

CMO SMOH Notice for AHS Medical Staff

May 20, 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.

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Medical Affairs

No Monkeypox Cases in Alberta

Monkeypox is an illness caused by a zoonotic poxvirus. In recent weeks, multiple cases of monkeypox in humans have been reported from Eastern Canada as well as United Kingdom, Europe and the United States. Several other countries have cases under investigation. Alberta is working with federal, provincial and territorial partners to monitor the situation. However, there does not appear to be an elevated risk in the province.

Monkeypox does not spread easily between people, but transmission can occur through contact with body fluids, monkeypox sores, or items that have recently been contaminated with fluids or sores (clothing, bedding, etc.). Transmission through respiratory droplets following prolonged face-to-face contact is also possible.

Monkeypox should be considered on the differential diagnosis of someone presenting with papular or pustular rash or painful ulcers with or without systemic symptoms (fever, headache, myalgia, arthralgia, back pain or lymphadenopathy) AND who has had, within 21 days prior to the onset of symptoms, any of the following exposures:

- significant contact with a person who has painful skin lesions such as papules, vesicles or ulcers OR
- a history of travel to an area that has reported confirmed cases of monkeypox OR
- sexual contact with a new partner

In the absence of an exposure history (as above) it would be unlikely for a client to have Monkeypox and consideration should be given to other more likely diagnoses. Consultation with an infectious disease specialist may be warranted.

More clinical information about monkeypox, specimen types, tests available through the Public Health Laboratory (ProvLab) and IPC recommendations are available in this Laboratory Bulletin: [Testing for Monkeypox](#).

Alberta has mandatory reporting for rare or emerging communicable diseases. Physicians should notify the Medical Officer of Health on call regarding any individuals suspected of having Monkeypox. Clients being tested for Monkeypox should be advised to isolate and avoid close contact with others pending their results.

We are working with Alberta Health on developing further guidance for clinicians regarding the management of this emerging issue. More information will be provided in the coming days.

Emergency Department Echo (EDE) Point-of-Care Ultrasound Course

Rural Health Professions Action Plan (RhPAP) is partnering with EDE course sponsors to provide the EDE Point-of-Care Ultrasound Course to rural communities.

The course offers physicians, physician assistants, registered nurses, nurse practitioners, midwives and other allied health professionals the opportunity to learn how to use EDE to quickly gain information for their patients on pleural effusion, intrabdominal hemorrhage, and more.

To date, courses have been held in communities including Claresholm, Hinton, High River, Stettler, Cold Lake, Camrose, Sundre, and Wetaskiwin.

For more information on this opportunity, please visit the [RhPAP website](#).

Attention: PARA Employees - Flex Credits

Professional Association of Resident Physicians of Alberta (PARA) employees, allocate your flex credits from June 8 to 21. For more information, refer to the [Flex Allocation Instructions](#).

New Learning Opportunity: Your Learning. Your Way. Portal

Educational opportunities are important to support personal growth and professional development and help our medical staff feel valued, engaged, and informed. [Your Learning. Your Way. Portal](#) is a new online learning tool available through Insite that enables you to explore and learn through topic specific learning opportunities including a list of courses, group discussions and relevant resources for every learner at every level of learning. Topics include accountability, building effective teams, change, coaching, communication, emotional intelligence, conflict resolution and leadership.

Check [Insite](#) for more information or visit the [Learning homepage](#) to find other educational opportunities that may interest you. Questions? Email Learning@ahs.ca for more support.

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 Ling Ling.



Dr. Ling is an internist and allergist/clinical immunologist at the University of Alberta Hospital. Part of her time is spent as an internist on the neuro-internal medicine wards and the rest is in an allergy/immunology clinic in the community.

“I love my job because there’s a lot of variety – it’s never boring! In allergy/immunology, it’s super satisfying to be able to make a dramatic difference in a patient’s quality of life.”

One of Dr. Ling’s major successes is the establishment of the Allergy and Clinical Immunology specialty on call service in the Edmonton Zone and Adverse Drug Reactions Clinic at the University of Alberta.

“I’m proud that I am able to make a huge impact on how allergies affect my patients and expanding their access to our specialty.”

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

MD Culture Shift

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

Physician Leader Healing Group

Still time to join 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/or diversity struggles within their workplace settings, to support their healing and enhance their effectiveness as leaders.

Objectives for participants:

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

When: Three sessions remain on Thursday evenings from 7-8:30 p.m. (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

Upcoming EDI-related Conferences

- May 25, 9 a.m. – 3 p.m.: UBC is presenting their inaugural virtual symposium on Race Ideology: Historical Perspectives, Current Realities and Re-imagining the Future. Details and registration [here](#).
- June 2, 9:30 a.m. – 1:15 p.m.: The second annual Equity in Medicine Conference takes place in-person in Victoria, BC and virtually. 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](#).

