

# CMO SMOH Notice for AHS Medical Staff

April 29, 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
  - *May 1 is National Physician's Day*
  - *Celebrating Registered Midwives on May 5*
  - *Dr. Kent Bernes is the 2021 Rhapsody Physician Award Recipient*
  - *Patient and Family Digital Stories*
  - *Reminder to Register for the Preventing Overdiagnosis Conference*
  - *Watch for Our People Pulse Survey Invite on May 2*
  - *Doctor of the Week*
  - *MD Culture Shift*
  - *New Posters Available to Help Prevent Harassment and Violence*
  - *Reminder: Complete your Fit for Work Screening*
- AHS Priorities
- 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*
- Additional Resources for Physicians

## **Dear Medical Staff,**

***We know the past two years of responding to the COVID-19 pandemic has been a tumultuous, challenging, and exhausting time.***

***To ensure you are safe, and well, we encourage you to reach out to your colleagues, leaders, or the Alberta Medical Association's [Physician & Family Support Program \(PFSP\)](#) for support.***

***With immense gratitude, we thank you for all you have done, and continue to do, to care for Albertans.***

## **Medical Affairs**

### **May 1 is National Physician's Day**

Every day, physicians give so that our communities may be safe and healthy. As a physician, you consistently offer your time, expertise, care, and emotional energy in order to serve others.

On May 1 we celebrate National Physician's Day in order to recognize the Canadian medical profession and its contributions to the country's history and national identity. May 1 was chosen to

honour the birthday of the first woman to practice medicine in Canada and a founder of Canada's women's movement, Dr. Emily Stowe.

Physicians are critical to our healthcare system, providing high-quality care to Albertans across the province.

[Watch](#) a message of gratitude from me (Francois).

### **Celebrating Registered Midwives on May 5**

May 5 is International Day of the Midwife, and we would like to celebrate midwives and the role they play as part of our healthcare team. Registered Midwives build meaningful and lasting relationships with the pregnant people and families they care for, with commitment to high quality, patient centred care both in AHS facilities and throughout the province. Thank you for everything you do as part of our healthcare team, and for those you care for.

~ Sean Chilton, Vice President, People, Health Professions and Information Technology  
~ Danica Sharp, Executive Director, Provincial Midwifery Services, People, Health Professions and Information Technology

### **Dr. Kent Bernes is the 2021 Rhapsody Physician Award Recipient**

The Rural Health Professions Action Plan (RhPAP) Rhapsody Physician Award recognizes unsung heroes who provide Alberta's rural communities with outstanding patient care and make notable contributions to both medical practice and their communities. The 2021 recipient is Dr. Kent Bernes, a physician who has been practicing in Barrhead for almost 30 years.

For more information about Dr. Bernes, and his partner Donna Bernes who was also recognized in support of Dr. Bernes, please visit [RhPAP's website](#).

Congratulations Dr. Bernes!

### **Patient and Family Digital Stories**

Earlier this month, the Engagement and Patient Experience team hosted a special screening of *Searching for Meaning: Incorporating Patient and Family Digital Stories in Your Practice*.

Embracing patient stories can help us identify opportunities for growth and reflect on the experiences of the patients and families we serve. In this webinar, you will be introduced to the AHS Patient and Family Storytelling Platform and learn how to successfully incorporate digital stories into your work and practice.

A recording of the full session is now available online. Watch it [here](#).

### **Reminder to Register 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**.

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

### **Watch for Our People Pulse Survey Invite on May 2**

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

Please share your perspectives and provide feedback on how you're doing and what you need to feel supported. Results will help leaders and their teams identify local priorities and take actions to support wellbeing and enable healthy workplaces.

Watch for your survey invitation email from Gallup on Monday, May 2. Please do not forward your link to others as everyone will receive their own.

See [Insite](#) for more information.

## **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.*



This week's Doctor of the Week is Julia Jacobs-LeVan.

Dr. Jacobs-LeVan is a clinician scientist and the director of the Alberta Children's Hospital Epilepsy Program. Her work focuses on helping children and families that are affected by difficult to treat epilepsy. Dr. Jacobs-LeVan's special expertise lies in preparing kids for epilepsy surgery, which is the best possible option for many to get cured from their epilepsy.

