

# CMO SMOH Notice for AHS Medical Staff

May 6, 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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## **Medical Affairs**

### **New Guidance for COVID-19 Rapid Antigen Testing**

Alberta Health has provided new guidance for COVID-19 rapid antigen testing at home. Emerging evidence on the Omicron variant indicates that taking a sample by swabbing both the mouth and nose is more effective at detecting COVID-19 when using a rapid antigen test.

An instructional video is available on [how to swab both the mouth and nose](#). More information on [how to test](#) is available on the Government of Alberta website.

### **PPE Question of the Week — When Do I Have to Wear Eye Protection, and When Is It Optional?**

To help ensure clarity, consistency of practice and understanding around the use of eye protection, PPE Task Force Chair [Dr. Mark Joffe provides a quick overview of the current guidance in place](#).

### **Be Heard through Our People Pulse Survey**

Take a few minutes to complete the five-question Our People Pulse Survey and let us know how you are doing and what you need to feel supported. Teams will discuss their own results and choose actions to improve.

Check your inbox for an email invitation from Gallup Inc., then click on your personalized survey link to begin. If you haven't received your email invitation yet, please check your junk email folder.

The survey closes at midnight Monday, May 23. Questions? Visit [Insite](#).

## 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 Laura Stovel.

Dr. Stovel is a psychiatrist at the University of Alberta Hospital (UAH). She practices psychotherapy in the UAH outpatient department, and works on the inpatient unit and in the ER. She was the physician lead for the UAH Day Treatment Program, an intensive group psychotherapy program for complex patients, for fifteen years.

"One thing I love about my work with patients is that it offers the opportunity to help people understand themselves better, and feel happier with their lives and who they are. It's very meaningful. We all have struggles and losses - it's the human condition."

Dr. Stovel is also heavily involved in the academic world too. She was the Program Director for the Psychiatry Residency program for eight years; she is currently active in postgraduate education at the Royal College of Physicians and Surgeons; and is also involved with the MD Program at the University of Alberta in the role of Assistant Dean for Admissions.

"I've always loved teaching and from the beginning of my career I've made a point of working with medical students and residents. Seeing students just starting medical school, at the very beginning of their careers, is so inspiring."

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

## MD Culture Shift

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

### **Upcoming EDI-related events and webinars**

- **May 10, 12:30 – 1:30 p.m.:** Join the next virtual Cumming School of Medicine (CSM) Equity, Diversity, and Inclusion (EDI) Lunch and Learn session, **The Future of Health Policy and the Role for Advocacy**. Details and registration [here](#).
- **May 18, 11 a.m.:** The First Nations Children's Action Research and Education Service presents **A National Crime: Is It Over?** a webinar featuring Cindy Blackstock and four other speakers. Details and registration [here](#).
- **May 19, 5 – 6:30 p.m.:** Cumming School of Medicine (CSM) Distributed Learning and Rural Initiatives presents a webinar, **Building a Better Path: Culturally Safe & Responsive Care for Indigenous Patients & Families**, presented by Harley Crowshoe & Penny Morelyle. Details and registration [here](#).

### **Upcoming EDI-related Conferences**

- **May 13 & 14:** The **Alberta Sexual Assault Conference and pre-course** is taking place both in-person and virtually. The pre-course includes experiential learning of trauma informed care and the conference includes, among other topics, considerations in transgender sexual health and the impact of sexual assault and violence on survivors as well as on physicians. Pre-course information [here](#) and conference information [here](#).
- **May 25, 9 a.m. – 3 p.m.:** University of British Columbia is presenting a virtual symposium on **Race Ideology: Historical Perspectives, Current Realities and Re-imagining the Future**, exploring how racist ideology led to the categorization of people into “races” and how centuries of medical knowledge, health care, research and health professions education have perpetuated systemic racism. Details and registration [here](#).
- **June 2, 9:30 a.m. – 1:15 p.m.:** The **Equity in Medicine Conference** is taking place in-person in Victoria, BC and virtually. This year’s theme is Equity, Diversity and Inclusion: from Awareness to Action! More details on the program are available [here](#) and registration is [here](#).
- **June 2-4:** The **Canadian Women in Medicine (CWIM) Conference** takes place in-person in Victoria, BC and virtually. Conference details and registration [here](#).

