



Message from
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*AHS Update: Vaccine for young children now available,
eligible groups can access monkeypox vaccine, AHS and
HSAA ratify new collective agreement*

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 the work ahead.

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.

Work underway for Connect Care Launch 5

With the fourth launch successfully on the way to stabilization, Connect Care teams are busy with preparations for Launch 5, scheduled for Nov. 6. We want to congratulate the Launch 4 sites on their two-month anniversary. Those sites are now in the “optimize and thrive” phase of their Connect Care implementation.

This month, Launch 5 teams held their 120-day Launch Readiness Assessment meeting. This is an opportunity for each expert team to provide a status update on their activities and milestones. Super User training is underway, and frontline staff will begin their training early next month.

Launch 5 will include the west area of Central Zone, Centennial Centre for Mental Health and Brain Injury in Central Zone, Richmond Road Diagnostic and Treatment Centre and Foothills Medical Centre in Calgary, Cancer Care Alberta (and associated pharmacy and lab services), Alberta Kidney Care South, all pharmacy services in Calgary Zone, and all lab services in the rural portion of the west area of Central Zone.

There are now more than 115,000 patients using the [MyAHS Connect](#) patient portal in Connect Care to manage their health. As each launch of Connect Care takes place,

staff and physicians who are part of that launch are being provided with access to MyAHS Connect for their personal use and information. When eligible, you can sign up for [MyAHS Connect](#). This is a great way to see how this patient portal helps support better patient care.

The full Connect Care Implementation Timeline is [available](#).

Priority: Alberta Surgical Initiative (ASI)

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.

Surgical wait list status update

We continue to work diligently to recover to pre-pandemic surgical status. Over the past four weeks, the average weekly volumes for surgical activity is 102 per cent of our pre-pandemic surgical volumes. It is important to note AHS is now using summer weekly baselines, which are lower than standard baselines. This is typically done over the summer months to account for summer vacation schedules.

Our total surgical wait list for adults sits at approximately 71,300, compared to approximately 72,860 at the beginning of May. In February 2020, before the pandemic, our total wait list was 68,000.

We have completed approximately 75,800 surgeries in the 2022/23 fiscal year.

ASI governance update

To support the momentum of surgical recovery and accelerate the work of the ASI, a new governance structure for the ASI — referred to as ASI 2.0 — is being developed by Alberta Health and AHS. The focus of this new structure is to accelerate surgical recovery and the implementation of ASI 2.0 while ensuring clinical expertise, patient advisors, primary care and other key stakeholder consultation are included. More information on the new structure will be provided as it becomes available.

High-quality, safe care for Albertans is always our top priority. While the structure has changed, the goals of the ASI have not. We continue to focus on improving the surgical journey, from the time patients seek advice from their family doctor, to when they are referred to a specialist, to their surgery and rehabilitation.

Thank you to those who contributed to the work of the ASI to date. Through ASI 2.0, we will continue to provide quality surgical experiences and outcomes for the people of Alberta.

If you have questions or concerns, please reach out to your leader.

Supports When You Need Them

Easy Access to Wellness Supports

Find online supports for your mental health and well-being by signing up for [Homeweb](#). When you create a profile, you will have access to personalized content and resource recommendations, including e-courses, articles, counselling and expert support any time you want. Sign up with your email and select the company name (AHS or APL). Homeweb and other [Employee and Family Assistance Program \(EFAP\)](#) supports are available to you and your immediate family.

If you feel overwhelmed about any issue, call the [Employee and Family Assistance Program \(EFAP\)](#) intake line any time at 1-877-273-3134. This service is confidential and available 24/7/365.

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

Please note: Due to changes in reporting by Alberta Health, some statistics are no longer available.

Hospitalizations and ICU

As of July 25:

- 623 individuals were in non-ICU hospital beds with COVID-19, compared to 555 on July 11, a 12.3 per cent increase.
- 26 individuals were in ICU hospital beds with COVID-19, compared to 18 on July 11, a 44.4 per cent increase.

Variants of Concern

Alberta Precision Laboratories (APL) continues to closely monitor SARS-CoV-2 variants. From July 19-25, an average of 71 per cent of positive samples were strain-typed. Of those, the seven-day rolling average was seven per cent Omicron BA.2 lineage, nine per cent Omicron BA.4 lineage, and 84 per cent Omicron BA.5 lineage. A new variant screening test was recently implemented allowing quicker identification of the sub-lineages of Omicron, including BA.4 and BA.5. This has resulted in much higher proportions of BA.5 being identified compared to the last update.