"My best moments as a physician are those where I have the feeling that I can make a difference for my patients. Not necessarily because I can fix everything, but by finding little solutions that make the burden of disease lighter. For example, chatting about a sleep routine or giving hands on advice about how to make sure a toddler takes their medications, can make all the difference."

Dr. Jacobs-LeVan just received some funding from the Alberta Children's Hospital Foundation (ACHF) for the Alberta Children's Epilepsy Program. The plans she has for this new program include offering advice to kids who have experienced their first seizure in a specialized first seizure clinic; trying to predict which kids after brain injury will develop epilepsy; and establishing a clinical trial unit to test new medications.

"I love it when my work as a physician is creative and I'm able to develop something new for our patients, or in my research."

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

## **MD Culture Shift**

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

## **New Posters Available to Help Prevent Harassment and Violence**

The safety of physicians and staff is of utmost importance at AHS. AHS' Workplace Harassment & Violence Prevention program strives to provide our workers with a safe work environment, and our patients with safe care. Two new posters have been created to support a safe workplace by encouraging respectful behaviour from patients and reporting after safety incidents:

- Use the [No pictures, please](#)" poster to remind others to ask permission before recording anyone in AHS environments. Additionally, the [Recording of AHS Workers](#) guide can help you navigate situations where a recording may be used in a way that is harassing.

- Post the [Accepting Violence is Never Part of Your Job - Reporting](#) poster to encourage reporting.

Physicians are reminded to report all incidents of harassment or violence from patients/clients, designated support persons and visitors in [MySafetyNet](#).

Questions? See [Insite](#) or email [Safecare.Together@ahs.ca](mailto:Safecare.Together@ahs.ca).

### **Reminder: Complete your Fit for Work Screening**

It's important that we continue to take preventive steps to reduce the spread of COVID-19 and other viruses. Physicians and staff need to continue to monitor for COVID-19 symptoms like a sore throat or runny nose. While it may be tempting to automatically shrug these off as seasonal allergies, to do so could risk the spread of infection. We cannot overstate the importance of staying home when sick.

Please continue to complete your [Daily Fit for Work screening](#) and assess your own personal history of seasonal allergies. Also simple actions such as adhering to all [personal protective equipment \(PPE\)](#) measures, [washing your hands](#) regularly and [physically distancing](#) where possible can prevent the spread of COVID-19.

## **AHS Priorities**

### **Priority: EMS 10-Point Plan**

This work is focused on managing high volumes of EMS calls, freeing ambulances for urgent care needs, and ensuring our EMS workforce is robust and well supported.

#### ***New initiative supports EMS, hospital capacity in Calgary***

A new initiative is being implemented in Calgary next month as part of ongoing work by AHS to relieve system pressure, build capacity and continue to meet healthcare demand in Alberta.

Supporting the [AHS EMS 10-Point Plan](#), the new Calgary Integrated Operations Centre (IOC) team will work with Emergency Medical Services (EMS) crews on the ground, helping direct them to the most appropriate care facility for each specific patient, based on patient need and site capacity.

Comprised of specially trained paramedics and acute care inpatient capacity leads, IOC is an additional support for the existing experts who navigate patient flow challenges through the healthcare system. The IOC will help co-ordinate and support patients going into hospital, their stay in hospital and discharge to the community. This will occur through the IOC's co-ordinated, technology-enabled 'air-traffic control' perspective based on information provided by the paramedic crew on scene, as well as real-time data from the sites, including both emergency and acute care capacity.

The Calgary IOC has been modelled on the Edmonton IOC, which was launched in 2019. The Calgary IOC will not impact dispatch or 911 call processes currently in place.

### **Priority: 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's 30-day launch readiness assessment held this week***

Launch 4 of Connect Care is now less than one month away, scheduled for the early morning hours of May 28. The 30-day launch readiness assessment meeting was held this week, where updates were provided by all launching sites and portfolios regarding preparations and activities leading up to

the launch. This will be the third launch of Connect Care during the COVID-19 response, and we are so appreciative of the work teams have done to move this important project forward during challenging times.

A few locations will be launching earlier than May 28, including the laboratories at the Grey Nuns Community Hospital and the Misericordia Community Hospital in Edmonton on May 14. The full schedule of launches is available [Insite](#).

### **Priority: Pandemic Recovery**

AHS will continue to provide access to vaccines and treatments, expand and enhance supports for long-COVID conditions, increase intensive care capacity, and return other services to pre-pandemic levels.

