medical staff have all up-to-date organizational information that may impact their practice.

This week:

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Kudos to Health Link for a Record Year

Every day, our teams go above and beyond for each other, and for Albertans. It's important to take time to recognize the significant achievements our teams have realized over the past year. This week, we're recognizing the Health Link team who, in the 2021/22 fiscal year, received a record **3.7 million calls from Albertans**. That's **1.2 million more** than the previous fiscal year, and an **average daily call volume of approximately 9,000**. These numbers are impressive. The care provided to Albertans through these conversations, and the impact on the health of our province cannot be understated. Thank you, Health Link staff and leadership.

Medical Affairs

Remdesivir/Sotrovimab Update

Starting this week, AHS has suspended the use of Sotrovimab for at-risk COVID-19 patients. At this time, there is uncertainty about the efficacy of Sotrovimab in treating the BA.2 variant of SARS-CoV-2, which is currently the dominant strain in Alberta.

The antiviral Remdesivir is being offered as an alternative to Sotrovimab, which is also given by IV infusion. The eligibility to receive any outpatient treatment remains the same and is available at ahs.ca/covidopt.

AMA Webinar: Prescribing Paxlovid

Join the Alberta Medical Association (AMA) for a webinar on prescribing Paxlovid™ for COVID-19. Focused on supporting primary care providers and their teams, this webinar will address questions related to managing patients and practice needs including:

- What is Paxlovid™ and when should it be prescribed
- What processes do clinics need to have in place to support prescribing Paxlovid™

Date: April 27

Time: 12 – 1 p.m.

Registration information: [Here](#)

The webinar will be recorded. If you are unable to join live, you can view the webinar on the AMA's past COVID-19 webinars [webpage](#) within a few days after the event. For more information, visit the [AMA's event webpage](#).

Update to New Referral Process for IPOP Clinics

There is now updated guidance on the new referral requirements for patients who have sustained COVID-19 symptoms following COVID-19 infection. The changes include:

- Clarification of the clinic eligibility criteria;
- Removal of link to the Post COVID Functional Scale (PCFS) as this was directing providers to submit the PCFS as the only referral document; and
- Addition of updated details re: Connect Care.

[Read the full memo.](#)

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



This week's Doctor of the Week is Mary Cummins.

Dr. Cummins is a Psychiatrist who works at the psychiatry inpatient units at the University of Alberta Hospital (UAH) and also has an outpatient practice with five amazing colleague's at College Plaza.

Dr. Cummins treats the whole spectrum of psychiatric disorders, but is most passionate about treating people with severe and persistent mental illness (in particular chronic mood disorders).

"I have had several patients in my practice for 35 years now and we are growing old together," says Dr. Cummins "As psychiatrists we are so lucky to be able to follow our patients longitudinally and that is something I feel strongly about. I believe there is only a very limited role for the once-off psychiatry consult; it's critical we provide long term follow up, especially as many psychiatric conditions are chronic or recurrent."

Dr. Cummins is driven by the relationships she works hard to build with her patients. Her days are filled with extraordinary moments of insight, healing, honesty and human connection. Dr. Cummins also enjoys learning more about the neuroscience of human stories,

families and human experience to help address systemic inequalities, prejudice and socioeconomic disadvantage she sees in her daily work.

“I try to encourage learners to be politically aware and engaged for the sake of our patients, and be ready to powerfully advocate on their behalf and for systemic change.”

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

MD Culture Shift

NEW: Check out the [April edition of the MD Culture Shift newsletter](#).

Supporting Each Other Through Trauma – Leadership Information Sessions

Many of us have experienced trauma or know someone who has. Some may have difficulty with trauma and require support, and that is okay. At AHS, we strive to create a psychologically supportive workplace where we can bring our whole selves to work and feel supported – on our good and not-so-good days. When we are aware of what trauma is and the impacts it has on our physical and mental health, we are better able to understand and support ourselves and our teams.

