

CMO SMOH Notice for AHS Medical Staff

July 29, 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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Medical Affairs

Monkeypox Update

National: On July 21, the World Health Organization (WHO) issued a [statement](#) declaring the global monkeypox outbreak represents a public health emergency of international concern (PHEIC).

As of today (July 29), there were 803 confirmed cases of monkeypox across Canada, with 13 in Alberta.

The National Advisory Committee on Immunization (NACI) released [recommendations for the use of Imvamune®](#) for immunization against monkeypox. This vaccine is approved by Health Canada, and, as of July 25, the Government of Canada has deployed over 70,000 doses of vaccines to provinces and territories and continues to work actively with the provinces as they manage their public health responses.

Monkeypox Immunization Program in Alberta

Since June 7, Alberta has been providing Imvamune to close contacts of confirmed monkeypox cases soon after exposure. Yesterday (July 28), [Alberta Health announced](#) the availability of monkeypox vaccine eligibility to individuals who self-identify as meeting specific eligibility criteria for targeted prevention prior to an exposure.

According to Dr. Deena Hinshaw, Alberta's chief medical officer of health: "Although anyone can catch the monkeypox virus through close physical contact, during the current outbreak, gay, bisexual and other men who have sex with men have been impacted the most, especially those with new or multiple sexual partners. Those eligible for the monkeypox vaccine should consider getting a dose and at the same time take other recommended measures to reduce the risk of exposure."

Individuals who meet the following eligibility criteria can call 1-866-301-2668 to book an appointment for immunization:

- Transgender, cisgender or two-spirit individuals who self-identify as belonging to the gay, bisexual and other men who have sex with men (gbMSM) community and who meet at least one of the following criteria:
 - Have received a recent (in the last six months) diagnosis of a sexually transmitted infection.
 - Are planning to have, or in the past 90 days had, sex outside of a mutually monogamous relationship.
 - Have attended venues for sexual contact within the past 90 days (e.g., bath houses, sex clubs) or may be planning to, or who work/volunteer in these settings.
- Any sexual contacts of the individuals described above.
- Staff and volunteers in a social setting or venue where sexual activities between men (individuals described above) may take place.

Due to limited vaccine supply, pre-exposure monkeypox vaccine will be made available to eligible individuals, starting in Edmonton and Calgary, where most confirmed cases to date have been located. As more vaccine becomes available over the coming weeks, availability will expand to other centres across Alberta.

Immunization also continues to be available for use post-exposure. Individuals who are close contacts of someone confirmed to have monkeypox should call 811 or see their primary care provider, to discuss post-exposure immunization.

Primary Care Provider Support:

As primary care providers may see patients presenting with suspected exposures or cases of monkeypox, AHS has made additional information and guidance for primary care providers available on the [AHS website](#).

Monkeypox testing eligibility criteria

Testing is recommended for individuals presenting with acute rash or ulcers, with or without systemic symptoms (fever, headache, myalgia, arthralgia, back pain, or lymphadenopathy), AND in the last 21 days had one or more of the following risk factors:

- Sexual contact with new, anonymous or multiple partner(s)
- Sexual contact with a person(s) who had sexual contact with new, anonymous or multiple partner(s)
- Significant contact with a person who had skin lesions such as macules, papules, pustules, vesicles, or ulcers with no known alternate cause
- Contact with a known or probable case of monkeypox

These criteria should guide clinical decision-making regarding patients presenting to primary care providers, specific to monkeypox testing. It is also important to consider testing for common causes of acute rash including varicella zoster, herpes zoster, measles, herpes simplex, syphilis, chancroid, lymphogranuloma venereum, and hand-foot-and-mouth disease.

Should you have any questions in the application of this criteria to any patient, please continue to call your local AHS Medical Officer of Health (MOH) for advice.

For more information on monkeypox, visit the [Monkeypox Information for Community Physicians webpage](#).

