



Message from  
Dr. Verna Yiu &  
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## *AHS Update: COVID-19 numbers continue to spike as variants of concern spread, government updates mandatory health measures*

*Please print and share with your teams as needed*

Dear staff, physicians and volunteers,

### **Today's Update**

- **COVID-19 Cases in Alberta**
- **Government Updates Mandatory Health Measures**
- **COVID-19 Vaccination Update**
- **Second COVID-19 Test for All Close Contacts**
- **Change to Quarantine Requirements for Household Contacts**
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- **National Advance Care Planning Day — April 16**
- **These Are Stressful Times — You Have Support**
- **Gratitude from Albertans**
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## COVID-19 Status

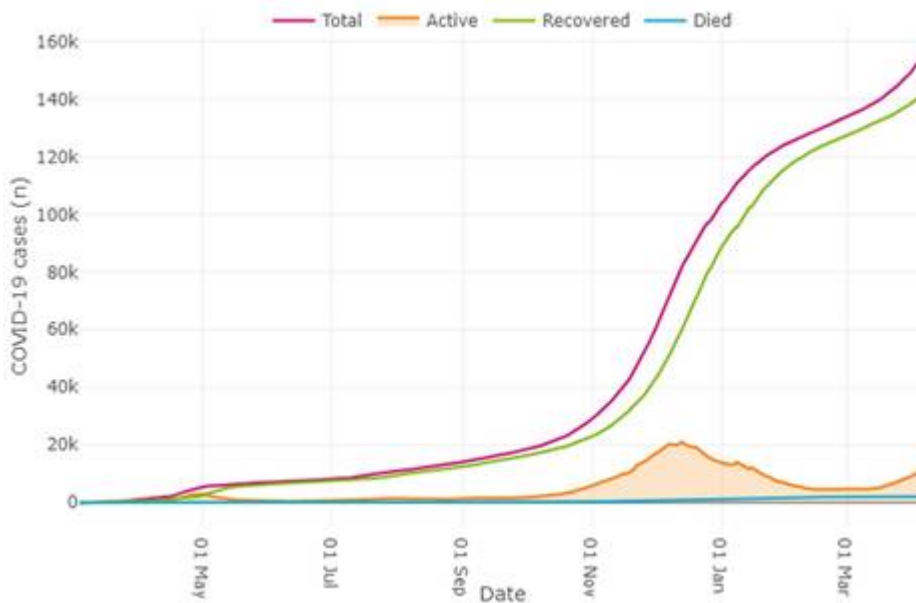
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This past week all COVID-19 numbers are up — and up sharply — with variants of concern (VOC) now comprising almost half of all active cases. In response, the Government of Alberta updated mandatory health measures earlier this week to try to slow the spread of COVID-19 and the VOCs (see item below).

As of April 7, there were 12,187 active cases, up from 8,653 the previous week, a 41 per cent increase. Calgary Zone has the most active cases in the province for the 13th consecutive week, although every zone reported an increase in active cases, as you can see in the table below.

	Active Cases (as of April 7)	Active Cases (as of April 1)	Per cent Change
<b>Calgary</b>	5,709	4,058	+40.7%
<b>Edmonton</b>	2,916	1,889	+54.4%
<b>North</b>	1,614	1,058	+52.6%
<b>South</b>	915	864	+5.9%
<b>Central</b>	940	741	+26.9%
<b>Unknown</b>	93	43	+116.3%

