

CMO SMOH Notice for AHS Medical Staff

November 26, 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:

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Support for Physicians

Physician Wellness

Moral distress is a psychological response to an experience of moral conflict or moral constraint, which is especially likely to occur during public health emergencies and in other situations when there are extreme resource limitations affecting patient care and the safety of health care workers (from the CMA document: COVID-19 and Moral Distress).

MD Culture Shift is looking for your help to proactively identify physicians on your teams who may be at an increased risk of experiencing moral distress, with a focus on providing emotional support. Five of the highest-risk groups currently identified include:

1. Emergency physicians
2. ICU physicians
3. STARS physicians,
4. Public Health physicians, and
5. Physicians working in COVID-19 wards.

However, during this time, all physicians may be at risk of moral distress.

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.



The Physician & Family Support Program

New: The PFSP is offering small group sessions with a qualified therapist. A group would consist of six to 12 physicians (e.g., from the same team or department) with a qualified therapist. Sessions could be virtual or in-person. Physician leaders interested in this option for their teams should call the PFSP assistance line at 1-877-767-4637 for further discussion.

Well Doc Alberta

Well Doc Alberta is offering an educational session of approximately 60 minutes in length. Questions about or requests for the session are submitted by the physician leader via email to welldocalberta@ucalgary.ca.

Before organizing an educational or small group session, we suggest that leaders communicate with their teams to provide direct support and to gauge interest in attending a session. We recognize that many physicians are experiencing fatigue and burnout and may not have the capacity for another time commitment.

Some additional resources:

- [Moral Distress](#) (Insite login required), AHS Change the Conversation resource
- [The Long Shadow of Covid](#), Well Doc Alberta
- [The Repair of Moral Injury](#), Cleveringa Dallaire [Critical Conversation Series](#)
- [Covid-19 and Moral Distress](#), Canadian Medical Association
- [Pandemic Wellness Toolkit](#), Canadian Medical Association

Physician and Staff Safety

Recently, there have been a number of incidences involving members of the public presenting physicians and medical staff with 'notices of liability' for their role in the province's COVID-19 immunization program. While these incidences are limited, the individuals involved have at times demonstrated behaviour that is aggressive and disrespectful to physicians, staff and patients on site. If a member of the public arrives at your clinic or healthcare facility and wishes to serve someone documents, they are free to do so, but they are not permitted to film staff or patients without their consent, or behave in a way that is disruptive or intimidating to patients and staff. If this happens, you are encouraged to call [Protective Services](#) or 911.

Additional sources of support

Find out how to address [disrespectful behaviour](#) and how to protect yourself from harassment or violence. If you experience harassment of any kind, report it in [MySafetyNet](#).

Celebrate Digital Health Week: Learn more about Virtual Health

At AHS, digital technologies are used to connect patients and families to providers to deliver high-quality care.

From November 29 to December 5, AHS is celebrating [Digital Health Week](#), an event that brings together patients, health care organizations, clinicians, government, and industry to build relationships and show support for digital health.

A dynamic part of digital health is virtual care, which enables patients to access quality care anytime, anywhere. [The AHS Virtual Health Program](#) collaborates with clinical programs and AHS partners to support the delivery of care when the clinician and patient are not in the same location. This decreases unnecessary in-person visits, improves access, and reduces barriers to patient care across Alberta and beyond.

Join the Virtual Health Lunch and Learn

In honour of Digital Health Week, we invite you to learn more about the AHS Virtual Health Program and how they can support the delivery of care. Join us for *AHS Virtual Health: Quality Virtual Care – Anytime, Anywhere*.

Date: Tuesday, November 30

Time: Noon to 1 p.m.

