



Message from  
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*AHS Update: New ophthalmology contracts to reduce wait lists, hospitalizations and ICU admissions rise, spotlight shines on our volunteers*

*Please print and share with your teams as needed*

**Dear staff, physicians and volunteers,**

### **Today's Update**

- **Our Priorities**
- **Supports When You Need Them**
- **COVID-19 Cases in Alberta**
- **Let's Celebrate Our Volunteers**
- **Interim CEO Video Message — Volunteers Share their Experiences**
- **Our People Pulse Survey Coming on May 2**
- **COVID-19 Immunization Update**
- **PPE Question of the Week**
- **AHS Recognizes Earth Day April 22**
- **April 28 is National Day of Mourning**
- **Gratitude from Albertans**
- **Wrapping Up**

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

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We are expanding the scope of our weekly AHS Update message. We will continue to provide the latest information on our COVID-19 response and we'll balance that with updates on the progress AHS is making on several priority areas. 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.

### **Priority: Alberta Surgical Initiative (ASI)**

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 five-point plan to improve surgery in Alberta by shaping demand, managing capacity, and improving the patient's journey to receiving surgery.

AHS will do this by:

1. Enhancing collaboration between specialists and primary care providers so, together, they provide comprehensive, facility- and community-based supports for patients from pre- to post-surgery.
2. Providing Albertans with faster access and more choice. We'll use a centralized model to distribute referrals to the most appropriate surgeon or surgical team with a shorter wait list.
3. Improving access to surgery through expanded services and partnerships, including with chartered surgical facilities.
4. Providing patients clear direction to care with standardized, easily navigated surgical pathways and supporting resources.
5. Gaining greater understanding of root causes that delay access and increase wait times in surgery through a research review.

### *Current surgical status*

Over the past four weeks, the average of weekly volumes for scheduled surgical activity is 88 per cent of our pre-pandemic surgical volumes. Our total surgical wait list for adult sites sits at approximately 73,200 this week, compared to approximately 76,600 at the beginning of March. In February 2020, before the pandemic, our total wait list was 68,000.

### *AHS enters into ophthalmology contracts*

The third step in the ASI involves improving access to surgery through expanded services and partnerships, including chartered surgical facilities (CSF).

As [announced by Alberta Health today](#) (April 22), AHS entered into contracts with ophthalmology CSFs in Edmonton and Calgary zones.

These contracts will reduce wait times for surgery for patients and support capacity for acute care by allowing hospitals to focus on emergent and more complex surgeries. Through these new contracts with ophthalmology CSFs, AHS is set to perform approximately 35,000 cataract and other eye procedures at the CSFs in Edmonton and Calgary this coming year. This is an increase of 25 per cent, or 7,000 procedures, performed within CSFs compared to the previous year.

To continue to expand surgical access for Albertans, an orthopedic CSF request for proposals (RFP) has undergone evaluations. More information will be available on this in the coming days. Additional RFP opportunities for CSF providers in other regional centres and for different types of surgeries are expected in the fall.

Alberta Health also announced Canadian healthcare executive Ronan Segrave will serve as Alberta's new independent surgical recovery lead. For more information, please see the [news release](#).

### *Enhanced Recovery After Surgery (ERAS)*

A key part of the Alberta Surgical Initiative, ERAS guidelines help get surgery patients back on their feet sooner, improve patient flow and maximize hospital capacity.

Aside from getting surgery patients back on their feet and home sooner, ERAS is also an effective way of helping to manage hospital capacity. Alberta researchers have found that among more than 6,700 patients across five surgery types in AHS, ERAS was associated with:

- 0.71 fewer days spent in hospital after surgery (patients get out of hospital sooner, which frees up beds for more patients to have surgery).
- 15.6 per cent fewer readmissions (fewer readmitted means more hospital beds are available for surgical patients to recover in).
- 1.7 days shorter length of stay for those patients who required readmission.
- From 2013-2018, ERAS has saved the health system an estimated \$34 million.