Decommissioning of Standardized Mini-Mental State Examination

AHS is shifting away from clinical use of the Standardized Mini-Mental State Examination (SMMSE) and all Mini-Mental State Examination (MMSE) forms as the copyright contract is set to expire Aug. 31, 2022. Continuing the use of existing forms would be an infringement of copyright.

This decommissioning will include all paper and electronic versions of the tools. As a result, all AHS employees and medical staff will be required to use alternative cognitive screening tools. These tools, along with additional resources such as tips and guides on how to implement them, can be found [here](#), and in the Cognitive Tools Navigator in Connect Care.

For more information, please see the following resources:

- [Frequently asked questions](#)
- [Cognitive screening webinar](#)

For clinical practice questions, please contact practice.consultation@ahs.ca.

Registration Open for RhPAP Health Provider Attraction and Retention Conference

Registration for the Rural Health Professions Action Plan (RhPAP) “Put on your Perspectacles: Looking through the rural lens” annual conference is now open.

Taking place from Oct. 4-5, the conference will feature three days of interactive sessions, informative presentations, and shared peer-to-peer knowledge with the goal of returning participants to their communities inspired and empowered.

For more information and to register, please visit the [event website](#).

Interim CEO Video Message: Complex Care Hub

Our people and teams across AHS are consistently adaptive and innovative, delivering care in new ways that support the well-being of our patients.

While the COVID-19 pandemic certainly shone a brighter light on how we use virtual care technologies to support our patients, many initiatives capitalized on the benefits offered by virtual care prior to COVID-19.

One example is the Complex Care Hub, which provides a home hospital care model that functions as an alternative to traditional hospitalization for patients with complex conditions. It's had great success in helping keep patients in their homes and communities while they receive care.

Joining the [AHS Vlog](#) is Dr. Michelle Grinman, Medical Lead, Complex Care Hub, Calgary Zone.

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.

Canadian Medical Association Podcast

A [Canadian Medical Association \(CMA\) podcast](#) about physician wellness and medical culture, hosted by psychiatrist and wellness expert Dr. Caroline Gérin-Lajoie.

U of C Mindful Practice in Medicine Core Workshop

The Cumming School of Medicine Centre for Mindfulness is hosting the University of Rochester's, Mindful Practice in Medicine Core Workshop, developed by physicians to help medical practitioners and educators respond to the erosion of joy in their work.

You are invited to join a retreat-like workshop designed to energize your clinical work while helping you find joy and resilience, through honing your self-awareness and deep listening skills that are key to navigating stressful and demanding situations you face daily. This two-day retreat will be followed by four 90-minute webinars.

Date: March 10-12, 2023

For more information and to register, visit the [event website](#).

Doctor of the Week Call for Nominations

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. Please contact cmo@ahs.ca to nominate a physician to be featured here.

Note: We are putting a hold on the features over the summer, but are continuing to accept nominations.

AHS Priorities

The AHS Update message includes the latest information on our COVID-19 response, as well as updates on the progress AHS is making on its 10 priority areas. Each week will include updates on specific initiatives connected to some of the 10 priorities. 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 the work ahead.

Priority: Alberta Surgical Initiative (ASI)

The ASI will improve timely access to surgical care in Alberta. The goal of ASI is to ensure adult and pediatric patients receive scheduled surgeries within clinically appropriate timeframes.

Surgical wait list status update

We continue to work diligently to recover to pre-pandemic surgical status. Over the past four weeks, the average weekly volumes for surgical activity is 102 per cent of our pre-pandemic surgical volumes. It is important to note that AHS is now using summer weekly baselines, which are lower than standard baselines. This is typically done over the summer months to account for summer vacation schedules.

Our total surgical wait list for adults sits at approximately 71,314, compared to approximately 72,860 at the beginning of May. In February 2020, before the pandemic, our total wait list was 68,000.

We have completed approximately 75,800 surgeries in the 2022/23 fiscal year.

