

# CMO SMOH Weekly Notice for AHS Medical Staff

March 26, 2021

## This week:

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- Scientific Advisory Group Rapid Reviews
  - Double Masking & Improved Mask Fit **New**
  - Post-COVID-19-Vaccine Transmission **New**
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- MD Culture Shift **New**
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  - \$33M Investment to Reduce CT, MRI Wait Times **New**
- Beyond COVID-19: AHS Medical Staff Bylaw and Rules Amendments **New**
- Additional Resources for Physicians

## Highlighted Resources

- **Vaccine Types, Efficacy and Phasing** - Please visit the following websites to learn more about the vaccines and phasing approach:
  - [Covishield/AstraZeneca](#)
  - [Moderna](#)
  - [Pfizer-BioNTech](#)
  - [Janssen](#)
  - [alberta.ca](#)
- **University of Calgary COVID Corner** - COVID Corner, hosted by the University of Calgary, offers updates on various topics and aspects related to the COVID-19 pandemic. Each of these sessions are recorded and available on the [University of Calgary website](#).
- **MD News Digest** – A collection of news updates from AHS, and other local news sources, COVID-19 and non-COVID-19 related. These updates can be found on the [AHS Medical Staff news page](#).

## Scientific Advisory Group Rapid Reviews

### **Double Masking & Improved Mask Fit**

AHS Scientific Advisory Group (SAG) conducted a rapid review to explore and summarize the scientific research on the use of “double masking” (placing a cloth mask over a medical mask) to prevent the transmission of COVID-19 in the community, to provide guidance to public health officials and clinicians.

The SAG’s review of the literature did not find any clinical studies to answer this question, however, it did identify public health guidelines and a recent laboratory-based simulation study that provide some guidance about improving masking, including the following:

- If a cloth mask is used, it should consist of three layers. For more details about these masks, please see these [resources](#).
- Public health guidelines note the importance of a well-fitted mask and recent laboratory studies further highlight the value of a tightly-fitted mask.

Both mask composition and mask fit are important. If there is concern about air leakage from mask edges, modifications can include knotting/tucking, or mask braces. However, given the overall limited data, double masking is not recommended.

For more information about this report, see the [Rapid Review](#).

### **Post-COVID-19-Vaccine Transmission**

The SAG conducted a rapid review to explore and summarize scientific research about COVID-19 transmission following immunization. The SAG found:

- All of the available vaccines have been highly protective against severe COVID-19.
- Some studies show that, after vaccination, people are also less likely to get COVID-19 without any associated symptoms. And, for people who do test positive without symptoms, the amount of virus appears to be lower, meaning people who are vaccinated may be less likely to transmit to others.

It also found that, although the studies look promising that vaccination will reduce transmission, more studies and evidence is required and, until then, it is safest to maintain current precautions during vaccine rollout and reassess the evidence frequently. All healthcare workers, including those who have been immunized, must still follow all current PPE requirements, as well as isolation and quarantine requirements.

Although some individuals are at greater risk for severe complications, without immunization, we have seen that even healthy Albertans are at risk of severe illness and even death from this virus. Immunization is safe. It is much safer to get immunized than to get COVID-19 disease.

We all must do our part to protect one another. Immunization, and adhering to public health measures are the most effective means of protecting yourself, your loved ones and the greater community from COVID-19.

For more information about the COVID-19 vaccine, please visit the [AHS COVID-19 Vaccine webpage](#). For more information about this report, see the [Rapid Review](#).

### **Tocilizumab use for COVID-19**

There is evidence that suggests Tocilizumab may be of benefit to select patients with COVID-19. Tocilizumab is available now through your local pharmacy, and further information will be available after April 8 on the [Provincial Parenteral Manual](#).

### **MD Culture Shift (Previously Physician Wellness)**

<b>Physician Wellness Zoom Rooms</b>	<b>Topic of focus: Self-Compassion</b> Date: Tues., April 6 Time: 5-6 p.m.
	<b>Topic of focus: Anti-Racism</b> Date: Tues., April 20 Time: 5-6 p.m. Zoom Link: <a href="#">Here</a>

### **MD Culture Shift Resources:**

- Infographics from past Physician Wellness Zoom rooms can be found at [www.ahs.ca/mdwellness](http://www.ahs.ca/mdwellness).
- Check out our newsletter, MD Culture Shift Winter edition, [here](#).