Alberta continues to be recognized as a world leader in this area. The [research paper about ERAS in Alberta](#) was published in August 2021, in JAMA Network Open.

Learn more [here](#).

**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.

#### *North Zone municipal leaders meet new ZEL*

Municipal officials from across northern Alberta joined AHS' new North Zone leadership team, Stacy Greening and Dr. Brian Muir, for a presentation and conversation this week. Stacy and Brian provided an update on the zone's priorities, and responded to concerns and questions from 125 municipal leaders and representatives. The recruitment and retention of physicians and other healthcare professionals in the North Zone; mental health and addictions support for remote and rural Albertans; and wait lists for surgeries and other specialized services were identified as particular concerns of municipal leaders. Zone leadership is grateful for the input provided and looks forward to future conversations. A similar session is scheduled for May 2 for Indigenous leaders across the North Zone.

Next week, Albertans are invited to join the [Prairie Mountain Health Advisory Council](#) on April 28 for its regular meeting. Email [prairiemountain@ahs.ca](mailto:prairiemountain@ahs.ca) to join the conversation.

Over the coming weeks, several meetings are scheduled with rural MLAs, mayors and reeves across Alberta to discuss community-specific concerns. To schedule a meeting in your community, please reach out to your zone leadership team or [Community.Engagement@ahs.ca](mailto:Community.Engagement@ahs.ca).

#### **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.

#### *Connect Care launch a month away*

Preparations for upcoming launches of Connect Care are well underway. Connect Care is a new way of using and sharing health information to improve patient care. It enables healthcare teams to have a more complete picture of a patient's health history, access to consistent information on best practices, resources at their fingertips and the ability to communicate with patients and each other more easily.

The fourth launch of Connect Care will take place on May 28 – just over a month away. With 57 sites in the Edmonton and Calgary zones, it will be our biggest launch to date. This includes the Royal Alexandra Hospital and Glenrose Rehabilitation Hospital in Edmonton, and the Alberta Children's Hospital and Peter Lougheed Centre in Calgary Zone. Also in Launch 4 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 the Edmonton Zone, and all labs in the Edmonton Zone that have not already implemented Connect Care.

The fifth launch is scheduled for Nov. 6, with all remaining launches scheduled approximately every six months until Connect Care is fully implemented in 2024. View the [full schedule of launches](#).

Thank you for all you are doing to prepare for Connect Care and the efforts you and your teams have made to balance the demands of COVID-19 while getting ready for the upcoming launches.

### **Priority: Workforce Recruitment and Retention**

This work involves supporting our current workforce following more than two years of pandemic response, as well as recruiting and retaining needed healthcare workers supported by the Integrated Workforce Action Plan.

#### *Northern rural communities welcome new family physicians*

Rural Albertans now have improved access to primary care services with the recruitment of family physicians now practising in several northern communities.

- In Wabasca-Desmarais, Dr. Tarig Suliman is practising at the Wabasca/Desmarais Healthcare Centre and the Golden Opportunity medical clinic. Dr. Suliman is the first full-time, permanent family medicine physician in Wabasca since his predecessor's departure last year.
- In Fairview, Dr. Saad Almanfoud is providing care at Fairview Medical Clinic and the Fairview Health Complex. He joins a team of four other family medicine physicians in town.
- In Barrhead, Dr. Amarachi Acholonu-Nwobe and Dr. Ogechukwu Nwobe bring the total number of family medicine physicians in the community to 11.
- And in Swan Hills, Dr. Ashraff Khan is currently accepting new patients at the Swan Hills Healthcare Centre. He joins one other family physician in Swan Hills.

## Supports When You Need Them

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### **Wellness Support on the Go**

If you need support boosting your well-being, building resilience can help you bounce back during hard times.

[Headversity](#) is your personal resilience trainer and will help you proactively build skills in the areas of mental health, mental fitness, hardiness, mindfulness, energy management and self-expertise. When you download the app, you will complete an assessment to receive a resilience score and suggested training.

