

CMO SMOH Notice for AHS Medical Staff

April 8, 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.

Note: Recognizing some medical staff use an alternate email address instead of an AHS email address, some information is duplicated from the CEO Update to ensure all AHS medical staff have all up-to-date organizational information that may impact their practice.

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Appreciation for Dr. Verna Yiu

We want to begin today's update by acknowledging the dedication and compassionate strength that Dr. Verna Yiu brought with her in her role as AHS' President and CEO over the past six years, as she helped to shape and move the organization forward with a clear vision of patient-focused care. She will be missed by many of us.

We recognize the impact she has had on so many physicians and staff in the organization, and we understand that you would like an opportunity to share your gratitude and appreciation. We received messages from some medical staff already and have forwarded these on. If you would like to acknowledge Dr. Yiu, please feel free to respond to this note and we will ensure she gets your message.

During this transition, the focus of AHS remains the same; to provide a patient-focused, quality health system that is accessible and sustainable for all Albertans. Dr. Yiu has helped us make great strides to achieving this mission every day, and we will continue to do so as we move forward.

#ThankYiu

We welcome AHS' Vice President, Cancer Care Alberta and Clinical Support Services, Mauro Chies, to the role of interim CEO. Please see the following weekly CEO video message to learn more about Mauro.

Weekly CEO Video Message: A Conversation with Mauro Chies

Earlier this week, Mauro Chies accepted the position of interim President and CEO of AHS. Mauro has been in the healthcare field for nearly 35 years, starting his career as a laboratory technician in 1988. He has held many leadership positions over the years, most recently as CEO of Alberta Precision Laboratories and Vice President, Cancer Care Alberta and Clinical Support Services.

In this week's vlog, [Mauro discusses his career in healthcare, how he spends his time away from the office, and what AHS will focus on in the weeks to come.](#)

AHS Priorities

We are expanding the scope of our weekly CMO SMOH Update message. We will continue to provide the latest information on our COVID-19 response but we'll balance that with updates on the progress AHS is making in several priority areas: reducing surgical backlogs and wait times through the Alberta Surgical Initiative; improving EMS response times through the EMS 10-Point Plan; expanding acute care and ICU capacity; mental health and opioid recovery, and rural engagement. We have much to accomplish together in these areas, so we want to make sure our teams have the most current information on the work underway and on the work ahead.

Alberta Surgical Initiative

Access to timely and safe surgeries is important to patients, and their families and loved ones. AHS is committed to reducing surgical wait times for Albertans through the Alberta Surgical Initiative (ASI), a plan that strives to ensure that all patients will receive their scheduled surgeries within clinically-appropriate wait times. We will be fully focused on the ASI, as we move through the pandemic recovery period needed to sustain AHS surgical activity.

- **Current status:**
Over the past four weeks, the average of weekly volumes for surgical activity is 91 per cent of our pre-pandemic surgical volumes. Our total surgical wait list is stable, at approximately 74,300 this week, compared to approximately 76,600 at the beginning of March 2022. In February 2020, before the pandemic, the total wait list was 68,000.
- **AHS pilots Anesthesia Care Team model:** To ensure ASI is successful, AHS must have a skilled workforce available to support surgeries, including anesthesia care, as we expand access in surgical facilities. AHS has developed the anesthesia care team (ACT) model, enabling healthcare providers to work to their full scope of practice, and to increase access to surgeries. Being piloted beginning this month in the Calgary and Edmonton zones, under the ACT model, one anesthesiologist will oversee two or three surgeries with one respiratory therapist II (RT II) providing anesthesia service in each room. This model is being utilized across Canada. Learn more [here](#).

EMS 10-Point Plan

AHS EMS continues to address ongoing system pressures and create capacity within the system, working on the initiatives first outlined in the [EMS 10-Point Plan](#). This work is focused on managing high volumes of EMS calls, freeing ambulances for urgent care needs and ensuring our EMS workforce is robust and well supported. Innovative thinking and operational efficiencies are already helping ease pressures.

