

# CMO SMOH Notice for AHS Medical Staff

May 13, 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.*

## This week:

- Medical Affairs
  - Severe, Acute Hepatitis of Unknown Origin in Children
  - Registration Open June 1 for RhPAP Attraction and Retention Conference
  - Doctor of the Week
  - Celebrate World Family Doctor Day May 19
  - National Nursing Week: May 9 to 15
  - Interim CEO Video Message: Connect Care Launch 4 is Coming
  - MD Culture Shift
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## Medical Affairs

### Severe, Acute Hepatitis of Unknown Origin in Children

[Two possible cases](#) of severe acute hepatitis have been reported in Alberta youth 16 years and younger. As of [May 10](#), 348 probable cases of acute hepatitis among children have been reported across five regions globally. In Canada, several cases are under investigation in Ontario.

The exact cause of this syndrome continues to be actively investigated.

Adenovirus has been detected in at least [74 cases](#) reported internationally. While adenovirus is currently one hypothesis as the underlying cause, it does not fully explain the severity of the clinical picture.

Symptoms of hepatitis (inflammation of the liver) include fever, fatigue, nausea, vomiting, jaundice (skin and eyes turning yellow), dark urine, abdominal pain, loss of appetite, and light-colored stools.

#### *Actions for physicians:*

- Be vigilant for children up to and including 16 years of age presenting with signs and symptoms compatible with acute hepatitis.
- Physicians who see cases of acute severe hepatitis with unknown etiology should consult with a specialist (Pediatric Infectious Disease or Hepatology) to facilitate further investigation.
- As you consider laboratory work to assess for more uncommon etiologies, consultation with the Virologist-on-call is recommended.

*Links to further information:*

- [Acute hepatitis \(non hepatitis A-E\) case report form](#)
- [Alberta Notifiable Disease Guidelines](#)
- [CMOH Letter to Medical Officers of Health Re: Acute Hepatitis non A-E](#)
- [Lab Bulletin: Emerging issue – acute, severe hepatitis of unknown aetiology in children](#)
- [MOH Bulletins](#)
- [WHO: Q&A on hepatitis in children](#)

## **Registration Open June 1 for RhPAP Attraction and Retention Conference**

The Rural Health Professions Action Plan (RhPAP) “Put on your Perspectacles: Looking through the rural lens” conference will feature three days of interactive sessions, informative presentations and peer-to-peer knowledge sharing with the goal of returning rural healthcare providers to their communities inspired and empowered.

For more information, please visit the [website](#).

## **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 Milli Gupta.

Dr. Gupta is a gastroenterologist and is the interim site lead at South Health Campus (SHC) for the Gastroenterology group. Her area of interest is esophageal diseases (therapeutics and motility disorders) in which she does clinical work and research.

“I enjoy seeing a variety of cases in Gastroenterology (GI). In one case I use my technical skills to resect esophageal cancer, and in another case, I employ my scientist hat to explain the pathogenesis of dyspepsia and Gastroesophageal reflux disease (GERD). There is always something different to do. The field of GI keeps me on my toes, and I love it!”

Dr. Gupta has a strong interest in esophageal diseases, and has developed two programs dedicated to the betterment of patients in eosinophilic esophagitis (EoE) and Barrett’s/early esophageal cancer at SHC. She would not have been able to do this without the contributions and support of her colleagues, clinic/operations managers, nurses and allied health care workers. The tenacity of the SHC Gastroenterology group has led to acquisition of clinical trials that will help improve care in eosinophilic esophagitis and GERD. The SHC group has been able to showcase data from these clinics in international conferences, which brings recognition and resources to expand their reach.

“The success of any clinical program rests on the backs of hardworking team members. Having started two programs at SHC, watching them grow and expand their capacity has been fulfilling and gratifying.”

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

## **Celebrate World Family Doctor Day May 19**

This May, celebrate #WorldFamilyDoctorDay! #FamilyDocsRocks and the Alberta College of Family Physicians (ACFP) are asking Albertans to add their stories to our collection! Let your family doctor know how grateful you are—tweet, post, or video your stories and tag us (@ABFamDocs with #FamilyDocsRock). For more details visit: [www.familydocsrock.ca](http://www.familydocsrock.ca)

## **National Nursing Week: May 9 to 15**

We would like to thank all of our nurses for their dedication in providing outstanding care to patients every day. The last two years of the COVID-19 pandemic have pushed us further than we ever thought possible, and despite these challenges, nurses continue to answer the call. They are a critical member of the AHS team and are foundational to healthcare service delivery and the patient experience.

