

# CMO SMOH Weekly Notice for AHS Medical Staff

June 4, 2021

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## Top News

### Alberta Numbers Show Vaccination Works

Since the first COVID-19 vaccines arrived in Alberta last December, we've been urging Albertans to get vaccinated as soon as they're eligible because it's the best way to prevent yourself from infection and/or severe illness from the virus. We'd like to start this week's message by sharing compelling evidence that vaccines work.

Since Jan. 1, 96 per cent of all confirmed COVID-19 cases in Alberta were either unvaccinated or diagnosed within two weeks of getting their first dose, when immunity is still developing. That's how effectively vaccines prevent infection.

Our hospitalization numbers tell a similar story. Since the start of the year, 93 per cent of individuals hospitalized with COVID-19 were either not vaccinated, or diagnosed within two weeks of getting their first dose.

We share these numbers with you today to illustrate how incredibly effective vaccines are in preventing infection and severe illness. Through immunization, we can bring this pandemic to an end. Please get yourself fully immunized as soon as you are eligible to do so, and please encourage others to do the same. As healthcare workers we also have a duty to our patients and families to keep them safe. Please get immunized as soon as you can to protect yourself, your family, and all Albertans.

### Wisdom Council Statement on Residential School Mass Grave

The AHS Wisdom Council provides valuable guidance and advice to AHS leadership to support our organization's journey toward ReconciliACTION. Dr. Verna Yiu received this letter from the Council

Chair and Vice-Chair following the tragic news from B.C. last weekend and we wanted to share it with you.

**Re: Statement on findings of residential school 215 children mass grave**

*It is with heavy hearts we share this statement on behalf of the Wisdom Council. Approximately six days ago the Tk'emlúps te Secwépemc First Nation shared their preliminary findings from a survey of the grounds at the former Indian Residential School. What they uncovered were the remains of 215 children buried at the site. This news reverberated across Canada and for the Indigenous people who knew of this genocide, and those residential school survivors who witnessed the atrocities first-hand, they were reminded once again of the pain and suffering they experienced.*

*The news brought many to mourn the tremendous loss. There is an outpouring of grief and calls for other residential schools to be searched so we can bring all of our children home. The rest of Canada is now aware of this truth and when we talk "reconciliation" what does it mean for mainstream society? In the Truth and Reconciliation Commission (TRC) report a number of calls to action were made to address residential schools, one we are sharing below:*

*Call to Action 75. We call upon the federal government to work with provincial, territorial, and municipal governments, churches, Aboriginal communities, former residential school students, and current landowners to develop and implement strategies and procedures for the ongoing identification, documentation, maintenance, commemoration, and protection of residential school cemeteries or other sites at which residential school children were buried. This is to include the provision of appropriate memorial ceremonies and commemorative markers to honour the deceased children. We must hold the Federal government accountable and continue to push for those TRC calls to action that were developed to be honoured. We talk reconciliation but it is time for reconciliACTION!*

*Our recommendation is for AHS health care providers, volunteers and leaders to read or re-read the Truth and Reconciliation Commission of Canada Report to reinforce their knowledge and understanding as one step towards reconciliation. The website to access the report is [NCTR - National Centre for Truth and Reconciliation](#).*

*If we are to make a change to begin truly healing as a Nation not only the Indigenous people but all Canadians need to come together in hearing our truth with compassion and humility.*

*In closing, focus on staying well spiritually, mentally, physically and emotionally. We have experienced many challenges but we have and will overcome.*

*In the Spirit of Health and ReconciliACTION,*

— Casey Eagle Speaker, Chair – Wisdom Council, AHS  
— Wally Sinclair, Co-Chair – Wisdom Council, AHS

We mourn and honour the 215 Indigenous children found near the site of Canada's largest residential school near Kamloops, B.C. Collectively we grieve this deplorable discovery with great sadness and heartache and we stand together with the families and communities who loved these children.

For many this has triggered traumatic memories of their experiences in residential schools. We know that this is not an isolated incident in our country's history and we know this will not be the last discovery of this nature. These stories are a reminder of the duty we all have to [truth and reconciliation](#).

If you are feeling distressed and need support, there are resources available through the Physician & Family Support Program:

- CALL 1-877-SOS-4MDS (767-4637)
- International: 403-930-0529 (you may call collect)
- CONFIDENTIAL 24 Hours a Day/7 Days a Week/365 Days a Year

- Visit [Alberta Medical Association: PFSP](#)

**Many of you may be wondering what you can do.**

The first step to reconciliation is awareness. We encourage you to participate in the Indigenous awareness training available on [MyLearningLink](#), review our Change the Conversation resources on [Intergenerational Trauma](#) and [Being an Ally](#), and take part in this month's activities and sessions to mark [National Indigenous Peoples Month](#).