For example, to ease call volumes, appropriate calls to EMS are now being redirected from an EMS dispatcher to the Poison and Drug Information Service (PADIS). This ensures the best support provided for calls that don't require EMS response but still require immediate health advice. A similar

project with Health Link is being established to allow EMS dispatchers to refer calls to Health Link or physicians, if they don't require EMS response.

To help keep our ambulances available for urgent responses, EMS has also stopped automatically dispatching ambulances to non-injury motor vehicle collisions. This was implemented this past December, and our EMS Emergency Communications Officers have already noted several instances where ambulances were not required to respond, and instead remained available for true urgent care events. This is just one way that we are allowing ambulances to be averted from lower-priority assignments and diverted to higher-priority assignments, ensuring we are responding most rapidly to patients who need EMS care the most.

We have also implemented the first parts of the Metro Response Plan, which is working to keep suburban ambulances in their home communities instead of using these ambulances to cover urban areas when call volumes are highest. This ensures response to urgent events in suburban areas is swift and within target times. Since implementing these first steps in March, response times have been decreasing in many places, including Stony Plain, Beaumont, Airdrie and Cochrane.

EMS also recently received budget approval to add a few new ambulances each in Calgary and Edmonton, every year for the next two years. Adding new ambulances will relieve some of the pressure on the EMS system by adding resources in areas of highest demand. This, in turn, will have a positive ripple effect on neighbouring communities.

In March, EMS concluded the first phase of a pilot project that reduced the amount of time our ambulances are spending managing non-emergency inter-facility transfers. By allowing patients that do not need acute care to use other means of transferring between facilities, ambulances are freed to provide urgent care on the street. Early findings from this first phase were positive, and the project is being extended to all hospitals in Calgary Zone, while continuing in other areas for an additional six months. A similar project in Red Deer is also under development, specifically focusing on the use of EMS transfer units instead of ambulances, for inter-facility transport.

Our people remain our most important asset. We are investing to ensure our people are supported and that we have a robust workforce. Since January, EMS has hired 66 staff: nine temporary full time and 57 casual staff. EMS has also engaged with contract service partners on an hours of work/fatigue management project that is focused on mitigating fatigue and the associated risk to our people. An additional \$12.2 million has been approved to support implementation of supports for the next phase of this project.

Funding has also been allocated for the implementation of the Calgary Integrated Operations Centre. Set to open in May, this initiative brings our expert people together — paramedic leads and zone and hospital staff — to improve integration, movement of resources and flow of patients. This means that both Edmonton and Calgary patient flow will be supported by Integrated Operations Centres. The Edmonton IOC, during the trial period, had a positive impact on patient flow. We will now turn our attention to innovating on how this concept can be expanded to North, Central and South Zone. Watch for further updates.

Finally, work is underway on the overarching Provincial Service Plan, which will guide the next five years of EMS operations. EMS is engaging with our people, as well as the public and other partners, to understand current experiences and perceptions of EMS. This will then guide the identification of areas for potential improvement, now and over the coming years. This engagement launched in mid-March and, since that time, EMS has already heard from thousands of Albertans, including patients and families, elected officials and AHS staff. Updates are available on the [EMS Together4Health page](#) and anyone is invited to sign up and take part.

EMS continues to be here for all Albertans. We are working together with our people, our patients and our partners, to ensure our system is robust and sustainable. We thank everyone for their involvement and support, and will continue to keep Albertans updated on this effort.

Rural Engagement

AHS Health Advisory Councils across Alberta continue to host virtual information sessions on a variety of health topics. This week, the Tamarack Health Advisory Council held an information session on understanding grief and loss, and the Greater Edmonton Health Advisory Council hosted a session on HealthLink. Both sessions were well-attended.

The Prairie Mountain Health Advisory Council meets April 27 and will receive presentations on Alberta cancer screening programs as well as an update on the Calgary Cancer Centre.

For information on upcoming events and meetings hosted by Health Advisory Councils, contact community.engagement@ahs.ca.

Medical Affairs

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 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 Lara Ostolosky.

For the last five years, Dr. Ostolosky has been a program director in the eating disorder program at the University of Alberta Hospital. She works with inpatient, day patient and outpatient eating disorders of all types ranging in age from 12 and up. This involves individual therapy, group psychotherapy, medical and psychiatric management of these disorders and their comorbid psychiatric conditions.

