



Message from  
Mauro Chies &  
Dr. Laura McDougall

## *AHS Update: Additional orthopedic surgeries to come on stream, COVID-19 hospitalization numbers continue to drop, first monkeypox case confirmed in Alberta*

*Please print and share with your teams as needed*

Dear staff, physicians and volunteers,

### Today's Update

- **Our Priorities**
- **Supports When You Need Them**
- **COVID-19 Cases in Alberta**
- **Confirmed Monkeypox Case in Alberta**
- **Interim CEO Video Message — Primary Care and the Pandemic Response**
- **Reminder: Get your Booster Dose when Eligible**
- **National Indigenous Peoples Month Kicks Off**
- **Celebrate 'What Matters to You' Day**
- **Connect Care Kudos**
- **Alberta Rural Health Week Comes to a Close**
- **Wrapping Up**

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.

## Our Priorities

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We are expanding the scope of our weekly AHS Update message. We will continue to provide the latest information on our COVID-19 response and we'll balance that with updates on the progress AHS is making in several priority areas. We have much to accomplish together, 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)**

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.

*New partners preparing to join AHS to provide orthopedic surgeries*

As [announced by the Government of Alberta](#) on Wednesday (June 1), through new contracts with orthopedic chartered surgical facilities (CSF), AHS is taking important steps to reduce wait times for procedures such as hip and knee surgeries.

Approximately 6,000 additional publicly funded orthopedic procedures will be conducted at two CSFs. In Edmonton, the new facility will be run by Enoch Cree Nation in partnership with Surgical Centres Inc. It is the first surgical facility to be built on First Nation land in the province.

The Calgary operator will be named once additional due diligence is complete.

This is the latest in a series of strategies underway to improve healthcare and ensure timely access to surgical procedures. Increasing the number of publicly funded surgeries in CSFs is one of the cornerstone strategies in the ASI. These new contracts will support our goal to seek innovative solutions for patient-centred surgical care now, and for the future.

This work builds on an [earlier announcement](#) of more than 35,000 contracted ophthalmology procedures launched this past April as well as other strategies as part of ASI.

We look forward to working with these CSFs, and exploring opportunities for further expansion over the coming months, such as further rural and regional CSFs.

*Current surgical status*

AHS is changing its analysis method – as a result, there is a data lag for this week. Updated numbers will be available for next week's update.

**Priority: Continuing Care**

AHS is increasing the number of continuing care spaces and living options, expanding home care hours, and shifting reliance from facility- to home-based care when appropriate.

*AHS seeks home care opportunities*

Yesterday (June 2), AHS issued a Request for Expression of Interest and Qualification (RFEIOQ) to identify opportunities for innovative home care service delivery. Current contracts for home care, due to expire in September, will be extended for six months, with the option to extend for another six months, while the RFEIOQ process is underway.

No home care changes are being made at this time, and clients and families will continue to receive the best possible care no matter if they are receiving care from AHS or a contracted service provider. This is about ensuring our clients continue to receive the same high-quality services for years to come. As this process continues, staff, clients and families will be updated and involved.

For more information, visit [ahs.ca/futurehomecare](https://ahs.ca/futurehomecare).

**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.

*Edmonton's neuro ICU to expand*

More patients will benefit from a state-of-the-art neurosciences intensive care unit (neuro ICU) and more than double the number of current ICU spaces at the University of Alberta Hospital Brain Centre.

Total government investment towards the completion of the Brain Centre project is \$81 million, with the University Hospital Foundation contributing \$17 million toward the new ICU and inpatient beds.

The funding will go towards the construction of new clinical space for the neuro ICU, replacing the current ICU that is almost 40 years old. In addition, capacity will increase from 11 to 24 spaces. This project also includes moving 18 inpatient beds into new space designed to allow for enhanced infection prevention and control.

More information is available on the [government website](#).

*Community lab service transition underway*

This week, AHS announced completion of a new services agreement with DynaLIFE Medical Labs that will see DynaLIFE provide community and non-urgent hospital lab services in communities throughout Alberta beginning Dec. 5.

Completion of negotiations with DynaLIFE and approval of the services agreement means our transition process is now underway. Significant operational work and investments in communities across Alberta must be completed to ensure successful transition for both organizations – and we are committed to ensuring a smooth transition of staff and services with no impact to patients.

As we previously confirmed, no job losses are expected as a result of transition, as DynaLIFE has agreed to assume approximately 1,200 unionized, non-unionized and medical-scientific staff under existing collective agreements (where applicable) and provide the same, or similar, terms and conditions of employment as existing prior to the transition.