We expanded activities to a month so we have sufficient time to highlight the work of the Indigenous Wellness Core, programs within AHS and our Indigenous partners to provide culturally safe, inclusive health care.

This year, our theme is Celebrating Resilience through Reconciliation. Throughout June, we'll be hosting online presentations and encourage you to share your stories of strength and resilience online [here](#).

Let's gather together – online – to show our commitment to truth and reconciliation.

**MD Culture Shift**

**MD Culture Shift Newsletter:** [Issue 04: June 2021](#)

***Newsletter Spotlight:***

As a provider of healthcare for all Albertans, AHS is committed to follow the Truth and Reconciliation Commission of Canada Calls to Action and to address health specific concerns in a culturally appropriate way.

In this [seven-minute video](#), learn more about the history of segregated hospitals for Indigenous people, the impact, and steps AHS is taking to repair this relationship and move towards reconciliation.

**Equity, Diversity and Inclusion**

***Equity in Medicine Virtual Conference***

**Date:** June 12

**Register:** [Here](#)

***Equity & Diversity in Research and Research in Equity & Diversity***

Dr. Kim Kelly hosts a YEG Women in Health Networking event with speaker Dr. Shannon Ruzycski

**Date:** June 15

**Time:** 7 p.m.

**Register:** [Here](#)

**Reminder: 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.

This next session, *Management of Acute COVID-19 in the Hospital, and Long COVID in the Community*, will:

- Describe the need for vaccine outreach clinics, the importance of the second dose and evidence for mixing different types of vaccines
- List the therapeutics that have proven efficacy in improving outcomes in hospitalized patients and promising agents under investigation

- Recognize the persistent symptoms that can follow SARS-CoV-2 infection and describe the resources for managing patients with Long COVID

Date: June 9  
 Time: 7-9 p.m. MST  
 Register: [Here](#)

### **Doctor of the Week – Dr. Colin Del Castillo**



Dr. Colin Del Castillo, Emergency Physician and this week’s Doctor of the Week, always wanted to be in a career where he would have the opportunity to help people on a daily basis. He also wanted to do something exciting where there would be daily challenges to overcome.

“Medicine has definitely provided that,” says Dr. Del Castillo. “The best part of being a physician is the opportunity to help people when they need it the most. You spend years learning how to be a doctor and then to be able to translate that into a meaningful outcome for patients is very rewarding.”

Throughout the pandemic, one thing that has stood out for Dr. Del Castillo is the sense of teamwork that has emerged.

“As an Emergency Physician, when I go to work, there is a feeling that everyone is in this together. Whether it is the environmental services worker, a porter or a lab tech, everybody says hi to everyone else now because we all know that each member of the team is playing an important role in keeping the department safe and outbreak free.”

When asked what he finds challenging at this time, he says, “the most difficult part about being a physician with a leadership role is trying to manage the competing demands on your time. The pandemic really highlighted this. As an Emergency Physician, we were faced with learning how to practice in a completely different environment where one PPE breach could result in getting infected and then bringing that home to your family. The treatment recommendations were also changing on a daily basis.

As a leader, there were a host of administrative challenges to address as well. I was one of the Co-Medical Directors for the ZEOC in Calgary, and we were tasked with preparing the Zone for a clinical entity nobody had experience dealing with before. Fortunately we were able to assemble a really strong team as a lot of people stepped up to help which is why I think we’ve done such a great job of managing the pandemic thus far.

Outside of work, Dr. Del Castillo likes to lead a fairly simple life. He tries to spend as much time as he can with his family (wife, five kids, two dogs and two birds). He also enjoys coaching one of his kid’s soccer teams and really hopes the pandemic ends soon so that he can get back to competing in a few obstacle course races this summer.