Thank you again to all our nurses for everything they do. [During National Nursing Week](#), please take a moment to thank a nurse for their continued commitment to providing safe, quality care.

- Sean Chilton, Vice President, People, Health Professions and Information Technology
- Fadumo Robinson, Associate Chief Nursing Officer

## **Interim CEO Video Message: Connect Care Launch 4 is Coming**

Later this month, AHS reaches another milestone with Launch 4 of [Connect Care](#). This is the largest launch yet, with 57 sites across the Edmonton and Calgary Zones putting Connect Care in place on May 28.

The launch includes the Royal Alexandra Hospital and Glenrose Rehabilitation Hospital in Edmonton, and the Alberta Children's Hospital and Peter Lougheed Centre in Calgary. Also included are Calgary Zone rural and urgent care sites and the clinics and services aligned with them, the Southern Alberta Forensic Psychiatric Centre, Central Production Pharmacy, addiction and mental health facilities in Edmonton Zone, and all labs in the Edmonton Zone that have not already implemented Connect Care.

After Launch 4, there will be more than 60,000 staff and physicians using Connect Care to provide care to patients. Each launch is a huge amount of work, and Mauro would like to congratulate and thank everyone involved for the countless hours they've spent on this project.

Joining the AHS Vlog to [tell us more about Connect Care and Launch 4](#) are:

- Debbie Pinter, Clinical Operations Informatics Officer
- Penny Rae, Chief Information Officer
- Dr. Jeremy Theal, Chief Medical Information Officer

## **MD Culture Shift**

Check out the [May edition of the MD Culture Shift newsletter](#).

### **Upcoming EDI-related events and webinars**

- May 18, 11 a.m.: The First Nations Children's Action Research and Education Service presents A National Crime: Is It Over? Details and registration [here](#).
- May 19, 5–6:30 p.m.: CSM's Distributed Learning and Rural Initiatives presents a webinar, Building a Better Path: Culturally Safe & Responsive Care for Indigenous Patients & Families. Details and registration [here](#).

### **Upcoming EDI-related Conferences**

- May 13 & 14: The Alberta Sexual Assault Conference and pre-course is taking place both in-person and virtually. Pre-course information [here](#) and conference information [here](#).

- May 25, 9 a.m. – 3 p.m.: UBC is presenting their inaugural virtual symposium on Race Ideology: Historical Perspectives, Current Realities and Re-imagining the Future. Details and registration [here](#).
- June 2, 9:30 a.m. – 1:15 p.m.: The second annual Equity in Medicine Conference takes place in-person in Victoria, BC and virtually. More details on the program are available [here](#) and registration is [here](#).
- June 2-4: The Canadian Women in Medicine (CWIM) Conference takes place in-person in Victoria, BC and virtually. Conference details and registration [here](#).

### **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.



### ***Physician & Family Support Program (PFSP): Connecting with our common humanity - Free sessions***



#### **Honoring and Healing our Burden of Grief and Loss**

Weds, May 25: 7-8:30 p.m.

Physicians will participate in mindfulness and self-compassion activities, reflective writing, sharing narratives (voluntarily) and their experiences, with the opportunity for discussion.



#### **Hope and Healing after Trauma- Reflections for Physicians**

General Romeo Dallaire

Tues, June 7: 6-7:30 p.m.

### **Expression and making meaning**

Poetry is a form of expression. Writing it lets us get out our feelings and thoughts on a subject while reading it encourages us to connect and find meaning in our experiences.\* This is especially important at times like these.

PFSP recognizes the importance of the emotional and social aspects of physicians' lives in their overall wellness, and invites Alberta physicians in any career stage to send in their original poems/prose to be considered for publication in the PFSP Perspectives column in future issues of Alberta Doctors' Digest.

### **How to submit your poetry:**

- Submissions (under 500 words please) can be emailed to [pfsp@albertadoctors.org](mailto:pfsp@albertadoctors.org), please put the phrase “poetry submission” in the subject field of the email.
- For further information or questions, please email [pfsp@albertadoctors.org](mailto:pfsp@albertadoctors.org), and one of our team will get back to you.

