

CMO SMOH Weekly Notice for AHS Medical Staff

June 25, 2021

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.

This week:

- MD Culture Shift
- Doctor of the Week
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- AMA, ACFP, PCNs and RxA Release Joint Statement Encouraging Albertans to Get Immunized
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- Additional Resources for Physicians

We know many will have questions about travel and quarantine requirements as summer holiday time approaches. Please stay tuned on this, more information will be coming in the weeks ahead.

MD Culture Shift

MD Culture Shift Newsletter: [Issue 04: June 2021](#)

Equity, Diversity and Inclusion

AHS believes strongly that there is great value for all physicians in Alberta investing time to learn about Indigenous history and reflect on their Indigenous awareness. As June is National Indigenous History month, it's a good time to remind physicians of their ability to access online Indigenous awareness learning resources that the AHS Indigenous Health and Cultural Competence teams have created. If you haven't already, you can access these modules by logging in to [MyLearningLink.ahs.ca](https://mylearninglink.ahs.ca) and searching for Indigenous Awareness.

In case you missed it

- Dr. Kim Kelly hosted an informative presentation on equity, diversity and inclusion research by Dr. Shannon Rzycki on behalf of the [Edmonton Women in Health Network](#) #yegWiHN. You can view this webinar [here](#).
- Happy Pride! If you missed the Pride webinar, a recording is [available](#).
- Recording of the Asian and Jewish Heritage Month webinar from May is also [available](#).
- If you missed the Equity in Medicine Conference, focused on "Overcoming Barriers in Medicine," the recording is available [here](#).

Doctor of the Week – Dr. Neeja Bakshi

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.



This week's Doctor of the Week is Dr. Neeja Bakshi, Facility Section Lead, General Internal Medicine; Internal Medicine Physician at the Royal Alexandra Hospital (RAH), and Associate Clinical Professor in the Department of Medicine at the University of Alberta.

Dr. Bakshi was nominated for her leadership during the pandemic, how she stepped up to design the RAH's COVID-19 wards and organize the physician teams to support COVID-19 patients.

"She leads by example and by calculation, and would cancel her plans to prioritize the needs of the patients," says Dr. Bakshi's nominator Winnie Sia, Chief of Department of Medicine, Royal Alexandra Hospital.

"I love being able to connect with patients and their families," says Dr. Bakshi. "Before retiring, my mom was a rural family physician, so at an early age I was drawn to the art of medicine – being able to connect with patients and their stories and following their health journeys. The science of medicine is definitely cool, but for me, it is the connectivity and the ability to guide patients in their health. It is a privilege to be a part of their story, however brief it may be. Being an internist means we are given the privilege of following patients throughout their whole hospital journey, advocating for their treatment plans and goals.

Over the last decade of working inpatient medicine, I have come to appreciate the holistic nature of our job. Understanding social determinants of health and how each individual patient's circumstance and healthcare literacy can be vastly different has challenged me to be a better physician.

Through the pandemic, one of the hardest parts of being an internist in an acute care setting was not being able to have face-to-face conversations with loved ones, and when delivering bad news, it required significant adaptation.

Regardless of how difficult these situations may be, I consider it an honor to be a part of a collaborative healthcare team with patient centeredness as its tenet."

Her care for patients is commendable, as is the dedication and support she provides for physicians. "Every week, Dr. Bakshi would create a WhatsApp group chat to support the physicians to answer questions and to share any latest practice guidelines and protocols with the group," says Dr. Sia. "This support system has been tremendously helpful for providers who were helping us at the peak of second wave."

"Working at RAH specifically is a joy," says Dr. Bakshi. "I get to meet so many different people from many different backgrounds, and I am constantly learning. The collaborative atmosphere on our medicine units is what got us through this last 16 months, and I couldn't imagine working elsewhere. These last 16 months have challenged the entire healthcare system, and collectively, our internal medicine community has truly shown their commitment to exceptional patient care. I am so proud of my colleagues who have, without reservation, stepped up over and over again."