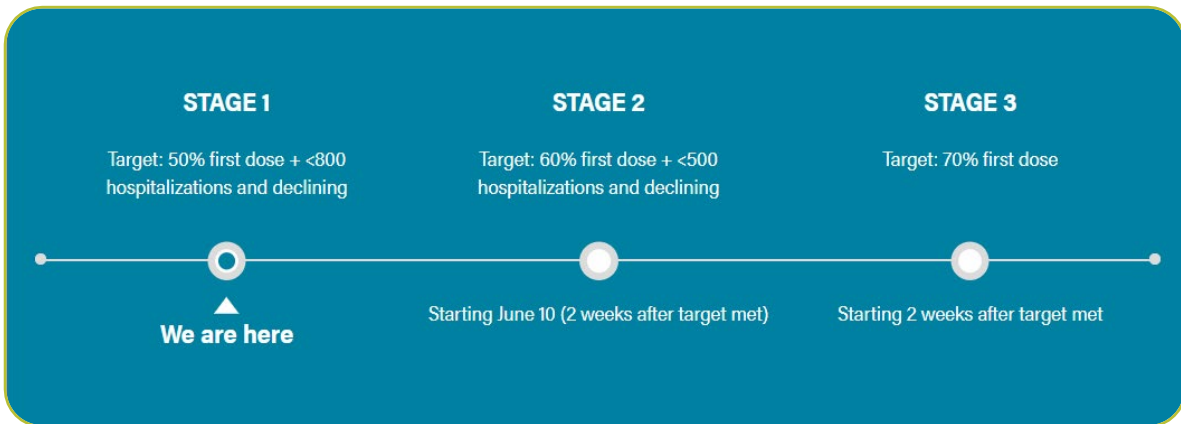
Thank you, Dr. Del Castillo, for your dedication to your colleagues and Albertans.

### **Province Begins to Launch Multi-Stage Plan Lifting Health Measures**

Following the Government of Alberta’s announcement of its [three-stage plan](#) to lift health restrictions over the next few weeks, Stage 1 started on June 1, which includes the following:

- The capacity limit for worship services increases to 15 per cent of fire code occupancy.
- Outdoor social gatherings, with distancing, increases to up to 10 people.

- Indoor social gatherings are still not permitted.
- Outdoor patio dining can resume with a maximum of four people per table. Everyone at the table must be members of the same household or for a person living alone, dining parties are limited to two close contacts.
- Outdoor physical, performance and recreational activities are permitted with up to 10 distanced people, for all ages.
- Physical distancing and other restrictions still apply.
- Retail can increase to 15 per cent of fire code occupancy (must maintain ability to distance).
- Personal and wellness services can reopen, by appointment only.
- Wedding ceremonies may have up to 10 people, including the officiant, bride/groom, witnesses and any photographers/videographers. Receptions remain prohibited.
- Funeral ceremonies may have up to 20 people, not including facility staff, funeral clergy or organizers not considered guests. Receptions remain prohibited.
- Distancing and masking requirements remain in effect.



Upcoming stages:

- Stage 2 (expected to start in mid-June): Two weeks after 60 per cent of Albertans aged 12-plus have received at least one dose of vaccine and COVID-19 hospitalizations are below 500 and declining.
- Stage 3 (expected to start in early July): Two weeks after 70 per cent of Albertans aged 12-plus have received at least one dose of vaccine.

[More information on this plan](#) is available on the government website.

## Highlights from the CEO All Staff Update

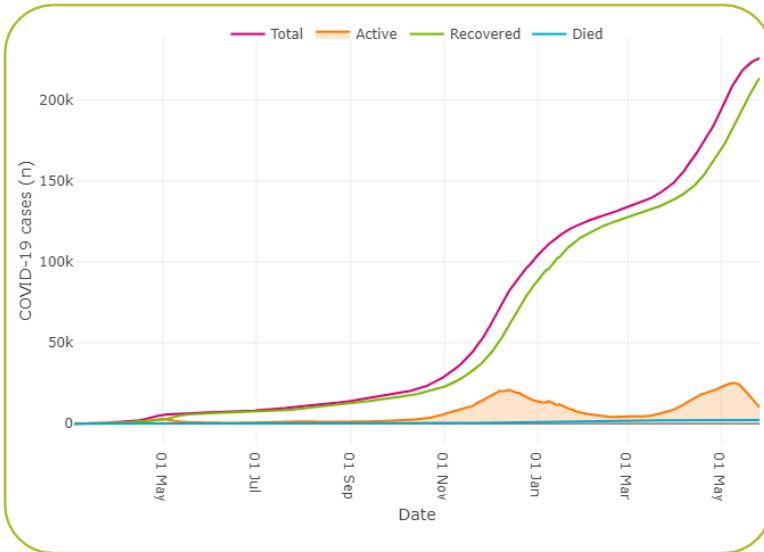
### [COVID-19 Case Status in Alberta](#)

COVID-19 case numbers, hospitalizations and ICU admissions all continued to fall, while the Government of Alberta announced its timelines for Albertans to book their second doses of vaccine.