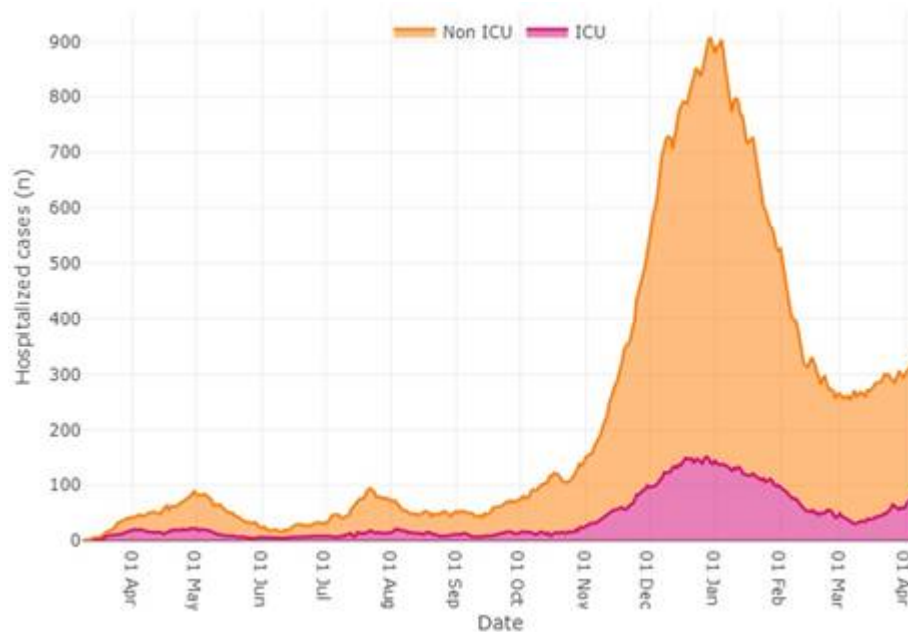
There was an average of 1,104 daily new cases in the province for the seven-day period ending April 7, compared to 715 cases the previous week (March 25-31\*), a 54.4 per cent increase. The Calgary Zone reported the largest number of new cases, with 3,636, compared to 2,301 new cases the previous week, a 58 per cent increase.



*\*Note: This week's report uses the regular Thursday-to-Wednesday interval, not the truncated interval used for last week's report, which compensated for the stat holiday. Individuals aged 10 to 49 accounted for 71 per cent of new cases in the province over the past week.*

### **Hospitalizations and ICU admissions**

As expected, hospitalization and ICU numbers are starting to reflect the rising number of COVID-19 cases reported in Alberta over the past several weeks.



On April 7, there were 83 individuals in ICUs compared to 58 on April 1, a 43.1 per cent increase. A total of 257 individuals were in non-ICU hospital beds on April 7 compared to 235 on April 1, a 9.4 per cent increase.

The breakdown of hospitalizations by zone as of April 7 is as follows:

	Hospitalizations	ICUs
<b>Calgary</b>	133	39
<b>Edmonton</b>	101	20
<b>South</b>	38	11
<b>North</b>	36	6
<b>Central</b>	32	7