ASI governance update

To support the momentum of surgical recovery and accelerate the work of the ASI, a new governance structure for the ASI — referred to as ASI 2.0 — is being developed by Alberta Health and AHS. The focus of this new structure is to accelerate surgical recovery and the implementation of ASI 2.0 while ensuring clinical expertise, patient advisors, primary care and other key stakeholder consultation are included. More information on the new structure will be provided as it becomes available.

High-quality, safe care for Albertans is always our top priority. While the structure has changed, the goals of the ASI have not. We continue to focus on improving the surgical journey, from the time patients seek advice from their family doctor, to when they are referred to a specialist, to their surgery and rehabilitation.

Thank you to those who contributed to the work of the ASI to date. Through ASI 2.0, we will continue to provide quality surgical experiences and outcomes for the people of Alberta.

If you have questions or concerns, please reach out to your leader.

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.

Work underway for Connect Care Launch 5

With the fourth launch successfully on the way to stabilization, Connect Care teams are busy with preparations for Launch 5, scheduled for Nov. 6. We want to congratulate the Launch 4 sites on their two-month anniversary. Those sites are now in the “optimize and thrive” phase of their Connect Care implementation.

This month, Launch 5 teams held their 120-day Launch Readiness Assessment meeting. This is an opportunity for each expert team to provide a status update on their activities and milestones. Super User training is underway, and front-line staff will begin their training early next month.

Launch 5 will include the west area of Central Zone Centennial Centre for Mental Health and Brain Injury in Central Zone, Richmond Road Diagnostic and Treatment Centre and Foothills Medical Centre in Calgary, Cancer Care Alberta (and associated pharmacy and lab services), Alberta Kidney Care South, all pharmacy services in Calgary Zone, and all lab services in the rural portion of the west area of Central Zone.

There are now more than 115,000 patients using the [MyAHS Connect](#) patient portal in Connect Care to manage their health. As each launch of Connect Care takes place, staff and physicians who are part of that launch are being provided with access to MyAHS Connect for their personal use and information. When eligible, you can sign up for MyAHS Connect [here](#). This is a great way to see how this patient portal helps support better patient care.

The full Connect Care Implementation Timeline is available [here](#).

COVID-19 Updates

Please note: Due to changes in reporting by Alberta Health, some statistics are no longer available.

COVID-19 Case Status in Alberta

Hospitalizations and ICU Update

As of July 25:

- 623 individuals were in non-ICU hospital beds with COVID-19, compared to 555 on July 11, a 12.3 per cent increase.
- 26 individuals were in ICU hospital beds with COVID-19, compared to 18 on July 11, a 44.4 per cent increase.

Variants of Concern

Alberta Precision Laboratories (APL) continues to closely monitor SARS-CoV-2 variants. From July 19-25, an average of 71 per cent of positive samples were strain-typed. Of those, the seven-day rolling average was seven per cent Omicron BA.2 lineage, nine per cent Omicron BA.4 lineage, and 84 per cent Omicron BA.5 lineage. A new variant screening test was recently implemented allowing quicker identification of the sub-lineages of Omicron, including BA.4 and BA.5. This has resulted in much higher proportions of BA.5 being identified compared to the last update.

As global data is updated, sub-lineage designations are refined which may affect lineage calls in Alberta. We continue to monitor our data and adjust as information becomes available. While BA.4 and BA.5 appear to transmit more readily than BA.2 due to their ability to evade immunity from immunization or prior infection, there is no evidence that they cause more severe disease than other Omicron lineages.

Recombinant SARS-CoV-2 strains have been detected and are circulating in Alberta, as well as across Canada and the world at very 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.

Wastewater Surveillance

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

- Ten sites increased by more than 25 per cent compared to the weekly average two weeks ago. These sites were Lethbridge, Medicine Hat, Okotoks, Grande Prairie and Cold Lake, and all locations in Central and Edmonton zones. While all of these locations reported increases, the levels across these sites are still low compared to most levels reported this year.
- The other 10 sites decreased or had no significant changes.