As you can see in the table below, active case counts are down significantly provincially and in all five zones.

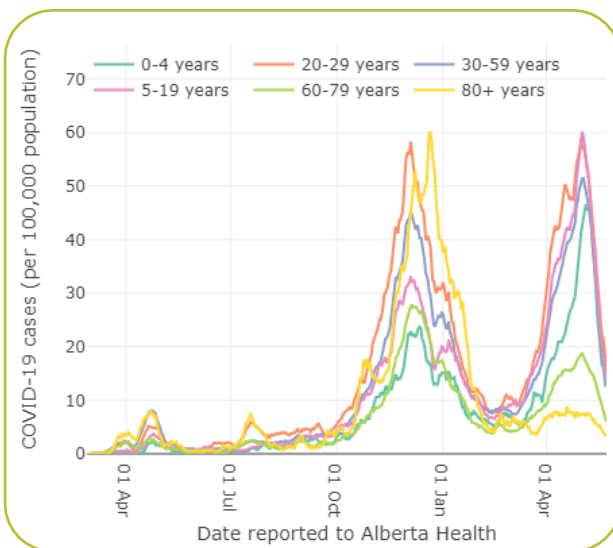
	Active Cases (as of June 2)	Active Cases (as of May 26)	Per cent Change
<b>Calgary</b>	2,379	4,150	-42.7%
<b>Edmonton</b>	1,522	2,616	-41.8%
<b>North</b>	816	1,511	-46.0%
<b>Central</b>	745	1,145	-34.9%
<b>South</b>	367	591	-37.9%
<b>Unknown</b>	2	4	-50.0%
<b>Total</b>	5,831	10,017	-41.8%

There was an average of 366 new daily cases for the seven-day period ending June 2, compared to 534 the previous week (May 20-26), a 31.5 per cent decrease. Calgary Zone had the most new cases over the past week, with 1,025, but that still represents a 33.7 per cent decrease from the previous week, when 1,545 new cases were reported.



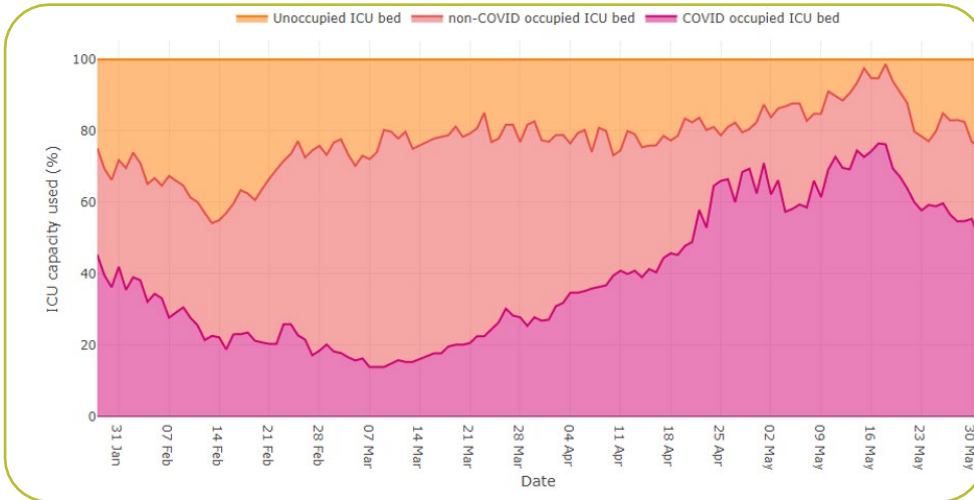
**Cases by age group**

School-aged children (aged five to 19 years) had the highest seven-day rolling average of daily cases with 11.57 per 100,000 people, followed by young adults (20-29 years) with 9.57 and young children (0-4 years) at 9.14. Albertans 80 years and older had the lowest rate at 2.86. A visual representation of these trends can be seen below.

