



Message from Mauro Chies & Dr. Laura McDougall

AHS Update: Progress made in priority areas, supports added for Ukraine evacuees, new COVID- 19 cases increase province wide

Please print and share with your teams as needed

Dear staff, physicians and volunteers,

Today's Update

- **Our Priorities**
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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.

Our Priorities

Starting today, we are expanding the scope of our weekly AHS Update message. We will continue to provide the latest information on our COVID-19 response but we'll balance that with updates on the progress AHS is making in several priority areas, including reducing surgical backlogs and wait times through the Alberta Surgical Initiative; improving EMS response times through the EMS 10-Point Plan; expanding acute care and ICU capacity; mental health and opioid recovery, continuing care improvements and rural engagement. We have much to accomplish together in

these areas, so we want to make sure our teams have the most current information on the work underway and on the work ahead.

Alberta Surgical Initiative (ASI)

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

Current status

Over the past four weeks, the average of weekly volumes for surgical activity is 91 per cent of our pre-pandemic surgical volumes. Our total surgical wait list is stable, at approximately 74,300 this week, compared to approximately 76,600 at the beginning of March. In February 2020, before the pandemic, the total wait list was 68,000.

AHS pilots anesthesia care team model

To ensure ASI is successful, AHS must have a skilled workforce available to support surgeries, including anesthesia care, as we expand access in surgical facilities. AHS has developed the anesthesia care team (ACT) model, enabling healthcare providers to work to their full scope of practice, and to increase access to surgeries. Being piloted beginning this month, under the ACT model, one anesthesiologist will oversee two or three surgeries with one respiratory therapist providing anesthesia service in each room. This model is being utilized across Canada. Learn more [here](#).

EMS 10-Point Plan

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

For example, to ease call volumes, appropriate calls to EMS are now being redirected from an EMS dispatcher to the Poison and Drug Information Service (PADIS). This ensures the best support provided for calls that don't require EMS response but still require immediate health advice. A similar project with Health Link is being established to allow EMS dispatchers to refer calls to Health Link or physicians, if they don't require EMS response.

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

assignments and diverted to higher-priority assignments, ensuring we are responding most rapidly to patients who need EMS care the most.

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

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

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

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

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

Finally, work is underway on the overarching Provincial Service Plan, which will guide the next five years of EMS operations. EMS is engaging with our people, as well as the public and other partners, to understand current experiences and perceptions of EMS. This will then guide the identification of areas for potential improvement, now and over the coming years. This engagement launched in mid-March and, since that time, EMS has already heard from thousands of Albertans,

including patients and families, elected officials and AHS staff. Updates are available on the [EMS Together4Health page](#) and anyone is invited to sign up and take part.

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

Rural Engagement

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

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

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

AHS Support for Ukraine

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

To help host families take care of themselves so they can take care of others, we developed a special resource document available in [English](#), [Ukrainian](#) and [Russian](#).

For evacuees arriving in our province, there is new information about [prescription coverage](#), as well as [community-based resources](#) we encourage host families to share.

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

Supports When You Need Them

Ukraine Supports Available

As this situation continues to evolve, AHS remains committed to [supporting the needs of Ukrainians](#) and have [resources and supports](#) translated into [Ukrainian and](#)

[Russian](#), such as [addictions and mental health supports](#). Every evacuee who needs healthcare will receive it, free of charge.

For you and your immediate family, the Employee and Family Assistance Program (EFAP) is confidential and available 24/7 at 1-877-273-3134.

If you have questions or comments, please email Ukraine.Inquiries@ahs.ca.

Online Support for Anxiety, Depression

If you are dealing with increased anxiety or depression during this time, [i-Volve](#) can help. i-Volve is an online, self-paced cognitive behavioural therapy program for mild depression and anxiety. The program is free and can help identify, challenge and overcome anxious or depressive thoughts, behaviours and emotions. i-Volve is available through [Homeweb](#).

For support with any issue, you can call the [EFAP](#) intake line 24/7/365 at 1-877-273-3134.

Physicians can contact the [AMA Physician and Family Support Program](#), also a confidential 24/7 support line, at 1-877-SOS-4MDS for options and support.

Support is available if you ever feel uncertain or overwhelmed. See the [Resilience, Wellness and Mental Health Resource Guide](#) for a comprehensive list of health and wellness supports. You can also download [Headversity](#), the resilience app, to learn skills to proactively build your mental health. Questions? Contact wellness@ahs.ca.