Outside of work, she enjoys time with her husband and their twin eight-year-old girls. Together, they enjoy being outside in any way possible, and particularly for Dr. Bakshi, she enjoys fitness, tennis, and East Indian folk dancing.

Thank you, Dr. Bakshi for your ongoing dedication and care for your patients and colleagues.

Scientific Advisory Group Rapid Review: Transmission of COVID-19 in Taxis and Ridesharing Vehicles

Previously, Alberta Health and AHS had provided public health guidance for taxis, limousines, rideshares and commuting, including contact isolation and quarantine rules, handwashing, disinfection precautions and mask use.

With consideration of the potential of increased transmissibility of variants of concern (VOC), and evolving knowledge about factors influencing transmission, AHS Scientific Advisory Group (SAG) conducted a rapid review on driver risk to provide guidance around optimal risk reduction.

The rapid review found there may be an increased risk of COVID-19 transmission in taxi and rideshare settings, however there is little high-quality evidence that assesses risk across various settings, both occupational and non-occupational. With this limitation in evidence, the rapid review includes examples of existing guidelines, drawing on basic infection prevention and control practices customized for taxi and other ride-sharing settings. These commonly include:

- Not working while ill
- Screening passengers for symptoms
- Transporting higher risk of COVID-19 passengers alone or only with their household cohort
- Distancing, hand hygiene and cleaning/disinfection of high-touch surfaces

Additionally, it is preferable if drivers are fully-immunized, and a new recommendation around optimal masking for drivers (e.g., medical mask or high-quality cloth mask) is made, and a practical consideration for eye protection in face to face contact is suggested.

As evidence evolves, there will be a need to reassess these guidelines.

For more information about this report, see the [Rapid Review](#).

AMA, ACFP, PCNs and RxA Release Joint Statement Encouraging Albertans to Get Immunized

On Monday, June 21, the Alberta Medical Association (AMA), Alberta College of Family Physicians (ACFP), AHS' Primary Care Networks (PCN) and the Alberta Pharmacists' Association (RxA) released a joint media statement from community providers encouraging Albertans to get immunized against COVID-19.

For more information about this, and other conversations and webinars they are hosting, please visit their websites:

- [AMA](#)
- [ACFP](#)
- [PCNs](#)
- [RxA](#)

Highlights from the CEO All Staff Update

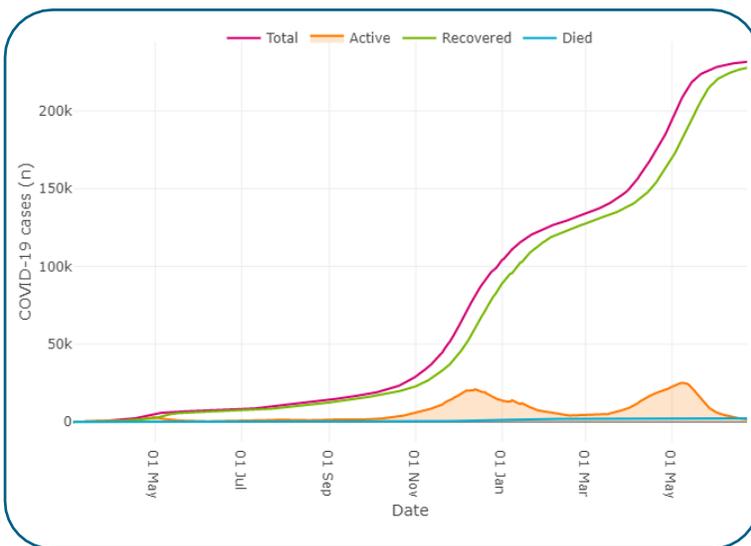
COVID-19 Case Status in Alberta

Case, hospitalization and intensive care unit (ICU) numbers continued to plummet this past week, as record numbers of Albertans booked their first or second doses of a COVID-19 vaccine as eligibility expanded. The Government of Alberta plans to lift most public health restrictions on Thursday, July 1, in response to declining COVID-19 numbers and increasing vaccine uptake.

