



## Support for AHS Operations and the Emergency Coordination Centre

[ICU & Emergency Planning](#) | [Provincial Guidance Documents/Order Sets](#)

### ICU and Emergency Planning

Planning and preparation for COVID-19 began before Alberta's first confirmed case, with a priority to develop a Provincial ICU Surge Plan in order to ensure sufficient capacity and readiness for COVID-19 patients requiring ICU admission.

- AHS zone and operational leaders engaged the SCNs early on, and together the team reviewed evidence and best practices from around the globe. This collaboration led to the development of a comprehensive plan for Alberta that addressed critical needs and issues such as inter-zonal collaboration on patient movement and resource distribution (e.g., planning for limited number of ventilators).
- The Maternal, Newborn, Child and Youth SCN brought stakeholders together in support of the rapid development of Communicable Disease Emergency Plans. This involved cross-provincial collaboration with all maternity, pediatrics and NICU departments across the province.

In both cases, having established networks with a provincial reach facilitated dialogue and consensus-building, and made it possible for decision makers to quickly gather feedback from rural, regional and urban sites and support an integrated and rapid implementation.

### Provincial Guidance Documents and Order Sets

The Critical Care, Emergency, and Respiratory Health SCNs collaborated with AHS zone and operational leaders, the Emergency Coordination Centre (ECC), local hospitals, primary care networks to create provincial guidance documents and order sets. These tools ensured consistent direction on surge bed staffing; admitting, triaging and discharging patients; patient and provider safety and post-discharge care.

- Working together, these teams engaged front-line staff across all five zones and supported them in rolling out new guidelines and order sets.
- The SCNs provided a point of contact and coordinating function where no provincial program exists and helped address critical needs within specific clinical communities.

During the initial weeks and months of the pandemic, the focus of several networks, clinical and operational teams turned entirely to supporting Alberta's COVID-19 response. Their ability to pivot, quickly mobilize resources and expertise, and lend

support proved to be a significant asset in advancing work and responding quickly to emerging needs.

Being able to respond with agility to rapidly emerging evidence and data and work alongside operational leaders to rapidly implement changes in practice on a provincial scale has been critical to the province's COVID-19 response and highlights the value these partnerships bring to Alberta's health system.

### **Contact Tracing, Health Link and Virtual Health Delivery**

Staff throughout AHS, including many within the networks, were ready and willing to be redeployed where needed, including to support contact tracing and the provincial Health Link line (811). These efforts have continued as the need for contact tracers expanded during Wave 2.

As the pandemic unfolded in March, callers dialed 811 by the tens of thousands. Health Link received more than 248,000 calls that month, with a peak of 12,000 calls on a single day. Normal call volumes prior to the pandemic were 2,000 to 2,500 per day.

- To help manage wait times, AHS tripled Health Link staffing and expanded its call line capacity in an attempt to meet demand. In any 24-hour period, 275 additional staff with clinical expertise were redeployed to answer 811 calls and make outbound calls to provide advice to callers on how to access COVID-19 testing, quarantine requirements and accessing non-COVID-related medical services. Others provided technical support, rapidly adding additional phone lines in response to increased demand.
- By early September, Health Link had received more than a million calls, and staff had responded, on average, to more than 5,500 calls per day.

During Wave 1, AHS, specialists and primary care physicians, government and community partners also worked together to expand and promote other advice lines in order to maintain patient access to health services when it was not possible to provide these services at on-site clinics. Enabling virtual care and telephone support, and having a provincially integrated health system have ensured that these services continue to be available to Albertans that need them.

Examples of this, highlighting the adaptability of our people and their determination to find solutions and take action to maintain essential connections with patients, community resources and one another include:

- The Physician Help Line (RAAPID), Specialist Link and Connect MD.
- A Rehabilitation Advice Line was quickly implemented to ensure continued access to COVID-19 rehabilitation supports and services for Albertans. The advice line is a collaborative effort by Allied Health Professional Practice & Education, Allied Health Zone Operations, the Neurosciences, Rehabilitation & Vision SCN, the Bone and Joint SCN, and Health Link.
- Community providers switched to virtual delivery of preventative care programs such as [GLA:D](#) for people living with osteoarthritis.
- Alberta 211, the community and social services helpline, was promoted and supported by all partners in handling increased call volumes and support non-medical patient needs.
- The Provincial Addiction and Mental Health team expanded its mental health supports through its Mental Health Helpline as well as other virtual services such as [Text4Hope](#) and [Togetherall](#), a free, online network offering anonymous, peer-to-peer mental health services 24 hours a day, seven days a week. Additional supports and resources are available on [ahs.ca/helpintoughtimes](https://ahs.ca/helpintoughtimes).

### **Rapid Evidence Reviews Recommendations from the Scientific Advisory Group**

SCN clinical leaders and researchers continue to play a vital role supporting the ECC, AHS executive and operational leaders during the pandemic by pulling large volumes of emerging evidence together, critically reviewing it, and crafting clear recommendations to inform decisions about public health interventions and safe practices.

As front-line care providers focused on meeting the needs of patients, the Scientific Advisory Group (SAG) helped support operational decision makers, AHS and provincial leaders by responding to their queries with the best available evidence based information.

Many of the rapid evidence reviews are available on [ahs.ca](https://ahs.ca) and have been accessed by organizations and professionals across Alberta and beyond. Review topics range from risk factors for specific populations and activities; treatment or practice efficacy; screening protocols; and patient care. The SAG team also partnered with the PPE Task Force to review evidence around PPE and support the creation of detailed PPE guidelines for AHS.

## Other Collaborations Making a Difference for Patients, Families and Providers

[Cancer Care](#) | [Surgery](#) | [Indigenous Health](#)

### ► **Cancer Care**

As the pandemic unfolded, Cancer Care Alberta, the Provincial Tumor Teams and the Cancer SCN collaborated to develop and implement a cancer treatment prioritization framework to ensure continued access to cancer surgery during the pandemic and expanded access to cancer support via advice lines.

### ► **Surgery**

The SCNs and Alberta Surgical Initiative (ASI) team worked together to support operations in carefully planning for both the reduction and the resumption of surgical services. Surgeons, clinical and operational leaders across Alberta shared their expertise and developed criteria and best practices related to prioritization of cases and efficient operating room capacity use with the goal of reducing wait times while ensuring priority access for patients who need it most.

### ► **Indigenous Health**

Enhanced collaboration between the Indigenous Health SCN, Indigenous Health program and Indigenous communities has resulted in improved discharge planning for Indigenous patients returning from hospitals to their communities, particularly patients who do not have access to a primary care physician in their community. In many cases, virtual health supports have helped provide appropriate monitoring and follow-up. Stakeholders report there has been improved awareness of the systemic barriers Indigenous populations face accessing care in their communities, and a willingness to take a system approach and find collaborative solutions.

As we move into the next stage of our COVID-19 response and the rollout of Alberta's COVID-19 immunization program, we know there will be new challenges. However, we can be confident that the partnerships and connections that have been forged will help us navigate those still to come. Our teams are strong, agile and committed to working together to achieve integrated and innovative solutions. We have partnered and persevered and will continue to inspire solutions, together.

For the latest resources on COVID-19 and most up-to-date information on testing, vaccination, public health measures, emerging issues and guidance, see AHS's [COVID-19 web site](#).