



Message from
Mauro Chies &
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AHS Update: AHS support for refugees, reported COVID-19 cases continue to drop

Please print and share with your teams as needed

Dear staff, physicians and volunteers,

Today's Update

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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

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 72,274, compared to approximately 72,860 at the beginning of May. In February 2020, before the pandemic, our total wait list was 68,000.

CT Contrast Dye Shortage Continues

AHS continues to be impacted by the global shortage of certain types of imaging contrast dye and we are actively monitoring the situation. Our clinicians are implementing strategies to minimize the contrast usage to preserve supply, including using alternative imaging modalities like Ultrasound and MRI where clinically appropriate.

To ensure we have enough supply of contrast for critical patients, radiologists will review and triage all semi-urgent and routine patients and will defer those that are clinically safe to be postponed. As soon as a more consistent supply has been secured, AHS will work to provide CT scans requiring contrast dye for patients as quickly as possible.

Priority: Workforce Recruitment and Retention

AHS has a large, diverse and geographically dispersed workforce, making workforce planning a complex task. AHS continues to build its ability to recruit and retain strong health human resources (HRR) talent, optimize the work of these resources, and provide a strong and engaging workplace. This work is guided by the Integrated Workforce Action Plan, a three-year strategy to build out and integrate efforts to attract, retain and optimize the HRR workforce while supporting their wellness.

Emergency Department wait times and recruitment

We continue to experience significant pressure on our healthcare system, particularly in our emergency departments, due to higher-than-normal volumes of seriously ill patients, the continued impact of COVID-19, and increased staff absences due to illness.

In recent months we have seen a very sharp increase in patients requiring Emergency Department/EMS care across the province. In the second quarter of 2021-22, there were 490,383 emergency department visits provincially, a 12 per cent increase over the same quarter of 2021.

We have 270 more staff working in our EDs today than we did a year ago, and 783 more staff in our EDs than in April 2018. We continue to recruit and hire: in the past two years, AHS has added 230 paramedics, and over the pandemic, AHS has hired 1,800 registered nurses.

This situation is occurring in jurisdictions across Canada, not just Alberta.

After more than two years of pandemic response, recruiting healthcare professionals is a challenge across North America. AHS has a dedicated team in place focused on implementing solutions to support recruitment efforts across the province, including the following:

- Expanding recruitment efforts through enhanced marketing efforts;
- Aggressively pursuing both Canadian and internationally-trained physicians;

- Exploring options to improve the international sponsorship program;
- Posting part-time positions to provide additional flexibility for physicians, and providing incentives for full-time positions;
- Reviewing retirement and succession plans with local medical leaders;
- Reassessing the current locum experience and easing administrative burdens for locums;
- Consulting with post-graduate medical education programs to enable work experience in non-urban facilities and increase the number of training positions;
- Partnering with the Rural Health Professions Action Plan to support healthcare professionals who are new to rural communities;
- Increasing collaboration between Zones; and
- Exploring flexible roles, increased scope of practice and alternate models for care within AHS.

In addition, a Patient Movement Taskforce has been struck. More detail on this will be available in the coming weeks.

Our goal is always to keep our sites operating as normal to ensure that patients receive safe quality care where and when they need it. We value the work our physicians and healthcare teams do every day in communities across Alberta, and we recognize the strain and challenges that our teams are working within.

We remain committed to supporting recruitment and retention efforts to ensure we are there for our staff and physicians, and patients and families when they need us the most.

Priority: Rural Initiatives and Engagement

There is an opportunity for AHS to improve its relationship and connection with rural and Indigenous Albertans to ensure the organization is addressing the unique healthcare needs of their communities. Through enhanced engagement, and by enabling more responsive and empowered local decision-making, the organization can build trust and better reflect the needs of diverse communities and populations when delivering healthcare. AHS will support improved health outcomes by strengthening partnerships and developing innovative care and service models that better meet the health needs of rural, remote, and Indigenous communities, span the continuum of care and focus on community-based care.

Rural engagement sessions

This week we kicked off a series of rural engagement sessions with events in Medicine Hat and Lethbridge. Jointly hosted by Alberta Health and AHS, the goal of these sessions is to hear directly from frontline physicians, healthcare staff and communities to get feedback on actions underway and invite their ideas on what else can be done to support improvement across the healthcare system.

