

# CMO SMOH Notice for AHS Medical Staff

January 14, 2022

We would like to recognize that our work takes place on historical and contemporary Indigenous lands, including the territories of Treaties 6, 7 & 8, and the homeland of the Métis. We also acknowledge the many Indigenous communities that have been forged in urban centres across Alberta.

## This week:

- Support for Physicians
- Common COVID-19 Question
  - *What are the current isolation requirements for COVID-19-positive individuals in Alberta?*
- MD Culture Shift
- Doctor of the Week
- Highlights from the CEO All Staff Update
  - *COVID-19 Case Status in Alberta*
  - *COVID-19 Immunization Update*
  - *COVID-19 Updates and New Information You Need to Know*
    - *Changes to COVID-19 PCR testing criteria*
    - *Changes to public outbreak reporting*
    - *Update on at-home rapid tests*
    - *Documenting and sharing a rapid test result*
    - *Use the COVID-19 assessment tool to check symptoms, seek care*
    - *Follow-up SMS text message with self-care tips*
    - *Updated resources to implement COVID-19 policies*
  - *Influenza Immunization Update*
  - *Verna's Video Message: Moving into the Grande Prairie Regional Hospital*
- Beyond COVID-19
  - *2022 Annual Information Verification and Attestation (AIVA)*
  - *Updates to AHS Email Access: Multi-factor Authentication*
  - *eScripton Upgrade is Coming February 2022*
- Additional Resources for Physicians

## 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). All physicians may be at risk of 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.

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**

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](mailto: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

### **Common COVID-19 Question**

#### **What are the current isolation requirements for COVID-19-positive individuals in Alberta?**

Effective Jan. 3, as announced by Alberta Health, the isolation period for the isolation period for [fully immunized](#) individuals has been reduced from 10 days from the start of symptoms to five days, or until symptoms resolve, whichever is longer. For asymptomatic people who are fully immunized, isolation has been reduced from 10 days to 5 days from the day the swab was taken, assuming symptoms didn't develop.

For those who are **not fully immunized**, isolation remains at 10 days from the start of symptoms or until they resolve, whichever is longer. For asymptomatic people who are not fully immunized, isolation remains at 10 days from the day the swab was taken, assuming symptoms didn't develop.

AHS has implemented this new Alberta Health guidance for staff and physicians. Staff who are fully immunized and symptom free are able to return to work after five days. Please review the updated [Alberta Health requirements](#), and contact your leader if you are eligible to return to work sooner than 10 days.

Please note AHS will not be changing the isolation requirements for acute care patients with COVID-19.

## MD Culture Shift

Check out our latest **MD Culture Shift newsletter** ([January edition](#))

## Doctor of the Week

*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](mailto:cmo@ahs.ca) to nominate a physician to be featured here. Please provide the nominee's full name and email address.*



This week's Doctor of the Week is Cheri Nijssen-Jordan.

Dr. Nijssen-Jordan co-leads AHS' COVID-19 vaccine taskforce alongside Dr. Kristin Klein. Together, they support the planning and implementation of AHS' vaccine roll-out.

In her work, Dr. Nijssen-Jordan provides operational and management support within AHS as well as liaising with Alberta Health on COVID-19 vaccine issues. In November, she supported the monoclonal antibody program with a focus on physician operations.

Recently, Dr. Nijssen-Jordan has used her expertise to help us prepare for the fifth wave, supporting revisions to Alternate Care Centre and COVID-19 Centre documents.

"This work is incredibly challenging and interesting. It provides variety in my work day to day - and I love variety. It also allows me to use all of my critical thinking and operational management skills that I honed through medical school and then business school (completing an MBA)."

Her projects have resulted in important and unexpected opportunities. In 2021, Dr. Nijssen-Jordan travelled to Haiti with Doctors Without Borders (MSF) to provide medical care to those in need. She has also participated in MSF initiatives in Pakistan, Central African Republic and Syria.

"I have always loved problem solving, working with kids and seeing different perspectives. Pediatric Emergency was my first love in medicine, followed closely by administrative medicine and global health. I have always strived to work on improving the quality of care, quality of the system and making things better for our patients as they move through a complex system – especially now during a pandemic."

While improving Albertan's healthcare experiences is incredibly motivating, a major driver in Dr. Nijssen-Jordan's work also comes from the positive relationships she shares with her colleagues and the deep respect she has for their work.