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. 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.

Wastewater Surveillance

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

- Ten sites increased by more than 25 per cent compared to the weekly average two weeks ago. These sites were Lethbridge, Medicine Hat, Okotoks, Grande Prairie and Cold Lake, and all locations in Central and Edmonton zones. While all of these locations reported increases, the levels across these sites are still low compared to most levels reported this year.
- The other 10 sites decreased or had no significant changes.

The frequency of reporting updates varies by sampling site. The above interpretations were made from available data as of July 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

- As of July 25, 4,665 individuals have passed away from COVID-19, including 33 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 25, 29,304 individuals have been hospitalized with COVID-19 in Alberta.
- From July 12 to July 25, 15,227 COVID-19 tests were completed, a 14-day average of 1,088 tests per day. During this period, the daily positivity ranged from 19.7 per cent to 29.3 per cent.

COVID-19 Vaccine for Children 6 months to 5 Years Now Available

As announced by Alberta Health today, first shots of the Moderna vaccine for children 6 months to 5 years of age will rollout on Tuesday, Aug. 2.

Appointment bookings through the [Alberta Vaccine Booking System](#) and Health Link 811 will begin at 8 a.m. on Aug. 2. AHS will administer all doses for this age group as the scope of practice for pharmacists for administering immunization is five years of age and older. Clinics will be available in First Nations using their current booking and infrastructure.

If parents haven't already, they can register their child online through the [Alberta Vaccine Booking System](#).

To ensure parents, guardians and families have current, reliable information and resources to help them make an informed decision about immunizing their children, visit ahs.ca/vaccinekids.

Designed to help parents, guardians and families make the best decision about the COVID-19 vaccine for their children, the website features videos that provide advice from top pediatric specialists, [frequently asked questions](#), and resources to help [fearful children cope with needles](#).

As we work to roll the vaccine out to this important population, we encourage parents who have questions about getting your children immunized to visit the site, talk to your pediatrician or family physician, or call Health Link at 811 to speak to a registered nurse.

Monkeypox Updates

On July 21, the World Health Organization (WHO) issued a [statement](#) declaring the global monkeypox outbreak represents a public health emergency of international concern. As of today (July 29), there were 803 confirmed cases of monkeypox across Canada, with 13 in Alberta.

The National Advisory Committee on Immunization released [recommendations for the use of Imvamune®](#) for immunization against monkeypox. This vaccine is approved by Health Canada and, as of July 25, the Government of Canada deployed more than 70,000 doses of vaccines to provinces and territories, and continues to work actively with the provinces as they manage their public health responses.

Since June 7, Alberta has been providing Imvamune to close contacts of confirmed monkeypox cases soon after exposure. Yesterday (July 28), [Alberta Health announced](#) the availability of monkeypox vaccine eligibility to individuals who self-identify as meeting specific eligibility criteria for targeted prevention prior to an exposure.

According to Dr. Deena Hinshaw, Alberta's chief medical officer of health: "Although anyone can catch the monkeypox virus through close physical contact, during the current outbreak, gay, bisexual and other men who have sex with men have been impacted the most, especially those with new or multiple sexual partners. Those eligible for the monkeypox vaccine should consider getting a dose and at the same time take other recommended measures to reduce the risk of exposure."

Individuals who meet the following eligibility criteria can call 1-866-301-2668 to book an appointment for immunization:

- Transgender, cisgender or two-spirit individuals who self-identify as belonging to the gay, bisexual and other men-who-have-sex-with-men community and who meet at least one of the following criteria:
 - Have received a recent (in the last six months) diagnosis of a sexually transmitted infection.
 - Are planning to have, or in the past 90 days had, sex outside of a mutually monogamous relationship.
 - Have attended venues for sexual contact within the past 90 days (e.g., bath houses, sex clubs) or may be planning to, or who work/volunteer in these settings.
- Any sexual contacts of the individuals described above.
- Staff and volunteers in a social setting or venue or event where sexual activities between men (individuals described above) may take place.

Due to limited vaccine supply, pre-exposure monkeypox vaccine will be made available to eligible individuals, starting in Edmonton and Calgary, where most confirmed cases to date have been located. As more vaccine becomes available over the coming weeks, availability will expand to other centres across Alberta.

