



Message from
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AHS Update: COVID-19 testing changes come into effect July 18, Masking Requirements Remain in Place

Please print and share with your teams as needed

Dear staff, physicians and volunteers,

Today's Update

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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 edition 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 (ASI)

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.

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 98 per cent of our pre-pandemic surgical volumes. Our total surgical wait list for adults sits at approximately 71,948, compared to approximately 72,860 at the beginning of May. In February 2020, before the pandemic, our total wait list was 68,000.

Centralized referrals coming in 2022

As part of the ASI, work is underway on several improvement projects with the ultimate goal of ensuring patients receive surgeries within clinically appropriate timelines.

One project that will launch later this summer is a new central access and intake system for managing referrals called Alberta Facilitated Access to Specialized Treatment (FAST). FAST will accept referrals for orthopedic surgery and urology using a central office in each zone. The office will distribute referrals to surgeons with the shortest wait lists or named providers (i.e., Dr. Smith).

The specialties included in the initial program roll-out will vary by zone. More information will be shared with each zone in the coming weeks. For primary care providers and their patients, this will mean a more timely and predictable referral process.

FAST is being rolled out to 14 specialties across the province through 2024 but will be implemented in phases by zone.

For more information and FAQs, visit the [Alberta Medical Association's FAST webpage](#) or email ABFAST@ahs.ca.

Supports When You Need Them

Reduce Stress and Boost your Well-Being

If you are experiencing stress, getting support before it becomes overwhelming is important for your well-being. The [Employee and Family Assistance Program \(EFAP\)](#) offers [Stress Solutions](#), a program that focuses on stress management techniques.

To access Stress Solutions, contact the EFAP intake line at 1-877-273-3134. You will be asked a few questions to make sure you receive the best support for your specific situation. A stress specialist will contact you and offer coaching, support and materials.

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

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 215 general adult ICU beds open in Alberta, including 11 additional spaces above our baseline of 204 general adult ICU beds. There are currently 161 patients in ICU.

Provincially, ICU capacity (including additional surge beds) is currently at 75 per cent. Without the additional surge spaces, provincial ICU capacity would be at 79 per cent.

- In Calgary Zone, we currently have 79 ICU beds. Calgary Zone ICU is operating

at 75 per cent of current capacity (including 10 COVID-19 patients in ICU).

- In Edmonton Zone, we currently have 84 ICU beds, including five additional spaces. Edmonton Zone is operating at 88 per cent of current capacity (including seven COVID-19 patients in ICU).
- In Central Zone, we currently have 18 ICU beds, including two additional spaces. Central Zone ICU is operating at 56 per cent of current capacity (including two COVID-19 patients in ICU).
- In South Zone, we currently have 21 ICU beds. South Zone ICU is currently operating at 43 per cent capacity (including one COVID-19 patient in ICU).
- 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 69 per cent capacity (including three COVID-19 patients in ICU).

Hospitalizations

On July 11, 536 individuals were in non-ICU hospital beds for COVID-19, compared to 589 individuals in non-ICU hospital beds on June 27, a 9.0 per cent decrease.

Variants of Concern

Alberta Precision Laboratories continues to closely monitor SARS-CoV-2 variants. From July 5 – 11, an average of 73 per cent of positive samples were strain-typed. Of those, the seven-day rolling average was 21 per cent Omicron BA.2 lineage and 79 per cent non-BA.2 Omicron lineages (comprising BA.1, BA.4, and BA.5 cases).

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 a number of 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 fourteen-day period ending on July 11, there was an average of 177 new cases of COVID-19 detected per day, compared to 144 cases per day the previous

reporting period (June 14 to June 27) a 22.9 per cent increase. The Calgary zone reported the highest total number of detected new cases with 1,027 (an average of 73 detections per day). Three out of five zones reported an increase in the number of new cases detected this reporting period, compared to the previous reporting period as you can see in the table below:

Zone	New Cases (June 28 – July 11)	New Cases (June 14 – June 27)	Percent Change
Calgary	1,027	958	+7.2%
Edmonton	811	734	+10.5%
North	125	141	-11.4%
Central	206	186	+10.8%
South	141	165	-14.6%
Unknown	3	1	+200.0%
Total	2,482	2,016	+23.1%

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:

- Only one site, Edson, had an increase in the COVID-19 RNA in their wastewater by more than 25 per cent over the past two weeks. The remaining 19 sites decreased or remained stable.