\*Source: <https://thewisdomdaily.com/how-poetry-heals-and-connects-us/>

## **AHS Priorities**

### **Priority: 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.

#### ***Calgary IOC opens, Edmonton IOC to expand hours***

EMS Integrated Operations Centres (IOC) provide a balanced, equitable distribution of patients to healthcare facilities, benefiting patients by expediting their care. This also decreases EMS offload delays.

In Calgary, a new IOC opened on Wednesday (May 11). Modelled on the Edmonton IOC, this will be EMS mission control for the zone, with real-time data feeds shown on screens around the room, much like an air traffic control centre. The IOC will be operational 24 hours a day, seven days a week.

Edmonton’s IOC will expand coverage to 24/7 operations beginning May 24.

### **Priority: Digital Health Evolution and Innovation**

This work involves the ongoing rollout of Connect Care; continued expansion of virtual health to support more community- and home-based care, programs and services; the rollout of the PRIHS digital health program, and continued work with provincial and federal governments and industry on bringing new health innovations to market.

#### ***Next Connect Care launch two weeks away***

Connect Care teams are busy with final preparations for Launch 4 of Connect Care, which is now two weeks away — May 28.

This week, the laboratories at the Misericordia Community Hospital and the Grey Nuns Community Hospital are readying for an early launch tomorrow (May 14). We wish these teams well in their launch, knowing they will be supported by a skilled team of Connect Care experts and ‘Super Users’ during and beyond their launch day.

Super Users are individuals who, with some advanced knowledge and expertise, are available to help new users navigate the system. Keep an eye out for Super Users in the yellow smocks to ask questions and help you if you get stuck.

Training to work in Connect Care is critical to a launch. Additional training capacity, including some weekend training sessions, have been added in both Calgary and Edmonton to support staff in completing their training in time for Launch 4.

The remaining Launch 4 sites are also involved in many pre-launch activities. Long-term care, pharmacy and oncology are participating in conversion and cutover activities. Conversion is the process of transferring or transcribing patient-specific information from the legacy patient record into Connect Care. Cutover is the activity that moves workflow, data and users from legacy systems to Connect Care, specifically for active inpatients.

These are busy days for all Launch 4 teams, and we want to express our deep gratitude for all the hard work and dedication they have shown.

The full Connect Care implementation timeline is available [here](#).

### **Priority: Pandemic Response and Recovery**

AHS will continue to provide access to vaccines and treatments, expand and enhance supports for long-COVID conditions, increase intensive care capacity, and return other services to pre-pandemic levels.

#### ***19 new ICU beds now open***

As announced by Premier Jason Kenney today (May 13), the Government of Alberta is expanding healthcare capacity by investing \$100 million over each of the next three years to add up to 50 new and fully staffed intensive care unit (ICU) beds to Alberta's health system. As of this month, AHS has opened and staffed 19 of the 50 new permanent ICU beds. When the beds are not in use, physicians and staff will support other areas of the hospital, offering greater flexibility and overall capacity to the broader health system.

With the opening of the new beds, Alberta now has 192 adult general ICU beds across the province. With \$300 million over three years, AHS will boost its ICU capacity to 223 beds across all AHS zones.

Of the 19 new beds added:

- Five are in the Foothills Medical Centre (Calgary)
- Two are in Rockyview General Hospital (Calgary)
- Two are in South Health Campus (Calgary)
- Three are in the University of Alberta Hospital (Edmonton)
- Two are in the Royal Alexandra Hospital (Edmonton)
- One is in the Sturgeon Community Hospital (St. Albert)
- Two are in the Grande Prairie Regional Hospital
- Two are in the Chinook Regional Hospital (Lethbridge)

To date, AHS has filled 250 positions to support the new beds, including nurses, allied health professionals and pharmacists, as well as clinical support service positions, such as diagnostic imaging. AHS plans to open the remaining 31 of the 50 permanent beds by September, and continues to recruit to fill another 425 clinical and support service positions to support the total ICU bed numbers.

The [full announcement](#) is on the Government of Alberta website.

### **Priority: Rural Engagement and Rural Initiatives**

This work is designed to strengthen partnerships with rural communities, to enhance and better support the rural healthcare workforce and to better meet the unique needs of Albertans living in non-urban communities.