## Leadership Development Opportunities

### Decision-Making and Capacity (12 e-learning lessons through MyLearningLink)

- **Date:** April 8
- **How to Join:** Visit [Practice Wise](#).
- **Questions:** Contact the Practice Consultation service at [practice.consultation@ahs.ca](mailto:practice.consultation@ahs.ca)

### “Coaching Out of the Box” Training: Offered by University of Alberta Faculty of Dentistry and Medicine

Designed for physicians to explore ways in which coaching skills might enhance their clinical practice, teaching and leadership

- **Date:** April 28 (Eight weekly sessions)
- **Time:** 4:30-6 p.m. MST
- **Learn more at:** [Coaching Out of the Box](#)

## Doctor of the Week – Dr. Jan Ooi

Since the beginning of the pandemic, Dr. Jan Ooi, family physician, has gone far beyond the call of duty in helping the Riley Park Low-Risk Maternity Clinic and the low-risk obstetrical call group based at Foothills Hospital to develop and implement processes to keep physicians, staff and patients safe.

She has come up with innovative ideas and overcome significant obstacles to put those ideas into practice – and she always does it with a smile and an encouraging word. She consistently prioritizes good patient care, and is an excellent and compassionate physician. She is truly an example to all.

Thank you, Dr. Ooi, for your ongoing commitment and care for your colleagues and Albertans.

### Doctor of the Week Call for Nominations

*Do you know a physician who has gone above and beyond during the pandemic to shape and drive improvements for patients? Perhaps a physician colleague has gone above and beyond to help support others during a difficult day?*

*Each week, we would like to take a moment to celebrate and thank the amazing physicians working across the province to provide high-quality care to patients, staff and colleagues. If you know someone who deserves to be celebrated, please email [CMO@ahs.ca](mailto:CMO@ahs.ca) with your suggestion, and a brief description of why.*

## Highlights from the CEO All Staff Update

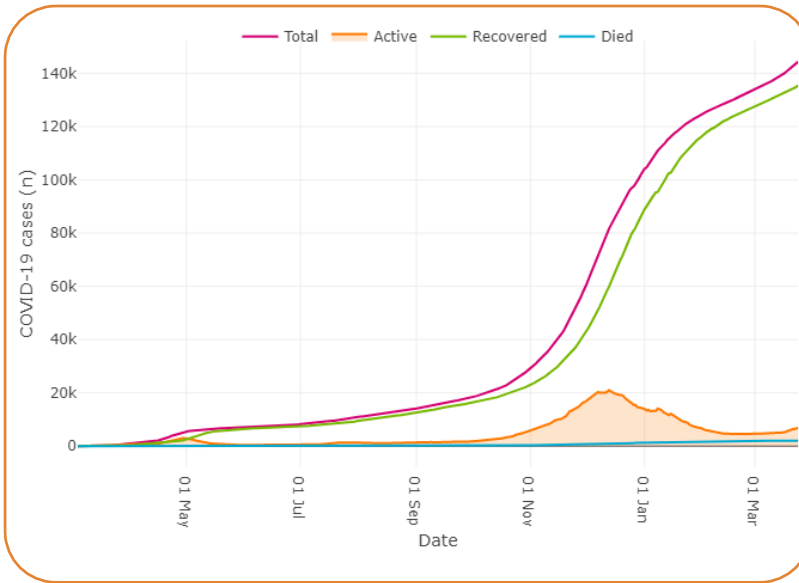
### COVID-19 Case Status in Alberta

This past week, Alberta experienced a sharp spike in COVID-19 cases across the province, including a 57.2 per cent week-to-week increase in active cases in the Calgary Zone.

As of March 24, there were 6,835 active cases in the province, 1,751 more than the previous week, a 34.4 per cent increase. For the 11<sup>th</sup> consecutive week, the Calgary Zone had the most active cases, with 3,099, although active cases were up in the other four zones, as you can see in the table below.