Contracting high-volume community and non-urgent, routine hospital lab work will enable Alberta Precision Laboratories (APL) to focus on serving the laboratory needs of our acute care hospitals, along with the specialized testing, research and innovation that is critical to the future of healthcare. Further contracting community lab service will allow us to be more efficient and make the best use of the limited pool of qualified lab staff we have in the province – in both the public and private sectors – as well as providing much-needed infrastructure investment to expand and support the province's ever-growing demand for lab testing.

More information about the transition plan and scope of the DynaLIFE services agreement is available in Alberta Health's news release: [New lab contract expands access and saves money](#).

**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.

*Largest Connect Care launch complete*

On May 28, AHS completed its largest launch of Connect Care to date, adding more than 23,000 staff and physicians at 57 sites in the Edmonton and Calgary areas to the system.

Launch 4 involved Royal Alexandra Hospital and Glenrose Rehabilitation Hospital in Edmonton, and the Alberta Children’s Hospital and Peter Lougheed Centre in Calgary Zone. Also involved: Calgary Zone rural and urgent care sites and the clinics and services aligned with them, the Southern Alberta Forensic Psychiatric Centre, Central Production Pharmacy, addiction and mental health facilities in the Edmonton Zone, and all AHS labs in the Edmonton Zone that have not already implemented Connect Care.

There are now more than 50,000 staff, physicians and other healthcare providers using Connect Care to provide care for patients in North, Edmonton, and Calgary zones. There are also more than 100,000 patients using the [MyAHS Connect](#) patient portal into Connect Care to manage their health.

A huge thank you and congratulations to everyone involved with Launch 4.

Community Engagement and Communications team captured many launch moments, including this [video featuring the Cochrane Community Health Centre](#), which provides a sense of the value and benefits of Connect Care to patients and providers.



The full Connect Care Implementation timeline is available on [Insite](#).

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

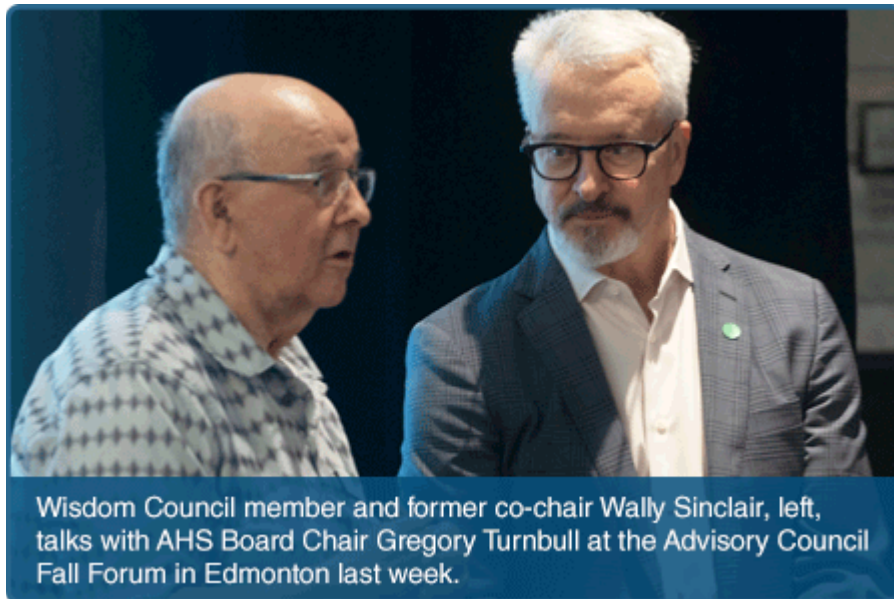
This work is designed to strengthen partnerships with rural communities, to enhance and better support the rural healthcare workforce and to better meet the unique needs of Albertans living in non-urban communities.

#### *Spring Forum brings together advisory council members*

More than 100 members of AHS advisory councils attended the 2022 Advisory Council Spring Forum in Edmonton last week (May 27-28), the first in-person forum event since 2019. The forum creates space for councils to network, learn and engage with AHS.

Over the two days, members heard presentations on topics such as virtual health, stress and resilience, opioid resources, allyship, and asset-based community development. The opening keynote focused on the 10 organizational priorities for AHS. The Rural Health Professions Action Plan team, along with Wellspring Edmonton, HIV Edmonton and AHS' EMS team, also joined by hosting information booths for participants.