"I love my job because I feel I can help a "lost person" redefine themselves away from illness and help them with direction. It is enormously

rewarding. It is especially rewarding to help a young person take what could be a deadly or devastating trajectory in life medically and psychiatrically and see the difference in recovery in both them and their family."

Dr. Ostolosky was inspired to become a physician partly because she saw the reward it gave her father who was an obstetrician. More importantly, she wanted to be able to be continually challenged and be able to problem solve in order to understand people better. More specifically, why they do, act and say what they do.

"It is fascinating. That is why psychiatry is for me especially the mix of the biological and psychological together. This is never a boring field. It honestly invigorates me to be innovative and think one step ahead of my patients which you have to be able to do in eating disorders."

Dr. Ostolosky attributes her and her team's success to using their combined strengths to keep building, to be innovative and driven, while also being compassionate to their patients at the same time. These factors have led to the program being very well known and respected across Canada. They have started to receive referrals across Canada and even a few from the United States.

“I think outside the box in treatment and use my knowledge and experience to give these patients a better life. What I love about this job are the patients and the complexities of these illnesses that are so misunderstood. I enjoy figuring the patient out, helping them move forward at the pace they need and making them feel safe and cared for.”

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

MD Culture Shift

Check out the latest edition of the [MD Culture Shift newsletter](#) for information about:

- *Trauma-informed Leadership*
- *Equity in Medicine Conference*

Physician Leader Healing Group

A facilitated peer-support group for physician leaders, the Trauma-informed Leadership Healing Group, will be offered virtually to AHS physician leaders who self-identify as having experienced trauma and diversity struggles within their workplace settings, to support their healing and enhance their effectiveness as leaders.

Objectives:

- To experience a facilitated space to share experiences of trauma and/or diversity struggles and receive support
- To gain knowledge and skills that promote personal growth
- To gain knowledge and skills that can be applied to members of teams

When: Thurs, Apr. 14 7–8:30 p.m., recurring every two weeks for six sessions

Note: Each session will feature a different topic. Opt in as your schedule allows.

Registration link: [Physician Healing Group Registration](#). Register early, as there is a maximum of 20 participants allowed.

Support for Physicians



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 **PFSP** is also offering **small group support sessions** with a qualified therapist. A group would consist of six to 12 physicians (e.g., from the same team or department). 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.

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

CPSA's Position Statement on Racism and Discrimination

The College of Physicians and Surgeons of Alberta (CPSA) released a [position statement on racism and discrimination](#), acknowledging the continued existence of racist and discriminatory practices and policies in healthcare, and the impacts of these on patients.

We are pleased to see CPSA sharing this statement and taking action. AHS has and will continue to take a strong stance against any act of racism, discrimination or intolerance.

As part of our continued efforts to combat racism and promote diversity and inclusion across AHS, we developed and launched our [Anti-Racism Position Statement](#) in the summer of 2021. This position statement will help us bring a consistent and comprehensive approach to anti-racism activities across the organization, and is a key part of our broader effort to make AHS more welcoming, safe and inclusive for everyone. For more information about AHS' Anti-Racism Position Statement and available resources, please visit the [Diversity and Inclusion webpage](#).

Supporting Nurses in Pronouncement of Death

A new [Nurse Pronouncement of Patient Death Policy](#) is in place to support practice consistency and continuity of care. The policy replaces the former Pronouncement of Patient Death during COVID-19 by AHS Nursing Professionals Directive. The policy provides direction for nurses to pronounce expected death and nurse practitioners to pronounce expected and unexpected deaths across AHS. Questions? Contact practice.consultation@ahs.ca.

Help Shape Virtual Care Resources

AHS is seeking input from physicians on its new Virtual Health webpages in order to improve users' experience and access to information about virtual care.

We would like to get your perspective in a 20- to 30-minute one-on-one consultation with the AHS Digital Experience Team this April. Your participation will help inform webpage content and aid in making this resource as effective as possible for patients and providers.

Please contact [Laurel Morrison](#) by April 15 if you are interested in participating. Participants are selected on a first come, first-served, basis.