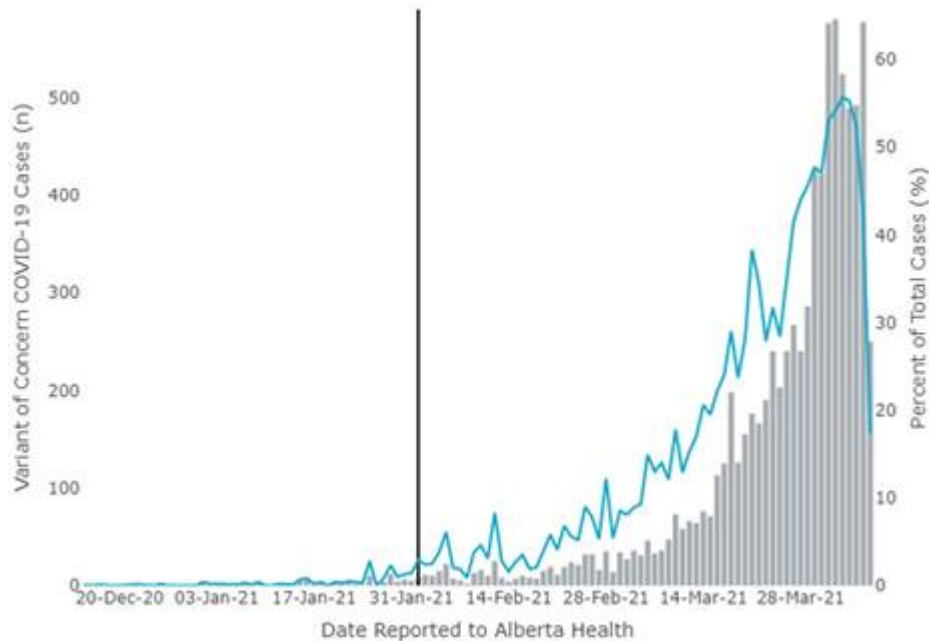
### Variants of concern

Alberta Health has now reported 8,278 cases of COVID-19 variants of concern (VOC): 8,229 are B.1.1.7 variant (variant originating in the U.K.), 26 are B.1.351 variant (variant originating in South Africa) and 23 are P.1 (variant originating in Brazil). Of the 8,278 VOC cases, 5,457 are active (44.8 per cent of total active cases), 2,791 people have recovered and 30 people have died.

So far, evidence suggests variants of concern spread more easily than the original strain, meaning they are more contagious. These new variants may also cause more severe illness.

The figure below shows new VOC cases (grey bars) and the percentage of VOC cases identified compared to other cases of COVID-19 (blue line); between March

30 and April 5, the percentage of VOC cases ranged from 47.1 per cent to 55.7 per cent.



Alberta Health announced yesterday (April 8) the province has now reached the point where variants of concern are the dominant strains of new COVID-19 cases in Alberta.

By far the most common is the variant originating in the U.K., with 99 per cent of all the variant cases confirmed to date. We have now reached the point that, when individuals test positive, they should assume they have the variant originating in the U.K.

Those who test positive for COVID-19, regardless of whether they have a variant strain, are still required to isolate immediately for at least 10 days from when their symptoms started, or from the date they were tested. (See Change to Quarantine Requirements for Household Contacts item below.)

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

- As of April 7, a total of 156,905 cases of COVID-19 have been detected in Alberta and a total of 6,746 individuals have been hospitalized, which amounts to 4.3 individuals for every 100 cases. In all, 142,713 Albertans have recovered from COVID-19.
- As of April 7, 2,005 individuals have passed away from COVID-19, including 11 deaths between April 1 and April 7. We extend our condolences to the families of these individuals, and to all who have lost loved ones from any cause during this time.
- From April 1 to April 7, 84,059 COVID-19 tests were completed, an average of 12,008 tests per day. During this period, the daily positivity ranged from

8.51 per cent to 10.27 per cent. As of April 7, a total of 3.8 million tests have been conducted and 1.9 million individuals have been tested.

- The R value, also known as the reproduction number, describes the ability of a disease to spread. It tells us the average number of people that someone with COVID-19 will infect. An R value of 1 means an infected person will infect one other person on average. Values below 1 mean transmission is decreasing; above 1, transmission is increasing. The provincewide R value from March 29 to April 4 was 1.17, whereas R value the previous week was 1.09.
- For the winter school term, as of April 7, AHS has confirmed 3,624 individuals with COVID-19 were present at schools while infectious or acquired the disease in the school setting. A total of 871 out of 2,415 schools in the province have reported an individual has attended their school while infectious or had in-school transmission.

## Things You Need to Know

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### **Government Updates Mandatory Health Measures**

Updated mandatory health measures went into effect Wednesday for retail, fitness and performance activities — and effective at noon today (April 9), restaurants will be restricted to providing only takeout, delivery and patio service. The Government of Alberta announced these measures Tuesday in response to the rapid rise in COVID-19 cases, especially variants of concern.

The following mandatory public health measures are now in effect:

#### *Retail*

- Retail services must reduce customer capacity to 15 per cent of fire code occupancy, with a minimum of five customers permitted.
- Curbside pickup, delivery and online services are encouraged.
- Shopping malls will be limited to 15 per cent of fire code occupancy.

#### *Indoor fitness*

- Only one-on-one training with an individual or household is permitted for indoor fitness activities (e.g., fitness in dance studios, training figure skating on ice, one-on-one lessons).
- No drop-in activities or unsupervised individual fitness.
- Group fitness, high or low intensity, is not allowed.
- Outdoor physical activity is allowed with up to 10 people, provided physical distancing is maintained between households.