For the first time, members who couldn't attend in person were able to attend three sessions via Zoom and, as part of their participation, were able to listen to presentations and pose questions to presenters. Hybrid events combine virtual and in-person participation, and will become one of the tools to support engagement with Albertans.



## Supports When You Need Them

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### **Boost Your Resilience on the Go**

We've all faced challenges in our lives and resilience helps us deal with any problems head on. After a prolonged period of difficulty, our resilience could use a boost. [Headversity](#), a resilience app, can help.

When you download the app, you will complete an assessment to receive a resilience score and suggested lessons. All lessons are no longer than five minutes and can be done anytime, anywhere.

To sign up, visit [Homeweb](#) and click on headversity to register and download the app using the App Store or Google Play. Use the code AHSWH for your log in. Headversity is available to you and your immediate family.

For support with any issue, call the [Employee and Family Assistance Program](#) (EFAP) intake line at 1-877-273-3134. Physicians can contact the [AMA Physician and Family Support Program](#), a confidential 24/7 support line, at 1-877-SOS-4MDS.

Support is available if you ever feel uncertain or overwhelmed. See the [Resilience, Wellness and Mental Health Resource Guide](#) for a comprehensive list of health and wellness supports. Questions? Contact [wellness@ahs.ca](mailto:wellness@ahs.ca).

## COVID-19 Status

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### ICU Update

As of 9:20 a.m. today (June 3), AHS has 210 general adult ICU beds open in Alberta, including 15 additional spaces above our baseline of 195 general adult ICU beds. There are 145 patients in ICU. Provincially, ICU capacity (including additional surge beds) is at 69 per cent. Without the additional surge spaces, provincial ICU capacity would be at 74 per cent.

### Hospitalizations

On May 30, 902 individuals were in non-ICU hospital beds with COVID-19, compared to 1,047 on May 23, a 13.8 per cent decrease.

### Variants of Concern

APL continues to closely monitor SARS-CoV-2 variants. From May 24-30, an average of 75 per cent of positive samples were strain-typed. Of those, the seven-day rolling average was 93 per cent Omicron BA.2 lineage and seven 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 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 May 30, there was an average of 335 new cases of COVID-19 per day, compared to 388 cases per day the previous reporting period (May 17-23), a 13.7 per cent decrease. The Calgary Zone reported the highest total number of new cases with 1,212 (an average of 173 new cases per day). All 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 24-30)	New Cases (May 17-23)	Percent Change
Calgary	1,212	1,260	-3.8%
Edmonton	678	870	-22.1%
North	119	154	-22.7%
Central	217	248	-12.5%
South	115	185	-37.8%
Unknown	7	1	-
<b>Total</b>	<b>2,348</b>	<b>2,718</b>	<b>-13.6%</b>

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.

This past week, out of all 20 wastewater sites across Alberta, only four locations showed increases in COVID-19 RNA in the wastewater: Lethbridge and Taber in South Zone, Red Deer and area in Central Zone, and Cold Lake in North Zone. The remaining 16 sites were stable or decreased.

Frequency of reporting updates vary by sampling site. The above interpretations were made from available data as of May 30 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 26.7 per cent of new admissions to non-ICU spaces are due to COVID-19 infection directly, 35.3 per cent had COVID-19 as a contributing cause, and 38.0 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 35 per cent; 40 per cent had COVID-19 as a contributing cause and 25 per cent were incidental infections or unclear.
- As of May 30, 4,558 individuals have passed away from COVID-19, including 51 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 30, 583,112 cases of COVID-19 have been detected in Alberta and 26,761 individuals have been hospitalized, which amounts to 4.6 individuals for every 100 cases.
- From May 24-30, 13,872 COVID-19 tests were completed, a seven-day average of 1,982 tests per day. During this period, the daily positivity ranged from 12.3 per cent to 21.4 per cent.

## Things You Need to Know

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### **Confirmed Monkeypox Case in Alberta**

One isolated case of monkeypox has been confirmed in Alberta. To protect the privacy of this adult case, no identifying information is being provided. However, the case is confirmed to have had close contact with a known case outside the province.

Monkeypox does not spread easily between people. Transmission can occur by contact with body fluids, sores or items recently contaminated with fluids or sores. While it's also possible to get sick from respiratory droplets after spending a long time close to an infected person, those at greatest risk are those who have had close prolonged contact with a case.