"I've been able to meet and work with some extraordinary people throughout the healthcare system that I had never encountered before – the IT, public health, communications and the Health Link teams. They come to work each day always willing to help. They don't say no, they just figure out how to say yes. It is a work ethic that I aspire to. I feel incredibly privileged to have had this chance."

In her spare time, you can find Dr. Nijssen-Jordan walking and engaging in other fitness-related activities. Her love of fitness and commitment to sport is certainly nothing new.

"I played hockey as a goaltender for 25 years, before it was acceptable for women to do that!"

Having travelled to every continent and worked or taught in nearly 20 countries, she is eagerly anticipating the re-opening of borders and the chance to engage in this great passion –travel - once again.

From us and your teams, thank you, Dr. Nijssen-Jordan, for being an inspiration to your colleagues.

## Highlights from the CEO All Staff Update

### COVID-19 Case Status in Alberta

#### ICU Capacity Update

As of 9 a.m. Friday, January 14, AHS continues to do all it can to ensure we have enough ICU capacity to meet patient demand.

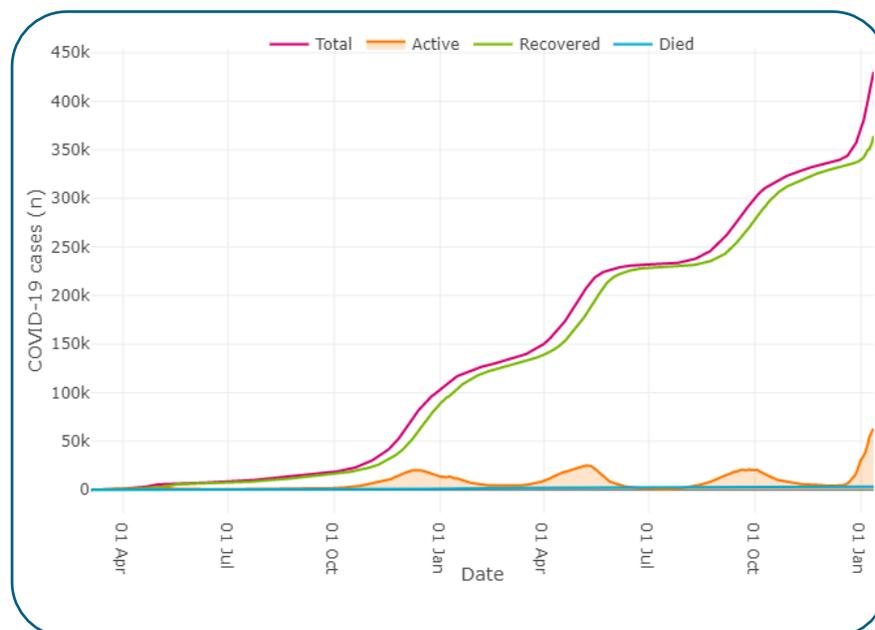
We will ensure that we maintain ICU capacity above daily demand to a planned maximum of 380 beds as long as staff and physician availability allows.

We currently have 241 general adult ICU beds open in Alberta, including 68 additional spaces above our baseline of 173 general adult ICU beds. There are currently 184 patients in ICU.

Provincially, ICU capacity (including additional surge beds) is currently at 76 per cent. Without the additional surge spaces, provincial ICU capacity would be at 106 per cent.

#### New and Active Cases

For the seven-day period ending on Jan. 12, there was an average of 6,013 new cases of COVID-19 per day, compared to 3,828 cases per day the previous reporting period (December 28\* to Jan. 5), a 57.1 per cent increase. All zones reported an increase in the number of new cases per day, ranging from a 50.6 per cent increase in the Calgary Zone to a 94.0 per cent increase in the North Zone, compared to the previous reporting period. The Calgary Zone reported the highest total number of new cases with 19,588 (an average of 2,798 new cases per day). Please note: Given that many people with a self-administered positive rapid test do not need PCR testing, we know the data greatly underestimates the number of people infected with COVID-19 across the province.

