

CMO SMOH Notice for AHS Medical Staff

June 30, 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.

Moving forward, this Update will arrive in your inbox every second week, as opposed to weekly. Watch for our next update on July 15.

This week:

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Medical Affairs

Connect Care Care Path Launch (Heart Failure and COPD) – July 11

The Heart Failure (HF) and Acute Exacerbation Chronic Obstructive Pulmonary Disease (AECOPD) Care Paths will launch in Connect Care on July 11.

A Care Path is an advanced clinical decision support tool in Connect Care which summarizes relevant patient information, incorporates evidence, and builds multidisciplinary care into a single workflow path based on the patient's primary diagnosis. The Care Paths are available for any patient admitted to hospital with a principal diagnosis of Heart Failure or COPD. While a patient can be placed on a Care Path at any point during the hospital stay, it is recommended to begin the Care Path on admission.

The use of standard order sets and clinical pathways have been associated with improved patient outcomes including decreased length of stay, reduced hospital readmission rates, improved adherence to evidence, reduced healthcare costs, and even substantially reduced patient mortality. Care Paths also increase provider efficiency by consolidating patient information specific to the primary diagnosis into one view with quick links to relevant assessments, labs, vitals, medications, rapid rounds, expected date of discharge (EDD), and problem-oriented charting.

Prior to the launch on July 11, please watch the following training videos in My Learning Link (MLL), some of which are eligible for CME credits:

- *EPIC - Care Paths - Prescribers (20 min)* (note: this course is also inserted into the accredited modules below)

or

- *Heart Failure Disease Care Path Integration: Evidenced-Based Guideline Recommended Best Care*
 - RCPSC MOC 3 – SAP 1.5 hrs
 - CFPC Mainpro+ 3-credits-per-hour for 1.5 hrs (4.5 credits)
- *Acute Exacerbation of Chronic Obstructive Pulmonary Disease Care Path Integration - Evidenced-Based Guideline Recommended Best Care*
 - RCPSC MOC 3 – SAP 1.0 hrs
 - CFPC Mainpro+ 3-credits-per-hour for 1.0 hr (3.0 credits)

For more information:

- Visit the [Insite page](#) and the [Care Paths](#) section of the Connect Care Manual
- Review the [CMIO Bytes Blog](#).

Interim CEO Video Message: Spotlight on Health Link

Most people are aware of Health Link 811, our telephone health information and advice line that's available 24 hours a day, seven days a week. But what you might not know is Health Link has served Albertans for about 22 years.

Albertans have come to rely on this vital service and know it as a trusted care option. The registered nurses and other healthcare professionals who work for Health Link provide care to thousands of Albertans each day, and played an even bigger role during our pandemic response.

Health Link received around 1,900 calls each day back in 2019. At the peak of the pandemic, it was up to 10,000 calls each day. Today they average up to 4,500 calls each day.

The scope of Health Link's work has also expanded since those pre-pandemic days. Joining guest host Sean Chilton to [discuss this, and more](#), are:

- Carolyn Grolman, Provincial Director Health Link-811
- Tricia Chambers, Senior Provincial Director, Provincial Clinical Programs & Virtual Health

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. Please 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](#).

Support for Physicians

New online wellness seminars

We can all take steps to improve our mental health. One way is by attending one-hour virtual [Wellness Seminars](#) that cover a range of topics to support your well-being. The new schedule is now available online and you can register on [MyLearningLink](#).

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.

See the [Resilience, Wellness and Mental Health Resource Guide](#) for a comprehensive list of health and wellness supports. You can also download [Headversity](#), the resilience app, to learn skills to proactively build your mental health. Questions? Contact wellness@ahs.ca.

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.

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 89 per cent of our pre-pandemic surgical volumes. Our total surgical wait list for adults sits at approximately 72,301, compared to approximately 72,860 at the beginning of May. In February 2020, before the pandemic, our total wait list was 68,000.

Optimizing resource utilization and improving capacity

Patients are at the heart of every decision made at AHS. AHS' focus is on providing high quality care and positive patient experiences. These goals are important to projects under the ASI, such as the Day Surgery and Short Stay Optimization (DSO) project. With the DSO, innovative solutions for patient's surgical care are being sought to improve patient recovery and support health system capacity.

The goal of DSO is to optimize the use of day surgery techniques to minimize utilization of inpatient beds; and to reduce length of stay using perioperative management and virtual care technologies.

This particular project will build on the experience of the Edmonton Zone Virtual Hospital to reduce a patient's length of stay in the 'bricks and mortar' hospital, with a shorter timeframe for patients to return to their home and community.

This work is just beginning, and the DSO team will be collaborating and engaging with patients and families, communities, AHS staff, physicians and leaders and project areas as it moves forward.

More updates on this will be shared as they are available.

COVID-19 Updates

COVID-19 Case Status in Alberta

ICU Update

We currently have 214 general adult ICU beds open in Alberta, including 15 additional spaces above our baseline of 199 general adult ICU beds. There are currently 167 patients in ICU.

- Provincially, ICU capacity (including additional surge beds) is currently at 78 per cent. Without the additional surge spaces, provincial ICU capacity would be at 84 per cent.
- In Calgary Zone, we currently have 79 ICU beds. Calgary Zone ICU is operating at 87 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 83 per cent of current capacity (including five COVID-19 patients in ICU).