#### *Adult performance activities*

- Adult performance activities are not permitted. Performance activities include dancing, singing, acting, playing a musical instrument and any rehearsal or theatrical performances.

### *Restaurants, pubs, bars, lounges and cafés*

- Indoor in-person service is no longer permitted.
- Takeout, curbside pickup and delivery services are permitted.
- Outdoor patio dining is also allowed. Tables and dining parties must be two metres apart or separated by an impermeable barrier that will prevent droplet transmission.
- Household members only, or two close contacts of someone who lives alone.
- Contact information must be collected from one person of the dining party.

The Government of Alberta website outlines [mandatory public health measures](#) that remain unchanged.

## **COVID-19 Vaccination Update**

### *By the numbers*

As of 10 a.m. today (April 9), more than 799,800 total doses of COVID-19 vaccine have been administered by AHS. More than 488,900 Albertans have received at least one dose of COVID-19 vaccine, and more than 155,300 have received both Dose 1 and Dose 2.

### *Launch of Phase 2B*

On April 5, those eligible as part of [Phase 2B](#) of Alberta's vaccine rollout were able to begin booking COVID-19 immunization appointments. This includes anyone born between 1957 and 2005 with [high-risk health conditions](#). Appointments can be booked through the [AHS online booking tool](#), Health Link at 811 or at [participating pharmacies](#).

### *Update on Covishield/AstraZeneca*

On April 6, additional AstraZeneca/Covishield appointments opened at [participating pharmacies](#) across the province for Albertans aged 55-64.

Beginning today (April 9), COVID-19 immunization appointments with the AstraZeneca/Covishield vaccine will also be available in Edmonton and Calgary through the AHS online booking tool for Albertans aged 55-64.

AHS is offering these AstraZeneca/Covishield appointments (100,000 doses) in Edmonton and Calgary through rapid-flow clinics to ensure as many Albertans are immunized as quickly as possible. These appointments are in addition to the ones that continue to be available through [participating pharmacies](#).

For the recommended population, Health Canada considers the benefits of the vaccine to outweigh the risks. Incidents of rare blood clots linked to this vaccine in Europe have not been reported in Canada.

Eligible Albertans can choose if they would like to receive the AstraZeneca/Covishield vaccine now, or wait to receive a Pfizer-BioNTech or Moderna vaccine, which is anticipated to be available to them later this spring.

Like all of the vaccines currently approved for use in Canada, the AstraZeneca/Covishield vaccine has proven to be highly effective in preventing serious illness and death. It is provided in a two-dose regime, given approximately 16 weeks apart.

#### *Update on vaccine efficacy for variants of concern*

Work is underway by the international scientific and public health communities to better understand how the current vaccines may protect people against COVID-19 variants of concern. We are watching this information closely.

Studies by Pfizer have indicated its COVID-19 vaccine appears to work against the variants of the coronavirus first discovered in the U.K. and South Africa. Moderna has announced its COVID-19 vaccine elicits virus-neutralizing antibodies in trial participants that work against the new variants found in the U.K. and South Africa. Studies for AstraZeneca/Covishield vaccine have shown the vaccine works against the strain first discovered in the U.K. but may work less well for the variant first discovered in South Africa.

Data is evolving around the efficacy of the licensed COVID-19 vaccines against the variants of concern. We'll continue to share the latest findings.

#### *AHS staff COVID-19 immunization rates*

AHS staff COVID-19 immunization rates are now available on Insite. Click [here](#) to review COVID-19 immunization rates for each zone. Both staff and leaders can use this information to support their teams and co-workers to get immunized when they are eligible to protect the health and well-being of our patients, our co-workers and ourselves.

#### **Second COVID-19 Test for All Close Contacts**

All close contacts of a confirmed case of COVID-19 – original strain and variants of concern – are recommended to be tested twice during their quarantine period. By testing all close contacts twice, we have a better chance of quickly identifying new cases and stopping their spread.