As of June 23, there were 1,580 active COVID-19 cases in the province, a 36.1 per cent decrease compared to June 16. All AHS zones reported a decrease in active cases as you can see in the table below.

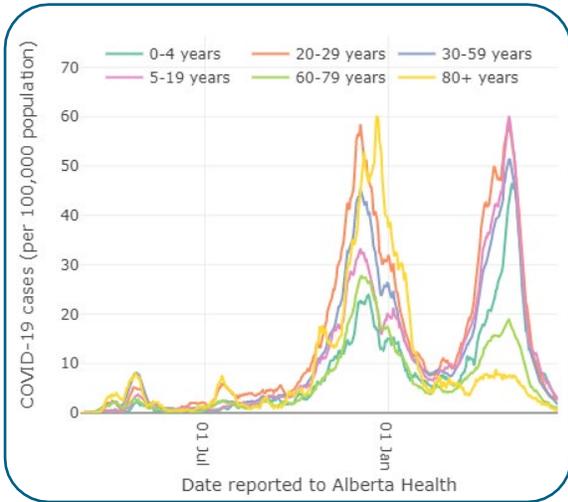
	Active Cases (as of June 23)	Active Cases (as of June 16)	Per cent Change
Calgary	814	1,078	-24.5%
Edmonton	246	535	-54.0%
North	291	486	-40.1%
Central	159	284	-44.0%
South	70	88	-20.5%
Unknown	0	0	0%
Total	1,580	2,471	-36.1%

There was an average of 89 new daily COVID-19 cases for the seven-day period ending on June 23, compared to 152 the previous week, a 41.4 per cent decrease. The Calgary Zone had the highest number of new cases this past week with 339, which represents a 31.4 per cent decrease from the previous week when the zone reported 494 new cases.



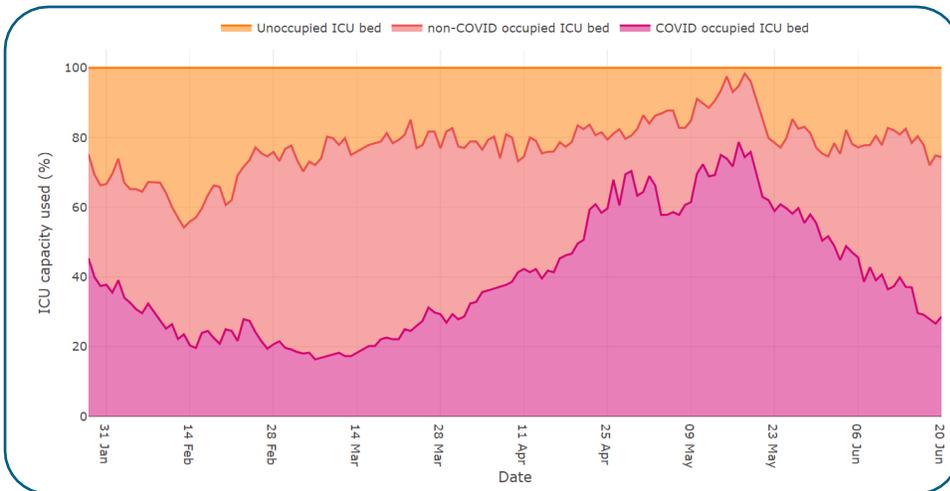
Cases by age group

On June 20, school-aged children (aged 5-19 years) had the highest seven-day rolling average of daily cases with 2.86 cases per 100,000 people, followed by children aged 0-4 years with a rate of 2.71. Albertans aged 80 years and older continue to have the lowest rate of average daily cases, with 0.57. A visual representation of these trends in cases by age group is provided in the figure below.