AHS staff and physicians shared their concerns, highlighted issues and identified potential solutions regarding the delivery of health care. Community leaders were invited to similar sessions to share their perspective as to what is working well, and what challenges exist within the healthcare system. Sessions are being planned across Alberta through the summer and fall.

To learn more about projects and initiatives where AHS is currently seeking input, visit [Together4Health.ahs.ca](https://together4health.ahs.ca).

Supports When You Need Them

Support your well-being through counselling

We can all benefit from learning healthy coping strategies to help us navigate day-to-day challenges. Short-term, solution focused [counselling](#), available through the [Employee and Family Assistance Program](#) (EFAP) can support your well-being.

When you call the intake line you will be asked for some basic information and will have an initial appointment set up at a convenient time. An expert counsellor will use advanced assessment tools to determine the best service for you. Counselling is available online and over the phone or video for you and your immediate family members.

If you feel uncertain or overwhelmed with any issue, call the intake line any time 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.

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.

COVID-19 Status

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 212 general adult ICU beds open in Alberta, including 15 additional spaces above our baseline of 197 general adult ICU beds. There are currently 163 patients in ICU.

- Provincially, ICU capacity (including additional surge beds) is currently at 77 per cent. Without the additional surge spaces, provincial ICU capacity would be at 83 per cent.
- In Calgary Zone, we currently have 77 ICU beds. Calgary Zone ICU is operating at 81 per cent of current capacity (including six COVID-19 patients in ICU).
- In Edmonton Zone, we currently have 83 ICU beds, including five additional spaces. Edmonton Zone is operating at 87 per cent of current capacity (including eight COVID-19 patients in ICU).
- In Central Zone, we currently have 18 ICU beds, including six additional spaces. Central Zone ICU is operating at 50 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 57 per cent capacity (including one COVID-19 patient 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 62 per cent capacity (there are currently no COVID-19 patients in ICU).

Hospitalizations

On June 20, 644 individuals were in non-ICU hospital beds for COVID-19, compared to 719 individuals in non-ICU hospital beds on June 13, a 10.4 per cent decrease.

Variants of Concern

Alberta Precision Laboratories (APL) continues to closely monitor SARS-CoV-2 variants. From June 14-20, an average of 74 per cent of positive samples were strain-typed. Of those, the seven-day rolling average was 71 per cent Omicron BA.2 lineage and 29 per cent 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 June 20, there was an average of 155 new cases of COVID-19 detected per day, compared to 205 cases per day the previous reporting period (June 7 to June 13), a 24.5 per cent decrease. The Calgary zone reported the highest total number of detected new cases with 477 (an average of 68 detections per day). Three 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 14 – June 20)	New Cases (June 7 – June 13)	Percent Change
Calgary	477	655	-27.2%
Edmonton	379	516	-26.6%
North	77	61	+26.2%
Central	77	140	-45.0%
South	74	66	+12.1%
Unknown	2	0	N/A
Total	1,086	1,438	-24.5%

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 nineteen wastewater sites in Alberta, only Edson in North Zone showed a 25 per cent increase in COVID-19 RNA in the wastewater this week.
- The other eighteen locations had no significant changes or decreased by more than 25 per cent.
- Airdrie's wastewater site did not have data available for this last week.

Frequency of reporting updates vary by sampling site. The above interpretations were made from available data as of June 20 at noon. The Alberta Wastewater Surveillance Program is a collaboration between the University of Calgary, University of Alberta, Alberta Precision Laboratories and Alberta Health.

Other notable COVID-19-related information:

- Data from the last seven days indicate that 34.3 per cent of new admissions to non-ICU spaces are due to COVID-19 infection directly, 40.0 per cent had COVID-19 as a contributing cause and 25.7 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 20.0 per cent; 70.0 per cent had COVID-19 as a contributing cause and 10.0 per cent were incidental infections or unclear.
- As of June 20, 4,604 individuals have passed away from COVID-19, including 13 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 20, a total of 587,890 cases of COVID-19 have been detected in Alberta and a total of 27,303 individuals have ever been hospitalized, which amounts to 4.6 individuals for every 100 cases.
- From June 14 to June 20, 8,918 COVID-19 tests were completed, a 7-day average of 1,274 tests per day. During this period, the daily positivity ranged from 8.74 per cent to 14.87 per cent.