#### ***AHS performs record number of organ transplants***

Even in the face of pandemic challenges, AHS' two transplant programs set records and achieved a number of firsts last year.

The Edmonton Kidney Transplant Program performed a record 49 living donor kidney transplants, breaking the previous record of 45 set in 2004. The program performed 34 living donor kidney transplants in 2020, 38 in 2019, and 29 in 2018.

The Southern Alberta Transplant Program also notched a record year for organ transplants, with 105 procedures in 2021 from 43 deceased and 25 living donors. Of these transplants, 103 were kidney and two were pancreas. The program reported 97 organ transplants in 2020, and 80 in 2019.

Collectively, AHS transplant teams performed 404 organ and tissue transplants last year. Even with some living donor programs temporarily paused at times, the total number of transplants in Alberta remained relatively on par with previous years: 395 in 2020 and 433 in 2019.

### **Priority: 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.

#### ***Many discussions underway with Albertans across province***

This week, advisory council members participated in a town hall-style engagement session to provide feedback on AHS' new Code of Conduct. The conversation was so robust that a second meeting is being scheduled to complete the discussion.

Albertans from across Calgary Zone joined the [Prairie Mountain Health Advisory Council](#) for their regular meeting on April 28. As well as engaging in a conversation with the Calgary Zone executive leadership team, participants received a presentation from the Alberta Cancer Screening Program, and an update on rural recruitment and retention efforts from the Rural Health Professions Action Plan.

Next week, Indigenous leaders from across northern Alberta will be meeting with the North Zone leadership team, Stacy Greening and Dr. Brian Muir. The meeting has been designed as an opportunity for the sharing of priorities and concerns, and for building relationships.

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](mailto:Community.Engagement@ahs.ca).

### **Priority: Alberta Surgical Initiative**

AHS has implemented the Alberta Surgical Initiative, a five-strategy plan to reduce surgical wait times for Albertans, improve the patient experience and enhance collaboration and support for primary care providers, surgeons and specialists.

It includes the following five strategies:

1. Improve specialist advice and collaboration with family physicians before consultation;
2. Centralize referrals to distribute referrals to the most appropriate surgeon with a shorter wait list;
3. Enhance Albertan's access to surgery through expanded services and partnerships;
4. Improve patient navigation of the healthcare system through enhanced care coordination, surgical pathways and resources;
5. Ensure the model has long-term sustainability by understanding and addressing the root causes of barriers to surgical access.

Ultimately, these strategies seek to:

- Reduce wait times for surgery for all Albertans, so that every scheduled surgery is provided within clinically recommended targets.
- Support partnerships and collaboration between patients, primary care providers and specialists.
- Enable consistent and transparent measurement of wait times across the patient.
- Ensure that surgical care continues to be equitable, safe and high quality for all Albertans.
- Ensure long-term viability of Alberta's healthcare system.

Work is underway to create a central location for the ASI on the AHS website to share information, updates and progress of the ASI. Stay tuned for more information on this webpage and other work of the ASI.

### ***Current surgical status:***

We continue to work diligently to recover to pre-pandemic surgical status. Over the past four weeks, the average of weekly volumes for surgical activity is 88 per cent of our pre-pandemic surgical volumes. Our total surgical wait list for adults sits at approximately 73,300, compared to approximately 76,600 at the beginning of March. In February 2020, before the pandemic, our total wait list was 68,000.

## **COVID-19 Updates**

### **COVID-19 Case Status in Alberta**

#### **ICU Update**

As of 11:45 a.m. today (April 29), AHS has 211 general adult ICU beds open in Alberta, including 35 additional spaces above our baseline of 176 general adult ICU beds. There are 173 patients in ICU. Provincially, ICU capacity (including additional surge beds) is currently at 82 per cent, up from 80 per cent a week ago. Without the additional surge spaces, provincial ICU capacity would be at 98 per cent, up from 97 per cent a week ago.

#### **Hospitalizations**

On April 25, 1,173 individuals were in non-ICU hospital beds with COVID-19, compared to 1,141 on April 18, a 2.8 per cent increase.

#### **Variants of Concern**

APL continues to closely monitor SARS-CoV-2 variants. From April 19-25, an average of 79 per cent of positive samples were strain-typed. Of those, the seven-day rolling average was 96 per cent Omicron BA.2 lineage, four per cent Omicron BA.1, and Delta was not detected during this period.