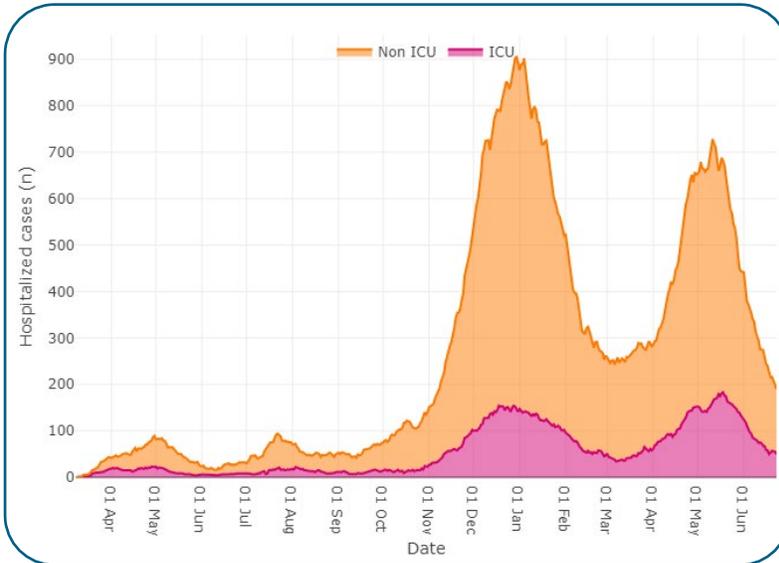


Hospitalizations and ICU admissions

On June 23, 50 individuals with COVID-19 were in ICUs compared to 59 on June 16, a 15.3 per cent decrease. The most recent reporting, on June 20, shows ICU capacity being used at 74.4 per cent, with 28.6 per cent of ICU beds being occupied by a patient with COVID-19. The figure below is a visual representation of ICU capacity in Alberta.



Also on June 23, 140 individuals with COVID-19 were in non-ICU hospital beds compared to 185 on June 16, a 24.3 per cent decrease.



The table below shows hospitalization by zone as of June 23.

	Hospitalizations	ICUs
Calgary	94	22
Edmonton	49	18
Central	19	5
North	18	4
South	10	1

Variants of concern

The lab is screening samples of all positive cases for variants and, as a result, the proportion of active cases that are variants is reportable once again.

COVID-19 Variant	Proportion of active cases (June 23)	Proportion of active cases (June 16)	Difference
B.1.1.7 (UK) variant	48.6%	59.5%	-10.9%
B.1.351 (South Africa) variant	0.1%	0.2%	-0.1%
B.1.617 (India) variant	17.1%	9.0%	+8.1%
P.1 (Brazil) variant	4.1%	3.9%	+0.2%
Overall	69.9%	72.7%	-2.8%

Other notable COVID-19-related information

As of June 23:

- A total of 231,641 cases of COVID-19 have been detected in Alberta and a total of 9,584 individuals have been hospitalized, which amounts to 4.1 individuals for every 100 cases. In all, 227,768 Albertans have recovered from COVID-19.
- 2,293 individuals have passed away from COVID-19, including 13 over the seven-day period from June 17 to June 23. We extend our condolences to the families of these individuals, and to all who have lost loved ones from any cause during this time.
- A total of 4.66 million tests have been conducted and 2.17 million individuals have been tested. From June 17 to June 23, 38,405 COVID-19 tests were completed, an average of 5,058 tests per day. During this period, the daily positivity ranged from 1.34 per cent to 2.38 per cent.

- For the winter school term, AHS has confirmed 9,598 individuals with COVID-19 were present at schools while infectious or acquired the disease in the school setting. A total of 1,393 out of 2,415 schools (57.7 per cent) in the province have reported an individual has attended their school while infectious or had in-school transmission.

The R value, also known as the reproduction number, describes the ability of a disease to spread. It tells us the average number of people that someone with COVID-19 will infect. An R value of 1 means an infected person will infect one other person on average. Values below 1 mean transmission is decreasing; above 1, transmission is increasing. The provincewide R value from June 14 to June 20 was 0.75 whereas R value the previous week was 0.76.