COVID-19 Updates

COVID-19 Case Status in Alberta

ICU Update

As of 1:15 p.m. today (April 8), AHS currently has 216 general adult ICU beds open in Alberta, including 42 additional spaces above our baseline of 173 general adult ICU beds. There are currently 157 patients in ICU. Provincially, ICU capacity (including additional surge beds) is at 73 per cent, down from 75 per cent a week ago. Without the additional surge spaces, provincial ICU capacity would be at 90 per cent, down from 94 per cent a week ago.

Hospitalizations

On April 4, 946 individuals were in non-ICU hospital beds for COVID-19, compared to 959 on March 28, a 1.4 per cent decrease.

Variants of Concern

Alberta Precision Laboratories continues to closely monitor SARS-CoV-2 variants. From March 29 to April 4, an average of 85 per cent of positive samples were strain-typed. Of those, the seven-day rolling average was 82 per cent Omicron BA.2 lineage, 18 per cent Omicron BA.1, and Delta was not detected during this period. The BA.2 sub-lineage is now the predominant strain. While viral recombinants between Omicron and Delta have been reported in several cases globally, no recombinant SARS-CoV-2 viruses have been detected in Alberta through our ongoing genomic sequencing.

New Cases

For the seven-day period ending on April 4, there was an average of 793 new cases of COVID-19 per day, compared to 657 cases per day the previous reporting period (March 22-28), a 20.7 per cent increase. The Calgary Zone reported the highest total number of new cases with 2,299 (an average of 328 new cases per day). All five zones reported an increase in the number of new cases this reporting period, compared to the previous week as you can see in the table below:

Zone	New Cases (March 29-April 4)	New Cases (March 22-28)	Percent Change
Calgary	2,299	1,846	+24.5%
Edmonton	1,726	1,475	+17.0%
North	421	382	+10.2%
Central	662	536	+23.5%
South	428	356	+20.2%
Unknown	13	1	-
Total	5,549	4,596	+20.7%

Please note:

- These data underestimate the number of people with COVID-19 across the province, and changes in testing eligibility make it difficult to compare cases week over week.
- Alberta Health has stopped reporting the number of active COVID-19 cases.
- We aim to start reporting wastewater data starting next week.

Other notable COVID-19-related information:

- Data from the last seven days indicate 42.1 per cent of new admissions to non-ICU spaces are due to COVID-19 infection directly, 30.7 per cent had COVID-19 as a contributing cause and 27.2 per cent are cases where the infection was not determined to be a cause of admission, or where it was not possible to determine. For ICU, the percentage of new admissions due to COVID-19 directly was 50 per cent; 25 per cent had COVID-19 as a contributing cause and 25 per cent were incidental infections or unclear.
- As of April 4, 4,104 individuals have passed away from COVID-19, including 30 deaths since the last report. We extend our condolences to the families of these individuals, and to all who have lost loved ones from any cause during this time.
- As of April 4, 546,247 cases of COVID-19 have been detected in Alberta and 23,031 individuals have been hospitalized, which amounts to 4.2 individuals for every 100 cases.
- From March 29 to April 4, 21,314 COVID-19 tests were completed, a seven-day average of 3,045 tests per day. During this period, the daily positivity ranged from 23.99 per cent to 32.05 per cent.

COVID-19 Immunization Update

Novavax vaccine available April 12

A fifth COVID-19 vaccine product will be available to Albertans starting April 12. The province is receiving 10,000 doses of [Novavax's Nuvaxovid vaccine](#) for the prevention of COVID-19 in adults 18

years of age and older. Appointments will be available across the province at select AHS clinics. Due to limited supply, bookings can only be made by calling Health Link at 811.

This February, Novavax's vaccine was [authorized by Health Canada](#) and the National Advisory Committee on Immunization (NACI) provided [guidance for use](#). It is a [protein-based vaccine](#) that is administered as a two-dose regimen, eight weeks apart.

Moderna for children aged six to 11 years

Also beginning on April 12, the Moderna vaccine will be available to children ages six to 11 years of age to start or complete a primary COVID-19 vaccine series. The same vaccine product is used as in older adolescents and adults, but at a lower dose.

