



Message from
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AHS Update: Monkeypox in Alberta, Supports for Ukraine, Independent Review of EMS response to Incident

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

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 on the work ahead.

Priority: Alberta Surgical Initiative

The Alberta Surgical Initiative (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. The Diagnostic Imaging CT and MRI Action Plan is intended to bring CT and MRI wait times within clinical targets for patients across Alberta by 2025.

Current surgical status

We continue to work diligently to recover to pre-pandemic surgical status. Over the past four weeks, the average of weekly volumes for surgical activity is 90 per cent of our pre-pandemic surgical volumes. Our total surgical wait list for adults sits at approximately 71,897, compared to approximately 72,860 at the beginning of May. In February 2020, before the pandemic, our total wait list was 68,000.

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 4 continues to stabilize in week two

Week two of Connect Care Launch 4 has moved ahead smoothly. As always, patient safety has remained the number one focus and any concerns with even minor potential for patient risk are being addressed immediately. Typical of the second week of a launch, we are now seeing issues with more complexity, which require collaboration between departments who share patients and have overlapping

charting needs.

We continue to be grateful for the amazing encouragement our teams have shown each other throughout this transition and for the efforts of our super user and resource teams, who are ensuring that those working in the system are supported throughout these weeks of learning and change.

AHS Support for Ukraine

As Ukrainian people continue to evacuate their homeland, many have come to Canada to escape the danger and destruction of the ongoing Russian invasion.

To date, more than three thousand evacuees, predominantly families of women, children and seniors, have chosen Alberta as their new, temporary home. As evacuees are unsure when they can return to Ukraine, most arrive with little clothing, money and personal care items and are without a family to support them or home to stay in. Community groups and social services have worked to identify and engage hundreds of families who have volunteered their homes to help support evacuees, including AHS employee, Marni Panas.

Marni, who has housed Volodymyr Bril and his mother Iryna in her home for the past two months, [recently shared her thoughts](#) on this experience and how the support of a community and access to healthcare has been significant to help her, as she helps the Brils.

Once housing support is found, many evacuees and host families turn their focus to obtaining identification and healthcare support they need during their stay. AHS has developed many resources to help evacuees and host families navigate the healthcare system and is working with the Government of Alberta, non-profit organizations and community groups to ensure evacuees have access to the healthcare services they need.

Frequently Asked Questions (FAQ's) have been created with tailored information to [support staff](#), [primary care providers](#) and [evacuees and host families](#). The FAQs include information on health assessment and fees including an outline of the [Immigration Medical Examination](#) for refugees/evacuees who enter Canada as part of the application process for various visas. The staff and provider FAQs have additional information on patient registration, billing, mental health resources and ways to support evacuees and more.

- [AHS Support for Ukraine](#) on **Insite** offers resources for staff, managers and physicians as well as English versions of resources to support evacuees and host families.
- [AHS Support for Ukraine](#) on **AHS.ca** has information for primary care

providers.

- [Welcome – We are Here to Help](#) offers translated resources in English, Ukrainian and Russian for evacuees and host families, including a list of healthcare options and mental health support.

If you or an immediate family member have been impacted by this crisis and need help, please call the [Employee Family Assistance Program](#) (EFAP) at 1-877-273-3134. The service is confidential and available 24/7.

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

Supports When You Need Them

Access Family Supports

With the school year quickly coming to an end, family routines will change. If you're looking for additional coaching and support, or child-related resources, the [Childcare and Parenting](#) pages on Insite can offer tools and guidance to support you.

When you call the [Employee Family and Assistance Program](#) (EFAP) intake line, you will be asked some questions to determine the best options for your situation. A childcare specialist will walk you through the supports you can access.

For support with any issue, call the EFAP intake line at 1-877-273-3134. Physicians can contact the [AMA Physician and Family Support Program](#), a confidential 24/7 support line at 1-877-SOS-4MDS.

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

AHS continues to do all it can to ensure we have enough ICU capacity to meet patient demand. We will ensure that we maintain ICU capacity above daily demand to a planned maximum of 380 beds as long as staff and physician availability allows.

We currently have 210 general adult ICU beds open in Alberta, including 15 additional spaces above our baseline of 195 general adult ICU beds. There are currently 167 patients in ICU.