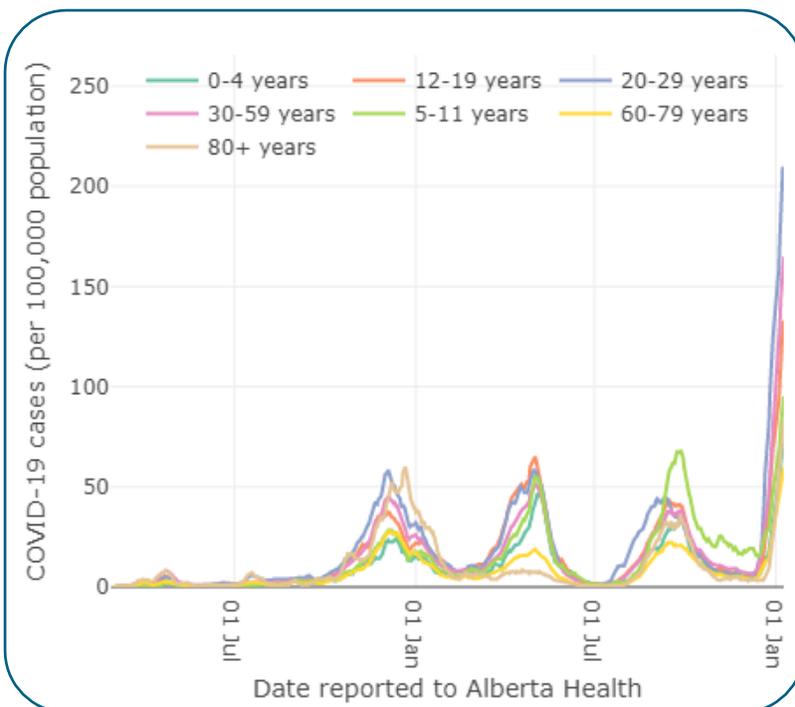


As of Jan. 12, there are 62,733 active cases in Alberta, a 57.2 per cent increase compared to Jan. 5. All zones reported an increase in active cases compared to the last report, as you can see in the table below.

	Active Cases (as of Jan. 12)	Active Cases (as of Jan. 5)	Per cent Change
<b>Calgary</b>	29,144	19,261	+51.3%
<b>Edmonton</b>	23,353	14,972	+56.0%
<b>North</b>	2,971	1,523	+95.0%
<b>Central</b>	3,691	1,993	+85.2%
<b>South</b>	2,795	1,545	+80.9%
<b>Unknown</b>	779	603	+29.2%
<b>Overall</b>	62,733	39,897	+57.2%

### Cases by Age Group

As of Jan. 9, Albertans aged 20 to 29 continue to have the highest seven-day rolling average of new daily COVID-19 cases, with 209.14 cases per 100,000 people, the highest rate reported during the pandemic. Albertans aged 30 to 59 had the second-highest rate with 164.86 cases per 100,000 people, followed by children aged 12 to 19 with 133.0 cases per 100,000 people. Trends in cases in Alberta by age group are shown below.

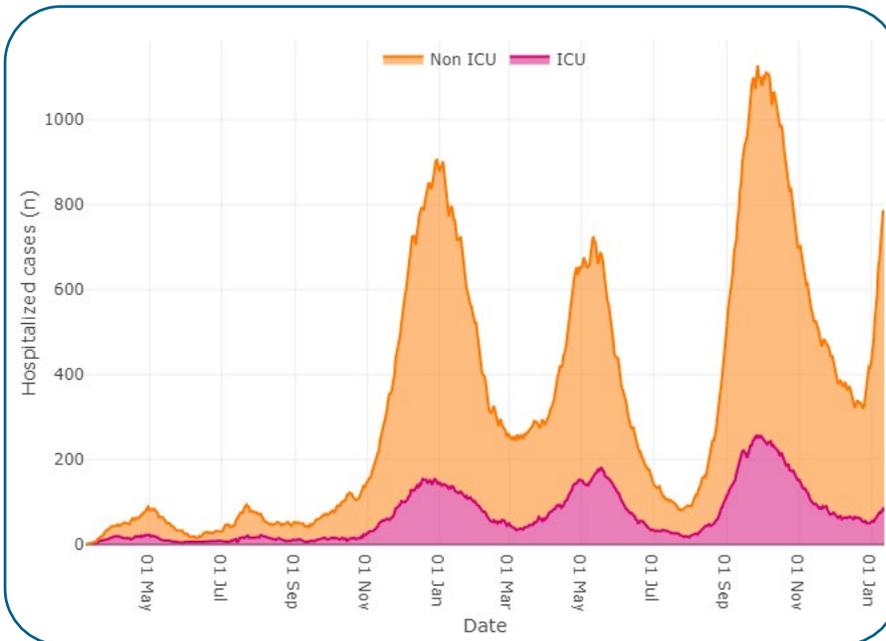


### Hospitalizations

707 individuals with COVID-19 were in non-ICU hospital beds on Jan. 12, compared to 489 individuals in non-ICU hospital beds on Jan. 5, a 44.6 per cent increase.

