

CMO SMOH Notice for AHS Medical Staff

April 22, 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:

- Medical Affairs
 - *Introducing the AHS Physician Use and Disclosure of AHS Health Information Protocol*
 - *Doctor of the Week*
 - *MD Culture Shift*
 - *Support for Physicians*
 - *Behavioural Safety Program reduces patient aggression*
- AHS Priorities
 - *Alberta Surgical Initiative*
 - *Rural Engagement and Rural Initiatives*
 - *Digital Health Evolution and Innovation*
 - *Workforce Recruitment and Retention*
- COVID-19 information from CEO All Staff
 - *COVID-19 Case Status in Alberta*
 - *COVID-19 Immunization Update*
 - *COVID-19 Testing for Healthcare Workers — the Latest Numbers*
- Update on Ukraine Supports
- Our People Pulse Survey Coming on May 2
- Additional Resources for Physicians

Medical Affairs

Introducing the AHS Physician Use and Disclosure of AHS Health Information Protocol

Receiving a complaint can be a stressful and overwhelming process. This is why the College of Physicians and Surgeons of Alberta (CPSA) and Alberta Health Services (AHS) worked together to develop the [AHS Physician Use and Disclosure of AHS Health Information Protocol](#), to create a process for physicians who have received a complaint to access certain health information directly from AHS for the purpose of responding to the complaint.

The health information that may be accessed is limited to information that was used by the physician to provide the care at issue or directly relates to the physician's care at issue in the complaint and is relevant to the response by the physician to CPSA.

For more information about the process and the protocol, please visit this [website](#) and review these [frequently asked questions](#).

For more information about accessing health records, please visit Health Information Management's [Access and Disclosure webpage](#).

Questions about CPSA's complaints process? Email complaints@cpsa.ab.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 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 Michele Foster.

Dr. Foster is a Psychiatrist with the Eating Disorders program at the University of Alberta Hospital. She works in a combination of inpatient, partial hospitalization and outpatient clinics and also runs and co-facilitates therapy groups as part of the treatment programs.

"I love working with patients of all ages, and I enjoy that this area of Psychiatry allows me to maintain connection with various physical aspects of medicine, as patients often have a variety of complications resulting from their eating disorders. It is a challenging array of disorders to treat, but gives me the opportunity to work closely with both patients and their families to try and make a difference."

Outside of work, Dr. Foster enjoys spending time with her husband and their four cats. She loves all things bikes – from attending spin class, to her Peloton, to having her motorcycle license!

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

MD Culture Shift

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.

Behavioural Safety Program reduces patient aggression:

Patient-to-worker harassment and violence is never okay. The [Behavioural Safety Program](#), when used together with the [Violence Aggression Screening Tool](#) (VAST) can help you identify and communicate safety risks and safe care strategies for patients who may display harassing or violent behaviour. This safety program enables clinical staff to proactively identify behavioural safety risks to reduce incidents of harassment and violence from patients.

The [VAST](#), available on Insite and in Connect Care, uses evidence-based criteria to identify risk and develop behavioural safety plans that improve safety for all.

Check [Insite](#) for more information, training, and resources or visit [patient-to-worker harassment and violence](#) or [respectful workplaces](#) for additional support.

AHS Priorities

Alberta Surgical Initiative

AHS is dedicated to ensuring Albertans have access to high-quality and safe care. Timely access to surgeries is important to Albertans. No one should have to wait longer than clinically recommended for their surgery. In partnership with Alberta Health, AHS developed the Alberta Surgical Initiative (ASI), a five point-plan to improve surgery in Alberta by shaping demand, managing capacity, and improving the patient's journey to receiving surgery.

AHS will do this by:

- *Enhancing collaboration between specialists and primary care providers so, together, they provide comprehensive, facility- and community-based supports for patients from pre- to post-surgery.*
- *Providing Albertans with faster access and more choice. We'll use a centralized model to distribute referrals to the most appropriate surgeon or surgical team with a shorter wait list.*
- *Improving access to surgery through expanded services and partnerships, including with chartered surgical facilities.*
- *Providing patients clear direction to care with standardized, easily navigated surgical pathways and supporting resources.*
- *Gaining greater understanding of root causes that delay access and increase wait times in surgery through a research review.*

Current surgical status:

Over the past four weeks, the average of weekly volumes for scheduled surgical activity is 88 per cent of our pre-pandemic surgical volumes. Our total surgical wait list for adult sites sits at approximately 73,200 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.