Provincially, ICU capacity (including additional surge beds) is currently at 80 per cent.

Without the additional surge spaces, provincial ICU capacity would be at 86 per cent.

- In Calgary Zone, we currently have 75 ICU beds. Calgary Zone ICU is operating at 83 per cent of current capacity (including eight COVID-19 patients in ICU).
- In Edmonton Zone, we currently have 83 ICU beds, including five additional spaces. Edmonton Zone is operating at 81 per cent of current capacity (including 14 COVID-19 patients in ICU).
- In Central Zone, we currently have 18 ICU beds, including six additional spaces. Central Zone ICU is operating at 61 per cent of current capacity (including one COVID-19 patient in ICU).
- In South Zone, we currently have 21 ICU beds. South Zone ICU is currently operating at 81 per cent capacity (there are no COVID-19 patients in ICU at this time).
- In North Zone, we have 13 ICU spaces (split between Grande Prairie and Fort McMurray), including four additional ICU spaces. North Zone ICU is currently operating at 77 per cent capacity (there are no COVID-19 patients in ICU at this time).

Hospitalizations

On June 6, 792 individuals were in non-ICU hospital beds for COVID-19, compared to 916 individuals in non-ICU hospital beds on May 30, a 13.5 per cent decrease.

Variants of Concern

Alberta Precision Laboratories (APL) continues to closely monitor SARS-CoV-2 variants. From May 31-June 6, an average of 77 per cent of positive samples were strain-typed. Of those, the seven-day rolling average was 90 per cent Omicron BA.2 lineage and 10 percent non-BA.2 Omicron lineages (comprising BA.1, BA.4, and BA.5 cases). Delta was not detected during this period.

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. BA.4 and BA.5 are lineages of Omicron that have been detected at low levels in several countries, but high case numbers have been observed in South Africa and Portugal. 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.

New Cases

For the seven-day period ending on June 6, there was an average of 263 new cases of COVID-19 detected per day, compared to 334 cases per day the previous reporting period (May 24 to May 30), a 21.3 per cent decrease. The Calgary Zone reported the highest total number of detected new cases with 979 (an average of 140 detections per day). All zones reported a decrease in the number of new cases detected this reporting period, compared to the previous week, as you can see in the table below:

Zone	New Cases (May 31-June 6)	New Cases (May 24 – May 30)	Percent Change
Calgary	979	1,209	-19.0%
Edmonton	501	678	-26.1%
North	78	118	-33.9%
Central	170	218	-22.0%
South	78	115	-32.2%
Unknown	34	0	n/a
Total	1,840	2,338	-21.3%

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.

Wastewater Surveillance

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

- Across all twenty wastewater sites in Alberta, only five locations showed an increase in COVID-19 RNA in their wastewater this week. These sites were Medicine Hat and Brooks in the South Zone, Canmore and High River in Calgary zone, and Cold Lake in the North Zone. Even with the increases this week, most of these sites are still at lower levels compared to the levels seen in the last few months. The remaining 15 sites decreased or remained stable.

Frequency of reporting updates vary by sampling site. The above interpretations were made from available data as of June 6 at noon. The Alberta Wastewater Surveillance Program is a collaboration between the University of Calgary, University of Alberta, APL and Alberta Health. Wastewater can provide an early indication of infection trends in a community.

Other notable COVID-19-related information:

- Data from the last seven days indicate that 27.2 per cent of new admissions to non-ICU spaces are due to COVID-19 infection directly, 38.8 per cent had COVID-19 as a contributing cause and 34.0 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 23.1 per cent; 61.5 per cent had COVID-19 as a contributing cause and 15.4 per cent were incidental infections or unclear.

- As of June 6, 4,567 individuals have passed away from COVID-19 including nine 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 June 6, a total of 584,763 cases of COVID-19 have been detected in Alberta and a total of 26,958 individuals have ever been hospitalized, which amounts to 4.6 individuals for every 100 cases.
- From May 31 to June 6, 12,230 COVID-19 tests were completed, a seven-day average of 1,747 tests per day. During this period, the daily positivity ranged from 13.11 per cent to 17.11 per cent.