While the risk of infection is currently low to the general population, monkeypox can affect anyone in close contact with an infected person. This virus does not discriminate and is not limited to spread from intimate sexual activities. This kind of misinformation and stigmatization can lead to misunderstanding of risks and negative health outcomes.

If you believe you have been in close prolonged contact with someone with monkeypox or are experiencing monkeypox symptoms, please self-isolate and call 811 or your primary care provider.

Monkeypox is reportable in Alberta as a rare or emerging communicable disease. We are continuing to investigate the spread of monkeypox with our federal and provincial partners and will regularly assess the situation as it evolves.

### **Interim CEO Video Message — Primary Care and the Pandemic Response**

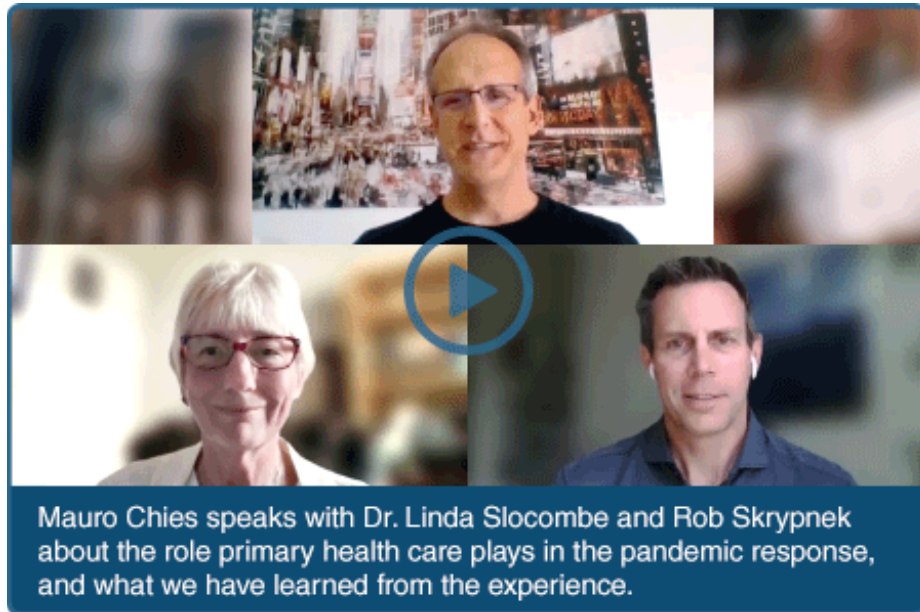
Throughout the COVID-19 pandemic, primary care providers have adapted to this new environment by changing their workflows and meeting patients through virtual appointments.

They have been an essential partner with AHS throughout the pandemic, ensuring Albertans receive excellent care. The work they have done has helped keep Albertans well in the community and prevented hospitalization.

[Joining the AHS Vlog today](#) to talk more about primary care and what we've learned from our COVID-19 experience are:

- Dr. Linda Slocombe, Senior Medical Director, Primary Health Care and Primary Health Care Integration Network.
- Rob Skrypnek, Senior Program Officer, Primary Health Care, and Senior Provincial Director, Primary Health Care Integration Network.





### **Reminder: Get your Booster Dose when Eligible**

Vaccines continue to be critically important in lowering the risk of severe outcomes from COVID-19. Vaccine effectiveness against infection declines over time but additional doses can boost immunity to improve protection and limit spread. A booster dose of mRNA vaccine is more than 90 per cent effective at preventing hospitalization due to Omicron.

Second booster doses of the COVID-19 vaccine are available for eligible groups, including:

- 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.

First booster doses of the COVID-19 vaccine are available for eligible groups, including all Albertans ages 12 and older. First booster doses are administered at a minimum of five months after a primary series.

If you have questions about whether a booster dose is the right choice for you or your child, please talk to a healthcare professional. We encourage everyone to get immunized with whichever dose they are eligible for, as soon as possible.

You can [book your additional dose of the 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.

### **National Indigenous Peoples Month Kicks Off**

On June 1, AHS kicked off a month of celebrations for [National Indigenous Peoples Month](#) with opening ceremonies that brought teachings from Elders and the Indigenous Wellness Core, greetings from AHS leadership and zone representatives, and performances from Indigenous dancers and artists. If you were unable to participate in real time, a recording can be seen on the [Together4Health engagement page](#). Keep watching this page for more events throughout the month.

