CMO SMOH Notice for AHS Medical Staff

June 10, 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

Monkeypox Update

As of June 8, 2022, four confirmed cases of Monkeypox have been reported in Alberta. To protect patients' confidentiality, no identifying information will be provided.

Monkeypox is a rare disease that does not pose a high risk to the public and does not spread easily between people. Transmission primarily occurs through close physical contact, and less commonly may occur through large respiratory droplets with prolonged (estimated > 3 hours) face-to-face contact.

In the current outbreak, close physical contact with infectious skin lesions during sexual activity seems to be the most common mode of transmission. The risk to the general public is low but should be considered in people presenting with new rashes of unclear cause and who have a risk factor such as a recent history of new or multiple sexual partners. It is important to promote safer sexual practices, not just for this rare disease, but all the reasons why safer sexual health behaviors improve overall health.

For those who believe that they have been in contact with a case of Monkeypox, they should be advised to self-isolate and CALL Health Link 811 or their primary care physician. They should also wear a mask and cover any lesions if leaving home to seek medical care AND should notify the healthcare facility in advance or upon arrival that they are concerned about Monkeypox to ensure appropriate precautions are in place.

For testing, please contact the virologist on call (VOC) at the provincial laboratory for Public Health and the local Medical Officer of Health before specimen collection. Additional instructions regarding testing can be found in this ProvLab Bulletin.

Clients being tested for Monkeypox should be advised to isolate at home and avoid close contact with others pending their results. Confirmed cases should isolate and avoid direct physical contact with anyone, until all skin lesions have formed scabs, new skin has formed, and all other symptoms resolved; this may take two weeks or more.

The majority of patients develop mild disease and do not require specific medical interventions. The antiviral agents, tecovirimat is available for severe, hospitalized cases; treatment decisions will be made in collaboration with the Medical Officer of Health (MOH) and Infectious disease team.

Vaccination after exposure to Monkeypox may prevent symptomatic infection in exposed individuals; IMVAMUNE, an attenuated live vaccine licensed for smallpox and Monkeypox immunization, is available in Alberta and PEP can be considered after high-risk exposures. Evaluation for vaccination will be made in collaboration with the MOH.

Alberta has mandatory reporting for rare or emerging communicable diseases. We are continuing to investigate the spread of Monkeypox with our provincial and federal partners and will regularly assess the situation as it evolves.

Independent Review of EMS Response to Tragic Incident in Calgary

Yesterday, Alberta Health Services announced that an independent review will be conducted into the Emergency Medical Services (EMS) response to a fatal dog attack in Calgary that took place June 5.

This was a tragic incident, and our deepest condolences are with the family, friends, and neighbours of the Calgarian who died.

The independent review will look into the events surrounding the calls to EMS dispatch, call handling protocols with other agencies, ambulance response time and availability of ambulances at the time. We are also conducting a quality assurance review, which is designed to identify areas where the overall system response can be improved and strengthened with the goal of improving patient care.

This review is being undertaken as part of our culture of improvement, to empower EMS to deliver the best care possible. EMS is and will continue to be supported as we move through this process, and learnings from the review will be approached as opportunities for improvement.

Our EMS crews are working tirelessly to respond to extremely high call volumes, and under significant pressure. We appreciate and see these efforts, 24/7, 365.

New Paper on Participatory Design

During the recent development of the Home to Hospital to Home Transitions Guideline, the Primary Health Care Integration Network team required the engagement of over 750 diverse stakeholders. Meeting that challenge head on, the team's participatory design approach was instrumental in encouraging integration and supporting provincial implementation—and it's a strategy with international applications. Read the recent paper outlining the participatory approach, published in the International Journal of Integrated Care.

Connect Care Launch 4: Electronic Documents and Results Delivery from Connect Care to Community Providers

AHS uses a system called 'eDelivery' to electronically deliver patient information to providers and physicians at their private community practices. With Connect Care Launch 4, there have been changes to the information distributed to providers, and they are contacting AHS sites with questions. Providers who work at AHS facilities using Connect Care as well as at private clinics/offices in the community will want to understand these changes. For more information, please review Connect Care Launch 4 Electronic Documents and Results Delivery from Connect Care to Community Providers.

Contrast Dye Shortage

Today, AHS announced the postponement of approximately up to 1,500 imaging procedures per week, effective immediately, due to a temporary worldwide shortage of contrast dye used in CT scan imaging and angiographic procedures of the heart and blood vessels.

Imaging procedures will only be deferred if it is considered clinically safe to do. Patients with critical needs will continue to be prioritized as radiologists and other physicians review all requests for imaging and intervention. AHS is also considering the use of alternate imaging options, like Ultrasound and MRI, where clinically appropriate.

AHS is contacting all affected patients directly. These patients will be updated by AHS on ongoing basis and to rescheduled as soon as possible.

There is currently a worldwide shortage of contrast dye material which is impacting healthcare systems across North America, with other jurisdictions also postponing some imaging scans.

Our teams are working with practitioners to collaborate on strategies to preserve supply for those who need it most, and meeting daily with suppliers and other partners across the country for situation updates.