[Sign up for this Zoom session here.](#)

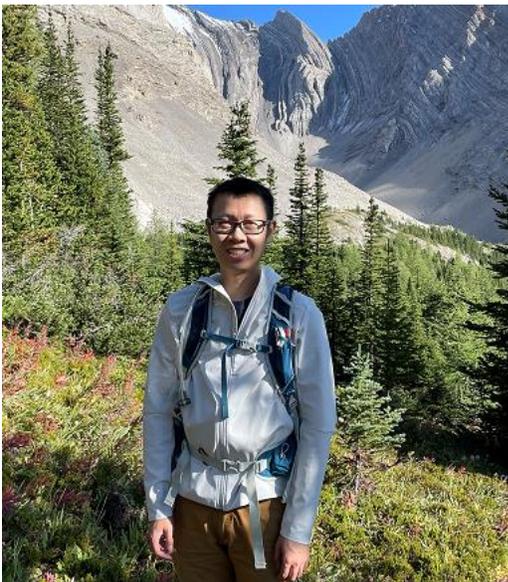
MD Culture Shift

Wellness

Don't forget to complete the [Canadian Medical Association \(CMA\) National Physician Health Survey](#). By taking part in the survey and sharing your experiences, you will help the CMA, and other stakeholders, identify the individual- and system-level changes needed to better support physicians, create a healthier medical culture and guide the country's post-pandemic recovery.

Doctor of the Week – Dr. Henry Lo

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. Henry Lo, a physician who was nominated by his colleagues for his exceptional patient care and the collaborative relationships he maintains with his colleagues.

Dr. Lo's primary roles include clinical duties as a hospitalist at the South Health Campus and patient care at the Southwood Long Term Care Centre.

"I think of the hospital environment as an opportunity to help resolve some of the issues that our patients face in the community that they do not have the resources to manage. Every day I pride myself for being part of a collaborative, multi-disciplinary and multi-specialty team to help patients during their admission, transition home and have a follow-up plan in place," says Dr. Lo.

As the Safe Clinical Practice physician lead at South Health Campus, Dr. Lo has introduced a number of

measures to safeguard patients and maintain their connections with family amid the stricter guidelines that were introduced during the pandemic.

“My main responsibilities include implementing medication reconciliation and a falls protocol for admitted patients. However, during the second wave of the COVID-19 pandemic, my team and I set up video conferencing stations on the COVID wards and ICU to allow patients to converse with family members and to host family meetings.”

For Dr. Lo, the opportunity to care for those in need was one of the most compelling aspects of a career in medicine.

“I was drawn in to become a physician because being sick and vulnerable is potentially the most frightening part of most people’s lives. It is an incredibly fulfilling and an honour to help people during this time.”

In addition to the satisfaction that comes from helping patients improve, a major driver in Dr. Lo’s work is the positive relationships he shares with his colleagues.

“I am the most proud of being part of a very strong team of hospitalist physicians that I work with at South Health Campus. I know that when I am finished with my shifts, there are strong physicians looking after my patients. Although we are a smaller site compared to the other Calgary city hospitals, we have a very cohesive and supportive team with strong leadership.

In his spare time, you can find Dr. Lo on two wheels, racing down Calgary’s many scenic bike paths, and keeping active in and outdoors.

“I’m a big fan of road biking. I just love it when the Bow Valley Parkway was closed to motor vehicles. I also enjoy wall climbing, skating, and hiking.

From us and your teams, thank you, Dr. Lo, for being an inspiration to your colleagues and patients.

Highlights from the CEO All Staff Update

[COVID-19 Case Status in Alberta](#)

ICU Capacity Update *(As of 11:30 a.m.)*

AHS continues to do all it can to ensure we have enough ICU capacity to meet patient demand.

With pressure easing slightly on our ICUs, we are reducing the available surge beds, so we can redeploy staff back to caring for non-COVID patients who need surgeries and procedures completed.

We will ensure we maintain ICU capacity above daily demand to a planned maximum of 380 beds as long as staff and physician availability allows, and will readjust our plans as needed if COVID-19 cases rise again.

We currently have 252 general adult ICU beds open in Alberta, including 79 additional spaces above our baseline of 173 general adult ICU beds. There are currently 199 patients in ICU.