The breakdown of hospitalizations by zone as of Jan. 12 is as follows:

- 324 hospitalizations with 32 of those in ICUs in Calgary Zone
- 282 hospitalizations with 32 of those in ICUs in Edmonton Zone
- 81 hospitalizations with 7 of those in ICUs in Central Zone
- 68 hospitalizations with 5 of those in ICUs in North Zone
- 31 hospitalizations with 3 of those in ICUs in South Zone



Targeted screening for variants of concern resumed on Dec. 23, 2021. For variants of concern, from Jan. 4 to Jan. 10, the average percent of positive samples that were strain-typed was 14 per cent. Of those strain-typed the rolling average was 94.0 per cent Omicron variant, 2.2 per cent Delta variant, and 3.8 per cent wild type or presumptive variant. Strain-typing takes a number of days and these numbers may change as lab data becomes available.

**Other notable COVID-19-related information:**

- As of Jan. 12, 403,332 cases of COVID-19 have been detected in Alberta and 16,522 individuals have ever been hospitalized, which amounts to 3.8 individuals for every 100 cases. In all, 364,224 Albertans have recovered from COVID-19, meaning they are no longer considered contagious.
- As of Jan. 12, 3,375 individuals have passed away from COVID-19 including 39 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.
- From Jan. 6 to Jan. 12, 106,023 COVID-19 tests were completed, a seven-day average of 15,146 tests per day. During this period, the daily positivity ranged from 38.41 per cent to 41.40 per cent. This is the highest percent positive reported during the pandemic. As of Jan. 12, 6,570,115 tests have been conducted and 2,680,424 individuals have ever been tested. COVID-19 testing eligibility has changed recently to accommodate the demand due to the increase in cases.
- 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 December 27 to Jan. 2 the provincewide R value was 1.35 and the previously reported value was 0.96. The R value was not updated this week.

**COVID-19 Immunization Update**

***Printed copy of vaccine record with QR code available at registries until Jan. 17***

Albertans can still get a printed copy of their COVID-19 immunization record with a QR code, at [participating registry agents](#) throughout the province until Monday, Jan. 17.

After that time, if you need a free printed copy, you can contact Health Link at 811 to have them mail it out to you. Download a digital copy at [alberta.ca/CovidRecords](https://alberta.ca/CovidRecords).

***Get immunized – take the first mRNA vaccine available for your third dose***

Please take the first mRNA vaccine available to you for a third dose rather than waiting for your preferred brand to be available.

Both the Moderna and Pfizer vaccines offer a high level of protection against severe outcomes from COVID-19.

Moderna is in good supply. Some Pfizer vaccine arrived this week and we anticipate more supply to arrive in the coming weeks. The Moderna vaccine is recommended for people ages 30 and up.

The Pfizer vaccine is recommended for people 12 to 29 years of age, as a cautionary measure. While there is a slightly increased risk of myocarditis in younger people from Moderna, especially in males, individuals are much more likely to experience myocarditis from COVID-19 infection than the vaccine. Albertans aged 18 and older who received their second COVID-19 vaccine at least five months ago should book a third dose as soon as possible.

Book appointments for third doses [online](#), by calling or walking into your local pharmacy, or calling Health Link at 811. In addition, there are some family physicians offering vaccines in their clinics.

***Vaccine rollout to ages five – 11 continues***

Children aged five to 11 who received their first COVID-19 dose eight weeks ago are eligible for a second dose. Book second dose appointments [online](#) or by calling Health Link at 811. In the rural zones, walk-in vaccinations are available at some sites.

Check [ahs.ca/vaccine](https://ahs.ca/vaccine) for more information.

Children who live on a First Nations reserve can access doses through the nursing stations or public health clinics on-reserve.