COVID-19 Status

ICU Update

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

Hospitalizations

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

Variants of Concern

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

recombinant SARS-CoV-2 viruses have been detected in Alberta through our ongoing genomic sequencing.

New Cases

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

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

Please note:

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

Other notable COVID-19-related information:

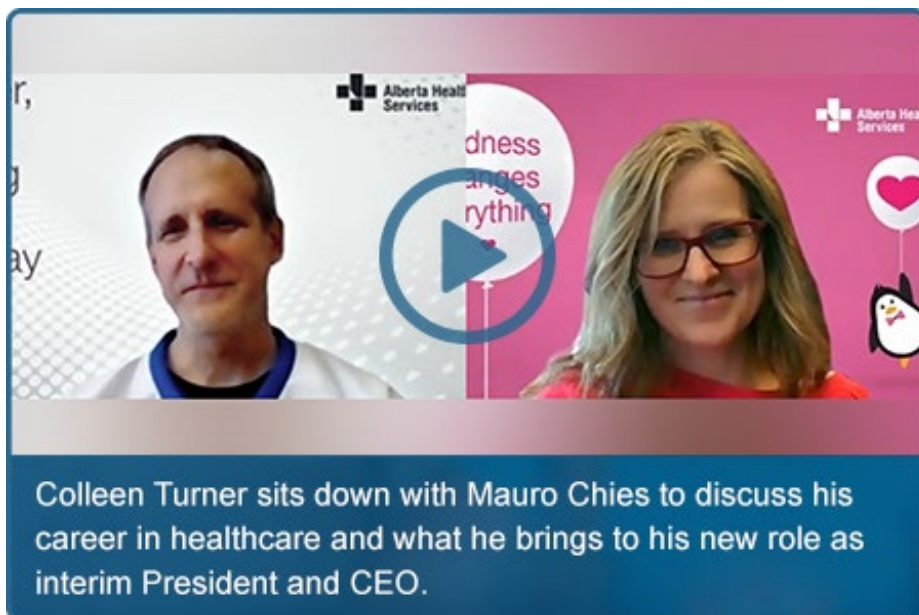
- Data from the last seven days indicate 42.1 per cent of new admissions to non-ICU spaces are due to COVID-19 infection directly, 30.7 per cent had COVID-19 as a contributing cause and 27.2 per cent are cases where the infection was not determined to be a cause of admission, or where it was not possible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

Things You Need to Know

Interim CEO Video Message — A Conversation with Mauro Chies

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

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



COVID-19 Immunization Update

Novavax vaccine available April 12

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

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

Novavax's vaccine was [authorized by Health Canada](#) this past February. It is a [protein-based vaccine](#) that is administered as a two-dose regimen, eight weeks apart.

Moderna for children aged six to 11 years

Also beginning on April 12, the Moderna vaccine will be available to children ages six to 11 years of age to start or complete a primary COVID-19 vaccine series.

The same vaccine product is used as in older adolescents and adults, but at a lower dose.

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

Expanded eligibility for fourth doses

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

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

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

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

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

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

Vaccine effectiveness against Omicron

Current evidence indicates vaccine protection against the Omicron variant of concern is generally lower than it was against previous variants of concern, although protection against severe outcomes remains strong.

Vaccine protection decreases over time, but still protects against severe outcomes and to a lesser extent against infection.

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

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

Be Well - Be Kind

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. You can see messages of gratitude on our [Sharing the Love webpage](#).

Wrapping Up

This has been a difficult and emotional week for many of us. Thanks to your resiliency, and the resiliency of your teams, we're confident AHS will continue to respond effectively to the ongoing pandemic and to move ahead in pursuit of our organizational priorities, including ongoing pandemic response, reducing surgical backlogs and wait times through the Alberta Surgical Initiative; improving EMS response times through the EMS 10-Point Plan; expanding acute care and ICU capacity; mental health and opioid recovery, continuing care improvements, and rural engagement. And, of course, we're preparing for Launch 4 of Connect Care next month. AHS remains a learning healthcare organization that's focused on innovation and quality improvement because that's who we are.

Allow us to express our gratitude for your unwavering professionalism and dedication. Thanks to all of you, we continue to do amazing work to improve healthcare outcomes and experiences for Albertans which, at the end of the day, is why we're all here.

Thank you for everything you do,

Mauro Chies

Interim AHS President & CEO

Dr. Laura McDougall

Senior Medical Officer of Health



Healthy Albertans.
Healthy Communities.
Together.