Frequency of reporting updates vary by sampling site. The above interpretations were made from available data as of July 11 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 29.0 per cent of new admissions to non-ICU spaces are due to COVID-19 infection directly, 32.4 per cent had COVID-19 as a contributing cause and 38.6 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 33.3 per cent; 22.2 per cent had COVID-19 as a contributing cause and 44.4 per cent were incidental infections or unclear.

As of July 11, 4,632 individuals have passed away from COVID-19 including 11 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 July 11, a total of 591,083 cases of COVID-19 have been detected in Alberta and a total of 27,914 individuals have ever been hospitalized, which amounts to 4.7 individuals for every 100 cases.
- From June 28 to July 11, 15,313 COVID-19 tests were completed, a 14-day average of 1,094 tests per day. During this period, the daily positivity ranged from 12.47 per cent to 19.92 per cent.

Things You Need to Know

COVID-19 Testing Changes Come Into Effect July 18

As [announced by the Government of Alberta](#), a number of operational and eligibility changes to COVID-19 testing will come into effect on July 18.

With these changes, people who need COVID-19 testing to inform their care will be eligible for molecular (e.g., PCR) testing with a referral from a clinician. This includes:

- People with symptoms who may be eligible for anti-viral treatment (Paxlovid or Remdesivir)
- People with symptoms who are pregnant
- People who have been referred for testing as part of their medical assessment

Clinicians will be able to determine if there is a need for testing, and decide the best option for their patients, which may include rapid testing at home or in clinic, PCR testing at their clinic, in-clinic swabbing with the sample sent to the lab for molecular testing, or a referral for testing at an AHS site.

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

Albertans who are [eligible for early treatment](#) are encouraged to contact their care provider to discuss their symptoms and testing options, even if symptoms are mild. If they have questions about anti-virals, their primary care provider can help them make the choice that is right for them. Albertans eligible for early treatment who do not have a primary care practitioner can call 1-844-343-0971 for a clinician assessment to determine if testing is needed, and how to access it.

Using the AHS Booking Tool

Eligible Albertans who live or work in high-risk settings can continue to self-refer through the [AHS assessment tool](#). This includes:

- Healthcare and continuing care workers and workers in specific high-transmission risk settings such as correctional facilities and shelters
- People with symptoms who live or work in isolated and remote First Nation, Inuit and Métis communities

Patients referred by a clinician for testing can also book through the AHS tool, but only if their clinician has submitted a lab requisition on their behalf.

For all Albertans, rapid tests will continue to be a readily available and convenient tool for self-diagnosis and we continue to encourage Albertans to test if they have symptoms, and to stay home if they are sick.

For more information, visit alberta.ca.

Masking Requirements Remain in Place

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

While masking requirements for public settings have been rescinded, patients seeking or receiving care are more vulnerable than the general population and outbreaks in these settings have a serious impact on patient outcomes and our ability to deliver services. The points below offer a few important guidelines:

- [AHS' masking directive](#) continues to apply to AHS staff, physicians, volunteers, designated family/support persons and visitors in patient care areas and in common spaces such as cafeterias and waiting areas
- Reminder: Patients and designated family/support persons and visitors may wear their own N95 or KN95 respirator when entering an AHS facility if it is clean, in good condition and does not have a valve
- Those who work in areas with no direct contact with patients or patient items (e.g., corporate settings, health records departments, laboratory services) are required to wear a mask continuously in all areas of their workplace, unless they are at a workspace separated by at least two (2) metres, separated by a physical barrier, or working alone in an individual office
- In buildings like Southport Tower and Seventh Street Plaza, when not interacting with patients, AHS staff may choose to wear a non-procedure mask (their own, clean cloth mask)

Thank you for your dedication and for providing care to Albertans.