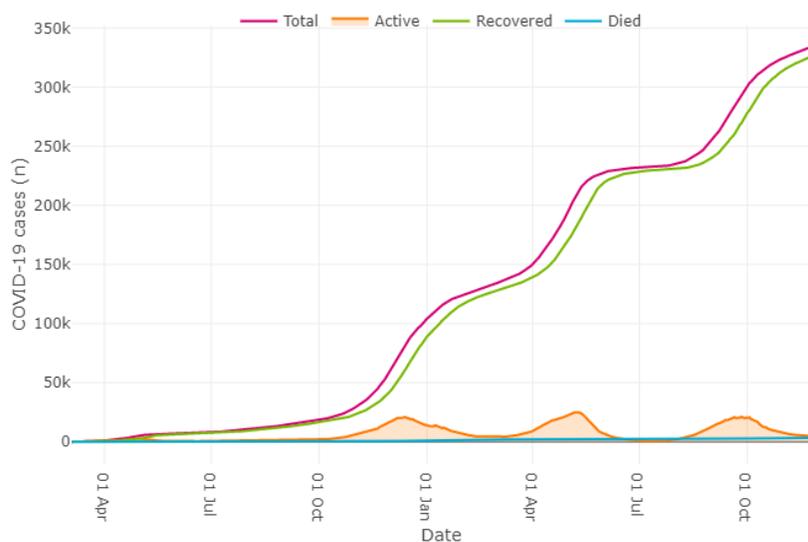
Provincially, ICU capacity (including additional surge beds) is currently at 79 per cent. Without the additional surge spaces, provincial ICU capacity would be at 115 per cent.

New and Active Cases

For the seven -day period ending on Nov. 24, there was an average of 384 new cases of COVID-19 per day, compared to 368 cases per day the previous week (Nov. 11 to Nov. 17), a 4.4 per cent increase. Only the Central and South zones reported decreases in the number of new cases per day,

3.5 per cent and 6.5 per cent, respectively, compared to the previous week. Edmonton Zone reported the largest increase in the number of new cases per day with 86 new cases, compared to 80 new cases per day the previous week (Nov. 11 to Nov. 17). Over the past week, Calgary Zone reported the highest total number of new cases with 998 (an average of 143 cases per day), compared to 938 new cases the previous week (an average of 134 cases per day).

As of Nov. 24, there are 4,969 active cases in Alberta, a 7.7 per cent decrease compared to Nov. 17. Most zones reported a decrease in active cases; the zone with the largest reported decrease was North Zone, down 20.7 per cent from Nov. 17. For the eighth week in a row, Calgary Zone reported the most active cases with 1,880, and was the only zone that did not report a decrease in cases compared to the last report.

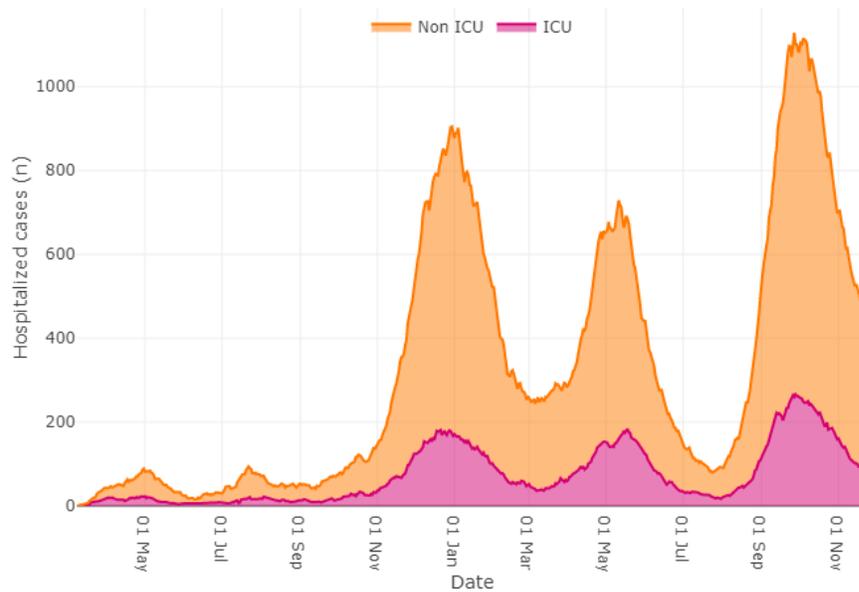


Hospitalizations

A total of 367 individuals were in non-ICU hospital beds for COVID-19 on Nov. 24, compared to 416 individuals in non-ICU hospital beds on Nov. 17, an 11.8 per cent decrease.