We invite you to attend a trauma-informed leadership session that will provide you with:

- information on trauma and how it impacts each of us
- tips on how to support yourself and others after experiencing trauma
- resources available to support you and your team
- opportunity to ask questions

To register, identify the date and time that works best for you. Click on the session link below to register for the session.

Date	Time	Click here to register
Tue, Apr 26	1 -1:30 p.m.	Session 1
Wed, Apr 27	7:30-8 a.m.	Session 2
Wed, May 4	12-12:30 p.m.	Session 3
Wed, May 4	4:30-5 p.m.	Session 4
Tue, May 10	9-9:30 a.m.	Session 5
Wed, May 11	5-5:30 p.m.	Session 6

These identical sessions are hosted via Microsoft Teams and are open to all leaders.

If you need more information or have any questions, email psychologicalhealthsafety@ahs.ca.

Support for Physicians

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.

AHS Priorities

Alberta Surgical Initiative

Current surgical status:

Over the past four weeks, the average of weekly volumes for surgical activity is 91 per cent of our pre-pandemic surgical volumes. Our total surgical wait list sits at approximately 73,600 this week, compared to approximately 76,600 at the beginning of March. In February 2020, before the pandemic, our total wait list was 68,000.

Update on Anesthesia Care Team model:

Last week, AHS announced the launch of the Anesthesia Care Team (ACT) model and some questions were raised regarding what procedures would be included and patient safety of the ACT.

The initial pilot project, of the ACT, has respiratory therapist II (RTII) supporting anesthesiologists during cataract surgery where topical or mild sedation is utilized.

This model has been used in Ontario and Manitoba. For example, in Ontario, the Operative Anesthesia Committee (OAC) was established in 2005 to support stable and adequate access to anesthesia services in Ontario hospitals. Starting in 2006, the ACT model was implemented through a demonstration project across 22 hospitals and six high-volume cataract sites in Ontario.

Because patient safety is of utmost importance in the implementation of this pilot project, AHS will implement a comprehensive evaluation to ensure that care for patients under ACT will continue to be high-quality and safe, while also ensuring that the provider experience is positive.

AHS has engaged with respiratory therapists, anesthesiologists, and the Alberta Medical Association's section of anesthesiology, and has received approval from the College of Physicians and Surgeons of Alberta.

Following completion of this pilot project, for cataract surgery, various stakeholders, including the section of anesthesiology will review the outcomes and perhaps look at other venues for this model of care. Any updates and expansion of ACT will be shared transparently.

Rural Engagement and Rural Initiatives

North Zone leadership will be meeting with municipal elected officials April 18 and 19 to introduce new zone leadership, provide an update on zone priorities and discuss concerns or questions.

Physician recruitment and retention in the North Zone and across rural areas of the province remains a concern and AHS is meeting with rural leaders to seek more permanent solutions to the challenge.

The two scheduled virtual sessions, which will feature the same content, are by invitation only – if you are interested in attending, contact Community.Engagement@ahs.ca for information. Similar sessions are planned for May 2 and 3 for Indigenous leaders across the North Zone.

COVID-19 Updates

COVID-19 Case Status in Alberta

ICU Update

As of 10:30 a.m. today (April 14), AHS currently has 216 general adult ICU beds open in Alberta, including 42 additional spaces above our baseline of 174 general adult ICU beds. There are currently 159 patients in ICU. Provincially, ICU capacity (including additional surge beds) is currently at 74 per cent, virtually unchanged from 73 per cent a week ago. Without the additional surge spaces, provincial ICU capacity would be at 91 per cent, virtually unchanged from 90 per cent a week ago.

Hospitalizations

On April 11, 1,005 individuals were in non-ICU hospital beds with COVID-19, compared to 988 on April 4, a 1.7 per cent increase.

Variants of Concern

Alberta Precision Laboratories (APL) continues to closely monitor SARS-CoV-2 variants. From April 5-11, an average of 82 per cent of positive samples were strain-typed. Of those, the seven-day rolling average was 90 per cent Omicron BA.2 lineage, 10 per cent Omicron BA.1, and Delta was detected once during this period. The BA.2 sub-lineage 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.