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.



Let's talk about psychological safety

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. The [Core Psychological Health and Safety Steering Committee](#) invites you to join us in a virtual session to learn more about Psychological Health and Safety. Click [here](#) to learn more and register in a session.

If you have questions, please contact psychologicalhealthsafety@ahs.ca.

Book a Wellness Seminar for Languishing

After more than two years of pandemic, many of us feel in a state of rinse and repeat. Feeling numb, indifferent or stagnant is called languishing.

Through the [COVID-19: What is Languishing and Why is it Important? wellness seminar](#), you will learn to better understand languishing, as well as self-care tips to boost your resilience and well-being. You can book this seminar as well as many others for your team by submitting a [request form](#) to wellness@ahs.ca.

Last chance: Take the Our People Pulse Survey before midnight, Monday, May 23.

It's your last chance to complete the five-question Our People Pulse Survey and let us know how you are doing and what you need to feel supported. The more voices we hear on well-being and engagement, the better-informed our team discussions will be about what's working and what could be better.

Check your inbox for an email from Gallup and click on your personalized survey link using any device. If you haven't received an email from Gallup, check your junk folder. Questions? See ahs.ca or email engage@ahs.ca.

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 teams busy with final preparations

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

In the early morning hours of May 14, the laboratories at the Misericordia Community Hospital and the Grey Nuns Community Hospital in Edmonton launched Connect Care. We are so grateful for all the hard work and commitment from the teams that worked on this early launch. Congratulations!

We are also proud to announce that MyAHS Connect has hit a milestone, surpassing 100,000 patients now using the patient portal. MyAHS Connect is a secure, online, interactive tool, provided by AHS through Connect Care. It gives patients access to their health information, and allows them to manage their appointments and interact directly with their healthcare team.

These are busy days for all the Launch 4 teams and staff in Calgary and Edmonton zones, and we want to again express our deep gratitude for all the hard work and dedication they have shown.

The full Connect Care implementation timeline is available [here](#).

Priority: EMS 10-Point Plan

AHS EMS continues to address ongoing system pressures and create capacity within the system, working on the initiatives first outlined in the [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.

EMS Provincial Service Plan development continues

Work continues on the overarching Provincial Service Plan, which will guide the next five years of EMS operations.

EMS has completed current state engagement, and received responses from hundreds of Albertans to understand current experiences and perceptions of EMS. This feedback is helping us identify areas for potential improvement, now and over the coming years. Updates are available on the [EMS Together4Health page](#) and anyone is invited to sign up and take part.

As we continue working together with our people, patients and partners, we thank everyone for their support, and will continue to keep Albertans updated on ongoing efforts to manage the sustained increase in demand for our services.

Priority: 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.

Dr. Jerryton Oriabure is now providing care at High Prairie Community Health and Wellness Clinic and the High Prairie Health Complex. He is also accepting new patients. Dr. Oriabure's recruitment brings the number of family physicians in the community to six.

Dr. Chinedu Ebisike is now practising at the Elk Point Healthcare Centre and at his clinic. He is accepting new patients. Dr. Ebisike's recruitment brings the number of permanent physicians working in Elk Point to three.

Dr. Firas Hussein is now practising in McLennan/Falher at the Sacred Heart Community Health Centre and at the Falher Medical Clinic. He is accepting new patients.

Priority: 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 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 90 per cent of our pre-pandemic surgical volumes. Our total surgical wait list for adults sits at approximately 71,740, compared to approximately 74,300 at the beginning of April. In February 2020, before the pandemic, our total wait list was 68,000.

COVID-19 Updates

NEW: What's Changing with COVID-19 Management and Testing

Outpatient treatments

The eligibility criteria for outpatient COVID treatments, Paxlovid and Remdesivir, was recently expanded to include more patient populations who are at risk of progressing to severe disease. For details, please visit ahs.ca/covidopt.

Patients are able to call their family physician to determine eligibility, but if they don't have a family physician, or if their family physician isn't prescribing Paxlovid yet, they are still able to call the centralized Outpatient COVID-19 Treatment Program. Patients no longer need to have a lab-confirmed test result before being assessed. A positive result from a Rapid Antigen Tests done at home is acceptable.

Importance of Continuous Masking

After more than two years of living and working in a pandemic, it is understandable that Albertans and healthcare workers are tired of COVID-19, and the guidelines and restrictions that remain in place to reduce the spread of the virus. With many public COVID-19 guidelines rescinded, many are asking why continuous masking remains in place at AHS facilities.