Should you receive questions from patients, please direct the patient to discuss with their physician.

Doctor of the Week Call for Nominations

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.

MD Culture Shift

Check out the June edition of the MD Culture Shift newsletter.

2022 CAEP Medical Journalism Award Winner

Dr. Heather Patterson is the recipient of the 2022 Canadian Association of Emergency Physicians (CAEP) Medial Journalism Award. "It is an honour to receive the Medical Journalism Award from the Canadian Association of Emergency Physicians and an honourable mention in the National Magazine Awards" says Dr. Patterson. "I believe that this project is successful because it offers the public a rare glimpse into our in-hospital lives and illustrates the teamwork, resilience, and compassion of our frontline staff." Dr. Patterson is publishing a book about her work in the fall.

Interim CEO Video Message: Celebrating Diversity and Pride

Diversity and inclusion are essential to everything we do at AHS. Everyone matters and deserves to feel valued and welcome.

AHS is committed to empowering a workforce that welcomes and celebrates diversity, and there's no better time to celebrate than Pride Month. There are many ways to celebrate this year to show your support, demonstrate active allyship and create a sense of belonging

Joining the AHS Vlog to talk more about Pride Month and how we support an inclusive workplace are:

- Marni Panas, Program Manager, Diversity and Inclusion.
- Sean Schaffer, Proud Together Workforce Resource Group Communications Lead.
- Dalton Terhorst, Co-Chair of Proud Together Workforce Resource Group.

You can learn more about Pride Month celebrations on Insite. For more resources, see the Diversity & Inclusion, Change the Conversation, and Respectful Workplaces Insite pages.

AHS Support for Ukraine

As Ukrainian people continue to evacuate their homeland, many have come to Canada to escape the danger and destruction from the ongoing Russian invasion.

To date, more than three thousand evacuees, predominantly families of women, children and seniors, have chosen Alberta as their new, temporary home. As evacuees are unsure when they can return to Ukraine, most arrive with little clothing, money and personal care items and are without a family to support them or home to stay in. Community groups and social services have worked to identify and engage hundreds of families who have volunteered their homes to help support evacuees, including AHS employee Marni Panas.

Marni, who has housed Volodymyr Bril and his mother Iryna in her home for the past two months, recently shared her thoughts on this experience and how the support of a community and access to healthcare has been significant to help her, as she helps the Brils.

Once housing support is found, many evacuees and host families turn their focus to obtain identification and healthcare support that they need during their stay. AHS has developed many resources to help evacuees and host families navigate the healthcare system and is working with the Government of Alberta, non-profit organizations and community groups to ensure evacuees have access to the healthcare services they need.

Frequently Asked Questions (FAQ's) have been created with tailored information to support staff, primary care providers and evacuees and host families. The FAQs include information on health assessment and fees including an outline of the Immigration Medical Examination for refugees/evacuees who enter Canada as part of the application process for various visas. The staff and provider FAQs have additional information on patient registration, billing, mental health resources and ways to support evacuees and more.

- AHS Support for Ukraine on **Insite** offers resources for staff, managers and physicians as well as English versions of resources to support evacuees and host families.
- AHS Support for Ukraine on **AHS.ca** has information for primary care providers.
- Welcome – We are Here to Help offers translated resources in English, Ukrainian and Russian for evacuees and host families, including a list of healthcare options and mental health support.

If you or an immediate family member has been impacted by this crisis and need help, please call the Employee Family Assistance Program (EFAP) at 1-877-273-3134. The service is confidential and available 24/7.

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

Support for Physicians

The Physician & Family Support Program (PFSP) continues to offer services on an individual basis that you can access by calling the assistance line at 1-877-767-4637.

AHS Priorities

The AHS Update message includes the latest information on our COVID-19 response, as well as updates on the progress AHS is making on its 10 priority areas. Each week will include updates on specific initiatives connected to some of the 10 priorities. We have much to accomplish together in these areas, so we want to make sure our teams have the most current information on the work underway and on the work ahead.

Priority: Alberta Surgical Initiative (ASI)

The Alberta Surgical Initiative (ASI) will improve timely access to surgical care in Alberta. The goal of ASI is to ensure adult and pediatric patients receive scheduled surgeries within clinically appropriate timeframes. The Diagnostic Imaging CT and MRI Action Plan is intended to bring CT and MRI wait times within clinical targets for patients across Alberta by 2025.

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 71,897, compared to approximately 72,860 at the beginning of May. In February 2020, before the pandemic, our total wait list was 68,000.

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 continues to stabilize in week two

Week two of Connect Care Launch 4 has moved ahead smoothly. As always, patient safety has remained the number one focus and any concerns with even minor potential for patient risk are being addressed immediately. Typical of the second week of a launch, we are now seeing issues with more complexity, which require collaboration between departments who share patients and have overlapping charting needs.

We continue to be grateful for the amazing encouragement our teams have shown each other throughout this transition and for the efforts of our super user and resource teams, who are ensuring that those working in the system are supported throughout these weeks of learning and change.