To sign up, visit [Homeweb](#) and click on headversity to register, then download the app using the App Store or Google Play. Use the code AHSWHW to complete your log in.

For support with any issue, you can call the [Employee and Family Assistance Program](#) (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. Questions? Contact [wellness@ahs.ca](mailto:wellness@ahs.ca).

## COVID-19 Status

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### ICU Update

As of 9:30 a.m. today (April 22), AHS has 213 general adult ICU beds open in Alberta, including 37 additional spaces above our baseline of 176 general adult ICU beds. There are 170 patients in ICU. Provincially, ICU capacity (including additional surge beds) is currently at 80 per cent, up from 74 per cent one week ago. Without the additional surge spaces, provincial ICU capacity would be at 97 per cent, up from 91 per cent one week ago.

### Hospitalizations

On April 18, 1,083 individuals were in non-ICU hospital beds with COVID-19, compared to 1,053 on April 11, a 2.9 per cent increase.

### Variants of Concern

Alberta Precision Laboratories (APL) continues to closely monitor SARS-CoV-2 variants. From April 12-18, an average of 86 per cent of positive samples were strain-typed. Of those, the seven-day rolling average was 95 per cent Omicron BA.2 lineage, five per cent Omicron BA.1, and Delta was not detected during this period. 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 18, there was an average of 875 new cases of COVID-19 per day, compared to 880 cases per day the previous reporting period (April 5 to April 11). The Calgary Zone reported the highest total number of new cases with 2,580 (an average of 369 new cases per day). Two out of 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 (April 12-18)	New Cases (April 5-11)	Percent Change
Calgary	2,580	2,424	+6.4%
Edmonton	1,967	2,110	-6.8%
North	428	447	-4.3%
Central	715	813	-12.1%
South	399	363	+9.9%
Unknown	36	0	N/A
<b>Total</b>	<b>6,125</b>	<b>6,157</b>	<b>-0.5%</b>

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. Alberta Health has stopped reporting the number of active COVID-19 cases.

### Wastewater Surveillance

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

- In the South Zone, Lethbridge was the only location that reported a decrease of COVID-19 in its wastewater compared to the previous weekly average. Taber and Brooks had significant increases this week, while Medicine Hat continues its upward trajectory.
- For Calgary Zone, Airdrie and the City of Calgary each had around a 10 per cent increase this week, which is an improvement compared to the steep increase in the previous report. However, they're both still trending upward and Airdrie is at its highest level. Canmore and Okotoks both had greater than a 25 per cent increase compared to last week as well.
- In Central Zone, Red Deer and area continued its upward trend with a 37 per cent increase over last week. Drumheller plateaued this week; Lacombe decreased.
- In Edmonton Zone, both wastewater sites increased by over 25 per cent. The City of Edmonton, in particular, has reached a weekly average that was last reported in early February.
- In the North Zone, Edson and Cold Lake showed significant increases this week, while Fort McMurray and Grande Prairie remained stable compared to the previous report.

Frequency of reporting updates vary by sampling site. The above interpretations were made from available data as of April 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:

- Data from the last seven days indicate that 39.3 per cent of new admissions to non-ICU spaces are due to COVID-19 infection directly, 30.5 per cent had

COVID-19 as a contributing cause and 30.2 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 25.0 per cent; 42.9 per cent had COVID-19 as a contributing cause and 32.1 per cent were incidental infections or unclear.

- As of April 18, 4,190 individuals have passed away from COVID-19, including 49 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 18, 558,483 cases of COVID-19 have been detected in Alberta and a total of 24,141 individuals have been hospitalized, which amounts to 4.3 individuals for every 100 cases.
- From April 12 to April 18, 24,745 COVID-19 tests were completed, a seven-day average of 3,535 tests per day. During this period, the daily positivity ranged from 20.8 per cent to 30.2 per cent.