### Opportunities for Grants and Requests for Input

- The Community-Based Research Centre (CBRC) is conducting a **Canada-wide 2SLGBTQIA+ Community Study** to understand more about the current state of health among people in the 2SLGBTQIA+ community. Go [here](#) for more information and to participate.
- CSM is undertaking a **needs assessment of Equity, Diversity, and Inclusion curriculum within CSM**. Faculty involved in curriculum development or instruction in an academic program are invited to complete a survey to help identify current initiatives at the program level, gaps in programming, and the barriers and facilitators to implementing EDI curriculum. Fill out the survey for your program or course [here](#).

### Awards

The Western Trailblazer award is given to an individual who volunteers their time, influence, and courage to make opportunities more accessible to the LGBTQ2+ community. It is awarded annually at the Pride Day event at the Calgary Stampede (July 9). [Nominations](#) close June 17.

### Resources

The CBRC offers a variety of **free online educational programs to advance 2SLGBTQIA+ health**, including Gender-Affirming Care (Surgical Readiness & Aftercare); STBBI Testing & Treatment for 2SLGBTQIA+ Patients; and Prescribing Gender-Affirming Hormones. There is also an Alberta-specific program, Introduction to Affirming Spaces, a series for healthcare providers that offer insight into fostering affirming healthcare practices that better serve trans and gender-diverse patients. Details on these educational offerings [here](#).

### Physician Leader Healing Group

A few spots are left in our facilitated peer-support group for physician leaders, the Trauma-informed Leadership Healing Group. This group is offered virtually to AHS physician leaders who self-identify as having experienced trauma and diversity struggles within their workplace settings, to support their healing and enhance their effectiveness as leaders.

### Objectives for participants:

- To experience a facilitated space to share experiences of trauma and/or diversity struggles and receive support
- To gain knowledge and skills that promote personal growth
- To gain knowledge and skills that can be applied to members of teams

**When:** Four remaining sessions remain on Thursday evenings from 7-8:30 p.m. (May 12, May 26, June 9, June 23) Note: Each session will feature a different topic. Opt in as your schedule allows.

**Registration link:** [Physician Healing Group Registration](#).

After registering, you will receive a confirmation email containing information about joining the meeting.

**Co-facilitators:**

Dr. Diana Meakins, Psychiatrist with special interest in Trauma-informed care

Dr. Ghazala Radwi, Hematologist & Trauma-informed leadership trainer

**AHS Representative:**

Dr. Kim Kelly, Wellness, Diversity and Development Portfolio & Trauma-informed leadership trainer

**[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.

***Unpacking for the Journey – Ticketed Public Virtual Event***

**May 9, 7-9 p.m.:** This presentation is an opening for a conversation on death and dying, in our death averse society. Presented by David Maginley, a Spiritual Counselor and international public speaker from Halifax. Mr. Maginley's presentations are sponsored by The St. Albert Sturgeon Hospice Association (SASHA) in recognition of National Hospice Palliative Care Week 2022.

Visit the registration page [here](#). Find more information, including tickets (available April 1 – May 9) at [www.sasha-cares.com](http://www.sasha-cares.com).

***Compassion Fatigue: The Cholesterol of Care – Virtual Geriatric Grand Rounds Presentation***

**May 10, 12-1 p.m.:** Self-care is critical in maintaining vitality and depth in our practice of caring for others. Learn supportive strategies in the face of suffering, how to bring closure and honor those we care for through rituals and deepen our own humanity through the care we give. Presented by David Maginley.

Please join [here](#).

Zoom Passcode: 464007

Contact [GRH Learning and Development Centre](#) if you have any questions.

**AHS Priorities**

**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 Launch 4 three weeks away***

Connect Care teams are busy with final preparations for Launch 4 of Connect Care, which is now three weeks away — on May 28.