This year, AHS will be focusing on Healing through Mind, Body and Spirit with in-person and online events. Our online activities include a series of teaching presentations, a [virtual book club](#) to share your favourite Indigenous authors and titles, and a safe space where you can [ask questions](#) about Indigenous health and history. You can also view the videos and multimedia content that was created by members of our Indigenous Wellness Core.

Special initiatives for staff can be found on [Insite](#), including specially designed Zoom backgrounds, a [contest to design an AHS T-Shirt](#) to honour the Day of Truth and Reconciliation, and links to the Indigenous Awareness and Sensitivity training.



### **Celebrate ‘What Matters to You’ Day**

Join us in celebrating What Matters to You (WMTY)? Day on Thursday, June 9.

WMTY Day is about encouraging more meaningful conversations with patients and families who receive healthcare, and with the staff, physicians and volunteers who provide it. It is also about having important conversations about what matters to us during difficult times.

Access patient stories, WMTY conversation starters and other great resources on [Insite](#) and [ahs.ca](#), and consider joining one of next week’s WMTY webinars:

- Tuesday, June 7 — Join us from noon to 1 p.m. for Pieces of Compassion, a multidisciplinary, interactive discussion about compassion. We will talk about why compassion is essential for healthcare providers, compassion fatigue, and how you can practice compassion every day. [Register here](#).
- Thursday, June 9 — Join us from noon to 1 p.m. for the Connecting People and Community for Living Well webinar, a provincial initiative that enhances the ability of multi-sector community teams to support those affected by dementia. Helen Lightfoot and Sharon Hamlin will discuss how learning about ‘What Matters to You’ can help communities build sustainable ways to support the well-being of their populations. [Register here](#).

## Be Well - Be Kind

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### **Connect Care Kudos**

Last weekend's Connect Care Launch 4 inspired some messages of gratitude that we'd like to share with you. You can see other messages of gratitude on our [Sharing the Love webpage](#).

*Congratulations, Connect Care team, for your tremendous work and this exciting launch. This is a great step forward to improving accessibility, accuracy of health information, and ultimately, improving health outcomes through the use of clinical decision support tools.*

— Joyce Lee BScPhm, MD CCFP COE Division of Geriatric Medicine,  
University of Alberta Hospital

*I'm so excited to have large sites in Edmonton launch into the new world of Connect Care. As a non-medical device deployment lead, I had the opportunity to meet and work with many leaders and staff at both Royal Alexandra Hospital and Glenrose Rehabilitation Hospital for several months who helped pave the way for our joint success. I feel privileged and proud to have contributed to our way forward for better patient care for all Albertans. Well done and cheers to all.*

— Andrea A.

### **Alberta Rural Health Week Comes to a Close**

As Alberta Rural Health Week ends, we hope you found some time to take a moment to celebrate and recognize your colleagues throughout the province.

On behalf of the AHS Board and the Executive Leadership Team, we would like to express our gratitude to all who work and support rural healthcare and recognize your contributions to building a more accessible health system and healthier province.

A unique and wide skill set is required to meet the needs of local communities and help keep healthcare close to home. AHS values the work our rural healthcare teams do every day to bring care to patients across the province.

From agricultural towns, such as Viking, to tourist hubs, such as Drumheller, no two communities are alike. They are diverse in their culture and tradition, and also in their healthcare needs. Rural healthcare professionals understand this and are trusted members of their communities during all phases of a patient's healthcare journey.

We are also thankful for our partnerships with those involved in the Rural Health Professions Action Plan; Health Advisory Councils; and local, independent community physician attraction and retention committees. We work together to support recruitment and retention in rural communities and help healthcare workers build a career that suits their lifestyle and builds long-term connections to their communities.

Thank you again for recognizing our rural communities!

— Mauro Chies and the AHS Board

## **Wrapping Up**

As you've read earlier, it's National Indigenous Peoples Month — and there are many AHS activities throughout the month to enjoy. We encourage you to take part in the celebrations. This is also an ideal time to go to Insite and complete your [Indigenous Awareness and Sensitivity training](#) if you have not already done so. These courses will inspire personal and professional growth, and will help you develop a deeper understanding of Indigenous history and the Indigenous experience. Whatever your role is at AHS, this training is essential for you to fulfil your responsibilities and for AHS to continue evolving into an inclusive healthcare organization where everyone feels respected and welcome. Thank you for committing time and energy to complete this training, and for everything you do each and every day.

With ending appreciation and gratitude,

### **Mauro Chies**

Interim AHS President & CEO

### **Dr. Laura McDougall**

Senior Medical Officer of Health