All close contacts of a confirmed COVID-19 case are asked to book a first [COVID-19 test](#) as soon as they receive confirmation they are a close contact of someone who tested positive for COVID-19. If the first test is negative, a second test is recommended 10 days or later after the last exposure to the confirmed case but before the quarantine period ends on Day 14. If symptoms develop at any time during the quarantine period, a test should be booked immediately.

#### **Change to Quarantine Requirements for Household Contacts**

For original and B.1.1.7 (variant originating in the U.K.) cases, if a case has a separate bedroom and bathroom, and remains completely separated from the rest of their household contacts for their infectious period, the 14-day quarantine period for household contacts begins on the last day of contact with the case. For B.1.1.7, every day the case is isolating at home is no longer considered a new

exposure to household contacts if the case remains completely separated from their household contacts as noted above.

If household contacts cannot stay completely separate from the case in the house, the 14-day quarantine period for household contacts begins when the infectious period of the case ends.

For B.1.351 variant originating in South Africa and P.1 variant originating in Brazil cases, every day the case is isolating at home is considered a new exposure to household contacts, even if they have a separate bathroom and bedroom. Household contacts must quarantine during the case's isolation period (10 days) plus an additional 14 days after the case's isolation period ends. Contacts will be notified by AHS if this applies to them.

For cases and contacts who cannot safely isolate from others in the same household, it is recommended to isolate in a different location, such as an isolation hotel. Call 211 to access isolation hotels.

While the COVID-19 variants of concern spread more easily, they are thought to spread in the same way as the original virus. This means that the same types of preventive strategies will be effective. To protect yourself and those around you, follow all public health guidance, including:

- Reduce the number of close contacts.
- Wash your hands.
- Wear a mask.
- Practise physical distancing.
- Stay home when sick.
- Get [tested](#) if you have any symptoms of COVID-19.
- [Follow all public health measures in effect.](#)
- Know the isolation and quarantine requirements.

More information is available at [COVID-19 Variants](#) and [ahs.ca/infoforclosecontacts](https://ahs.ca/infoforclosecontacts).

### **COVID-19 Testing for Healthcare Workers — The Latest Numbers**

We continue to update the testing data for healthcare workers in the AHS Healthcare Worker COVID-19 Testing dashboard. These statistics provide the total number of AHS, Covenant Health 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.

As of April 7:

- 79,585 employees (AHS, APL and Covenant combined) have been tested for COVID-19 and, of those tested, 5,167 (or 6.5 per cent) have tested positive.
- Of the 2,961 employees who have tested positive and whose source of infection has been determined, 660 (or 22.3 per cent) acquired their infection through a workplace exposure. An additional 2,206 employees



who have tested positive are still under investigation as to the source of infection.

- 5,126 physicians (AHS, APL and Covenant combined) have been tested for COVID-19 and, of those tested, 209 (or 4.1 per cent) have tested positive.
- Of the 114 physicians who have tested positive and whose source of infection has been determined, 12 (or 10.5 per cent) acquired their infection through a workplace exposure. An additional 95 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](#) and [dashboard](#).

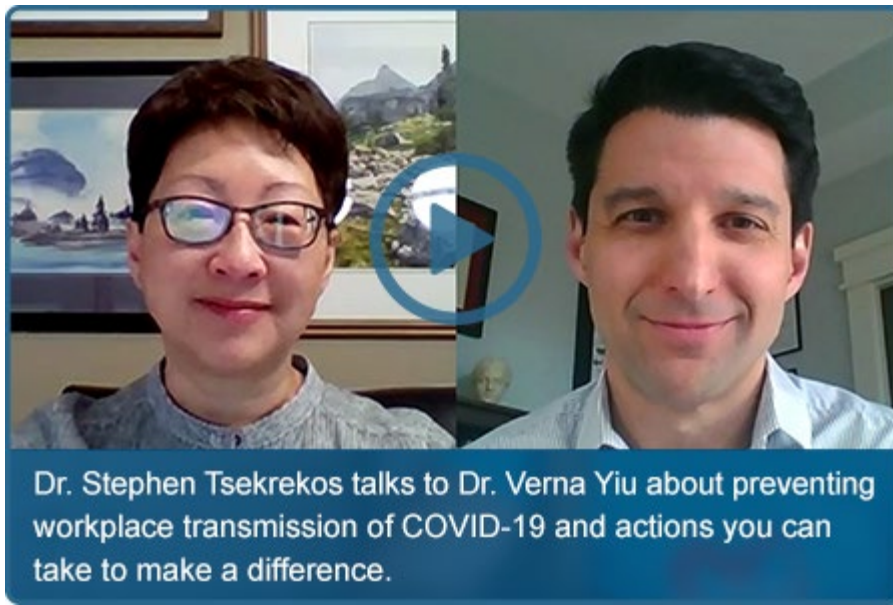
A [summary report](#) on healthcare worker COVID-19 testing data from Sept. 1 to Nov. 30, 2020, is now available. AHS reviews the healthcare worker testing data on a quarterly basis to monitor trends and ensure our COVID-19 guidance continues to reflect the current environment. You can learn more about the summary report in this week's Conversations with Yiu vlog (see below).