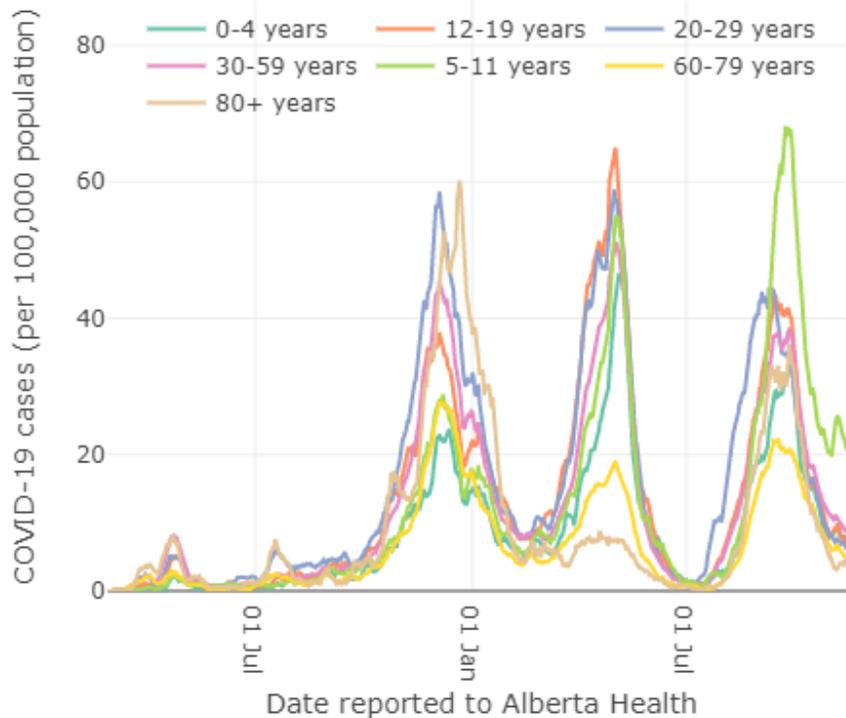
The breakdown of hospitalizations by zone as of Nov. 24 is as follows:

- 150 hospitalizations with 48 of those in ICUs in the Edmonton Zone,
- 101 hospitalizations with 9 of those in ICUs in the Central Zone,
- 96 hospitalizations with 22 of those in ICUs in the Calgary Zone,
- 64 hospitalizations with 8 of those in ICUs in the North Zone, and
- 54 hospitalizations with 11 of those in ICUs in the South Zone.



Cases by Age Group

As of Nov. 21, children aged five to 11 had the highest seven-day rolling average of new daily COVID-19 cases, with 19.57 cases per 100,000 children. Albertans aged 30 to 59 had the second-highest rate with 9.29 cases per 100,000 people. Trends in cases in Alberta by age group are shown below:



As of Nov. 24, 3,232 individuals have passed away from COVID-19, including 23 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.

Variants of Concern

For variants of concern, the lab is currently utilizing targeted screening of positive samples for strain-typing. From Nov. 16 to Nov. 22, the average percent of positive samples that were strain-typed was 46 per cent. Of those strain-typed, the rolling average was 99.7 per cent Delta variant. The remaining 0.3 per cent were a wild variant. Strain-typing takes a number of days and these numbers may change as lab data becomes available.

Omicron Variant Update

Today the [World Health Organization](#) has designated the B.1.1.529 SARS-CoV-2 variant as a variant of concern, named Omicron.

This variant has a large number of mutations, some of which are concerning. Preliminary evidence suggests an increased risk of reinfection with this variant, as compared to other VOCs. The number of cases of this variant appears to be increasing in almost all provinces in South Africa.