COVID-19 Immunization Updates

Another record-breaking day for COVID-19 immunization bookings

Friday, June 18, was another record-breaking day for COVID-19 immunization bookings, when 177,000 appointments were booked — and 300,000 were booked by the end of the weekend. This surge in bookings followed the Government of Alberta announcement that Alberta's COVID-19 immunization rollout is expanding to include anyone who has had a first dose of vaccine 28 days ago or longer.

This is great news for Albertans as more people do their part to help stop the spread of COVID-19. A big thank you to all staff who are keeping Albertans safe by supporting the immunization rollout plan.



Vaccine supply update

There is currently more Moderna vaccine supply available in Alberta than Pfizer, meaning Moderna is more readily available for first- and second-dose appointments. Albertans looking to book a second dose of a COVID-19 immunization can get an earlier appointment by choosing Moderna as their preference.

Both Pfizer and Moderna are mRNA vaccines and work the same way. They are considered interchangeable and about 95 per cent effective in preventing COVID-19 disease. Both protect against severe COVID-19 illness, risk of hospitalization or death.

People who received Pfizer as a first dose can choose to book Moderna as their second dose. This would be considered a safe and fully protective vaccine series.

No-appointment, walk-in clinics are available across Alberta for a first dose of Moderna only. You can find these sites and hours of operation at ahs.ca/covidvaccine.

Appointments for an mRNA vaccine can be made online at ahs.ca/covidvaccine, by calling Health Link at 811, or by contacting a [participating pharmacy](#) or physician's office.

Booking second-dose AstraZeneca appointments

Albertans who received AstraZeneca for their first dose can book their second dose with AstraZeneca or an mRNA vaccine by calling Health Link at 811.

Second-dose appointments for those who received AstraZeneca can no longer be made through pharmacies or the AHS online booking tool.

This is to ensure Albertans who received AstraZeneca receive their second dose of vaccine in the most appropriate timeframe to provide the most protection possible.

While a second dose of AstraZeneca can be provided as early as 28 days after the first dose, we encourage Albertans to wait a minimum of eight weeks between doses to ensure maximum effectiveness with this vaccine product.

Two doses of any of the COVID-19 vaccines available in Alberta are considered a complete, safe and protective vaccine series.

COVID-19 Testing for Healthcare Workers

We continue to update the testing data for healthcare workers in the [AHS Healthcare Worker COVID-19 Testing dashboard](#). 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.

As of June 22:

- 78,345 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 5,880 (or 7.5 per cent) have tested positive.
- Of the 4,486 employees who have tested positive and whose source of infection has been determined, 582 (or 13.0 per cent) acquired their infection through a workplace exposure. An additional 1,394 employees who have tested positive are still under investigation as to the source of infection.
- 5,383 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 240 (or 4.5 per cent) have tested positive.
- Of the 189 physicians who have tested positive and whose source of infection has been determined, 19 (or 10.1 per cent) acquired their infection through a workplace exposure. An additional 51 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](#) and [dashboard](#).

Continuous Masking in AHS Facilities Continues

For the past 16 months, Albertans have lived with a wide range of protective measures designed to stop the spread of COVID-19 and safeguard our health care system from being overwhelmed. Now, as most restrictions in the general public space are easing, all Albertans, including our staff and physicians, will need to learn how to live with the ongoing public health reality of COVID-19. This means entering a phase where there are fewer mandatory barriers on what we can do in our day-to-day lives, while remaining thoughtful about managing potential risks, particularly in health care settings.

As healthcare providers, it is important for us to remember that as community restrictions begin to ease, we need to continue to make safe choices which protect vulnerable people who have risk factors for severe outcomes, and those who are not fully immunized, including those who have not had the opportunity yet, patients under the age of 12, and those with immunologic conditions that limit their ability to respond to vaccines.

To ensure the safety of all staff, physicians, patients and families, masking will still be required in both continuing care and acute care settings. This Directive will continue to be applicable to all staff, physicians, volunteers, designated support persons and visitors, provincially.