	Active Cases (as of March 24)	Active Cases (as of March 17)	Per cent Change
<b>Calgary</b>	3,099	1,972	+57.2%
<b>Edmonton</b>	1,512	1,231	+22.8%
<b>North</b>	798	750	+6.4%
<b>South</b>	790	647	+22.1%
<b>Central</b>	611	475	+28.6%

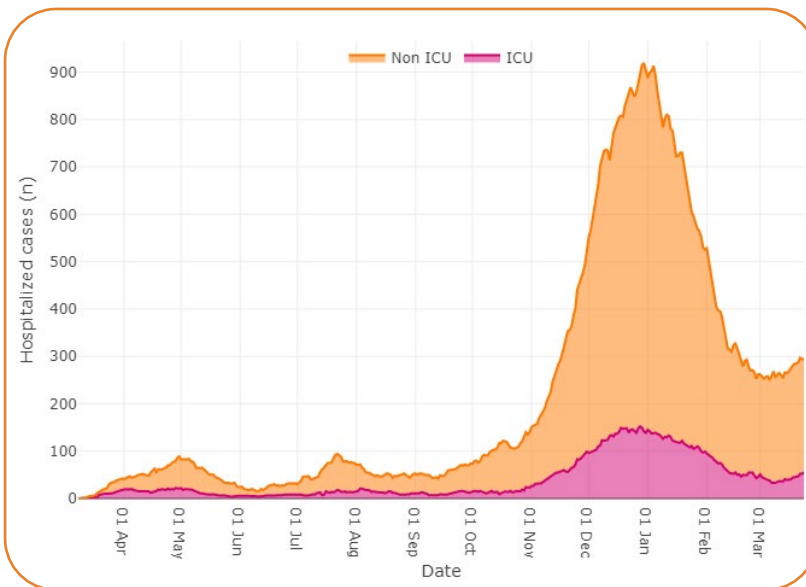
<b>Unknown</b>	<b>25</b>	<b>9</b>	<b>+177.8%</b>
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For the seven-day period ending March 24, the number of average new COVID-19 cases rose to 597, compared to 434 the previous week, a 37.5 per cent increase. While all zones reported increases in their average new cases this week, the Calgary Zone had a particularly large spike, reporting 1,970 new cases (an average of 281 per day) this week compared to 1,223 new cases (an average of 175 per day) the previous week, a 61 per cent increase. Provincewide, individuals ages 20 to 49 represented about half of all new cases.

***Hospitalizations and admissions***

Hospitalizations and ICU admissions also climbed this week, the latter significantly. On March 24, there were 55 individuals in ICU with COVID-19, compared to 40 on March 17, a 37.5 per cent increase. A total of 239 individuals were in non-ICU hospital beds on March 24 compared to 235 individuals in non-ICU hospital beds on March 17, a 1.7 per cent increase.



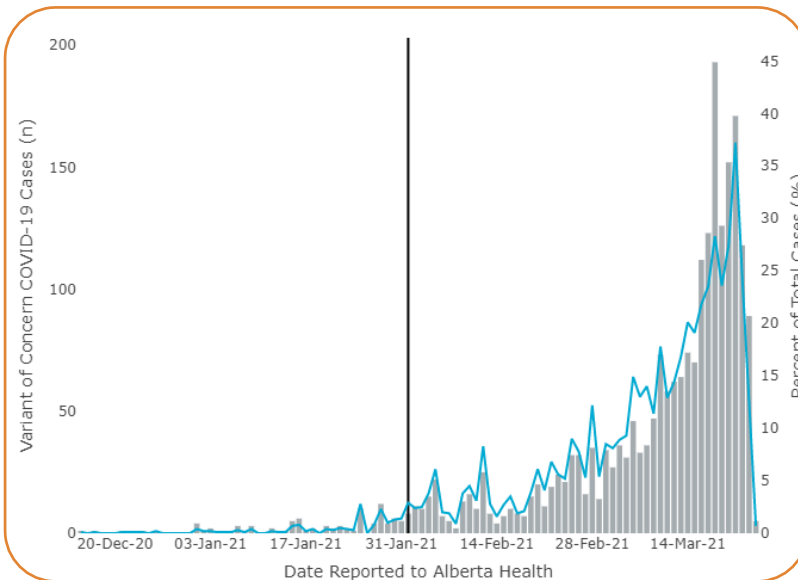
The breakdown of hospitalizations by zone as of March 24 is as follows:

	Hospitalizations	ICUs
<b>Calgary</b>	106	20
<b>Edmonton</b>	83	15
<b>South</b>	42	10
<b>Central</b>	35	5
<b>North</b>	28	5

### Variants of concern

Alberta Health has now reported 2,301 cases of COVID-19 variants of concern (VOC): 2,276 are B.1.1.7 variant (U.K. variant), 20 are B.1.351 variant (South African variant) and five are P.1 (Brazilian variant). Of all these VOC cases, 1,400 are active (20.5 per cent of total active COVID-19 cases), 881 people have recovered and 20 people have died.

The figure below shows new VOC cases by day (grey bars) and the percentage of VOC cases identified compared to other cases of COVID-19 (blue line). Between March 16 and March 22, the percentage of VOC cases ranged from 21.8 per cent to 37.2 per cent.



### Other notable COVID-19-related information:

As of March 24:

- A total of 144,311 cases of COVID-19 have been detected in Alberta and a total of 6,418 individuals have been hospitalized, which amounts to 4.4 individuals for every 100 cases. In all, 135,500 Albertans have recovered from COVID-19.
- 1,976 individuals have passed away from COVID-19, including 19 deaths over the past seven days (March 18 to March 24). We extend our condolences to the families of these individuals, and to all who have lost loved ones from any cause during this time.
- A total of 3.6 million tests have been conducted and 1.9 million individuals have been tested. From March 18 to March 24, 75,112 COVID-19 tests were completed, an average of 10,730 tests per day. During this period, the daily positivity ranged from 4.85 per cent to 6.71 per cent.

The R value, also known as the reproduction number, describes the ability of a disease to spread. It tells us the average number of people that someone with COVID-19 will infect. An R value of 1 means an infected person will infect one other person on average. Values below 1 mean transmission is decreasing; above 1, transmission is increasing. The provincewide R value from March 15 to March 21 was 1.14, compared to 1.07 the previous week.

## **COVID-19 Testing for Healthcare Workers — the Latest Numbers**

We continue to update the testing data for healthcare workers in the [AHS Healthcare Worker COVID-19 Testing dashboard](#). These statistics provide the total number of AHS, Covenant Health 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.

As of March 24:

- 78,745 employees (AHS, APL, and Covenant combined) have been tested for COVID-19 and, of those tested, 4,917 (or 6.24 per cent) have tested positive.
- Of the 2,640 employees who have tested positive and whose source of infection has been determined, 592 (or 22.4 per cent) acquired their infection through a workplace exposure. An additional 2,277 employees who have tested positive are still under investigation as to the source of infection.
- 5,070 physicians (AHS, APL, and Covenant combined) have been tested for COVID-19 and, of those tested, 204 (or 4.02 per cent) have tested positive.
- Of the 106 physicians who have tested positive and whose source of infection has been determined, 11 (or 10.4 per cent) acquired their infection through a workplace exposure. An additional 98 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](#) and [dashboard](#).

## **COVID-19 Immunization Updates**

### *By the Numbers*

As of 10 a.m. today (March 26), more than 451,600 total doses of COVID-19 vaccine have been administered by AHS. More than 267,200 Albertans have received at least one dose of COVID-19 vaccine and more than 92,100 have received both Dose 1 and Dose 2.

### *COVID-19 Immunization Milestone*

On March 25, more than 20,000 doses of COVID-19 vaccine were administered at more than 120 AHS immunization sites across Alberta.

We have hit another major milestone and another all-time high in AHS' COVID-19 immunization campaign.

From our front-line immunizers to the Public Health, Logistics, IT and Communications teams involved in the online booking tool development, and everyone who made this possible, thank you for your hard work and preparation that has culminated in this outstanding achievement. The level of co-operation and co-ordination you have displayed is truly outstanding. This is more than 20,000 lives changed for the better.



We will continue to work towards our goal to complete first doses for all Albertans who wish to have the vaccine by June, as vaccine supply allows.

Thank you again for sharing your skills, knowledge and expertise. We appreciate and value all the work you have done and continue to do.