New Cases

For the seven-day period ending on April 11, there was an average of 883 new cases of COVID-19 per day, compared to 791 cases per day the previous reporting period (March 29 to April 4), an 11.6 per cent increase. The Calgary Zone reported the highest total number of new cases with 2,430 (an average of 347 new cases per day). Four out of five zones reported an increase in the number of new cases this reporting period, compared to the previous week as you can see in the table below:

Zone	New Cases (April 5-11)	New Cases (March 29-April 4)	Percent Change
Calgary	2,430	2,305	+5.4%
Edmonton	2,113	1,721	+22.8%
North	450	421	+6.9%
Central	814	662	+23.0%
South	368	427	-13.8%
Unknown	6	4	+500%
Total	6,181	5,540	+11.6%

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. Also note Alberta Health has stopped reporting the number of active COVID-19 cases.

Wastewater Surveillance

For [wastewater surveillance](#) comparing weekly averages:

- In the South Zone, Medicine Hat's levels continue to be on an upward trend for over a month and has increased by more than 300 per cent compared to its levels on Feb 22.
- Most locations in Calgary Zone remain elevated compared to a few weeks ago. The two locations most concerning are Airdrie and the City of Calgary. Both these locations have been trending significantly upwards over the last few weeks and Airdrie's levels are now the highest they've ever been.
- In Central Zone, Red Deer and area had a steep change this week, experiencing a 165 per cent increase, Drumheller reported a 126 per cent increase and has been significantly increasing for about two weeks.
- The City of Edmonton location is on a steep rise, getting back to levels last seen in early February.
- In the North Zone, only Fort McMurray had a significant increase.

Frequency of reporting updates vary by sampling site; the above interpretations were made from available data as of April 11 at noon.

The Alberta Wastewater Surveillance Program is a collaboration between the University of Calgary, University of Alberta, APL and Alberta Health. Wastewater can provide an early indication of infection trends in a community.

Other notable COVID-19-related information:

- Data from the last seven days indicate that 38.5 per cent of new admissions to non-ICU spaces are due to COVID-19 infection directly, 27.9 per cent had COVID-19 as a contributing cause and 33.6 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 48.3 per cent; 27.6 per cent had COVID-19 as a contributing cause and 24.1 per cent were incidental infections or unclear.

- As of April 11, 4,141 individuals have passed away from COVID-19, including 37 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.
- As of April 11, 552,403 cases of COVID-19 have been detected in Alberta and 23,592 individuals have been hospitalized, which amounts to 4.3 individuals for every 100 cases.
- From April 5 to April 11, 23,399 COVID-19 tests were completed, a seven-day average of 3,343 tests per day. During this period, the daily positivity ranged from 24.3 per cent to 29.8 per cent.

COVID-19 Immunization Update

Albertans now have increased access to COVID-19 vaccines and fourth doses:

Novavax vaccine

[Novavax's Nuvaxovid vaccine](#) is a [protein-based vaccine](#) for adults 18 years of age and older, administered as a two-dose regimen eight weeks apart. Novavax is available to people who decline or have a contraindication to an mRNA vaccine. Due to limited quantities, call Health Link at 811 to book an appointment at select locations across the province.

A complete series and a booster dose with an mRNA COVID-19 vaccine is preferentially recommended, however, Novavax can be used to complete a primary series started with another Health Canada approved vaccine or as a booster dose.

Moderna for children aged six to 11 years

The Moderna vaccine is available to children ages six to 11 years of age to start or complete a primary COVID-19 vaccine series. This is the same vaccine product provided to older adolescents and adults, but at a lower dose. Book an appointment by calling Health Link at 811 or contact a participating pharmacy.