- In Central Zone, we currently have 18 ICU beds, including six additional spaces. Central Zone ICU is operating at 44 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 52 per cent capacity (there are currently no COVID-19 patients in ICU).
- 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 (including two COVID-19 patients in ICU).

Hospitalizations

On June 27, 576 individuals were in non-ICU hospital beds for COVID-19, compared to 665 individuals in non-ICU hospital beds on June 20, a 13.4 per cent decrease.

Variants of Concern

APL continues to closely monitor SARS-CoV-2 variants. From June 21-27, an average of 72 per cent of positive samples were strain-typed. Of those, the seven-day rolling average was 52 per cent Omicron BA.2 lineage and 48 per cent non-BA.2 Omicron lineages (comprising BA.1, BA.4, and BA.5 cases).

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 a number of 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 27, there was an average of 135 new cases of COVID-19 detected and reported per day, compared to 155 cases per day the previous reporting period (June 14 to June 20) a 12.9 per cent decrease. The Calgary zone reported the highest total number of detected new cases with 410 (an average of 59 detections per day). Four out of five 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 (June 21 – June 27)	New Cases (June 14 – June 20)	Percent Change
Calgary	410	476	-13.9%
Edmonton	307	380	-19.2%
North	62	75	-17.3%
Central	86	77	+11.7%
South	73	74	-1.4%
Unknown	5	0	N/A
Total	943	1,082	-12.9%

Wastewater Surveillance

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

- Across nineteen wastewater sites in Alberta, eight sites showed a 25 per cent increase in COVID-19 RNA in their wastewater; these were Taber, Banff, Strathmore, Drumheller, Edmonton, Fort McMurray, Edson, and Cold Lake.
- This is the second week of a reported increase for Fort McMurray and Edson.
- The other eleven locations had no significant changes or decreased by over 25 per cent.

Frequency of reporting updates vary by sampling site. The above interpretations were made from available data as of June 27 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 40.2 per cent of new admissions with COVID-19 to non-ICU spaces are due to COVID-19 infection directly, 33.6 per cent had COVID-19 as a contributing cause and 26.2 per cent are cases where the infection was not determined to be a cause of admission, or where it was not possible to determine. For ICU, the percentage of new admissions with COVID-19, due to COVID-19 directly, was 12.5 per cent; 50.0 per cent had COVID-19 as a contributing cause and 37.5 per cent were incidental infections or unclear.
- As of June 27, 4,621 individuals have passed away from COVID-19, including 17 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 27, a total of 588,691 cases of COVID-19 have been detected in Alberta and a total of 27,488 individuals have been hospitalized, which amounts to 4.7 individuals for every 100 cases.
- From June 21 to June 27, 8,218 COVID-19 tests were completed, a seven-day average of 1,174 tests per day. During this period, the daily positivity ranged from 9.45 per cent to 13.36 per cent.

Availability of Booster Doses

To continue to protect one another, and the Albertans that need our care, we continue to encourage our healthcare teams and all Albertans to receive all doses of the COVID-19 vaccine for which they are eligible.

First booster doses of the COVID-19 vaccine continue to be available for all Albertans age 12 and older. First booster doses are administered at a minimum of five months after a primary series.

The following individuals remain eligible for second booster doses of vaccine:

- All people 70+
- First Nations, Metis or Inuit people 65+
- All residents of seniors congregate care, regardless of age

Second booster doses are administered at a minimum of five months after a first booster dose

Decisions about eligibility for COVID-19 immunization are made by the Government of Alberta. These decisions are informed by the recommendations of expert groups, including the National Committee on Immunization and the Alberta Advisory Committee on Immunization. You can learn more about [who is eligible and find updates here](#).

We encourage everyone to get immunized with whichever dose they are eligible for, as soon as possible. You can [book an appointment for a COVID-19 vaccine](#) if you're eligible, through the [online booking tool](#), at participating pharmacies and physicians' offices, or by calling Health Link at 811.

Entry Screening at AHS Continuing Care Sites is Still Required

While, [the province has removed several CMOH orders](#) related to continuing care, all AHS owned and operated sites, inclusive of continuing care, continue to require designated family/support person and visitor screening due to the vulnerability of many patients and residents at these facilities.

At this time, please continue to use the [COVID-19 Continuing Care Daily Checklist](#) to screen all visitors upon entry. We understand that entry requirements can be challenging for patients, families and the staff who must enforce them and we thank you for your continued understanding and patience.

If you have any questions regarding this notification, please contact ECC@ahs.ca.

Additional Resources for Physicians:

- [AHS Immunization Information](#)
- [AHS Virtual Health](#)
- [COVID-19 Healthcare Professional information page](#)
- [COVID-19 Resources for Community Physicians](#)
- [CPSA's Physician Portal](#)
- [Cumming School of Medicine Continuing Medical Education \(CME\) Resources](#)
- [How to Access AHS Insite and Email](#)
- [IPC Emerging Issues](#)
- [MD News Digest](#)
- [Physician & Family Support Program](#) - 1-877-SOS-4MDS (767-4637)
- [Physician Wellness Educational Resources: Well Doc Alberta](#)
- 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

Additional updates and information are being shared through the [College of Physicians & Surgeons of Alberta](#).

Sincerely,

Dr. Sharron Spicer on behalf of Dr. Francois Belanger
Associate Chief Medical Officer

Dr. Laura McDougall
Senior Medical Officer of Health