COVID-19 Updates

COVID-19 Case Status in Alberta

ICU Update

AHS continues to do all it can to ensure we have enough ICU capacity to meet patient demand. We will ensure that we maintain ICU capacity above daily demand to a planned maximum of 380 beds as long as staff and physician availability allows.

We currently have 210 general adult ICU beds open in Alberta, including 15 additional spaces above our baseline of 195 general adult ICU beds. There are currently 167 patients in ICU.

Provincially, ICU capacity (including additional surge beds) is currently at 80 per cent. Without the additional surge spaces, provincial ICU capacity would be at 86 per cent.

- In Calgary Zone, we currently have 75 ICU beds. Calgary Zone ICU is operating at 83 per cent of current capacity (including eight COVID-19 patients in ICU).
- In Edmonton Zone, we currently have 83 ICU beds, including five additional spaces. Edmonton Zone is operating at 81 per cent of current capacity (including 14 COVID-19 patients in ICU).
- In Central Zone, we currently have 18 ICU beds, including six additional spaces. Central Zone ICU is operating at 61 per cent of current capacity (including one COVID-19 patient in ICU).
- In South Zone, we currently have 21 ICU beds. South Zone ICU is currently operating at 81 per cent capacity (there are no COVID-19 patients in ICU at this time).
- In North Zone, we have 13 ICU spaces (split between Grande Prairie and Fort McMurray), including four additional ICU spaces. North Zone ICU is currently operating at 77 per cent capacity (there are no COVID-19 patients in ICU at this time).

Hospitalizations

On June 6, 792 individuals were in non-ICU hospital beds for COVID-19, compared to 916 individuals in non-ICU hospital beds on May 30, a 13.5 per cent decrease.

Variants of Concern

Alberta Precision Laboratories (APL) continues to closely monitor SARS-CoV-2 variants. From May 31-June 6, an average of 77 per cent of positive samples were strain-typed. Of those, the seven-day rolling average was 90 per cent Omicron BA.2 lineage and 10 percent non-BA.2 Omicron lineages (comprising BA.1, BA.4, and BA.5 cases). Delta was not detected during this period.

As global data is updated, sub-lineage designations are refined, which may affect lineage calls in Alberta. We continue to monitor our data and adjust as information becomes available. BA.4 and BA.5 are lineages of Omicron that have been detected at low levels in several countries, but high case numbers have been observed in South Africa and Portugal. While BA.4 and BA.5 appear to transmit more readily than BA.2 due to their ability to evade immunity from immunization or prior infection, there is no evidence that they cause 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 June 6, there was an average of 263 new cases of COVID-19 detected per day, compared to 334 cases per day the previous reporting period (May 24 to May 30), a 21.3 per cent decrease. The Calgary Zone reported the highest total number of detected new cases with 979 (an average of 140 detections per day). All zones reported a decrease in the number of new cases detected this reporting period, compared to the previous week, as you can see in the table below:

Zone	New Cases (May 31-June 6)	New Cases (May 24-30)	Percent Change
Calgary	979	1,209	-19.0%
Edmonton	501	678	-26.1%
North	78	118	-33.9%
Central	170	218	-22.0%
South	78	115	-32.2%
Unknown	34	0	n/a
Total	1,840	2,338	-21.3%

Please note:

- 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:

- Across all twenty wastewater sites in Alberta, only five locations showed an increase in COVID-19 RNA in their wastewater this week. These sites were Medicine Hat and Brooks in the South Zone, Canmore and High River in Calgary zone, and Cold Lake in the North Zone. Even with the increases this week, most of these sites are still at lower levels compared to the levels seen in the last few months. The remaining 15 sites decreased or remained stable.

Frequency of reporting updates vary by sampling site. The above interpretations were made from available data as of June 6 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 27.2 per cent of new admissions to non-ICU spaces are due to COVID-19 infection directly, 38.8 per cent had COVID-19 as a contributing cause and 34.0 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 23.1 per cent; 61.5 per cent had COVID-19 as a contributing cause and 15.4 per cent were incidental infections or unclear.
- As of June 6, 4,567 individuals have passed away from COVID-19 including nine deaths 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 June 6, a total of 584,763 cases of COVID-19 have been detected in Alberta and a total of 26,958 individuals have ever been hospitalized, which amounts to 4.6 individuals for every 100 cases.
- From May 31 to June 6, 12,230 COVID-19 tests were completed, a seven-day average of 1,747 tests per day. During this period, the daily positivity ranged from 13.11 per cent to 17.11 per cent.

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. As of June 7:

- 95,748 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 30,389 (or 31.74 per cent) have tested positive.
- Of the 13,714 employees who have tested positive and whose source of infection has been determined, 862 (or 6.29 per cent) acquired their infection through a workplace exposure. An additional 4,015 employees who have tested positive are still under investigation as to the source of infection.
- 6,812 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 1,659 (or 24.35 per cent) have tested positive.
- Of the 566 physicians who have tested positive and whose source of infection has been determined, 31 (or 5.48 per cent) acquired their infection through a workplace exposure. An additional 276 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
    - 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

Alberta Health Services

Physical distancing works