Recombinant SARS-CoV-2 strains have been detected and are circulating in Alberta, as well as across Canada and the world at very low levels. The recombinants detected in Alberta are

recombinants within the Omicron lineage and are not thought to be of any increased biological concern compared with the predominant BA.2 strain. Recombinants occur as part of the evolution of SARS-CoV-2, and are being monitored as we remain in frequent communication with our provincial and national public health partners.

### New Cases

For the seven-day period ending on April 25, there was an average of 942 new cases of COVID-19 per day, compared to 873 cases per day the previous reporting period (April 12 to April 18), a 7.9 per cent increase. The Calgary Zone reported the highest number of new cases with 2,750 (an average of 393 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 19-25)	New Cases (April 12-18)	Percent Change
Calgary	2,750	2,583	+6.5%
Edmonton	2,308	1,989	+16.0%
North	443	423	+4.7%
Central	615	718	-14.4%
South	456	395	+15.4%
Unknown	20	0	N/A
Total	6,592	6,108	+7.9%

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:

- South Zone: Lethbridge and Brooks showed significant increases in COVID-19 RNA in its wastewater compared to the previous reported average. Medicine Hat is showing signs that it may be plateauing after about two months of trending upwards, although more data is needed before saying definitively.
- Calgary Zone: Four locations decreased by more than 25 per cent compared to the week before. One of these locations was Airdrie, where large increases were reported two weeks ago. The City of Calgary increased by 16 per cent.
- Central Zone: Lacombe had an 85 per cent increase and was the only location of the three zone sites that increased since the last report. Red Deer and Drumheller were stable.
- Edmonton Zone: Fort Saskatchewan and area increased by 49 per cent while the City of Edmonton decreased by 32 per cent.
- North Zone: Fort McMurray and Cold Lake reported increases of 43 and 59 per cent, respectively. Grande Prairie reported a 10 per cent decrease. An abnormally large spike was seen in Edson and is now trending downward. More time is needed to determine if there is a sustained trend.

Frequency of reporting updates vary by sampling site. The above interpretations were made from available data as of April 25 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 37.9 per cent of new admissions to non-ICU spaces are due to COVID-19 infection directly, 27.4 per cent had COVID-19 as a contributing cause, and 34.7 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 42.4 per cent, 33.3 per cent had COVID-19 as a contributing cause, and 24.2 per cent were incidental infections or unclear.

- As of April 25, 4,252 individuals have passed away from COVID-19, including 62 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 25, 565,052 cases of COVID-19 have been detected in Alberta and 24,729 individuals have been hospitalized, which amounts to 4.4 individuals for every 100 cases.
- From April 19 to April 25, 26,156 COVID-19 tests were completed, a seven-day average of 3,737 tests per day. During this period, the daily positivity ranged from 23.4 per cent to 30.6 per cent.

## **COVID-19 Immunization Update**

### ***AstraZeneca will no longer be available in Canada***

As announced by [Alberta's Chief Medical Officer of Health](#), the AstraZeneca COVID-19 vaccine will no longer be available in Canada after this week. Several other vaccine options exist including Moderna and Pfizer, which are the preferred options, and of which there is ample supply. The Janssen and Novavax vaccines continue to be available for those who may need or prefer a non-mRNA vaccine.

### ***Get immunized with whichever dose you are eligible for***

Immunization remains the single most effective tool we have to reduce the risk of experiencing severe illness, hospitalization and death 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. 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 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. The testing data does not include rapid antigen test results for healthcare workers.

As of April 26:

- 94,881 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 27,770 (or 29.27 per cent) have tested positive.
- Of the 11,314 employees who have tested positive and whose source of infection has been determined, 813 (or 7.19 per cent) acquired their infection through a workplace exposure. An additional 4,663 employees who have tested positive are still under investigation as to the source of infection.
- 6,670 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 1,414 (or 21.20 per cent) have tested positive.
- Of the 461 physicians who have tested positive and whose source of infection has been determined, 30 (or 6.51 per cent) acquired their infection through a workplace exposure. An additional 307 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](#).

### **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](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](#).

**Sincerely,**

**Dr. Francois Belanger**

Chief Medical Officer and Vice President, Quality

**Dr. Laura McDougall**

Senior Medical Officer of Health