Alberta's genomic surveillance system is capable of detecting the Omicron variant of concern. This variant has not been detected in Canada at this time.

However, in response, and following travel restrictions announced by other countries including Britain, Israel and Singapore, the [Government of Canada](#) has announced travel restrictions for seven countries in southern Africa: South Africa, Namibia, Zimbabwe, Botswana, Lesotho, Eswatini and Mozambique.

Starting today, no foreign nationals who have travelled to the above countries in the last 14 days will be permitted to enter Canada.

Canadian citizens and permanent residents will be allowed to return home. Health Canada has additional detail on [returning travel testing and quarantine requirements](#).

Impact on AHS staff and current guidance

Our Public Health, Surveillance and Lab teams will continue to monitor this evolving situation and provide you with updates, as we know more.

All international travellers, including AHS staff, arriving in Canada must ensure they are aware of, understand, and comply with all federal requirements with regards to COVID-19.

Please note that the current [Fit for Work](#) and [Return to Work](#) guides consider international travel and do not need to be updated, at this point in time.

At this time, our Expanded Testing Algorithms in Acute Care and Ambulatory Care do not need to be changed.

Other notable COVID-19-related information:

- As of Nov. 24, a total of 333,847 cases of COVID-19 have been detected in Alberta and a total of 14,969 individuals have ever been hospitalized, which amounts to 4.5 individuals for every 100 cases. In all, 325,646 Albertans have recovered from COVID-19, meaning they are no longer considered contagious.
- From Nov. 18 to Nov. 24, 55,922 COVID-19 tests were completed, an average of 7,989 tests per day. During this period, the daily positivity ranged from 4.16 per cent to 5.72 per cent. As of Nov. 24, a total of 6,092,407 tests have been conducted and 2,577,475 individuals have ever been tested.

- 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 R value is updated every two weeks. From Nov. 1 to Nov. 14 the province-wide R value was 0.92 and the previously reported value was 0.87. The R value was not updated this week.
- Public reporting of outbreaks in schools continues and you can find more information, [here](#).

Current Vaccine Record with QR Code Valid for Travel

A technical issue on government's alberta.ca/CovidRecords, used to access the updated QR code vaccine record for travel resulted in a possible privacy breach on the morning of Nov. 24.

Alberta Health's support desk received 12 reports from Albertans that they got the wrong vaccine record when they entered their information. The information that appeared on the record is the name, date of birth and the COVID-19 vaccination information. The QR code record is not connected to any other health or personal information.

The website was shut down immediately following these reports. An investigation is underway to determine the cause of the technical problem and the number of Albertans affected. It does not appear to be caused by a security breach to the system. The Office of the Information and Privacy Commissioner has been informed about the ongoing investigation into the potential privacy breach.

Albertans can continue to access the previous version of the vaccine record with the QR code at alberta.ca/CovidRecords.

The updated standardized record for travel is not required for travel but recommended once available. Albertans planning to travel need to check the required travel documents with the [Government of Canada](#) and their destination ahead of any interprovincial or international travel.

Accepted Proof of Vaccination for REP

The following are considered valid forms of proof of vaccination accepted by operators participating in the [REP](#):

- [Alberta vaccine record with QR code](#) (paper or digital)
- [Vaccine records from other provinces and territories](#)
- First Nation vaccine records
- Out-of-country vaccine records along with a valid ID, such as a passport
- Canadian Armed Forces vaccine records
- U.S. Military proof of vaccination and ID card

AHS continues to receive a high volume of COVID-19 immunization records submitted through the [online Alberta Immunization Record Self Submission Portal](#), which require further review and verification. Verified submission information will display in your [MyHealth Records](#) account, but it may take two to three weeks. Our teams are doing everything they can to work through these requests as quickly as possible.

If you are experiencing issues getting your immunization record with a QR code, please visit alberta.ca/CovidRecordsHelp.

Milestone for Children's Immunization - Vaccine Rollout to Children Five to 11 Begins

Following Health Canada approval, the first of more than 391,000 newly eligible Albertans aged five to 11, got their shot of hope today.