This week, the Clinical Operational Readiness (CORE) Day took place. There are several CORE days for each launch, and they provide operational leaders (zone, provincial programs and site leadership, as well as implementation teams, managers, directors, and physician leads) the tools they need to prepare their site and staff for Connect Care. This week's CORE Day included an overview of the Connect Care Launch Incident Management Branch, which is a team of experts who support every

site during launch. The audience was also provided with examples of what a day in the life of launch looks like for multiple roles.

We also want to wish our colleagues at the Pre-Admission Clinic at Peter Lougheed Centre in Calgary a successful early launch on May 9.

The full Connect Care Implementation Timeline is available [here](#).

### ***Virtual Health launches new quarterly newsletter***

The AHS Virtual Health (VH) Program is dedicated to supporting healthcare providers and clinical programs with the integration of innovation and technology for clinically appropriate, effective virtual care — improving access and reducing barriers to patient care across Alberta.

The program has recently launched a new, quarterly newsletter that offers the latest news, tools and tips to help improve your experience in delivering virtual care. To sign up, navigate to the [‘What’s New’](#) section on VH’s Insite page, open the newsletter, and click ‘Subscribe’ in the top left corner.

### **Priority: Pandemic Response and 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.

### ***Rapid tests now accepted for Paxlovid eligibility***

In some circumstances, rapid antigen tests are now being accepted to confirm COVID-19 in patients who qualify to receive Paxlovid, the oral medication that can prevent the disease from progressing in at-risk patients.

Physicians, nurse practitioners and some pharmacists in Alberta can now prescribe Paxlovid to eligible patients who can receive the treatment within five days of symptom onset. Patients without a family physician, or those whose family physician isn’t prescribing Paxlovid yet, can still call 1-844-343-0971 to be assessed. Patients who don’t qualify for Paxlovid will need to go through the centralized program to determine if they qualify for other outpatient treatments.

AHS is working with primary care physicians to transition the prescribing of Paxlovid to primary care. Access will increase as more family physicians assess and treat COVID-19 patients.

Eligibility criteria can be found at [ahs.ca/covidopt](https://ahs.ca/covidopt).

### **Priority: Rural Initiatives and Engagement**

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 leadership meets with Indigenous leaders***

North Zone executive leaders Stacy Greening and Dr. Brian Muir met with Indigenous leaders from the zone for a virtual community leaders session.

The purpose of the meeting was to give a brief overview of AHS North Zone, and to hear from communities on shared concerns, so AHS can better partner with Indigenous communities and leaders and better meet the needs of the communities we serve.

Several concerns were shared with AHS leaders during the session, including:

- Recruitment and retention challenges with physicians (specifically referencing Cold Lake and Sucker Creek).

- Mental health services and supports.
- Racism in the healthcare system, and the need for continuous and meaningful dialogue between AHS and the community.

A followup meeting to further address mental health services and supports for Indigenous communities is being scheduled with Indigenous leaders and AHS leadership.

### ***North Zone HACs to meet next week***

Albertans in the North Zone are invited to join the [Peace Health Advisory Council](#) at 6 p.m. on May 10. In addition to engaging in a conversation with local AHS decision-makers, participants will see a presentation from the Alberta Healthy Living Program. The Lakeland Communities Health Advisory Council will host an engagement event on May 11 between 5 and 8 p.m. Participants will hear a presentation on understanding grief and loss. Anyone interested in the event can contact [community.engagement@ahs.ca](mailto:community.engagement@ahs.ca) to register.

### **Priority: Alberta Surgical Initiative (ASI)**

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 plan to improve surgery in Alberta by shaping demand, managing capacity, and improving the patient's journey to receiving surgery.

### ***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 91 per cent of our pre-pandemic surgical volumes. Our total surgical wait list for adults sits at approximately 72,900, compared to approximately 74,300 at the beginning of April. In February 2020, before the pandemic, our total wait list was 68,000.

Please watch [The AHS Vlog this week](#) for more information on ASI.