Things You Need to Know

No Change in Recommendations Regarding Food and Celebrations at Healthcare Facilities

As most COVID-19 restrictions in the general public space have eased, it is important that we continue to keep to the health and well-being of our patients, families, staff, physicians, volunteers and all Albertans at the forefront of everything we do.

Following the [rescinding](#) of Alberta's remaining COVID-19 guidelines on June 15, healthcare teams have many questions about the guidelines outlined in our [Decorations, Costumes, Food, Celebrations and Donations document](#).

At this time, there are no changes to the recommendations in this document. This decision was not made lightly, and we will continue to regularly review and monitor this guidance to ensure it aligns with current COVID-19 scientific data and local epidemiology. Changes may be made once it is deemed safe and appropriate to do so, and any changes will be shared broadly.

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. In all healthcare settings, wearing a mask and following all restrictions and guidelines, including those outlined in [Decorations, Costumes, Food, Celebrations and Donations](#), can help protect someone at higher risk of becoming significantly ill if they catch COVID-19, as well as protecting the healthcare workers who provide care.

[AHS' masking directive](#) continues to apply to AHS staff, physicians, volunteers, designated support persons and visitors in patient care areas and in common spaces such as cafeterias and waiting areas.

Those who work in areas with no direct contact with patients or patient items (e.g., corporate settings, health records departments, laboratory services) are required to wear a mask continuously in all areas of their workplace, unless they are at a workspace separated by at least two (2) metres, separated by a physical barrier, or working alone in an individual office. Only in an administrative setting (e.g., Southport Tower, Seventh Street Plaza) may AHS staff choose to wear a non-procedure mask (e.g., their own, clean cloth mask).

All AHS and Covenant sites continue to require visitors to perform hand hygiene and physical distancing.

It has been a very long 27 months, and our staff, physicians, patients and all Albertans are understandably tired. We thank all staff, physicians, designated support individuals and visitors for continuing to follow our guidance.

Thank you for your continued commitment to caring for Albertans.

AHS Support for Refugees and Evacuees

Alberta has recently seen a significant number of people immigrating to our province to escape a humanitarian crisis. Many of these people are Afghan and Syrian refugees and Ukrainian evacuees who are fleeing the devastation of war, invasion and political unrest occurring in their home country.

The arrival of those seeking safety is in addition to the normal pattern of immigrants who are pursuing better opportunities for themselves. This influx of refugees and evacuees has prompted Alberta Health (AH) to review current processes and healthcare supports that are in place for newcomers.

While this work is in preliminary stages, AHS is part of a working group with other stakeholders such as Primary Care Networks, immigration support centres, community and faith groups and healthcare providers, led by AH, to assist in its development.

This working group will review processes to identify areas of improvement in the current support process and develop a systematic approach to better support newcomers as they enter and settle in Alberta.

AHS has a strong history of providing support for the healthcare needs of all refugees and evacuees. We consistently engage with the stakeholders identified above to understand the specific needs of each group as the support required for a refugee and evacuee may be different. For example, Afghan refugees arrive in Alberta as government-assisted or privately sponsored

refugees. This means they will need long-term healthcare support, housing and resettlement programs to help them integrate and thrive in our province. Ukrainian evacuees are not expected to require permanent resident support in the same manner an Afghan refugee would, as not all are likely to remain in Alberta after peace is restored in their country.

Regardless of where someone is immigrating from or the reason in which they choose to begin again in our province, we have the resources to support them. Anyone who is supporting an Afghan, Syrian or [Ukrainian evacuee](#) can review the following resources for information on where to access health services.

- [Your Healthcare Options in Alberta](#)
- [Addiction & Mental Health Supports](#)
- [Resources for Host Families of Ukrainian Evacuees](#)
- [Kids Help Phone](#) has expanded their services to include interpretation support in Ukrainian, Russian, Pashto, Dari, Mandarin and Arabic. Counsellors are available 24/7 at 1-800-668-6868.

If you or an immediate family member has been impacted by any 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.

Monkeypox Update

As of June 22, 2022, five confirmed cases of Monkeypox have been reported in Alberta. To protect patients' confidentiality, no identifying information will be provided.

Although the case number in Alberta is low, we continue to strongly encourage safe health practices to ensure this rare disease does not spread in our province.

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 Canada, cases to date have been in those who have had close physical contact with infectious skin lesions during sexual activity.

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.