The frequency of reporting updates varies by sampling site. The above interpretations were made from available data as of July 18 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:

- As of July 25, 4,665 individuals have passed away from COVID-19, including 33 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 July 25, 29,304 individuals have been hospitalized with COVID-19 in Alberta.
- From July 12 to July 25, 15,227 COVID-19 tests were completed, a 14-day average of 1,088 tests per day. During this period, the daily positivity ranged from 19.7 per cent to 29.3 per cent.

COVID-19 Vaccine for Children 6 Months to 5 Years Now Available

As [announced by Alberta Health today](#), first shots of the Moderna vaccine for children six months to five years of age will rollout on Tuesday, Aug. 2.

Appointment bookings through the [Alberta Vaccine Booking System](#) and Health Link 811 will begin at 8 a.m. on Aug. 2. AHS will administer all doses for this age group as the scope of practice for pharmacists for administering immunization is five years of age and older. Clinics will be available in First Nations using their current booking process and infrastructure.

If parents haven't already, they can register their child online through the [Alberta Vaccine Booking System](#).

To ensure parents, guardians and families have current, reliable information and resources to help them make an informed decision about immunizing their children, visit ahs.ca/vaccinekids.

Designed to help parents, guardians and families make the best decision about the COVID-19 vaccine for their children, the features videos that provide advice from top pediatric specialists, [frequently asked questions](#), and resources to help [fearful children cope with needles](#).

As we work to roll the vaccine out to this important population, we encourage parents who have questions about getting your children immunized to visit the site, talk to your pediatrician or family physician, or call Health Link at 811 to speak to a registered nurse.

COVID-19 Testing Process

As of July 18, a laboratory requisition from a most responsible provider is now required for patients to receive a molecular (e.g., PCR) test at an AHS assessment centre (swabbing site) when testing is being done to inform clinical decision-making. Healthcare providers will be able to order molecular testing from AHS assessment centres and swabbing sites for patients who meet [testing criteria](#).

Why test?

At this point in the pandemic, testing for COVID-19 is used primarily to guide clinical management. Rapid Antigen Tests (RATs) are acceptable for COVID-19 diagnosis and treatment in most circumstances. For those who are not eligible for treatment, or do not require a molecular test, RATs are available at no cost. A map showing pharmacies carrying free of charge RATs can be found on the [Alberta Blue Cross website](#). Healthcare providers can also [order RATs at no cost](#) through AHS.

What is the process for molecular testing?

- **Assess:** Determine if a molecular test is indicated during an in-person or virtual visit.
- **Submit requisition:** If swabbing cannot be performed at your clinic, **before the patient appointment is complete**, the clinic team must fax a [laboratory requisition](#) to the central Health Link intake office at **403-943-6700**. **Important: This number is different than the one at the top of the requisition form.** This will ensure the assessment centre receives the requisition **prior** to the patient testing appointment at an AHS site.
- **Booking appointment:** Clinic teams can assist patients with making the appointment through the [AHS online booking tool](#), however, it is the patient's responsibility to book the test.
- **Refer to the following document for details:** [Viral Respiratory Testing Advice for Primary Care Providers](#).

Healthcare workers remain eligible to self-refer for molecular testing at AHS assessment centres and swabbing sites across the province booked through the [AHS online booking tool](#).

For more information, visit [alberta.ca](#).

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 July 26:

- 96,307 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 31,941 (or 33.17 per cent) have tested positive.
- Of the 15,528 employees who have tested positive and whose source of infection has been determined, 934 (or 6.02 per cent) acquired their infection through a workplace exposure. An additional 2,784 employees who have tested positive are still under investigation as to the source of infection.
- 6,906 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 1,793 (or 25.96 per cent) have tested positive.
- Of the 647 physicians who have tested positive and whose source of infection has been determined, 31 (or 4.79 per cent) acquired their infection through a workplace exposure. An

additional 216 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](#).