## Things You Need to Know

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### **Let's Celebrate Our Volunteers**

National Volunteer Week runs April 24-30. Help us celebrate the many contributions of our amazing volunteers, who help create caring and collaborative healthcare communities. Through unprecedented challenges, our volunteers have adapted, innovated and persevered. The empathy and generosity they show every day make a difference in the lives of patients, families and staff across Alberta.

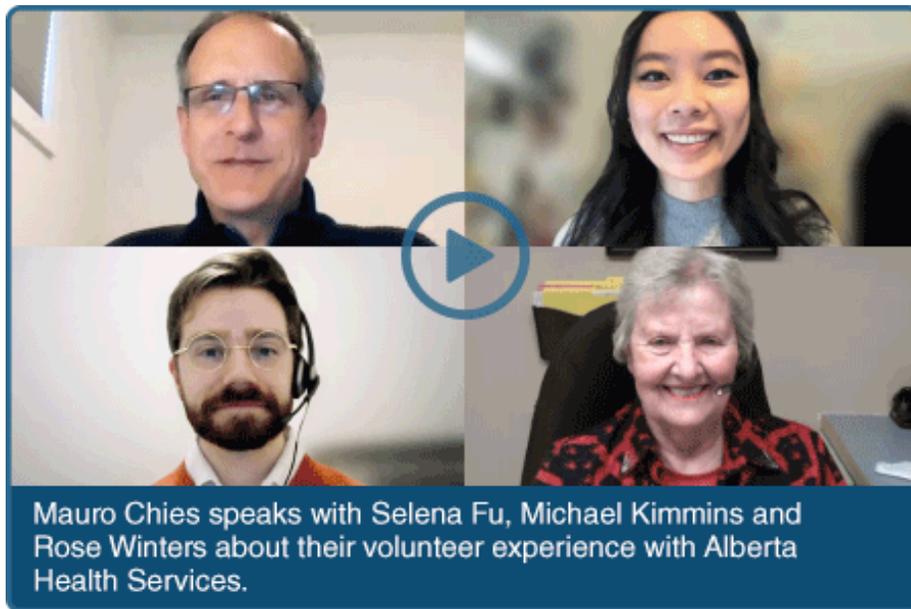
Please take a moment to share your appreciation for volunteers through our [Sharing the Love webpage](#) on [thanksforcaring.ca](https://thanksforcaring.ca) or by using the hashtags #NVW2022 #VolunteersBringHeart.

Furthermore...

### **Interim CEO Video Message — Volunteers Share their Experiences**

We have three AHS volunteers [on the vlog this week to talk about their experiences](#):

- Selena Fu, a volunteer with Senior Support in the ER Program at South Health Campus in Calgary.
- Michael Kimmins, a volunteer with the AHS ID Program at Chinook Regional Hospital in Lethbridge.
- Rose Winters, President of the Innisfail Health Centre Auxiliary in the Central Zone.



### **Our People Pulse Survey Coming on May 2**

The Our People Pulse Survey will be open May 2-23. We encourage you to participate. It only takes a few minutes.

We want to hear how you are doing and give you the opportunity to provide feedback through a five-question survey focusing on well-being and engagement.

Once you receive your invite, please share your perspectives. Results will help leaders and their teams identify local priorities and take actions to support well-being and enable healthy workplaces.

Learn more on [Insite](#). Questions? Email [engage@ahs.ca](mailto:engage@ahs.ca).

### **COVID-19 Immunization Update**

#### *Novavax supply and appointment availability*

There continues to be available supply of [Novavax's Nuvaxovid vaccine](#) in all zones. Specific Novavax clinics are being held at select sites. Appointment availability may be limited as our teams work to maximize the number of doses from each vaccine vial and minimize wastage. Call Health Link at 811 to book an appointment.

A complete series and a booster dose with an mRNA COVID-19 vaccine is preferentially recommended. However, Novavax can be used to complete a primary series started with another Health Canada-approved vaccine or as a booster dose.