#### ***Health Advisory Councils build community knowledge***

- The Peace and Lakeland Communities health advisory councils met last week when they participated in discussions about the [Alberta Healthy Living Program](#). All health advisory councils are open to the public. The Alberta Healthy Living Program offers services in communities throughout Alberta to those living with chronic conditions.
- The Palliser Triangle Health Advisory Council will meet Monday (May 16) between noon and 3 p.m. Council members will discuss quality virtual care following a presentation by Dr. Sarah Hall, Interim Provincial Medical Director, and Dr. Tafi Madzimure, Rural/Regional Medical Lead, both with the Virtual Health team.

- The Oldman River Health Advisory Council meets Tuesday (May 17) between noon and 3 p.m. and will showcase a partner agency, Wellspring, which will provide an overview of its cancer resources and services, as well as work underway to expand into rural Alberta.
- Yellowhead East and David Thompson Health Advisory Councils are co-hosting an information session on Connect Care in central Alberta. This event will be held Tuesday (May 17) between 5 p.m. and 6:30 p.m. Yellowhead East is also hosting a regular meeting Thursday (May 19) between 5 p.m. and 6 p.m.
- Finally, the Wood Buffalo Health Advisory Council will participate in conversations about First Nations emergency care at its meeting on Wednesday (May 18) between 5 p.m. and 8 p.m.

You can learn more about [AHS advisory councils on the AHS website](#) or to register to attend these meetings, contact [community.engagement@ahs.ca](mailto:community.engagement@ahs.ca).

### ***Indigenous support phone line launching***

North Zone leadership is hosting two town halls May 18 and 19 to share information on a new toll-free phone line for Indigenous individuals who need help navigating the healthcare system. This pilot roll outs across the North Zone beginning May 30 and provides a culturally safe 1-800 support line aimed at building relationships and trust, reducing challenges and barriers, and facilitating access to AHS-related programs and services and connections to social supports and external programs within the zone. The project has been informed through consultation with the AHS Wisdom Council & Elder Circle. Interested participants can contact [community.engagement@ahs.ca](mailto:community.engagement@ahs.ca) for information.

### ***Recruitment and retention***

AHS continues to reach out to communities and to municipal leaders to share updates and identify opportunities to enhance and improve recruitment to rural Alberta. In Central Zone, leadership is meeting with key community leaders in the Drayton Valley area, including surrounding towns, villages and counties, to provide an update on efforts to resume operations at the community cancer centre. Central Zone leadership is also meeting with Red Deer MLAs and city council to discuss efforts to resolve the current general surgery diversion at Red Deer Regional Hospital Centre.

An information session is being held in Lethbridge May 17 to share an update on efforts to recruit physicians to that community. While Lethbridge is an urban centre, it serves a large rural and agricultural community. The information session will be held at the Lethbridge Senior Citizens Centre between 5 p.m. and 7 p.m. As space is limited, contact [community.engagement@ahs.ca](mailto:community.engagement@ahs.ca) for information and to register.

### **Priority: Alberta Surgical Initiative**

AHS is dedicated to ensuring Albertans have access to high-quality and safe care. Timely access to surgeries is important to Albertans. No one should have to wait longer than clinically recommended for their surgery. In partnership with Alberta Health, AHS developed the Alberta Surgical Initiative (ASI), a plan to improve surgery in Alberta by shaping demand, managing capacity, and improving the patient's journey to receiving surgery.

### ***Current surgical status***

We continue to work diligently to recover to pre-pandemic surgical status. Over the past four weeks, the average of weekly volumes for surgical activity is 91 per cent of our pre-pandemic surgical volumes. Our total surgical wait list for adults sits at approximately 72,800, compared to approximately 74,300 at the beginning of April. In February 2020, before the pandemic, our total wait list was 68,000.

### **COVID-19 Updates**

#### **COVID-19 Case Status in Alberta**

##### **ICU Update**

As of 10 a.m. today (May 13), AHS has 212 general adult ICU beds open in Alberta, including 20 additional spaces above our baseline of 192 general adult ICU beds. There are currently 160 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 83 per cent.

### Hospitalizations

On May 9, 1,188 individuals were in non-ICU hospital beds for COVID-19, compared to 1,280 individuals on May 2, a 17.2 per cent decrease.