#### **Verna's Weekly Video Message: Worker-to-Worker Transmission**

As we continue to monitor our COVID-19 response and the impact on AHS healthcare workers, we know the transmission is continuing to occur within our workplaces. There's risk for transmission of COVID-19 in spaces, such as break rooms, charting areas, open workspaces and other common areas if appropriate control measures are not followed.

Joining me (Verna) to [talk more about the prevention of workplace transmission of COVID-19](#) is [Dr. Stephen Tsekrekos](#), Medical Director for Workplace Health and Safety.

Stephen shares the highlights of the [summary report](#), the most critical thing healthcare workers can do to limit workplace transmission and what leaders can do to ensure their teams feel supported in making safe decisions to protect those around us.



### **Updated Acute Care Designated Support and Visitor Access Guidance and Directive**

Updates were recently made to the acute care designated support and visitor access guidance and directive. Both documents are a package, with the directive intended to be the overarching document, and the provincial guidance, the current operationalization counterpart to the directive.

Though these updates are limited, it is important staff, physicians, volunteers, designated support persons and visitors are aware of them. These updates were developed through consultation with clinical operations leadership, staff, patients and families throughout the province.

Guidance updates are as follows:

- Due to the increase in COVID-19 variants of concern cases, a confirmed outbreak at a site may require additional access restrictions for designated support persons and visitors. Temporary restrictions may be necessary during initial contact tracing and follow-up investigation.
- Immunized individuals are still required to follow all public health measures, including physical distancing, masking, isolation and quarantine requirements, as well as complete COVID-19 screening before entering a site.
- In pediatrics, sibling visitation can now be considered for long-stay patients in consultation with site leadership and Infection Prevention & Control. An adult must accompany children under the age of 14.
- Visitation at a patient's end-of-life continues to be supported at all sites, including for faith leaders, elders and traditional knowledge keepers. There's updated focus on the significance and importance of traditional Indigenous practices and protocols, including but not limited to end-of-life. AHS continues to encourage the involvement of AHS cultural helpers,

traditional wellness counsellors, Indigenous health and hospital liaisons or designated community health representatives, where possible.

- Visitation at continuing care and designated supported living facilities remains under the direction of CMOH Order 29-2020.

Directive updates are as follows:

- AHS site leadership is responsible for the implementation of the directive and the most current version of the guidance at their site.
- It is necessary all site leaders be familiar with the directive requirements, as well as review the guidance routinely (preferably biweekly) as this document is subject to frequent updates.
- The directive has been updated to clearly reflect expectations that sites comply with the guidance.
- Visitation at a patient's end-of-life continues to be supported at all sites, including for faith leaders, elders and traditional knowledge keepers.
- Revisions to Section 3 & 4, combining "Safe Site Access Assessment" and "Site Access Restrictions" into one new Section 3, "Restrictions in Excess of the Guidance."
- If further restrictions are required based on identified risk (e.g. outbreak), the directive provides expectations on how those restrictions are to be developed, reviewed, approved and implemented, including how this is managed/reported to the Zone Emergency Operations Centre (ZEOC) and Emergency Coordination Centre (ECC).
- No restrictions beyond the guidance can be applied except by following the process outlined in the directive.