More than 64,000 appointments have been booked. Doses have been distributed to 120 AHS immunization clinics and pharmacies across the province.

In addition to AHS clinics, vaccines will also be available at a very limited number of pharmacies, where an AHS clinic is not conveniently located.

Appointments must be booked [online](#) or by calling Health Link at 811. Walk-ins are not available at this time. Children who live on a First Nations reserve can access doses through the nursing stations or public health clinics on-reserve.

Alberta Health has recommended that the interval between first and second doses should be at least eight weeks.

It is recommended, but not required, to wait for a period of at least 14 days before and after the administration of the COVID-19 pediatric vaccine and the administration of another vaccine.

We are making this recommendation so we can accurately monitor adverse events following COVID-19 immunization and not incorrectly attribute the event to another vaccine. It is not due to any safety concern; there is no evidence that giving two vaccines within 14 days causes any increased risk to individuals.

Routine school immunizations can be administered regardless of spacing from COVID-19 vaccine due to the fact that both school immunizations and COVID-19 immunizations are important and the 14-day spacing could be a barrier preventing a child from getting vaccines.

If an individual presents at a clinic or another immunizer, individuals should not be turned away from receiving more than one vaccine on the same day or if they are within the 14-day period between the COVID-19 vaccine and another vaccine.

For more information, go visit ahs.ca/vaccinekids.

For a bit of fun, help take down COVID-zilla with a new interactive game at ahs.ca/CovidZilla.

Things to consider

- **Planning:** It is recommended that children not get other vaccines within two weeks of receiving a COVID-19 vaccine as this better enables us to monitor side effects.
- **Age and dosage:** A common question that has been asked is what the appropriate dosage is if there is a change in the child's age during their vaccine series. According to [NACI](#), children who receive the pediatric formulation of the Pfizer-BioNTech COVID-19 vaccine (10 mcg) for their first dose who turn 12 by the time of their second dose may receive the adolescent/adult formulation of the Pfizer-BioNTech COVID-19 vaccine (30 mcg) to complete their primary series. If a child who has turned 12 by the time of their second dose receives the pediatric formulation (10 mcg), their series should still be considered valid and complete.
- **Previous infection:** According to [NACI](#), children with previous COVID-19 infection may be offered two doses of the vaccine once symptoms of acute illness have resolved and the child is no longer considered infectious, based on current criteria.
- **Respect:** It is essential that children and their caregivers are supported and respected during the decision-making process so they are able to make an informed decision about COVID-19 vaccination.

COVID-19 Immunization Update

Vaccine availability

AstraZeneca - Currently, there is no supply of the AstraZeneca vaccine in the province. Additional supply is expected in the middle of December. Individuals requiring second doses of AstraZeneca should call Health Link to get on a wait list for notification when the vaccine has arrived. More information will be available next week.

Janssen (Johnson and Johnson) - The Janssen vaccine continues to be available for Albertans 18 years of age and older. Only one dose of the Janssen vaccine is needed to be fully immunized. A booster dose of an mRNA vaccine is recommended after six months.

At this time, the Janssen vaccine is only for people who haven't had any doses of the COVID-19 vaccines before. It will not be provided as a second dose or a booster dose. Due to limited supply, the vaccine will only be administered at AHS clinics in select locations across the province. Call Health Link at 811 to book an appointment.

Third doses continue to be available for eligible populations

Third doses of COVID-19 vaccine continue to be available to eligible populations, including frontline healthcare workers who provide direct patient care, had their first two doses of vaccine less than eight weeks apart, and are at least six months from their second dose. For a full list of all groups that are eligible, visit alberta.ca/vaccine.

The booster dose is not required to be considered fully immunized for the purpose of the AHS' Immunization of Workers for COVID-19 Policy.

Healthcare workers will not be contacted by AHS if/when they are eligible to receive an additional dose. Please book your own appointment if/when you are eligible.

Booking is based on the honour system and appointments can be made through the [online booking tool](#), at participating pharmacies and doctor's office, or by calling Health Link at 811.