COVID-19 Testing for Healthcare Workers - The Latest Numbers

We continue to update the testing data for healthcare workers. These statistics provide the total number of AHS and Alberta Precision Laboratories (APL) employees and physicians tested, including a breakdown of the number of positive tests and

those who have been confirmed to have been exposed in the workplace. The testing data does not include rapid antigen test results for healthcare workers.

As of July 13:

- 96,165 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 31,354 (or 32.60 per cent) have tested positive
- Of the 15,167 employees who have tested positive and whose source of infection has been determined, 933 (or 6.15 per cent) acquired their infection through a workplace exposure. An additional 2,891 employees who have tested positive are still under investigation as to the source of infection
- 6,883 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 1,749 (or 25.41 per cent) have tested positive
- Of the 624 physicians who have tested positive and whose source of infection has been determined, 31 (or 4.97 per cent) acquired their infection through a workplace exposure. An additional 231 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](#).

2022 Our People Pulse Survey Results

The results of Our People Pulse Survey tell us that our workforce continues to be engaged and bring their best to support our patients and families and each other. Participation increased by 14 per cent over the 2017 pulse survey and 81 per cent of participants provided comments, which means our workforce wants to be heard and help guide the future direction of AHS.

The past two years have not been easy, and you and your colleagues have gone above and beyond to ensure you were there for Albertans across the province. By giving so much, many of you are feeling the impact of the pandemic, and the survey results reflect that. The results show that our workforce is overall often satisfied with their work, but there are opportunities to support workload concerns. This is not unique to AHS and can be seen with healthcare teams across the country and world.

The results show you want better communication, clarity on priorities, a manageable workload, as well as to be listened to and supported. We commit to addressing these concerns.

We value the work you do and are extremely proud of the care you provide every day. We want to help find meaningful solutions and support you to focus on your mental health and wellbeing as we move beyond pandemic response. Based on the results, we are developing supports and resources for our workforce. In the interim, here are current supports and resources for you to explore:

- [Employee and Family Assistance Program \(EFAP\)](#) and the [AMA Physician and](#)

[Family Support Program](#)

- [Headversity \(EFAP Resilience App\)](#) for a self-assessment and individualized learning plan to proactively build mental health and get ahead of adversity
- [Resilience, Wellness and Mental Health Resource Guide](#) to help manage work, health, and life challenges
- Learn about [Psychological Health and Safety Action Plan](#)

We encourage teams to take a break this summer to regroup and recharge. This fall, we will look at how to action our results and find local solutions that are meaningful for our teams. We heard you and will continue to check-in and ask how you're doing as we put these results into action as teams and in our long-term planning of Our People Strategy.

Thank you for your guidance.

Updated Relaunch Playbook Helps Keep you Safe

The [Relaunch Playbook](#) was updated on July 7 and can help you understand proper protocols and ensure safety guidelines are followed to keep you safe as we begin to resume pre-pandemic work activities or return to the workplace.

The playbook combines best practices with provincial government guidelines and is intended to help you become familiar with the measures that have been implemented and will continue at AHS in response to COVID-19. It will help you determine what measures are most relevant to you, what steps should be taken at your site, and who to contact for additional support.

If you have questions not covered in the playbook, please speak with your leader or email your questions to hrcovid@ahs.ca.

New Basic Life Support Blended Learning Launches

Basic Life Support (BLS) certification is now offered as blended (online and in-person) learning. All BLS training is accessed exclusively through the [Resuscitation Education Platform](#) and replaces all BLS courses across AHS, including MyLearningLink.