Emerging evidence suggests that longer intervals between the first and second dose results in a more robust immune response and higher vaccine effectiveness. However, parents/guardians can book a second dose appointment before the recommended eight weeks if their child is immunocompromised or if a second dose is required for travel. The absolute minimum spacing between doses is 21 days. There may be an increased risk of myocarditis/pericarditis following immunization earlier than eight weeks.

A shortened interval between first and second doses may offer:

- Better protection for some individuals who may be susceptible to infection, such as those who are immunocompromised.
- Earlier protection for individuals who are at greater risk of severe disease such as those with underlying high risk medical conditions.
- Earlier protection against COVID-19 and variants of concern.

If you have any questions or concerns, please discuss with your immunizer. More information is available at [COVID-19 Immunization for Children Under 12 – FAQ](#).

***Third doses not currently recommended for children/youth***

In Canada, third doses are not currently recommended for children five to 11. They are also not currently recommended for those 12 to 17 years of age, unless they have an [eligible immunocompromising condition](#). Evidence continues to be reviewed nationally and provincially.

***Get immunized after COVID-19 infection***

There is no mandatory waiting period between having COVID-19 disease and being immunized; however, if you've had COVID-19, you must wait until you have completed your required [isolation period](#) and are feeling better before getting the vaccine, or your next dose.

Some medicines can affect the way your immune system responds to vaccines. People who take medicines that affect their immune system, or had medicine to treat their COVID-19 infection, should check with their doctor about when to get immunized.

For an overview of current evidence, general recommendations and clinical considerations see [Information on Immunization after COVID-19 Infection](#) from Alberta's Chief Medical Officer of Health.

### ***Vaccine availability***

- **mRNA Vaccines** - These vaccines continue to be recommended as the most safe and effective vaccine choice for those able to receive them. People without a contraindication to an mRNA vaccine, who have been immunized with a single dose of Janssen as their only vaccine, are recommended to have a booster dose of mRNA vaccine after five months.
- **AstraZeneca** - If you received AstraZeneca for your first dose, you can choose either the AstraZeneca vaccine or an mRNA vaccine (Pfizer/Moderna) for your second dose. Both options will provide additional protection and count as completing your vaccine series in Canada. International jurisdictions may have different standards for a complete immunization series. Call Health Link at 811 to book your second dose of AstraZeneca. If you received two doses of AstraZeneca for your primary vaccine series, it is recommended that you receive an mRNA vaccine as your booster dose at least five months after your second dose. If you received the AstraZeneca vaccine as a first dose, followed by a two-dose mRNA vaccine series, a booster dose is not recommended or required at this time.
- **Janssen (Johnson and Johnson)** - The Janssen vaccine is available for people with a contraindication to currently available COVID-19 vaccines. This includes people who have had a dose of COVID-19 vaccine previously and had a serious adverse reaction. A minimum of 28 days from any previously received COVID-19 vaccine is required and only one dose of the Janssen vaccine is needed to be fully immunized. The Janssen vaccine is available for Albertans 18 years of age and older and is administered at AHS clinics in select locations across the province.

## **COVID-19 Updates and New Information You Need to Know**

### ***Changes to COVID-19 PCR testing criteria***

As announced by [Alberta Health](#) earlier this week, the increase in Omicron cases and the demand for PCR testing has pushed our testing system beyond its capacity. As of Jan. 10, eligibility for PCR testing has changed to ensure those at highest risk continue to have access to a PCR test.

PCR testing continues to be available for healthcare workers and workers in specific high-risk settings, including those in group homes, disability support and shelter workers, correctional facility staff in provincial or federal facilities, and individuals who provide services in a clinical care setting including hospitals and seniors congregate care facilities. People in these settings can use the [COVID-19 Assessment & Testing tool](#) for healthcare workers and workers in specific high-risk settings.

PCR testing at AHS Assessment Centres is available for:

- People with symptoms of COVID-19 and may meet the eligibility criteria for [Sotrovimab](#) monoclonal antibody treatment
- People with symptoms who are a household member of a healthcare worker who works in continuing care or acute care
- People with symptoms who are pregnant
- People with symptoms who live or work in isolated and remote First Nation, Inuit, and Métis communities

- Returning international travellers who become symptomatic within 14 days after their return to Canada

A full list of eligible groups is available [here](#).

The [COVID-19 Assessment & Testing tool](#) has been updated to allow all eligible groups (including adults, children and youth) to book a PCR test with AHS.