AHS enters into ophthalmology contracts:

The third step in the ASI involves improving access to surgery through expanded services and partnerships, including chartered surgical facilities (CSF).

As [announced by Alberta Health today](#) (April 22), AHS entered into contracts with ophthalmology CSFs in Edmonton and Calgary zones.

These contracts will reduce wait times for surgery for patients and support capacity for acute care by allowing hospitals to focus on emergent and more complex surgeries. Through these new contracts with ophthalmology CSFs, AHS is set to perform approximately 35,000 cataract and other eye procedures at the CSFs in Edmonton and Calgary this coming year. This is an increase of 25 per cent, or 7,000 procedures, performed within CSFs compared to the previous year.

To continue to expand surgical access for Albertans, an orthopedic CSF Request for Proposals (RFP) has undergone evaluations. More information will be available on this in the coming days. Additional RFP opportunities for CSF providers in other regional centres and for different types of surgeries are expected in the fall.

Alberta Health also announced Canadian health-care executive Ronan Segrave will serve as Alberta's new independent surgical recovery lead. For more information, please see the [news release](#).

Enhanced Recovery After Surgery (ERAS):

A key part of the Alberta Surgical Initiative, ERAS guidelines help get surgery patients back on their feet sooner, improve patient flow, and maximize hospital capacity.

Aside from getting surgery patients back on their feet and home sooner, ERAS is also an effective way of helping to manage hospital capacity. Alberta researchers have found that among 6,773 patients across five surgery types in AHS, ERAS was associated with:

- 0.71 fewer days spent in hospital after surgery (patients get out of hospital sooner, which frees up beds for more patients can come in to have surgery).
- 15.6 per cent fewer readmissions (fewer readmitted means more hospital beds are available for surgical patients to recover in).
- 1.7 day shorter length of stay for those patients who required readmission.
- From 2013-2018, ERAS has saved the health system an estimated \$34 million.

Alberta continues to be recognized as a world leader in this area. The [research paper](#) about ERAS in Alberta was published in August 2021, in JAMA Network Open.

Learn more [here](#).

Rural Engagement and Rural Initiatives

This work is designed to strengthen partnerships with rural communities to enhance and better support the rural healthcare workforce and to better meet the unique needs of Albertans living in non-urban communities.

North Zone municipal leaders meet new ZEL:

Municipal officials from across northern Alberta joined AHS' new North Zone leadership team, Stacy Greening and Dr. Brian Muir, for a presentation and conversation this week. Stacy and Brian provided an update on the zone's priorities, and responded to concerns and questions from 125 municipal leaders and representatives. The recruitment and retention of physicians and other healthcare professionals in the North Zone; mental health and addictions support for remote and rural Albertans; and wait lists for surgeries and other specialized services were identified as particular concerns of

municipal leaders. Zone leadership is grateful for the input provided and looks forward to future conversations. A similar session is scheduled for May 2 for Indigenous leaders across the North Zone.

Next week, Albertans are invited to join the [Prairie Mountain Health Advisory Council](#) on April 28 for its regular meeting. Email prairiemountain@ahs.ca to join the conversation.

Over the coming weeks, several meetings are scheduled with rural MLAs, mayors and reeves across Alberta to discuss community-specific concerns. To schedule a meeting in your community, please reach out to your zone leadership team or Community.Engagement@ahs.ca.

Digital Health Evolution and Innovation

This work involves the ongoing rollout of Connect Care; continued expansion of virtual health to support more community- and home-based care, programs and services; the rollout of the PRIHS digital health program, and continued work with provincial and federal governments and industry on bringing new health innovations to market.

Connect Care launch a month away:

Preparations for upcoming launches of Connect Care are well underway. Connect Care is a new way of using and sharing health information to improve patient care. It enables healthcare teams to have a more complete picture of a patient's health history, access to consistent information on best practices, resources at their fingertips and the ability to communicate with patients and each other more easily.