Due to the currently unknown risk of myocarditis and/or pericarditis for Moderna in children six to 11 years of age, and the known lower risk of myocarditis/pericarditis with the Pfizer-BioNTech COVID-19 vaccine compared to Moderna COVID-19 vaccine in individuals 12 to 29 years of age, Pfizer-BioNTech COVID-19 vaccine is recommended for children six to 11 years of age to start and/or complete their primary series.

Expanded eligibility for fourth doses

Starting April 12, a fourth dose of COVID-19 vaccine, or a second booster, will be available to:

- All people 70 years of age and older
- First Nations, Métis and Inuit adults 65 years of age and older
- All residents of seniors congregate living facilities, regardless of age
 - When to book: must wait five months after third dose/first booster dose
 - How to book: [book online](#) (pharmacy or AHS clinic) or call 811
- People 12 years of age and older who require additional doses (fourth or fifth) to meet international travel rules (e.g. if a destination or tour company requires the last COVID-19 vaccine dose to be within six months); however, these doses are not currently clinically recommended.
 - When to book: must wait 28 days from previous dose

All Albertans with international travel plans are recommended to check the COVID-19 vaccine requirements for their destination. Health Link staff is unable to provide travel destination requirements. No proof of travel is required for booking an appointment nor are there restrictions on type of travel.

There is limited evidence on how long protection from a first booster dose persists, with studies suggesting some decrease over time. Preliminary data indicate that a second booster dose provides additional protection, including against severe disease.

An additional dose will help protect older adults living in the community and residents of seniors congregate living settings who are at higher risk of experiencing severe outcomes from COVID-19.

Preliminary data suggest the safety of a second booster dose of an mRNA COVID-19 vaccine is similar to previous doses. Canadian and international safety data suggest a second booster dose is well tolerated with no additional safety signals.

Vaccine effectiveness against Omicron

Current evidence indicates vaccine protection against the Omicron variant of concern is generally lower than it was against previous variants of concern, although protection against severe outcomes remains strong. Vaccine protection decreases over time, but still protects against severe outcomes and to a lesser extent against infection.

Since vaccines continue to prevent infection to some extent, the chances of transmitting infection to others is reduced. Protection is greatly improved with a booster dose.

More information about the effectiveness of each vaccine against infection and hospitalization due to Omicron is available on the [Alberta Health website](#).

AHS Support for Ukrainian Evacuees Update

As the crisis in Ukraine continues, so do our efforts to [provide support to evacuees](#) coming to our province, as well as Host Families offering places to stay.

To help host families take care of themselves so they can take care of others, we developed a special resource document available in [English](#), [Ukrainian](#) and [Russian](#). For evacuees arriving in our province, there is new information about [prescription coverage](#) as well as [community-based resources](#) we encourage Host Families to share.

We know many of our patients, physicians, staff and their families as well as members of our community have been impacted by the Russian invasion of Ukraine. Two new resources, [Crisis in Ukraine](#) and [Speaking to Children about the War](#), have been developed to help cope with the feelings you may be experiencing and to find ways to communicate your concerns and needs with those around you.

As this situation continues to evolve, we remain committed to [supporting the needs of Ukrainians](#) and have [resources and supports](#) translated into [Ukrainian and Russian](#) such as [addictions and mental health supports](#). Every evacuee who needs healthcare will receive it, [free of charge](#).

For your support, the Alberta Medical Association's [Physician and Family Support Program](#) is confidential and available at 1-877-767-4637. If you have questions or comments, please email Ukraine.Inquiries@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](#)
- [CPA'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](#)
- [Outpatient Treatment for COVID-19](#)
- [Physician & Family Support Program](#) - 1-877-SOS-4MDS (767-4637)
- [Physician Wellness Educational Resources: Well Doc Alberta](#)
- [Sotrovimab Easy Reference Guide](#)
- [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 know a physician or team who have gone above and beyond during the pandemic, that you would like to see covered in an upcoming edition?

Let us know at CMO@ahs.ca.

Dr. Braden Manns on behalf of Dr. Francois Belanger

Associate Chief Medical Officer

Dr. Laura McDougall

Senior Medical Officer of Health