### ***Changes to public outbreak reporting***

Due to the increase in COVID-19 cases and the spread of Omicron, AHS continues to focus case investigation and outbreak management only in high-risk settings. This includes hospitals, continuing care facilities and congregate living settings, such as shelters and correctional facilities.

Because of this shift, the public reporting of outbreaks has also changed, beginning today. [Alberta Health](#) will continue to publicly report outbreaks in acute, seniors congregate living, shelters and correctional facilities every Tuesday and Friday when there are two or more cases in the facility. Reporting on all other outbreaks has been paused at this time. See [Outbreaks in Alberta](#) for more information.

### ***Update on at-home rapid tests***

As announced by [Alberta Health](#) on Jan. 13, every Albertan will be eligible for a new free five-test kit every two weeks as long as supply is available.

The Government of Alberta has directly purchased 10 million rapid tests on top of the federal government's procurement, plus an additional 3.7 million tests this month.

Alberta Precision Laboratories has provided information about the various forms of testing and new [FAQs](#) about at-home rapid tests, [on this page](#). There is also information available about rapid tests on Alberta Health's [rapid testing at home](#) page.

### ***Documenting and sharing a rapid test result***

The Omicron variant is so prevalent in our communities now that if you have [core COVID-19 symptoms](#), you should assume you have COVID-19 and are legally required to [isolate](#). It is not necessary to be tested to confirm, but you can use a rapid test if you have access to one.

People can choose to document their positive rapid test result if they need to share the results with someone, using a printable PDF form on [alberta.ca/rapidtesting](#). Note: this does not replace privately paid rapid test results and cannot be used for the purposes of the [Restrictions Exemption Program](#).

### ***Use the COVID-19 assessment tool to check symptoms, seek care***

Albertans can use the online [COVID-19 Assessment & Testing Tool](#) to check their symptoms if they think they have COVID-19, or the symptoms of someone they are caring for, before deciding whether to call Health Link.

The tool has up-to-date guidance for adults, children and youth, making it easier for Albertans to assess their symptoms, determine if they should talk to someone about their symptoms, such as their doctor or Health Link staff member, access self-care tips to help manage mild symptoms at home, and to determine whether or not they are eligible for PCR testing.

Even if a person has tested positive for COVID-19, they can use the tool to re-assess their symptoms if they change or get worse, and determine if they need to seek care.

### ***Follow-up SMS text message with self-care tips***

To ensure Albertans have access to important health information when they need it, AHS is sending a follow-up SMS text message with self-care tips to people who test positive on a PCR test.

Albertans should receive the message one hour after their positive test result. A follow-up autodial notification for people that have not consented to receive SMS texts from AHS will be available next week.

The follow-up message includes self-care tips such as getting extra rest, drinking plenty of fluids, and trying over-the-counter medications, such as extra-strength Tylenol, to manage mild symptoms, and directs Albertans to the [AHS COVID-19 Self-Care Guide](#).

The self-care guide has more information on when and how to isolate if Albertans have symptoms of COVID-19, how to care for themselves or a family member at home, videos with self-care tips with several local physicians, and how to manage prolonged COVID-19 symptoms.

### ***Updated resources to implement COVID-19 policies***

A list for Health Canada Approved Rapid Antigen Tests has been established to support operational teams in implementing the [Directive: Attending Work with COVID-19 Symptoms; Positive Test or Close Contact](#) and [Immunization or Testing of Workers for COVID-19 Policy](#). This has been a frequently requested list. It is now question 194 under the Rapid Testing Section of the [FAQs for Workers](#).

Please also continue to review updates made to our immunization policy [Worker FAQ](#) and [Leader FAQ](#).

### **Influenza Immunization Update**

Up-to-date aggregate data on seasonal influenza cases and immunization is not available from Alberta Health for today's update.

#### *Influenza immunization information for physicians, staff and volunteers*

Physicians, staff and volunteers can choose to be immunized at a pharmacy, doctor's office or public health clinic (for children under five years of age and their family and household members). Medical staff using these options are reminded to submit their [Got My Flu Shot form](#). See [Insite](#) for more on the immunization campaign.

When available, data will be posted online at [Alberta influenza statistics](#). For more information on influenza, visit [ahs.ca/influenza](https://ahs.ca/influenza).