While active cases are declining in our province, there continues to be COVID-19 transmission in the community. Continuous masking is one additional step we can take to protect the vulnerable individuals we provide care to, as well as one another.

It has been a very long 16 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, as we continue our pandemic journey, and work towards a more normal way of life for all Albertans as soon as possible.

For more information on continuous masking, please visit our [Continuous Masking](#) Insite page.

Use of Eye Protection

Eye protection remains an important component of Contact and Droplet precautions in our facilities, even for those who are fully vaccinated. Eye protection must be used for clinical contact (within two metres) of patients with COVID-19, possible COVID-19, or having respiratory symptoms consistent with Influenza-like Illness (ILI) or a respiratory tract infection. Continuous eye protection will also continue to be maintained in COVID-19 units and in settings with COVID-19 outbreaks.

Continuous eye protection may be discontinued by those who are fully vaccinated which is defined as two weeks post-second dose of vaccine. Those who are fully vaccinated will not be considered at risk should they be exposed and will not be quarantined, as long as they remain asymptomatic.

Those who are not yet fully vaccinated must maintain continuous eye protection as part of personal protection. Should these individuals have a potential exposure, they will require assessment by WHS and potential quarantine.

For more information on the use of eye protection, please visit our [PPE webpage](#).

Temporary Remote Work Still Recommended

On Thursday, July 1, Alberta will be entering Stage 3 of the Government of Alberta's [Open for Summer Plan](#). Stage 3 will see the lifting of most public health restrictions.

AHS continues to recommend remote work arrangements where possible, and asks staff and physicians who are able to work from home effectively within their role to continue to do so until at least the end of September. AHS will provide an update on remote work expectations and future post-pandemic remote work arrangements later this summer.

Remote staff and physicians should only return to the workplace if they receive approval from their leader/medical leader and are aware of the safety requirements for their site. The [Relaunch Playbook](#) offers resources to support leaders with remote staff and physicians, as well as information about proper safety, cleaning and physical distancing measures to protect staff and physicians who have remained on site.

Verna's Weekly Video Message — The ICU Experience

This week, Verna would like to talk about the incredible work being done in our ICUs, which has been vital to Alberta's COVID-19 response.

Our ICU teams have been incredibly busy – especially in May, when we had a record 184 patients receiving intensive care. Albertans depend on our ICU staff and their specialized skills to be there for them when they are needed. And despite the often difficult and stressful circumstances of the

pandemic, our ICU staff have continued to show resilience and provide safe, quality care to patients, no matter the circumstance.

To give you a better idea of what working in the ICU during a pandemic is like, Verna has invited three guests to [share their experiences](#):

- Shalayne Grainger, registered nurse, Northern Lights Regional Health Centre ICU.
- Dr. Curt Johnston, Deputy Zone Medical Director, Edmonton Zone, and one of AHS' medical advisors in the Acute Care Node of the Emergency Co-ordination Centre.
- Rhonda Laroy, lead respiratory therapist, Red Deer Regional Hospital Centre ICU

Post-COVID-19 Rehabilitation Resources

In-person, phone and online resources are available for those struggling with lingering symptoms of COVID-19 and can be found on [MyHealth.Alberta.ca](#) or [Getting Healthy after COVID-19](#).

Most people who have tested positive for the virus fully recover. However, as many as one-in-four individuals are left with lingering physical, psychological, social and cognitive effects that can include chronic fatigue, muscle weakness, 'brain fog,' anxiety/depression and shortness of breath, known as 'Long COVID'. The majority of these individuals can manage their own symptoms, with the appropriate resources and supports.