COVID-19 vaccines are also available by walk-in at [participating clinics](#) and pharmacies. Individuals who live on a First Nations reserve can access third doses through local public health clinics on-reserve.

Paid leave for healthcare workers for booster doses

Healthcare workers who are eligible to receive an additional dose and who have their vaccine appointment scheduled during a work shift are eligible for up to three consecutive hours of paid leave. This includes all AHS employees who are full-time, part-time or casual. This does not apply to vaccine appointments that occur off work time.

AHS strongly encourages eligible healthcare workers to get their additional dose as soon as they are able. Employees and managers should work together when scheduling COVID-19 vaccination leaves. Employees are required to give their leader as much notice as possible before taking their leave.

The Government of Alberta introduced [job-protected paid leave](#) on Apr. 21 to allow Albertans to access their COVID-19 vaccine. Information on time coding for vaccine appointments can be found on the [Time Management Resources](#) page on Insite.

Beyond COVID-19

Influenza Immunization Update

As of Nov. 20, 922,971 doses of influenza vaccine have been administered, which is approximately 20.9 per cent of the population.

One additional influenza case has been identified this past week, bringing the total to five confirmed cases of influenza, so far this season.

Although the influenza activity we are seeing right now is less than we would see in a typical season, with changes to public health restrictions, more people travelling, and as we head into winter and more activities move indoors, we can expect to see a rise in the number of Albertans with respiratory symptoms and other illnesses, including seasonal influenza.

Now more than ever we need Albertans to get immunized against influenza, to protect themselves, their families and community.

For more information on influenza, visit ahs.ca/influenza. Interactive aggregate data is available online at [Alberta influenza statistics](#).

Influenza immunization information for staff, physicians and volunteers

Staff, physicians and volunteers can choose to be immunized through a site champion at their facility or a roving cart at their site, as well as a pharmacy, doctor's office or public health clinic.

Staff using these options are reminded to submit their [Got My Flu Shot form](#). See [Insite](#) for more on the staff immunization campaign.

Verna's Weekly Video Message: Maintaining Bed Capacity

COVID-19 has tested us in many areas, including having enough ICU capacity to meet patient demand.

We only need to go back to late September, when we were at 83 per cent ICU capacity, including surge beds. Normally, there are 173 general adult ICU beds open in Alberta. With COVID-19 and the surge of patients, we added 106 additional beds for a total of 279 general adult ICU beds.

Without those surge beds, we would have been at 177 per cent capacity.

With pressure easing on our ICUs, we are thankfully able to reduce available surge beds so that we can redeploy staff back to caring for non-COVID patients who need surgeries and procedures completed. We will ensure we maintain ICU capacity above daily demand, to a planned maximum of 380 beds, as long as staff and physician availability allows.

This level of planning requires a great deal of foresight, understanding of pandemic pressures, and the ability to be nimble. Joining Verna to tell us more about the great work that's been done to maintain bed capacity, and how we plan for it, are:

- Emma Folz, Executive Director, Peter Lougheed Centre
- Mishaela Houle, Executive Director, Cardiac Sciences, Edmonton Zone
- John Montpetit, Provincial Director, Referral, Access, Advice, Placement Information & Destination (RAAPID)

Watch the conversation [here](#).

Join Upcoming Webinar to Help You Manage and Resolve Conflict

The COVID-19 pandemic has affected people in many ways including burnout, fatigue, dependent care concerns and more. This additional stress can affect the way we present ourselves at work and treat one another, sometimes without even realizing it.

That's why it is important to empower ourselves to recognize our own behaviours and find better ways to address conflict when it does arise.

On Dec. 9 from 1 p.m. to 2 p.m. you are invited to join an upcoming webinar that will discuss:

- Personal stories of effectively managing and resolving conflict.
- How conflict resolution is a key prevention strategy against bullying and harassment.
- The importance of healthy conflict in building trust and supporting a respectful workplace.
- Supportive AHS tools and resources.

Learn more and [register](#).

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

This update 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.

Dr. Francois Belanger

Chief Medical Officer and Vice President, Quality

Dr. Laura McDougall
Senior Medical Officer of Health