Due to the currently unknown risk of myocarditis and/or pericarditis for Moderna in children six to 11 years of age, and the known lower risk of myocarditis/pericarditis with the Pfizer-BioNTech COVID-19 vaccine compared to Moderna COVID-19 vaccine in individuals 12 to 29 years of age, Pfizer-BioNTech COVID-19 vaccine is recommended for children six to 11 years of age to start and/or complete their primary series.

Expanded eligibility for fourth doses

A fourth dose of COVID-19 vaccine, or a second booster, is available to:

- All people 70 years of age and older
- First Nations, Métis and Inuit adults 65 years of age and older
 - When to book: must wait five months after third dose/first booster dose
 - How to book: [book online](#) (pharmacy or AHS clinic) or call 811
- All residents of seniors congregate living facilities, regardless of age
- People 12 years of age and older who require additional doses (fourth or fifth) to meet international travel rules; however, these doses are not currently clinically recommended.
 - When to book: must wait 28 days from previous dose
 - How to book: [book online](#) (pharmacy or AHS clinic) or call 811

Albertans with international travel plans are recommended to check the COVID-19 vaccine requirements for their destination. Health Link staff is unable to provide travel destination requirements. No proof of travel is required.

It is recommended, but not required, to wait three months between COVID-19 infection and receiving a booster dose of vaccine.

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. Within the source of infection data, we've identified processes to better address cases under investigation that are not occupational. This changes the number of cases under investigation as we are no longer displaying cases that were not reported to Workplace Health & Safety.

As of April 12:

- 94,596 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 26,279 (or 27.78 per cent) have tested positive.
- Of the 10,872 employees who have tested positive and whose source of infection has been determined, 797 (or 7.33 per cent) acquired their infection through a workplace exposure. An additional 4,161 employees who have tested positive are still under investigation as to the source of infection.
- 6,624 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 1,309 (or 19.76 per cent) have tested positive.
- Of the 447 physicians who have tested positive and whose source of infection has been determined, 30 (or 6.71 per cent) acquired their infection through a workplace exposure. An additional 294 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](#).

[Update on Ukraine Supports](#)

Since the start of the conflict in Ukraine, millions of people have been forcibly displaced inside Ukraine and millions more have been forced to flee the country. As this crisis continues, we expect many more will face the extremely difficult decision to leave and may come to Alberta.

Many physicians, staff and members of our community are graciously accepting evacuees into their hearts and homes and we understand that the needs of evacuees will be diverse and evolve as they enter and begin to settle in Alberta. There are several resources that can help evacuees and their host families access [healthcare supports](#) and [resources](#) including many that have been translated into [English, Ukrainian and Russian languages](#) which we encourage host families to access and share.

As we continue to determine how [best to offer support](#), we must ensure that every evacuee will receive healthcare support they need, [free of charge](#).

Evacuees will be given the opportunity to apply for eligibility to the Alberta Health Care Insurance Program (AHCIP). This program will issue a card that will ensure evacuees will not be billed for any health services received up to the expiry date of their coverage. A [registration process guide](#) and [tracking sheet](#) have been developed to help physicians and staff better understand how to identify, register and track evacuees as they present to an AHS facility.

The crisis in Ukraine has brought forward many questions including ones around the use of the term evacuee versus refugee and how to become a host family. We encourage you to review this [document](#) which offers answers to some questions you may have.

No evacuee who arrives in Alberta will be denied healthcare. We will care for everyone who arrives in our province and we will do everything we can to ensure their care is culturally appropriate and accessible. Should any evacuee require health services from AHS, healthcare facilities and providers are asked not to turn away any requests for care and to respond as needed.

If you have questions or comments, please email Ukraine.Inquiries@ahs.ca

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](#)
- [Management for Pregnant Women with COVID-19](#)
- [MD News Digest](#)
- [Online Healthcare Worker Self-Assessment Tool](#)
- [Outpatient Treatment for COVID-19](#)
- [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
 - 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 \(CPSA\)](#).

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**Alberta Health
Services**

Physical
distancing
works