Thank you for your continued support as we weigh the risk of welcoming family and designated support presence while ensuring the health and safety of other patients, as well as the staff and physicians providing their care.

### **Update on Working Remotely**

With the continued rollout of COVID-19 immunizations, we know many of you have questions about when you will be able to return to the workplace.

AHS is asking staff who are able to work from home effectively within their role and in discussions with their manager to continue to do so until at least the end of September. We acknowledge many AHS staff are still required to be physically present in the workplace, and thank both staff in the workplace and those working from home for their continued dedication.

We will continue to communicate with staff as more information becomes known. Notice will be given in advance before staff will be asked to return.

The [Relaunch Playbook](#) offers resources to support leaders and staff who are working remotely, as well as information and guidance about proper safety,

cleaning and physical distancing measures to protect staff who have remained on site.

The COVID-19 pandemic continues to pose serious health risks, and we all need to do our part to keep each other safe. By staying home, we can help limit the spread of COVID-19, and help support and protect our front-line colleagues.

### **Critical Worker Benefit Update**

AHS continues to determine how the expanded criteria for eligibility for the [Critical Worker Benefit](#) — announced by Government of Alberta (GoA) last week — applies to AHS staff. The [Frequently Asked Questions](#) have now been updated to reflect the expanded criteria from GoA. Emails will be sent to staff confirming their eligibility under the expanded criteria in the coming weeks. We appreciate your continued patience as we work through these changes.

As a government program, the Critical Worker Benefit requires personal information of all employees who meet the eligibility criteria of this benefit to be sent directly to the GoA from AHS through a secure data transfer process. Eligible staff will have an opportunity to object to the transfer of their personal information from AHS to the GoA and opt out of the benefit.

For more information, visit the [Frequently Asked Questions](#).

### **Influenza Immunization Campaign Wraps with No Confirmed Cases**

The 2020-2021 Alberta Influenza Immunization program ended like no other: with zero reported cases of seasonal influenza in Alberta. Influenza activity has been lower than expected for this time of the year across with globe, with several countries reporting low or no cases of influenza. Public health restrictions currently in place to prevent the spread of COVID-19, such as enhanced hygiene and physical distancing, have likely provided cross-protection against the transmission of influenza.

Alberta's annual influenza immunization campaign for the general public ended on March 31. Eligible children under the age of nine, who have received one dose of the influenza vaccine prior to March 31, will be offered their second dose until April 30.

As of April 3, 1.62 million doses of influenza vaccine were administered in Alberta. This is the highest uptake we've seen in our province over the last 10 years. Alberta Precision Laboratories (APL) tested more than 122,000 respiratory swabs for influenza this season, compared to about 46,900 around the same time last season.

### **Connect Care's Wave 3 Launches Tomorrow in North Zone**

Tomorrow (April 10), Connect Care's third wave will launch, primarily on the western side of North Zone. More than 30 sites and services are fully or partially launching in Wave 3, with 4,000 staff and 280 physicians and other healthcare providers joining those already working in Connect Care from Waves 1 and 2 in Edmonton Zone. This is a major accomplishment and we are so grateful to our

Connect Care, zone and provincial teams for all you've done to prepare at Wave 3 sites.

Connect Care's impact to healthcare in Alberta cannot be overstated. It significantly improves how patient information flows between patients and their healthcare providers, creating a central access point for current and accurate patient information. Within a few years, this system will be available to everyone who receives care from AHS in the province. Patients and their entire healthcare team will have the best possible information throughout their care journey.

For more information about [Connect Care](#), please visit Insite. Congratulations, Wave 3! We are cheering you on through the days and weeks ahead.

### **APL Celebrates National Medical Lab Week, April 11-17**

Next week, Alberta Precision Laboratories (APL) will celebrate National Medical Lab Week, April 11-17. Lab Week is an opportunity to build awareness of the important role APL plays in the healthcare system in Alberta, and to recognize and highlight the hard work and dedication of APL staff throughout the COVID-19 pandemic.