To learn more about Monkeypox in Alberta, please visit the Alberta Health [Monkeypox virus webpage](#).

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 21:

- 95,901 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 30,766 (or 32.08 per cent) have tested positive;
- Of the 14,205 employees who have tested positive and whose source of infection has been determined, 897 (or 6.31 per cent) acquired their infection through a workplace exposure. An additional 3,821 employees who have tested positive are still under investigation as to the source of infection;
- 6,845 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 1,696 (or 24.78 per cent) have tested positive; and
- Of the 575 physicians who have tested positive and whose source of infection has been determined, 31 (or 5.39 per cent) acquired their infection through a workplace exposure. An additional 281 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](#).

Interim CEO video message: Spotlight on Virtual Health

Our people and teams have always been nimble and creative, delivering care in new ways that protect the safety of patients, clients and healthcare providers. Your adaptability and spirit of innovation has never been clearer than in recent years during our pandemic response.

The pressures exerted on our healthcare system meant that we needed to find new ways to support Albertans' access to care. One of the key ways we accomplished this was by increasing our use of virtual care – using technology to connect patients and providers when they aren't in the same location. Even before COVID-19, we were using virtual care in many ways, from routine appointments for patients with chronic diseases to post-surgical follow-ups. Prior to pandemic, 1.6 per cent of AHS ambulatory visits were conducted over the telephone or by video (physician data extrapolation). In 2021 for internal medicine specialties alone, 27 per cent were conducted virtually (approximately 70 per cent phone, 30 per cent video/other).

Joining me (Mauro) on this week's vlog [to discuss what we've learned about virtual care and what its future looks like](#) is Dr. Jonathan Choy, Interim Senior Medical Director of Provincial Clinical Programs and Virtual Health.



Removal of AB Trace Together Apps from AHS mobile devices

The Alberta Trace Together mobile app ([ABTraceTogether](#)) is being decommissioned by the provincial government. As the app is being decommissioned, AHS IT will remove it from all AHS mobile devices. No action is required by the end user – the app will automatically disappear from your phone.

Be Well - Be Kind

National Indigenous Peoples Month celebrations

Across the province, communities continue to commemorate [National Indigenous Peoples Month](#) with celebrations of indigenous culture and teachings. As well as supporting nearly 40 virtual learning and listening sessions, AHS hosted a [Safe Space for Questions](#), where the Indigenous Wellness Core responded to questions without judgement, and a virtual [Book Club](#), where Albertans could share books that challenged their thinking. On June 21, National Indigenous People’s Day, AHS hosted events at healthcare sites across the province, including one at Stollery Children’s Hospital and University of Alberta Hospital that highlighted Indigenous cuisine and traditional dancing.



As well, one of our [Honouring Life grantees](#)—Fishing Lake Métis Settlement—has done some excellent work with youth in their area. They brought in [N’we Jinan](#) to teach youth how to put their feelings down on paper and into music. We encourage you to check out the amazing video they put together, [We Are Strong](#).



Join the Our People Strategy Webinar — Let's Talk Moral Distress on June 29

Interested in the concept of moral distress? Then join us for a webinar on Wednesday,

June 29 from 9-10 a.m. The webinar will discuss common causes of moral distress, share strategies to prevent and address moral distress, and more.

No registration is required. [Click here](#) on June 29 to join the webinar.

Wrapping Up – a month of celebration and recognition

June is a big month for celebrating [Pride](#) and also recognizing the cultures and stories of Indigenous Peoples. There have been many great events across the province, and we thank everyone involved; those who participated. As we get closer to the end of the monthly celebrations, we encourage everyone to continue to learn and celebrate throughout the entire year. You can learn more about Indigenous culture and history in Alberta through our [Indigenous awareness training](#). The Indigenous Peoples in Alberta: Introduction course and the Indigenous Awareness and Sensitivity eLearning certification program are available on [MyLearningLink](#).

And please continue to share your pride in the workplace and celebrate the diversity our people bring to the organization. When we create an environment that is safer and more inclusive for all, we improve patient experience, outcomes, and quality of care for Albertans.

Thank you for your continued commitment to supporting Albertans and each other. No matter where you work in AHS, you make a huge, positive difference, every day and night.

Sincerely,

Mauro Chies

Interim AHS President & CEO

Dr. Laura McDougall

Senior Medical Officer of Health