Immunization also continues to be available for use post-exposure. Individuals who are close contacts of someone confirmed to have monkeypox should call 811 or see their primary care provider to discuss post-exposure immunization.

Information for primary care providers

As primary care providers may see patients presenting with suspected exposures or cases of monkeypox, AHS has made additional information and guidance for primary care providers available on the AHS website: [Monkeypox Information for Community Physicians](#).

Monkeypox prevention

- To protect yourself and prevent monkeypox:
- Avoid skin-to-skin or prolonged face-to-face contact with anyone who has symptoms.
- Minimize the number of sexual partners you have while the monkeypox outbreak is ongoing is the [safest approach](#).

- Clean hands, objects and surfaces that have been touched regularly.
- Don't share personal items with others.
- Wear a mask if you are in close proximity with someone who has symptoms.

For more information on monkeypox, visit: [Monkeypox on AHS.ca](#).

Daily Fit for Work Screening Updated

AHS has updated the COVID-19 Daily Fit for Work Screening questionnaire to align with the recently revised directive on [attending work with COVID-19](#). Key changes include a single questionnaire for all AHS workers (including staff, physicians, students, volunteers and contractors), as well as updated testing-related questions and an updated COVID-19 symptom list.

Keep checking for screening updates by visiting [ahs.ca/fitforwork](#). Staff must continue to complete their [Fit for Work Screening](#) before coming to work. As well, see the updated [Return to Work Guide](#) and [Return to Work Decision Chart](#).

Healthcare workers must continue to protect themselves and others by staying home when sick and following all current [personal protective equipment \(PPE\)](#) requirements and other safety measures in place. By doing so, we will keep everyone safe and prevent the spread of COVID-19 and other infectious diseases.

AHS, HSAA Ratify New Collective Agreement

Yesterday (July 28), AHS and the Health Sciences Association of Alberta (HSAA) ratified a [new collective agreement](#).

The four-year agreement expires on March 31, 2024, and sets out the terms and conditions for more than 21,000 healthcare workers who play a critical role in our health system. Thank you to our bargaining teams for their tireless work over the past several months to reach this agreement.

The new collective agreement includes modest increases over the length of the agreement and a COVID-19 recognition payment. In addition, AHS and HSAA have agreed to partner in our work to address recruitment and retention in remote and rural communities in Alberta through a Rural Capacity Investment Fund.

Appreciation for Papal Visit Support

During the Papal visit to Canada, Pope Francis was in Alberta from July 24-27 to meet with Indigenous Peoples, visit a former residential school in Maskwacis, participate in the annual pilgrimage to Lac Ste. Anne, and host an open-air Holy Mass at Commonwealth Stadium in Edmonton.

We'd like to thank the many AHS staff — from the Indigenous Wellness Core, North Zone Indigenous Health, EMS, Emergency Disaster Management, Safe and Healthy Environments, medical officers of health and others — who were involved in the

planning of these events, worked to ensure on-site support was available at each event and continued to support those impacted by these events.

We are working closely with our partners to ensure emotional, mental and cultural support remains available, recognizing individuals may experience a range of emotions tied to the Papal visit and this event may trigger residential school survivors and their families. Culturally appropriate mental health and wellness experts remain available to anyone requiring additional support related to the Papal visit, even if they didn't attend the events.

Local AHS clinics are here to assist individuals seeking mental health supports and connect them to the appropriate care. For Addiction and Mental Health support and contact information, visit [Addiction and Mental Health on AHS.ca](#).

National helplines are available 24/7 to support Indigenous Peoples across Canada:

- The Hope for Wellness Help Line provides immediate, toll-free telephone and online-chat based support and crisis intervention to all Indigenous Peoples in Canada. This service is available in English and French, and upon request in Cree, Ojibway, and Inuktitut. Counsellors are available by phone at 1-855-242-3310 or by online chat at hopeforwellness.ca.
- The National Indian Residential School Crisis Line is available to provide emotional and crisis referral services by phone at 1-866-925-4419.

Additional Booster Doses Available

Albertans 18 years of age and older can book appointments for a second booster dose of mRNA vaccine five months or more after receiving their first booster dose. It is recommended to wait at least three months after a COVID-19 infection before getting a booster dose.