What You Need to Know:

- Blend Learning Part One includes online modules for theory content, and Part Two is an in-person skills session. This is a change from the traditional three hour in-person course
- For Part One online modules: EMS staff will complete the BLS for Pre-Hospital Provider Course, and all other AHS staff will complete the BLS for In-Facility Provider Course
- Staff who are currently registered in existing BLS renewal courses through MyLearningLink should complete the course(s) as scheduled

Expired Certificates and COVID-19 Impacts

Staff should not be prevented from working with an expired BLS certificate, and have until August 31, 2022, to renew. A learning plan should be developed with their manager if they are unable to meet the deadline

- COVID-19 continues to shape how in-person education is delivered at AHS. Current protocols will be followed for in-person skills testing sessions
- The prerequisite challenge is no longer required for staff who may have expired certificates

Learn more about BLS certification, registration, and resources on [Insite](#). Email questions to BLS@ahs.ca

Send Your Kids to an AHS Career Exploration Camp

This August, AHS is hosting Healthcare Career Exploration Camps for incoming Grades 9, 10, 11 and 12 students. These in-person day camps will be held at four sites across the province:

- Northern Lights Regional Health Centre in Fort McMurray
- Grande Prairie Regional Hospital
- Red Deer Regional Hospital
- Chinook Regional Hospital in Lethbridge

AHS masking and social distancing protocols will be followed.

Visit [Insite](#) or contact youth.careers@ahs.ca for more information or to register.

Interim CEO Video Message: Update from Alberta Precision Laboratories

In addition to COVID-19, one virus that we keep hearing about and monitoring for is Monkeypox. This virus is related to smallpox but typically causes less serious disease.

Although the case number in Alberta is low, we continue to strongly encourage safe health practices to ensure this rare disease does not spread in our province.

Thankfully, our talented colleagues at Alberta Precision Laboratories are building and contributing to our understanding of Monkeypox.

Joining me (Mauro) to [tell us more about Monkeypox and what else APL is working on are:](#)

- Dr. Matthew Croxson, Program Lead for Genomics, APL Public Health Laboratory Edmonton
- Dr. Jamil Kanji, Infectious Diseases Physician and Medical Microbiologist at ProvLab, Program Lead for Viral Zoonoses
- Dr. Tarah Lynch, Program Lead for Genomics, APL Public Health Laboratory Calgary



Connect Care Launches their First-Ever Care Paths

Thanks to nearly three years of hard work and collaboration between Connect Care teams and our Strategic Clinical Networks, Connect Care has launched their first-ever Care Paths.

Care Paths are an advanced form of clinical decision support available in Connect Care that allow for an integrated multidisciplinary approach through shared coordination of a patient's healthcare goals across multiple settings, including acute, community and primary care. They guide goal-based management of health conditions by providing key information, personalizing recommendations, and promoting evidence-informed care.

The first two Care Paths developed in Connect Care are for Heart Failure and Acute Exacerbation of Chronic Obstructive Pulmonary Disease. More Care Paths are planned to be added soon.

This is an important milestone for Connect Care that will undoubtedly help improve patient outcomes and experience. Congratulations to everyone involved for their commitment and expertise in bringing this to life.

Breast Cancer Pathology Recognized by HQCA

The Edmonton Zone's Breast Cancer Pathology is one of several AHS initiatives being recognized with a [2022 Patient Experience Award](#) from the [Health Quality Council of Alberta](#).

Improved integration of radiology, surgery, and pathology for early breast cancer patients is reducing the frequency of repeat surgery. Previously, pathologists would determine successful removal of those targets and cancer days later, and if anything was missed, a repeat operation might become necessary. Now, pathologists in the operating room create X-ray images of the tissue being removed in real time to support the surgeon and enable precise cancer location and removal in one step. The initiative is improving surgery outcomes for patients and reducing the overall

number of surgeries needed.



Wrapping Up – Thank You

As we touched on earlier, the past two years have not been easy. There have been many hard days, and yet, you continue to always go the extra mile for our patients, their families, and each other. Your compassion and dedication are second to none. But as we take care of others, it is important to remember take care of ourselves. We encourage you to take time for yourselves and your loved ones to rest and recharge. You are the backbone of our healthcare system and we're incredibly grateful for everything you do.

We'd also like to thank everyone who completed the AHS Update Survey. We received around 2000 responses and got some great feedback on how we can update the newsletter to better meet your needs. Watch for the AHS update to evolve over the coming weeks and months.

With enduring gratitude and appreciation,

Mauro Chies

Interim AHS President & CEO

Dr. Laura McDougall

Senior Medical Officer of Health