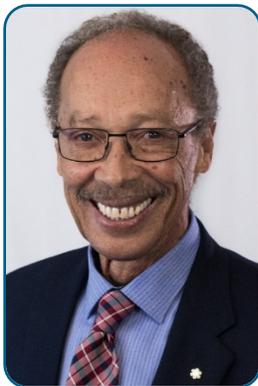
They include:

- A [symptom self-management guide](#) to help patients recover after COVID-19.
- General information related to COVID-19 and seniors/continuing care; mental and spiritual health; cancer; and expectant and new parents.
- Information on COVID-19 Recovery Clinics.
- Finding My Way Back video about one Albertan's experience with long COVID.

[Resources for health professionals](#) are also available and include care pathways and toolkits; and a Post COVID-19 Rehabilitation and Functional Screening and Assessment Tool to help providers determine what rehabilitation supports may be required moving forward.

Beyond COVID-19

Dr. Anthony Fields Elected First Chancellor of MacEwan University Board of Governors



On June 24, 2021, the MacEwan University Board of Governors announced the election of Dr. Anthony (Tony) Fields as its first ever chancellor. In addition, Dr. Fields will also be receiving an honorary Doctorate from the University. Dr. Fields has had a distinguished career in oncology – as a physician, professor of oncology at the University of Alberta, and vice-president of Cancer Care for AHS before retiring in 2011. The leadership he will bring to MacEwan University over the next four years marks an important milestone in the university's history and its role as an undergraduate university.

The Chancellor plays an important role in representing MacEwan University in the community, building relationships and connections to help increase the institution's profile and contribute to realizing its vision. The impact Dr. Fields has had on lives touched by cancer – both to his patients and their families, his passion for building community and his energy will contribute to the university's journey as it looks ahead to its next 50 years.

The CCA Executive Leadership Team and the AHS Executive Leadership Team, along with all staff and physicians would like to extend our sincere congratulations to Dr. Fields for such an outstanding accomplishment. We look forward to a future of exciting possibilities for students, staff and community at MacEwan University under the able guidance of Dr. Fields.

[Digital Health Canada Board Elects Dr. Jonathan Choy as Secretary-Treasurer](#)

Congratulations to Dr. Jonathan Choy, Provincial Medical Director, Virtual Health, for being elected as Secretary-Treasurer for the Digital Health Canada Board of Directors. Digital Health Canada is a non-profit organization focused on connecting and inspiring digital health professionals to support the future of health in Canada.

Virtual care at AHS has seen an explosion in growth in the last year, since the start of the pandemic. It provides an opportunity for care continuity throughout the spectrum of care, supporting individuals who are in self-isolation, unable to attend an AHS clinic or facility, living in rural and remote areas, or when the patient and provider cannot be in the same location. We have a rich history in using the technologies to support virtual care, and this type of care delivery has many advantages.

This is an exciting time and opportunity for AHS in the digital health world.

[CMA/AMA Partner to Offer Physician Leadership Professional Development](#)

Through funding provided by the Canadian Medical Association (CMA), the Alberta Medical Association (AMA) is offering a Physician Leadership and Professional Development Initiative.

The following courses offered are:

- Engaging Others: September 16 and 17, 2021
- Leading Effective Meetings: November 25 and 26, 2021
- Managing People Effectively: January 13 and 14, 2022
- Leading High-Performance Culture: April 22 and 29, 2022

For more information, please visit [AMA's website](#).

[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](#)
- [Online Healthcare Worker Self-Assessment Tool](#)
- [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 or contact AHS.ECC@ahs.ca.
- Additional updates and information are being shared through the [College of Physicians & Surgeons of Alberta \(CPSA\)](#).

This update, provided every Friday, is intended to provide a summary of the key action items, information and decisions for AHS Medical Staff in relation to clinical policies and practices, and for the COVID-19 pandemic response. It is forwarded to physicians' preferred email inbox.

Do you have COVID-19 questions, information, or a physician or team who have gone above and beyond during the pandemic, that you would like to see covered in an upcoming edition of the COVID-19 CMO update? Let us know at CMO@ahs.ca.

Sincerely,

Dr. Rollie Nichol on behalf of Dr. Francois Belanger

Associate Chief Medical Officer

Dr. Laura McDougall

Senior Medical Officer of Health