Daily Fit for Work Screening Updated

AHS has updated the COVID-19 Daily Fit for Work Screening questionnaire to align with the recently revised directive on [attending work with COVID-19](#). Key changes include a single questionnaire for all AHS workers (including staff, physicians, students, volunteers and contractors), as well as updated testing-related questions and an updated COVID-19 symptom list.

Keep checking for screening updates by visiting ahs.ca/fitforwork. Staff must continue to complete their [Fit for Work Screening](#) before coming to work. As well, see the updated [Return to Work Guide](#) and [Return to Work Decision Chart](#).

Healthcare workers must continue to protect themselves and others by staying home when sick and follow all current [personal protective equipment](#) (PPE) requirements and other safety measures in place. By doing so, we will keep everyone safe and prevent the spread of COVID-19 and other infectious diseases.

Additional Booster Doses Available

Albertans 18 years of age and older can book appointments for a second booster dose of mRNA vaccine five months or more after receiving their first booster dose. It is recommended to wait at least three months after a COVID-19 infection before getting a booster dose.

This dose is of most benefit to those at high risk of severe outcomes, including:

- Residents of seniors congregate living facilities regardless of age.
 - Applicable congregate settings include all private and public long-term care facilities, licensed supportive living facilities and seniors' lodges, including First Nations elder care lodges.
- Individuals with underlying health conditions, or all those 50 years of age and older. Note: Second booster doses will correspond to a fourth dose for immunocompetent individuals who received a two-dose primary series but will correspond to a fifth dose for immunocompromised individuals who received a three-dose primary series.

Appointments for second booster doses can be booked by eligible individuals through the [Alberta vaccine booking system](#). Albertans can also call Health Link at 811. Select pharmacies will also be accepting walk-in appointments.

Currently, everyone 12 years and older are eligible for a first booster dose.

If you have questions about getting a booster dose, we encourage you to visit ahs.ca/vaccine, talk to your family physician, or call Health Link at 811. We encourage all Albertans to receive all doses of the COVID-19 vaccine they are eligible for as soon as possible.

Masking Requirements Remain in Place

The continuous masking requirement remains in place in all AHS settings to protect our workforce and those in our care.

While masking requirements for public settings have been rescinded, patients seeking or receiving care are more vulnerable than the general population.. Outbreaks in these settings have a serious impact on patient outcomes and our ability to deliver services.

[AHS' masking directive](#) continues to apply to AHS staff, physicians, volunteers, designated family/support persons and visitors in patient care areas and in common spaces, such as cafeterias and waiting areas.

Those who work in areas with no direct contact with patients or patient items (for example, in corporate settings, health records departments and laboratory services) are required to wear a mask continuously in all areas of their workplace, unless they are at a workspace separated by at least two metres, separated by a physical barrier, or working alone in an individual office. This is to ensure the health and well-being of all employees and prevent the spread of the virus. In buildings such as Southport Tower and Seventh Street Plaza, when not interacting with patients, AHS staff may choose to wear a non-procedure mask (their own clean cloth mask).

Thank you for continuing to follow this important guideline as we work together through the next phase of our pandemic journey.

Additional Resources for Physicians:

- [AHS Virtual Health](#)
- [COVID-19 Healthcare Professional information page](#)
- [COVID-19 Immunization Information](#)
- [COVID-19 Resources for Community Physicians](#)
- [CPSA's Physician Portal](#)
- [Cumming School of Medicine Continuing Medical Education \(CME\) Resources](#)
- [How to Access AHS Insite and Email](#)
- [IPC Emerging Issues](#)
- [MD News Digest](#)
- [Physician & Family Support Program](#) - 1-877-SOS-4MDS (767-4637)
- [Physician Wellness Educational Resources: Well Doc Alberta](#)

Sincerely,

Dr. Francois Belanger
Chief Medical Officer

Dr. Laura McDougall
Senior Medical Officer of Health



Healthy Albertans.
Healthy Communities.
Together.