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 June 7:

- 95,748 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 30,389 (or 31.74 per cent) have tested positive.
- Of the 13,714 employees who have tested positive and whose source of infection has been determined, 862 (or 6.29 per cent) acquired their infection through a workplace exposure. An additional 4,015 employees who have tested positive are still under investigation as to the source of infection.
- 6,812 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 1,659 (or 24.35 per cent) have tested positive.
- Of the 566 physicians who have tested positive and whose source of infection has been determined, 31 (or 5.48 per cent) acquired their infection through a workplace exposure. An additional 276 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](#).

Things You Need to Know

Monkeypox Update

As of June 8, 2022, four confirmed cases of Monkeypox have been reported in Alberta. To protect patients' confidentiality, no identifying information will be provided.

Monkeypox is a rare disease that does not pose a high risk to the public and does not spread easily between people. Transmission primarily occurs through close physical contact, and less commonly may occur through large respiratory droplets with prolonged (estimated > 3 hours) face-to-face contact.

In the current outbreak, close physical contact with infectious skin lesions during sexual activity seems to be the most common mode of transmission. The risk to the general public is low, but should be considered in people presenting with new rashes of unclear cause and who have a risk factor such as a recent history of a new or multiple sexual partners. It is important to promote safer sexual practices, not just for this rare disease, but all the reasons why safer sexual health behaviors improve overall health.

For those who believe that they have been in contact with a case of monkeypox, they should be advised to self-isolate and CALL Health Link 811 or their primary care physician. They should also wear a mask and cover any lesions if leaving home to seek medical care AND should notify the healthcare facility in advance or upon arrival that they are concerned about Monkeypox to ensure appropriate precautions are in place.

Alberta has mandatory reporting for rare or emerging communicable diseases. We are continuing to investigate the spread of monkeypox with our provincial and federal partners and will regularly assess the situation as it evolves.

Testing is available for those who have symptoms of Monkeypox. If you think you may have Monkeypox, you can call Health Link at 811 or your healthcare provider for advice. Many Sexual and Reproductive Clinics can provide testing for Monkeypox, along with testing for more common STIs. Visit ahs.ca/srh to find a clinic near you. Regardless of the where you are seeking care, you should advise the healthcare provider in advance, so that precautions can be put in place.

Independent Review of EMS Response to Tragic Incident in Calgary

Yesterday, [Alberta Health Services announced](#) that an independent review will be conducted into the Emergency Medical Services (EMS) response to a fatal dog attack in Calgary that took place June 5.

This was a tragic incident, and our deepest condolences are with the family, friends, and neighbours of the Calgarian who died.

The independent review will look into the events surrounding the calls to EMS dispatch, call handling protocols with other agencies, ambulance response time and availability of ambulances at the time. We are also conducting a quality assurance review, which is designed to identify areas where the overall system response can be improved and strengthened with the goal of improving patient care.

This review is being undertaken as part of our culture of improvement, to empower EMS to deliver the best care possible. EMS is and will continue to be supported as we move through this process, and learnings from the review will be approached as opportunities for improvement.

Our EMS crews are working tirelessly to respond to extremely high call volumes, and under significant pressure. We appreciate and see these efforts, 24/7, 365.
[View news release.](#)

Contrast Dye Shortage

Today, [AHS announced the postponement of approximately up to 1,500 imaging procedures per week](#), effective immediately, due to a temporary worldwide shortage of contrast dye used in CT scan imaging and angiographic procedures of the heart and blood vessels.

Imaging procedures will only be deferred if it is considered clinically safe to do. Patients with critical needs will continue to be prioritized as radiologists and other physicians review all requests for imaging and intervention. AHS is also considering the use of alternate imaging options, like Ultrasound and MRI, where clinically appropriate.

AHS is contacting all affected patients directly. These patients will be updated by AHS on ongoing basis and to rescheduled as soon as possible.

There is currently a worldwide shortage of contrast dye material which is impacting healthcare systems across North America, with other jurisdictions also postponing some imaging scans.

Our teams are working with practitioners to collaborate on strategies to preserve supply for those who need it most, and meeting daily with suppliers and other partners across the country for situation updates.

Should you receive questions from patients, please direct the patient to discuss with their physician. The news release is available, [here](#).