### *Update on Rollout of Phase 2A*

As of 10 a.m. today (March 26), AHS has booked 110,629 COVID-19 immunization appointments for eligible Albertans in Phase 2A. More than 50,100 Albertans received their COVID-19 immunization at

AHS sites this week alone. Together with the pharmacy program in the province, we are hoping to complete Phase 2A by next week.

Albertans eligible to book through [AHS online immunization booking tool](#) or through Health Link 811 include Albertans born in 1956 or earlier and First Nations, Métis and Inuit people born in 1971 or earlier. Immunizations are also being offered to the entire Phase 2A cohort through [participating pharmacies](#) across the province.

We encourage all healthcare workers who become eligible in Phase 2A due to age or other eligibility criteria to get their vaccine as soon as possible.

We expect in early April to begin Phase 2B, which will target Albertans with [underlying health conditions](#). Phase 2C is anticipated to begin later in April. Exact timing will depend on vaccine supply and will be announced closer to the start of each phase. Please note: appointment bookings are not yet available for either Phase 2B or 2C.

We understand there are many people anxiously waiting to receive the COVID-19 vaccine and many staff have questions about the eligibility criteria for healthcare workers in Phase 2C, which was announced by Alberta Health last week.

To help answer your questions, we have added a FAQ onto the [Vaccine Sequencing for Healthcare Workers](#) page ([printable PDF](#)) to clarify the following:

- Who will be eligible in Phase 2C
- What is considered a patient care facility
- Eligibility of healthcare workers in different settings
- Volunteers working in patient care facilities
- Eligibility of contracted providers
- Eligibility of healthcare workers on leave
- Student and instructor placements

We greatly appreciate the vital work you do, and we understand you require the most current information as soon as it is available.

#### *[Commitment to Comfort Resources for COVID-19 Immunization](#)*

Commitment to Comfort (CTC) is an evidence-based quality improvement initiative, which was initially developed at the Alberta Children's Hospital in 2014 and has now been expanded to support adult populations. The initiative aims to reduce pain and distress with any needle or medical procedure to improve comfort and overall client experience.

Up to a quarter of adults have needle fears and 10 per cent of those adults have such significant fear that they avoid immunization. CTC has five simple core principles, which are derived from research and current clinical practice guidelines, and supported by internationally renowned experts in vaccine pain and fear management.

The CTC team within the AHS COVID-19 Vaccine Task Force has expanded these principles and strategies to adult populations for the COVID-19 immunization program in Alberta. These principles have also been integrated into AHS' [provincial COVID-19 immunization policy](#).

Several resources have been developed for immunizers and clients, and are available on the [COVID-19 Resources Table for AHS Staff & Health Professionals](#). We encourage teams to embed these resources into their work.



## **Influenza Immunization Update**

As of March 20, 1.6 million doses of influenza vaccine have been administered in Alberta. Immunizations are up by more than 193,800 compared to the same time last year. For the 20th week in row, there are no reported cases of seasonal influenza in Alberta. Alberta Precision Laboratories (APL) has tested 107,820 respiratory swabs for influenza from Aug. 23, 2020, to March 20, 2021.

We continue to make exceptional progress this season. Let's continue to protect each other from this vaccine-preventable illness and reduce the strain on our healthcare system.

Check [Insite](#) for options to get your influenza vaccine, [resources](#) to support this year's campaign and guidance on what to do if you experience [symptoms after immunization](#).

[Click here](#) for more information on the influenza immunization clinics for the public, including your families. And, if you got your influenza vaccine at a [public health clinic](#), pharmacy or doctor's office, please complete the [Got My Flu Shot Form](#).

## **\$33M Investment to Reduce CT, MRI Wait Times**

Today [AHS announced a \\$33-million investment](#) to improve access to CT and MRI diagnostic imaging healthcare services.

In partnership with Alberta Health, AHS has developed a three-year action plan to reduce wait times, and we will now take immediate steps to implement it, ensuring Albertans have more timely access to CT and MRI services.

The CT and MRI Implementation Plan will minimize wait times, decrease costs and better manage demand by using data to more accurately estimate where demand pressures may occur. This will allow us to allocate resources where they are most needed by reinvesting savings created by cost containment, clinical appropriateness and efficiencies back into diagnostic imaging.