While reducing restrictions may be an appropriate measure for the average Albertan, most individuals seeking care at AHS sites are more vulnerable to severe outcomes from COVID-19. Wearing a mask in all healthcare settings may help protect individuals at higher risk of getting severely ill if they catch COVID-19, as well as the healthcare workers who provide care.

Community spread continues

While we would all like to believe that the pandemic is behind us, there are approximately 1,300 individuals who have COVID-19 receiving care in our hospitals. There is significant ongoing community spread which impacts our clinics, emergency departments, urgent care centres and inpatient beds.

So while COVID-19 continues to circulate in our community, we ask all visitors, staff, physicians, volunteers, and designated support persons to **mask up** in patient care areas, and other common spaces, including the cafeteria and waiting areas.

How is the decision to keep continuous masking in place made?

COVID-19 is a very challenging pandemic to manage. We continue to monitor multiple parameters including wastewater data, outbreak data, and hospitalization numbers in Alberta. We are making active decisions regarding the PPE needed for protection of staff, physicians and patients based on these and other relevant factors.

As we continue to enforce continuous masking, we also want to remind everyone that all AHS and Covenant sites will continue to require visitors to perform hand hygiene, physical distancing and health screening upon entry.

We are working hard to be the best we can for all Albertans while continuing to provide care to those who need us. We thank you for helping us do that by doing your part, and **mask up**.

COVID-19 Case Status in Alberta

ICU Update

As of 9:20 a.m. today (May 20), AHS has 210 general adult ICU beds open in Alberta, including 18 additional spaces above our baseline of 192 general adult ICU beds. There are 160 patients in ICU. Provincially, ICU capacity (including additional surge beds) is currently at 76 per cent. Without the additional surge spaces, provincial ICU capacity would be at 83 per cent.

Hospitalizations

On May 16, 1,123 individuals were in non-ICU hospital beds with COVID-19, compared to 1,232 individuals on May 9, an 8.9 per cent decrease.

Variants of Concern

Alberta Precision Laboratories continues to closely monitor SARS-CoV-2 variants. From May 10-16, an average of 74 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.

A single case of Omicron BA.4 has been detected in Alberta from a sample collected in early May. BA.4 is a lineage of Omicron that has been detected at low levels in several countries but high case numbers have been observed in South Africa. While BA.4 appears to transmit more readily than BA.2 due to its ability to evade immunity from immunization or prior infection, there is no evidence it causes more severe disease than other Omicron lineages.

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 May 16, there was an average of 516 new cases of COVID-19 per day, compared to 649 cases per day the previous reporting period (May 3-9), a 20.5 per cent decrease. The Calgary Zone reported the highest total number of new cases with 1,662 (an average of 237 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 (May 10-16)	New Cases (May 3-9)	Percent Change
Calgary	1,662	1,964	-15.4%
Edmonton	1,172	1,521	-23.0%
North	275	355	-22.5%
Central	314	405	-22.5%
South	184	295	-37.6%
Unknown	7	0	n/a

Total	3,614	4,540	-20.4%
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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.

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): All locations reported decreases in the amount of COVID-19 RNA in the wastewater, or remained stable.
- Calgary Zone (Airdrie, Banff, Calgary, Canmore, High River, Okotoks, Strathmore): High River and Banff increased this week; the other five locations decreased.
- Central Zone (Red Deer, Lacombe, Drumheller): The Red Deer area increased slightly this week. Drumheller decreased; Lacombe was stable.
- Edmonton Zone (Edmonton, Fort Saskatchewan): Both locations increased this week.
- North Zone (Cold Lake, Edson, Fort McMurray and Grande Prairie): Grande Prairie and Cold Lake increased, while the other two locations decreased or remained stable.

Frequency of reporting updates vary by sampling site. The above interpretations were made from available data as of May 16 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 31.4 per cent of new admissions to non-ICU spaces are due to COVID-19 infection directly, 31.1 per cent had COVID-19 as a contributing cause, and 37.5 per cent are cases where the infection was not determined to be a cause of admission, or where it was not possible to determine. For ICU, the percentage of new admissions due to COVID-19 directly was 33.3 per cent; 45.8 per cent had COVID-19 as a contributing cause, and 20.9 per cent were incidental infections or unclear.
- As of May 16, 4,452 individuals have passed away from COVID-19, including 61 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 16, 578,291 cases of COVID-19 have been detected in Alberta and 26,186 individuals have been hospitalized, which amounts to 4.5 individuals for every 100 cases.
- From May 10-16, 18,349 COVID-19 tests were completed, a seven-day average of 2,621 tests per day. During this period, the daily positivity ranged from 17.4 per cent to 22.5 per cent.

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](#).

Sincerely,

Dr. Francois Belanger

Chief Medical Officer and Vice President, Quality

Dr. Laura McDougall

Senior Medical Officer of Health