The fourth launch of Connect Care will take place on May 28 – just over a month away. With 57 sites in the Edmonton and Calgary zones, it will be our biggest launch to date. This includes the Royal Alexandra Hospital and Glenrose Rehabilitation Hospital in Edmonton, and the Alberta Children's Hospital and Peter Lougheed Centre in Calgary Zone. Also in Launch 4 are Calgary Zone rural and urgent care sites and the clinics and services aligned with them, the Southern Alberta Forensic Psychiatric Centre, Central Production Pharmacy, addiction and mental health facilities in Edmonton Zone, and all labs in Edmonton Zone that have not already implemented Connect Care.

The fifth launch is scheduled for Nov. 6, with all remaining launches scheduled approximately every six months until Connect Care is fully implemented in 2024. The full schedule of launches is available [here](#).

Thank you for all you are doing to prepare for Connect Care and the efforts you and your teams have made to balance the demands of COVID-19 while getting ready for the upcoming launches.

Workforce Recruitment and Retention

This work involves supporting our current workforce following more than two years of pandemic response, as well as recruiting and retaining needed healthcare workers supported by the Integrated Workforce Action Plan.

Northern rural communities welcome new family physicians:

Rural Albertans now have improved access to primary care services with the recruitment of family physicians now practising in several northern communities.

- In Wabasca-Desmarais, Dr. Tarig Suliman is practising at the Wabasca/Desmarais Healthcare Centre and the Golden Opportunity medical clinic. Dr. Suliman is the first full-time, permanent family medicine physician in Wabasca since his predecessor's departure last year.
- In Fairview, Dr. Saad Almanfoud is providing care at Fairview Medical Clinic and the Fairview Health Complex. He joins a team of four other family medicine physicians in town.

- In Barrhead, Dr. Amarachi Acholonu-Nwobe and Dr. Ogechukwu Nwobe bring the total number of family medicine physicians in the community to 11.
- And in Swan Hills, Dr. Ashraff Khan is currently accepting new patients at the Swan Hills Healthcare Centre. He joins one other family physician in Swan Hills.

COVID-19 Updates

COVID-19 Case Status in Alberta

ICU Update:

As of 9:30 a.m. today (April 22), AHS has 213 general adult ICU beds open in Alberta, including 37 additional spaces above our baseline of 176 general adult ICU beds. There are 170 patients in ICU. Provincially, ICU capacity (including additional surge beds) is currently at 80 per cent, up from 74 per cent one week ago. Without the additional surge spaces, provincial ICU capacity would be at 97 per cent, up from 91 per cent one week ago.

Hospitalizations:

On April 18, 1,083 individuals were in non-ICU hospital beds with COVID-19, compared to 1,053 on April 11, a 2.9 per cent increase.

Variants of Concern:

Alberta Precision Laboratories (APL) continues to closely monitor SARS-CoV-2 variants. From April 12-18, an average of 86 per cent of positive samples were strain-typed. Of those, the seven-day rolling average was 95 per cent Omicron BA.2 lineage, five per cent Omicron BA.1, and Delta was not detected during this period. 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 18, there was an average of 875 new cases of COVID-19 per day, compared to 880 cases per day the previous reporting period (April 5 to April 11). The Calgary Zone reported the highest total number of new cases with 2,580 (an average of 369 new cases per day). Two 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 12-18)	New Cases (April 5-11)	Percent Change
Calgary	2,580	2,424	+6.4%
Edmonton	1,967	2,110	-6.8%
North	428	447	-4.3%
Central	715	813	-12.1%
South	399	363	+9.9%
Unknown	36	0	N/A
Total	6,125	6,157	-0.5%

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

Wastewater Surveillance:

Wastewater can provide an early indication of infection trends in a community. For wastewater surveillance comparing weekly averages:

- In the South Zone, Lethbridge was the only location that reported a decrease of COVID-19 in its wastewater compared to the previous weekly average. Taber and Brooks had significant increases this week, while Medicine Hat continues its upward trajectory.
- For Calgary Zone, Airdrie and the City of Calgary each had around a 10 per cent increase this week, which is an improvement compared to the steep increase in the previous report. However, they're both still trending upward and Airdrie is at its highest level. Canmore and Okotoks both had greater than a 25 per cent increase compared to last week as well.
- In Central Zone, Red Deer and area continued its upward trend with a 37 per cent increase over last week. Drumheller plateaued this week; Lacombe decreased.
- In Edmonton Zone, both wastewater sites increased by over 25 per cent. The City of Edmonton, in particular, has reached a weekly average that was last reported in early February.
- In the North Zone, Edson and Cold Lake showed significant increases this week, while Fort McMurray and Grande Prairie remained stable compared to the previous report.

Frequency of reporting updates vary by sampling site. The above interpretations were made from available data as of April 18 at noon. The Alberta Wastewater Surveillance Program is a collaboration between the University of Calgary, University of Alberta, APL and Alberta Health.

Other notable COVID-19-related information:

- Data from the last seven days indicate that 39.3 per cent of new admissions to non-ICU spaces are due to COVID-19 infection directly, 30.5 per cent had COVID-19 as a contributing cause and 30.2 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 25.0 per cent; 42.9 per cent had COVID-19 as a contributing cause and 32.1 per cent were incidental infections or unclear.
- As of April 18, 4,190 individuals have passed away from COVID-19, including 49 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 18, 558,483 cases of COVID-19 have been detected in Alberta and a total of 24,141 individuals have been hospitalized, which amounts to 4.3 individuals for every 100 cases.
- From April 12 to April 18, 24,745 COVID-19 tests were completed, a seven-day average of 3,535 tests per day. During this period, the daily positivity ranged from 20.8 per cent to 30.2 per cent.

COVID-19 Immunization Update

Novavax supply and appointment availability:

There continues to be available supply of [Novavax's Nuvaxovid vaccine](#) in all Zones. Specific Novavax clinics are being held at select sites. Appointment availability may be limited as our teams work to maximize the number of doses from each vaccine vial and minimize wastage (there are 10 doses in a vial and the vial has to be used within six hours of opening). Call Health Link at 811 to book an appointment.

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.

Vaccines effective against severe outcomes:

Vaccines continue to be critically important in lowering the risk of severe outcomes from COVID-19. Vaccine effectiveness against infection declines over time – and is lower with the highly transmissible Omicron variant – but additional doses can boost immunity to improve protection and limit spread.

In the [last four months](#), unvaccinated Albertans five years of age and older were:

- more than three times more likely to be hospitalized with COVID-19

- almost eight times more likely to be admitted to the ICU than those who had three doses of vaccine

In the last four months, unvaccinated Albertans 80 and older were:

- more than four times more likely to be hospitalized with COVID-19
- almost six times more likely to die from COVID-19 than those with three doses of vaccine

Everyone five years of age and older can get immunized against COVID-19. Everyone 12 years of age and older can get a booster dose five months after their primary series. Fourth doses (second boosters) are available to [eligible groups](#).

We encourage everyone to get immunized with whichever dose they are eligible for, as soon as possible.

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

Alberta Physicians within AHS facilities as well as community-based (family doctors) are requested by the Government of Alberta to provide insured services to Ukrainian evacuees and not provide a bill at the point of service. It is also recommended that physicians hold the patient claims until a PHN is issued. Once a PHN is issued by Alberta Health, physicians can submit claims retroactively for payment, as per the regular claims submission process and rules

- Physicians are requested to check Netcare, after April 30, 2022, to confirm that a PHN has been issued.
- After May 1, 2022, if a billing clerk is not able to locate a patient's PHN, please contact Alberta Health for assistance at: evacueehealthregistration@gov.ab.ca

Our People Pulse Survey Coming on May 2

The Our People Pulse Survey will be open from May 2 to 23. We encourage you to participate - it only takes a few minutes.

We want to hear how you are doing, and give you the opportunity to provide feedback through a short five-question survey focusing on wellbeing and engagement.

Once you receive your invite, please share your perspectives. Results will help leaders and their teams identify local priorities and take actions to support wellbeing and enable healthy workplaces. Learn more on ahs.ca. Questions? Email engage@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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