#### *Vaccines effective against severe outcomes*

Vaccines continue to be critically important in lowering the risk of severe outcomes from COVID-19. Vaccine effectiveness against infection declines over time and is lower with the highly transmissible Omicron variant. But additional doses can boost

immunity to improve protection and limit spread.

In the [last four months](#), unvaccinated Albertans five years of age and older were:

- More than three times more likely to be hospitalized with COVID-19.
- Almost eight times more likely to be admitted to the ICU than those who had three doses of vaccine.

In the last four months, unvaccinated Albertans 80 and older were:

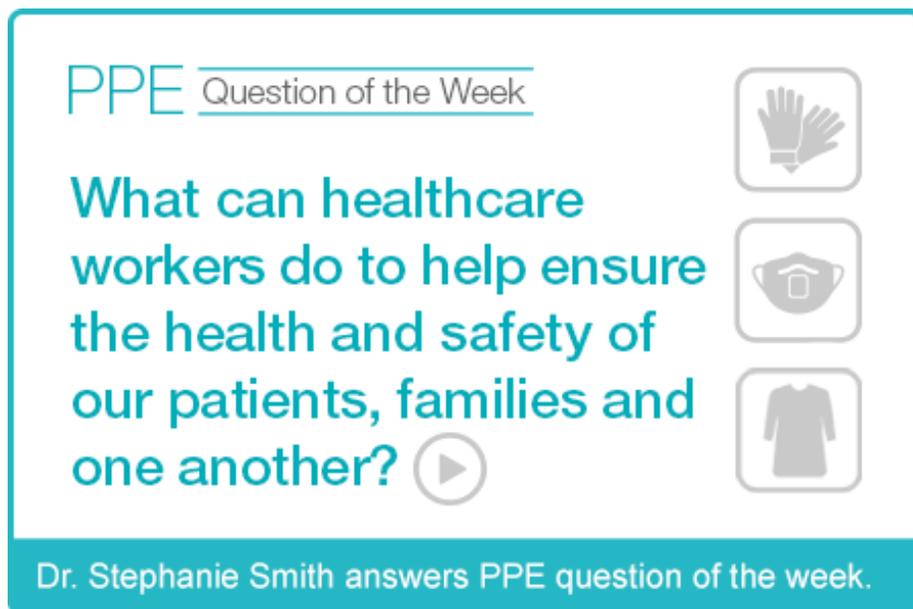
- More than four times more likely to be hospitalized with COVID-19.
- Almost six times more likely to die from COVID-19 than those with three doses of vaccine.

Everyone five years of age and older can get immunized against COVID-19. Everyone 12 years of age and older can get a booster dose five months after their primary series. Fourth doses (second boosters) are available to [eligible groups](#).

We encourage everyone to get immunized with whichever dose they are eligible for, as soon as possible.

#### **PPE Question of the Week**

As COVID-19 continues to circulate in Alberta, and with many public health measures no longer in place in the community, Dr. Stephanie Smith — Medical Director for Infection Prevention and Control in the Edmonton Zone — [provides a few simple reminders on how to reduce transmission of the virus](#).



The graphic features a teal border and a white background. At the top left, the text 'PPE Question of the Week' is displayed, with 'PPE' in a large, bold, teal font and 'Question of the Week' in a smaller, teal font. Below this, the main question is written in a large, bold, teal font: 'What can healthcare workers do to help ensure the health and safety of our patients, families and one another?'. To the right of the question are three icons in a vertical column: a pair of gloves, a face mask, and a lab coat. At the bottom of the graphic, a teal banner contains the text 'Dr. Stephanie Smith answers PPE question of the week.' in white font.

#### **AHS Recognizes Earth Day April 22**

This year, Earth Day is on April 22 and this year's theme is 'invest in our planet.' AHS has done just that. In 2019, AHS created the Office of Sustainability to help formalize and better co-ordinate investments in green initiatives and strategies throughout the

organization.