Landmarks across Canada are joining the celebration with indigo light displays to show support for the medical laboratory profession. On April 14, you'll see light displays during dark hours in Calgary on the Calgary Tower and Reconciliation Bridge; and in Edmonton on the High Level Bridge.

Visit the [APL homepage](#) and social media channels throughout the week for a behind-the-scenes look at the work of APL.

### **National Advance Care Planning Day — April 16**

April 16 is National Advance Care Planning Day, a time to remind Albertans to think about, talk about and document wishes for healthcare in the event that they become incapable of consenting to or refusing treatment or other care.

Hear from a former Alberta Health Services palliative care nurse living with cancer about the importance of [advance care planning](#).

You may never need your advance care plan but, if you do, you'll be glad that it's there and that you have had these conversations to make sure that your voice is heard even if you cannot speak for yourself.

The Conversations Matter guidebook was developed to help support you to have these important conversations with your family or patients. There is also a new Advance Care Planning and Goals of Care Designation e-learning module available on [MyLearningLink](#). To find these resources and more, please visit: [www.conversationsmatter.ca](http://www.conversationsmatter.ca).

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Be Well - Be Kind

### **These Are Stressful Times — You Have Support**

We have been hearing more and more reports of our people being harassed or bullied this week simply for being a part of Alberta Health Services. Please keep yourself safe and familiarize yourself with these [general personal safety practices](#) from our Protective Services team.

We know this is a stressful and tiring time for all. More than ever, we need to work together to get through this. If you are struggling and feeling overwhelmed and don't know where to turn, confidential supports are available through the [Employee & Family Assistance Program](#) (EFAP) at 1-877-273-3134.

Please notify your manager if you feel bullied or harassed. We are reporting all incidents to enforcement agencies, and we will continue to denounce any inappropriate actions.

### **Gratitude from Albertans**

Everything you and your colleagues do every day to provide safe quality care to all Albertans is being noticed. Messages of gratitude keep coming in from across the province and beyond during the COVID-19 pandemic. We want to share a recent message of thanks with you — and you can see others on our [Sharing the Love](#) webpage.

*I just wanted to say thank you to everyone who helped my mother this past Easter weekend. My mother had a heart attack. She is a stubborn lady and did not want to go to the hospital; however, my dad could see the paramedics were making eye contact and knew she was in danger and needed to take her to Foothills hospital. They found a 100 per cent blockage in her artery and she underwent surgery right away. By the time I found out about this (as it happened at 2 a.m.), she had been operated on and in recovery. She spent the next two days in ICU and her nurse was very thorough and kept me in the loop, calling me whenever there was an update. He was absolutely amazing. With all that is going on in our world, you all keep your spirits up and I appreciate it very much.*

— Sonia

### **Wrapping Up — Photos That Tell a Thousand COVID-19 Stories**

As you've seen, the rising COVID-19 numbers continue to be concerning. Nevertheless, it's important for all of us to hold onto hope, take time to reflect upon how far we've come over the past 13 months and be proud of our efforts. To end this week's message, we'd like to share a video produced by our partners at the Calgary Health Foundation. It features Dr. Heather Patterson, an emergency department physician in Calgary, who has been capturing images of our pandemic response and sharing them on [her website](#) and her [Instagram account](#) (with consent of everyone pictured.)

"One of my primary goals for the project is to showcase the exceptional hard work of our clinical and non-clinical teams," says Heather. "In every area of the hospital, I

have witnessed people using their unique skills and strengths to show their compassion and tackle the challenges we are facing. It is my hope that my images will boost team morale and offer some thanks for all people are doing.”



You can see Heather in action, as well as some of her photos, in the [video above](#). We'd like to thank the Calgary Health Foundation (formerly the Calgary Health Trust) for producing this video and allowing us to share it with all of you. We hope this video does what Heather intends: to boost your spirits and remind you that your efforts are making a difference. Thank you for everything you do, each and every day.

With enduring gratitude and appreciation,

**Dr. Verna Yiu**  
AHS President & CEO

**Dr. Laura McDougall**  
Senior Medical Officer of Health