Interim CEO Video Message — Celebrating Diversity and Pride

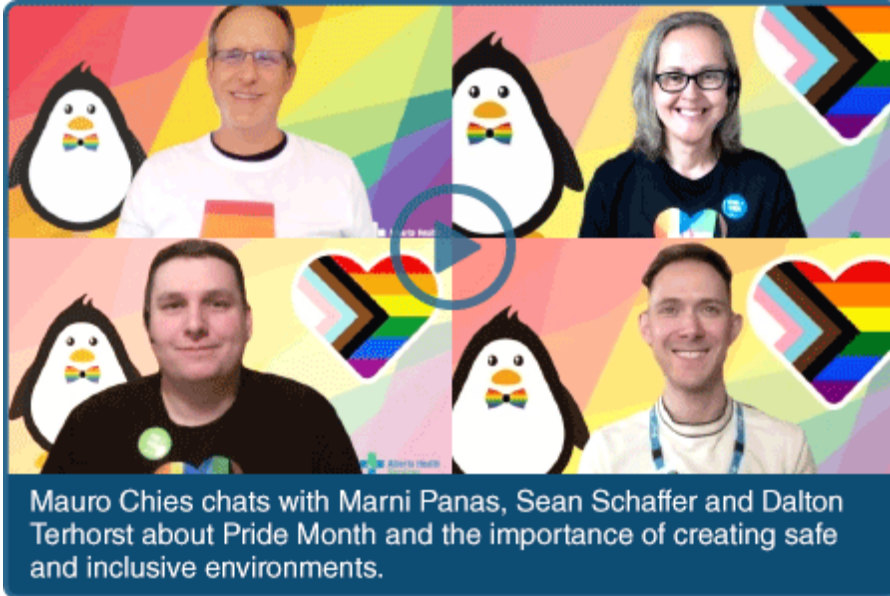
[Diversity and inclusion](#) are essential to everything we do at AHS. Everyone matters and deserves to feel valued and welcome.

AHS is committed to empowering a workforce that welcomes and celebrates diversity, and there's no better time to celebrate than Pride Month. There are many ways to celebrate this year to show your support, demonstrate active allyship and create a sense of belonging

Joining the AHS Vlog to talk [more about Pride Month and how we support an](#)

[inclusive workplace](#) are:

- Marni Panas, Program Manager, Diversity and Inclusion.
- Sean Schaffer, Proud Together Workforce Resource Group Communications Lead.
- Dalton Terhorst, Co-Chair of Proud Together Workforce Resource Group.



You can learn more about Pride Month celebrations on [Insite](#). For more resources, see the [Diversity & Inclusion](#), [Change the Conversation](#), and [Respectful Workplaces](#) Insite pages

Be Well - Be Kind

Mental Wellness Moment — How to Spot Stress in Children and Youth

Stress can impact children and teens. Every child is different, and each can be impacted by stress differently, depending on their personality and their development. In this month's [Mental Wellness Moment](#), Dr. Nick Mitchell — Provincial Medical Director, AHS Addiction and Mental Health — gives advice on how to spot stress in children and how parents and caregivers can help.



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. You can see recent messages of gratitude on our [Sharing the Love webpage](#) and we have also shared a few below, which are specific to Connect Care's Launch 4.

What a great team in Strathmore, that all stand together, if one person struggles they all step in to help! I've enjoyed my time with these fabulous caring staff of AHS. Thank you.

-Liz

Congratulations on Launch 4 Everyone! I know how much hard work has gone into preparing for this momentous event. Your dedication and efforts will ultimately make the experience of our patients and families so much better throughout their healthcare journeys. Cheers to Amazing AHS'ers!

Wrapping Up – Safe and Inclusive

Thank you for another week of dedicated and passionate work across this organization. We have witnessed enormous team effort as those working in Connect Care's Launch 4 have moved quickly toward stabilization in this transition. We have seen much celebration and appreciation as National Indigenous Peoples month activities have gotten underway. And now, as we also move into Pride month, we encourage you to show your support of the wonderful diversity we have at AHS. When we create an environment that is safer and more inclusive for everyone, we improve patient experience, outcomes, and quality of care for all Albertans.

Thank you for all you do for patients, families, and each other.

With enduring appreciation and gratitude,

Mauro Chies

Interim AHS President & CEO

Dr. Laura McDougall

Senior Medical Officer of Health