## **COVID-19 Updates**

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

#### **ICU Update**

As of 10 a.m. today (May 6), provincial ICU capacity (including additional surge beds) is at 85 per cent. Without the additional surge spaces, provincial ICU capacity would be at 94 per cent.

#### **Hospitalizations**

On May 2, 1,221 individuals were in non-ICU hospital beds with COVID-19, compared to 1,242 individuals on April 25, a 1.7 per cent decrease.

#### **Variants of Concern**

Alberta Precision Laboratories (APL) continues to closely monitor SARS-CoV-2 variants. From April 26-May 2, an average of 72 per cent of positive samples were strain-typed. Of those, the seven-day rolling average was 97 per cent Omicron BA.2 lineage, three 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 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 May 2, there was an average of 819 new cases of COVID-19 per day, compared to 946 cases per day the previous reporting period (April 19 to April 25), a 13.4 per cent decrease. The Calgary Zone reported the highest total number of new cases with 2,420 (an average of 346 new cases per day). All five zones reported a decrease 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 16-May 2)	New Cases (April 19-25)	Percent Change
Calgary	2,420	2,750	-12.0%
Edmonton	1,880	2,353	-20.1%
North	415	445	-6.7%
Central	595	614	-3.1%
South	403	454	-11.2%
Unknown	22	3	+633.3%
Total	5,735	6,619	-13.4%

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 (Brooks, Lethbridge, Medicine Hat, Taber): Brooks was the only location to significantly increase in the amount of COVID-19 RNA in its wastewater but more data are needed to know if this is a sustained trend. The other three locations decreased by more than 25 per cent.
- Calgary Zone (Airdrie, Banff, Calgary, Canmore, High River, Okotoks, Strathmore): All seven locations either remained stable or decreased.
- Central Zone (Red Deer, Lacombe, Drumheller): All three locations increased by more than 25 per cent. Lacombe, in particular, reached the highest levels ever recorded at that location but the last readings show it has decreased sharply since then.
- Edmonton Zone (Edmonton, Fort Saskatchewan): The City of Edmonton remained stable while the Fort Saskatchewan region decreased.
- North Zone (Cold Lake, Edson, Fort McMurray and Grande Prairie): All four locations recorded decreases ranging from 39 to 68 per cent.

Frequency of reporting updates vary by sampling site. The above interpretations were made from available data as of May 2 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 32.1 per cent of new admissions to non-ICU spaces are due to COVID-19 infection directly, 29.0 per cent had COVID-19 as a contributing cause and 38.9 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 26.1 per cent; 60.9 per cent had COVID-19 as a contributing cause and 13.0 per cent were incidental infections or unclear.
- As of May 2, 4,321 individuals have passed away from COVID-19, including 69 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 May 2, 570,806 cases of COVID-19 have been detected in Alberta and 25,278 individuals have been hospitalized, which amounts to 4.4 individuals for every 100 cases.
- From April 26 to May 2, 25,568 COVID-19 tests were completed, a seven-day average of 3,653 tests per day. During this period, the daily positivity ranged from 21.0 per cent to 27.3 per cent.

## COVID-19 Immunization Update

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

The AstraZeneca COVID-19 vaccine is no longer available in Canada. Several other vaccine products are available, including Moderna and Pfizer (mRNA), and Janssen and Novavax (non-mRNA). The Janssen vaccine can only be used for a primary COVID-19 vaccine series; it cannot be used for additional/booster doses. Available products for additional/booster doses are Moderna, Pfizer and Novavax.

In February, Health Canada authorized [Medicago's Covifenz COVID-19 vaccine](#) for the prevention of COVID-19 in adults 18 to 64 years of age. Medicago's vaccine is not currently available in Alberta.

### ***Health Canada reviewing Moderna vaccine for children six months to five years***

Health Canada continues to review a submission from Moderna to authorize use of its COVID-19 vaccine in children six months to five years of age. The vaccine will only be authorized for use if the independent scientific review of the submission shows the benefits outweigh potential risks in this age group.

Currently, the Pfizer vaccine is available for children five to 11 years of age, and the Moderna vaccine is available for children six to 11 years of age.

## 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