Our green initiatives have helped AHS become better environmental stewards and save millions of dollars in utility and operation costs. These initiatives include installing LED lighting systems and low-flow plumbing fixtures, recommissioning mechanical systems, and upgrading ventilation systems and building management systems.

In the last nine years, projects like these have helped AHS save more than \$6.5 million in utility costs, reduced our emissions by more than 128,000 tonnes of carbon dioxide equivalent, reduced electricity by more than 140 million kilowatt hours, reduced natural gas consumption by more than 345,000 gigajoules and saved more than 564,000 cubic metres of water.

For more information, or if you would like to join the Provincial Sustainability Working Group, please visit the [Office of Sustainability webpage](#).

### **April 28 is National Day of Mourning**

On April 28, AHS will recognize [National Day of Mourning](#) — a day to remember our colleagues who have been injured, disabled or lost their lives as a result of work-related incidents. Flags at our facilities will fly at half-mast and we encourage you to join us in a moment of silence at 11 a.m. that day in their honour.

While we've faced many difficulties over the past few years, our approach to safety has always been consistent: it comes first. Let this day remind us of our responsibility to create a healthy and safe workplace. Together, we must take action to prevent injury, illness and death in the workplace.

If you see something that could pose a safety risk, say something. Take immediate action to protect your physical and mental well-being and that of your colleagues, patients and the community.

We have many [resources](#) in place to help you continue to make safe, informed decisions, including [specific resources](#) regarding COVID -19. If you have been personally impacted by a workplace fatality or serious injury or illness, or are experiencing [stress, anxiety or depression](#) or [grief and loss](#) during these challenging times, we encourage you to seek support from our [Employee & Family Assistance Program](#). It is a free, flexible and confidential service, available 24/7.

To participate in an online event or access additional resources and tools that help you reflect on the day and prevent workplace injuries, visit [Insite](#). Thank you for your ongoing commitment and support in protecting yourself, your colleagues and our patients.

## Be Well - Be Kind

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### 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 several recent messages of gratitude with you — and you can see others on our [Sharing the Love webpage](#).

*I wanted to share my gratitude for the lovely, caring, thorough and professional care that I received when I was very ill with a ruptured appendix. I was next to an elderly man who needed a great deal of TLC, which he received from every single staff on every shift during my time. He was treated kindly, clearly and with great patience.*

— Pamela Knox

*My wife and I were en route from Abbotsford, B.C., to Cancun, Mexico. At the Calgary airport, she became ill. We had to miss the flight and (my wife was transported by ambulance to the Sheldon M. Chumir Health Centre). The staff there were very kind and efficient, especially the paramedics, doctors and nurses. You have some great people.*

— Ross Steger

*I called Health Link this evening, feeling very sick, scared and desperate. I spoke to a lovely nurse who helped me immensely. Health Link is amazing and I thank you for your knowledge and compassion. You guys make a difference to people like me and I appreciate it.*

— Anonymous

### Wrapping Up

Volunteer Rose Winters shared a lovely thought with us in this week's vlog. "Volunteers," she said, "are love in motion." Certainly, we cannot overstate the crucial contributions made by our 12,000-plus AHS volunteers across the province. They play a significant role in improving patient and family experiences, as well as enhancing our workplaces for everyone. We are so grateful to all of them. Yet we also think it's true that healthcare workers — those of you delivering care on the front lines and those supporting the delivery of front-line care — also represent love in motion. Our work, at its essence, is caring for others and sharing our common humanity. Many days are difficult and stressful, no doubt. In those moments when you might feel down, or tired, or overwhelmed, try to remember that you are making a difference in the lives of others. The messages we receive from Albertans, including those in the preceding item, are evidence of that. So, at the end of the day — especially the really tough days — let's take a minute to remind ourselves that we do our best for others, and lead with kindness and compassion. Find strength in that. Take pride in that.

Thank you for everything you do,

**Mauro Chies**

Interim AHS President & CEO

**Dr. Laura McDougall**

Senior Medical Officer of Health