### **Verna's Video Message: Moving into the Grande Prairie Regional Hospital**

We often explore the issues that we face as an organization and what our teams are doing to respond to whatever is pressing at the time. But, it's equally important to take time to celebrate our successes along the way. One of those successes is the new Grande Prairie Regional Hospital.

On Dec. 4, 2021, we completed the move from the former Queen Elizabeth II Hospital to the new hospital. This was a true team effort which took transporting patients, moving furniture and machines, recalibrating moved equipment, updating our Connect Care medical record system, and ensuring each patient had the proper medication, linens, and food waiting for them upon arrival.

This was made possible by the hard work of hundreds of our people, and we're so proud of what they've accomplished. Joining Verna to [tell us more about the Grande Prairie Regional Hospital and what it means to northern Alberta](#) are:

- Candice Edey, Operational Lead, Grande Prairie Regional Hospital Project
- Stacy Greening, Senior Operating Officer, QEII Regional Hospital and North Zone Addictions and Mental Health
- Cindy Harmata, Interim Chief Zone Officer and Senior Operating Officer, North Zone Clinical Operations Rural 5-8

## **Beyond COVID-19**

### **2022 Annual Information Verification and Attestation (AIVA)**

The 2022 Annual Information Verification and Attestation (AIVA) submission process will once again be available online.

On Jan. 17, you will be sent an email asking you to complete your 2022 AIVA online by clicking on a link to a secure website.

Note: You will receive the reminder from [AIVA@ahs.ca](mailto:AIVA@ahs.ca), which is sent using the Service Now platform. This platform is from an external party, so a disclaimer stating this will be part of the email. This email is not a scam or phishing attempt.

Once logged in to the secure website, you will be able to review and update your personal information, answer attestation questions, review your medical staff appointment and privileges and request a change form if you wish. You will also see if AHS already has a copy of your practice permit and/or liability coverage on file and if not, you will be able to upload copies.

For more information, please contact your Medical Staff Office or see the [AIVA FAQ](#) here.

If you experience technical issues, please contact local Medical Affairs office or email [AIVA@ahs.ca](mailto:AIVA@ahs.ca).

### **Updates to AHS Email Access: Multi-factor Authentication**

On Jan. 27, AHS is expanding the use of Multi-factor Authentication (MFA) for medical staff, to increase our protection against growing cyber security threats.

When logging onto Microsoft Outlook Web Access on a personal device, users will need to verify their identity by either:

- using an app on a smart phone or tablet;
- receiving a text message to a mobile number of their choice; or
- receiving a phone call to either a cellphone or landline of their choice.

Note: Passwords alone will no longer be sufficient to gain access to AHS email from non-AHS computers not connected to the AHS network.

Instructions to set up an MFA will be emailed to those who are impacted. Please review these instruction to set up your MFA, or follow this [user guide](#).

For more information about accessing AHS email via webmail, please read these [FAQs](#).

If you need further support, please contact AHS IT Service Desk at 1-877-311-4300.

### **eScription Upgrade is Coming February 2022**



The AHS dictation/transcription platform will be upgraded from eScription Large Hospital (LH) to eScription One (eSOne) starting Feb. 1, 2022. The implementation is a multi-phased approach beginning in the South Zone with completion of all zones by November 2022.

While the functionality of eSOne is similar to the current eScription LH changes you can expect include:

- A new dictation telephone number
- Some keypad prompts
- A new website for signing off reports

Please continue to monitor your email for further details and updates regarding the transition to eSOne. If you have any questions, please reach out to [speechrecognition@ahs.ca](mailto:speechrecognition@ahs.ca).

### 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](#)
- [MD News Digest](#)
- [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](mailto:ZEOC.South@ahs.ca)
  - [ZEOC.Calgary@ahs.ca](mailto:ZEOC.Calgary@ahs.ca)
  - [ZEOC.Central@ahs.ca](mailto:ZEOC.Central@ahs.ca)
  - [ZEOC.Edmonton@ahs.ca](mailto:ZEOC.Edmonton@ahs.ca)
  - [PCH.ZEOCNorth@ahs.ca](mailto: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](mailto:CMO@ahs.ca).*

**Dr. Francois Belanger**

Chief Medical Officer and Vice President, Quality

**Dr. Laura McDougall**

Senior Medical Officer of Health