The \$33-million commitment for Year 1 of the three-year plan will enable AHS to perform 50,000 additional CT scans in 2021/22 and 45,000 additional MR scans in 2021/22 throughout the province.

## **Beyond COVID-19**

### ***AHS Medical Staff Bylaws and Rules Amendments***

Effective Feb. 8, 2021, proposed amendments to the AHS Medical Staff Bylaws were approved by the Minister of Health. Additionally, March 8, 2021, proposed amendments to the AHS Medical Staff Rules were approved by Dr. Belanger. These amendments reflect changes to current physician care team approaches, granting of appointments and privileges and AHS administrative structures.

These amendments are part of a regular review requirement to ensure Bylaws and Rules are current, and is separate from a review taking place following a directive provided in 2020 by AH to AHS to review the Medical Staff Bylaws.

The amended Bylaws and Rules can be found:

- [Insite](#) (login required)
- [Medical Staff webpage](#)

The approval of the Bylaws and Rules represents the dedicated work and engagement of the AHS Medical Staff Bylaws and Rules Review Committee. Thank you to past and current Committee members in the successful completion of this review process.

Members of the medical staff may submit questions regarding the approved amendment or submit future amendments to the Bylaws and Rules at [AHS.Bylaws@ahs.ca](mailto:AHS.Bylaws@ahs.ca).



### **Additional Resources for Physicians:**

- [Acute Care Outbreak Prevention & Management Task Force](#)
- [AHS Immunization Information](#)
- [AHS Virtual Health](#)
- [COVID-19 FAQ for Clinicians](#)
- [COVID-19 Resources for Community Physicians](#)
- [COVID-19 Testing and Self-Isolation Criteria](#)
- [CPSA's physician portal](#)
- [Cumming School of Medicine Continuing Medical Education \(CME\) Resources](#)
- [Government of Alberta Vaccination Updates](#)
- [How to Access AHS Insite and Email](#)
- [How to do a Nasopharyngeal \(NP\) Swab](#) (New England Journal of Medicine)
- [IPC Emerging Issues](#)
- [Online Healthcare Worker Self-Assessment Tool](#)
- [Physician & Family Support Program](#) - 1-877-SOS-4MDS (767-4637)
- [Physician Wellness Educational Resources: Well Doc Alberta](#)
- [Spectrum](#): A mobile app customized to deliver local antimicrobial stewardship guidelines, resistance data, dosing information, and AHS COVID-19 related content.
- COVID-19 Questions? Contact your local Zone Emergency Operations Centre (ZEOC):
  - [ZEOC.South@ahs.ca](mailto:ZEOC.South@ahs.ca)
  - [ZEOC.Calgary@ahs.ca](mailto:ZEOC.Calgary@ahs.ca)
  - [ZEOC.Central@ahs.ca](mailto:ZEOC.Central@ahs.ca)
  - [ZEOC.Edmonton@ahs.ca](mailto:ZEOC.Edmonton@ahs.ca)
  - [PCH.ZEOCNorth@ahs.ca](mailto:PCH.ZEOCNorth@ahs.ca)

### **For more information**

- Visit the [COVID-19 Healthcare Professional information page](#) on the AHS website for more information or contact [AHS.ECC@ahs.ca](mailto:AHS.ECC@ahs.ca).
- Additional updates and information are being shared through the [College of Physicians & Surgeons of Alberta \(CPSA\)](#).

*This update, provided every Friday, is intended to provide a summary of the key action items, information and decisions for AHS Medical Staff in relation to clinical policies and practices, and for the COVID-19 pandemic response. It is forwarded to physicians' preferred email inbox.*

*Do you have COVID-19 questions, information, or a physician or team who have gone above and beyond during the pandemic, that you would like to see covered in an upcoming edition of the COVID-19 CMO update? Let us know at [CMO@ahs.ca](mailto:CMO@ahs.ca).*

Sincerely,

**Dr. Mark Joffe on behalf of Dr. Francois Belanger**

Vice President & Medical Director

**Dr. Laura McDougall**

Senior Medical Officer of Health



**Alberta Health  
Services**

Physical  
distancing  
works