This dose is of most benefit to those at high risk of severe outcomes, including:

- Residents of seniors congregate living facilities regardless of age.
 - Applicable congregate settings include all private and public long-term care facilities, licensed supportive living facilities and seniors' lodges, including First Nations elder care lodges.
- Individuals with underlying health conditions or all those 50 years of age and older. Note: Second booster doses will correspond to a fourth dose for immunocompetent individuals who received a two-dose primary series but will correspond to a fifth dose for immunocompromised individuals who received a three-dose primary series.

Appointments for second booster doses can be booked by eligible individuals through the [Alberta vaccine booking system](#). Albertans can also call Health Link at 811. Select pharmacies will also be accepting walk-in appointments.

Currently, everyone 12 years and older are eligible for a first booster dose.

If you have questions about getting a booster dose, we encourage you to visit ahs.ca/vaccine, talk to your family physician, or call Health Link at 811. We encourage all Albertans to receive all doses of the COVID-19 vaccine they are eligible for as soon as possible.

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. Outbreaks in these settings have a serious impact on patient outcomes and our ability to deliver services.

[AHS' masking directive](#) continues to apply to AHS staff, physicians, volunteers, designated family/support persons and visitors in patient care areas and common spaces, such as cafeterias and waiting areas.

Those who work in areas with no direct contact with patients or patient items (for example, in corporate settings, health records departments and 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 metres, separated by a physical barrier, or working alone in an individual office. This is to ensure the health and well-being of all employees and prevent the spread of the virus. In buildings such as 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 continuing to follow this important guideline as we work together through the next phase of our pandemic journey.

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 26:

- 96,307 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 31,941 (or 33.2 per cent) have tested positive.
- Of the 15,528 employees who have tested positive and whose source of infection has been determined, 934 (or 6.0 per cent) acquired their infection through a workplace exposure. An additional 2,784 employees who have tested positive are still under investigation as to the source of infection.

6,906 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 1,793 (or 26.0 per cent) have tested positive.

- Of the 647 physicians who have tested positive and whose source of infection has been determined, 31 (or 4.8 per cent) acquired their infection through a workplace exposure. An additional 216 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](#).

Decommissioning of Standardized Mini-Mental State Examination

AHS is shifting away from clinical use of the Standardized Mini-Mental State Examination and all Mini-Mental State Examination forms as the copyright contract is set to expire Aug. 31, 2022. Continuing the use of existing forms would be an infringement of copyright.

This decommissioning will include all paper and electronic versions of the tools. As a result, all AHS employees and medical staff will be required to use alternative cognitive screening tools. These tools, along with additional resources such as tips and guides on how to implement them, can be found [here](#), and in the Cognitive Tools Navigator in Connect Care.

For more information, please see the following resources:

- [Frequently asked questions](#)
- [Cognitive screening webinar](#)

For clinical practice questions, please contact practice.consultation@ahs.ca

Interim CEO Weekly Video Message — Complex Care Hub

Our people and teams across AHS are consistently adaptive and innovative, delivering care in new ways that support the well-being of our patients.

While the COVID-19 pandemic certainly shone a brighter light on how we use virtual care technologies to support our patients, many initiatives capitalized on the benefits offered by virtual care prior to COVID-19.

One example is the Complex Care Hub, which provides a home hospital care model that functions as an alternative to traditional hospitalization for patients with complex conditions. It's had great success in helping keep patients in their homes and communities while they receive care.

Joining the [AHS Vlog](#) is Dr. Michelle Grinman, Medical Lead, Complex Care Hub, Calgary Zone.



Be Well - Be Kind

Gratitude from Albertans

Everything you and your colleagues do every day to provide safe quality care to Albertans is being noticed. Messages of gratitude keep coming in from across the province and beyond during the COVID-19 pandemic. You can read messages of gratitude on our [Sharing the Love webpage](#).

Wrapping Up

We're in the final few days of July, with a long summer weekend ahead. If you have the next few days off, we encourage you to find time to rest, recharge and enjoy the summer weather. For those of you who will be caring for patients and families over the August long weekend, thank you very much for your work and sacrifice, and we hope you find another opportunity soon to take some time off. We're all very adept at caring for others. Let's always make sure we take care of ourselves as well.

With enduring gratitude and appreciation,

Mauro Chies

Interim AHS President & CEO

Dr. Laura McDougall

Senior Medical Officer of Health