### Variants of Concern

Alberta Precision Laboratories (APL) continues to closely monitor SARS-CoV-2 variants. From May 3-9, an average of 79 per cent of positive samples were strain-typed. Of those, the seven-day rolling average was 98 per cent Omicron BA.2 lineage and two per cent Omicron BA.1. Delta was not detected during this period.

Recombinant SARS-CoV-2 strains have been detected and are circulating in Alberta, as well as across Canada and the world at low levels. The recombinants detected in Alberta are recombinants within the Omicron lineage and are not thought to be of any increased biological concern compared with the predominant BA.2 strain.

Recombinants occur as part of the evolution of SARS-CoV-2, and are being monitored as we remain in frequent communication with our provincial and national public health partners.

### New Cases

For the seven-day period ending on May 9, there was an average of 650 new cases of COVID-19 per day, compared to 815 cases per day the previous reporting period (April 26 to May 2), a 20.2 per cent decrease. The Calgary Zone reported the highest total number of new cases with 1,966 (an average of 281 new cases per day). All five zones reported a decrease 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 (May 3-May 9)	New Cases (April 26-May 2)	Percent Change
Calgary	1,966	2,413	-18.5%
Edmonton	1,520	1,886	-19.4%
North	356	411	-13.4%
Central	406	593	-31.5%
South	296	403	-26.6%
Unknown	7	2	+250.0%
Total	4,551	5,708	-20.3%

Please note: We know 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.

### Wastewater Surveillance

Wastewater can provide an early indication of infection trends in a community. For wastewater surveillance comparing weekly averages:

- **South Zone:** The amount of COVID-19 RNA in Lethbridge wastewater nearly doubled this week, while Medicine Hat and Taber decreased by more than 40 per cent. Brooks remained stable.
- **Calgary Zone:** High River and Okotoks increased this week while the other five locations (Calgary, Airdrie, Banff, Strathmore and Canmore) decreased or remained stable.
- **Central, North and Edmonton zones:** All locations recorded decreases ranging from 24 to 68 per cent.

Frequency of reporting updates vary by sampling site. The above interpretations were made from available data as of May 9 at noon. The Alberta Wastewater Surveillance Program is a collaboration between the University of Calgary, University of Alberta, APL and Alberta Health.

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

- Data from the last seven days indicate that 34.6 per cent of new admissions to non-ICU spaces are due to COVID-19 infection directly, 29.1 per cent had COVID-19 as a contributing cause, and 36.3 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 41.4 per cent; 37.9 per cent had COVID-19 as a contributing cause and 20.7 per cent were incidental infections or unclear.
- As of May 9, 4,391 individuals have passed away from COVID-19, including 70 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 May 9, 575,185 cases of COVID-19 have been detected in Alberta and 25,768 individuals have been hospitalized, which amounts to 4.5 individuals for every 100 cases.
- From May 3 to May 9, 21,906 COVID-19 tests were completed, a seven-day average of 3,129 tests per day. During this period, the daily positivity ranged from 16.8 per cent to 26.1 per cent.

**COVID-19 Testing for Healthcare Workers — the Latest Numbers**

We continue to update the testing data for healthcare workers. These statistics provide the total number of AHS and Alberta Precision Laboratories (APL) employees and physicians tested, including a breakdown of the number of positive tests and those who have been confirmed to have been exposed in the workplace. The testing data does not include rapid antigen test results for healthcare workers.

As of May 10:

- 95,439 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 29,004 (or 30.39 per cent) have tested positive.
- Of the 12,289 employees who have tested positive and whose source of infection has been determined, 851 (or 6.93 per cent) acquired their infection through a workplace exposure. An additional 4,396 employees who have tested positive are still under investigation as to the source of infection.
- 6,703 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 1,501 (or 22.39 per cent) have tested positive.
- Of the 509 physicians who have tested positive and whose source of infection has been determined, 32 (or 6.29 per cent) acquired their infection through a workplace exposure. An additional 287 physicians who have tested positive are still under investigation as to the source of infection.

For more information, see the AHS Healthcare Worker COVID-19 Testing [infographic](#).

**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](#)
- [Management for Pregnant Women with COVID-19](#)
- [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](#)
- [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](#).

**Sincerely,**

**Dr. Francois Belanger**

Chief Medical Officer and Vice President, Quality

**Dr. Laura McDougall**

Senior Medical Officer of Health