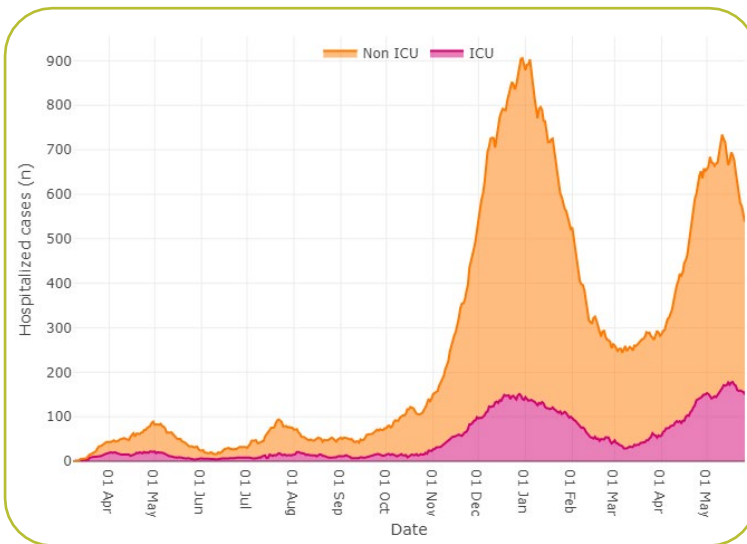


**Hospitalizations and ICU admissions**

On June 2, 120 individuals with COVID-19 were in ICUs compared to 147 on May 26, an 18.4 per cent decrease. The most recent reporting, on May 31, puts our ICU usage at 75.4 per cent, with 50.4 per cent of ICU beds being occupied by patients with COVID-19. The figure below is a visual representation of ICU capacity in Alberta.



A total of 291 individuals with COVID-19 were in non-ICU hospital beds on June 2 compared to 392 on May 26, a 25.8 per cent decrease.



The breakdown of hospitalizations by zone as of June 2 is represented in the table below.

	<b>Hospitalizations</b>	<b>ICUs</b>
<b>Calgary</b>	155	44
<b>Edmonton</b>	139	47
<b>Central</b>	47	11
<b>North</b>	40	11
<b>South</b>	30	7

### **Variants of concern**

The lab is currently prioritizing the sequencing of backlogged samples. The proportion of presumptive and other variants may change as presumptive variants are sequenced.

On June 2, averaged over the previous seven days:

- 86.6 per cent of samples successfully screened was the B.1.1.7 (UK) variant
- 5.2 per cent of samples successfully screened was the P.1 (Brazil) variant
- 1.0 per cent of samples successfully screened was the B.1.617 (India) variant

- 0.1 per cent of total samples successfully screened was the B.1.351 (South Africa) variant
- 1.4 per cent of total samples successfully screened were labelled as presumptive variant.

Since this is a seven-day rolling average, the numbers may not sum to 100 per cent.

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

As of June 2:

- A total of 228,424 cases of COVID-19 have been detected in Alberta and a total of 9,377 individuals have been hospitalized, which amounts to 4.1 individuals for every 100 cases. In all, 220,357 Albertans have recovered from COVID-19.
- 2,236 individuals have passed away from COVID-19, including 37 over the seven-day period from May 27 to June 2. 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 4.54 million tests have been conducted and 2.14 million individuals have been tested. From May 27 to June 2, 44,835 COVID-19 tests were completed, an average of 6,405 tests per day. During this period, the daily positivity ranged from 4.60 per cent to 7.00 per cent.

As of June 3, for the winter school term, AHS has confirmed 9,208 individuals with COVID-19 were present at schools while infectious or acquired the disease in the school setting. A total of 1,363 out of 2,415 schools (56.4 per cent) in the province have reported an individual has attended their school while infectious or had in-school transmission.

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 May 24 to May 30 was 0.72 compared to 0.67 the previous week.

**COVID-19 Immunization Updates**

***By the numbers***

This week's vaccination numbers are not available.

***First-dose appointments***

First-dose appointments remain a priority and continue to be available to Albertans born in 2009 or earlier. If you have not yet received your dose, please book as soon as possible. The more Albertans who have vaccine protection against COVID-19, the sooner we can get back to doing more of the things we love.

***Second doses roll out to those who received their first shot in March***

As of June 1, [second dose appointments for COVID-19 vaccine are now available](#) to those who had received their first dose on or before March 31.

Albertans can schedule second-dose appointments in the order they received their first doses:

Anyone vaccinated in:

- March or earlier can book their second dose starting June 1
- April can book their second dose starting June 14
- May can book their second dose starting June 28

For those who received an mRNA vaccine (Pfizer or Moderna) as their first dose, they will receive an mRNA vaccine as their second dose.

Those who received AstraZeneca/Covishield as their first dose will be asked to choose to book their second dose with either AstraZeneca or an mRNA vaccine. Second doses of AstraZeneca are only available through AHS.



Appointments are available through AHS online at [ahs.ca/covidvaccine](https://ahs.ca/covidvaccine), and participating pharmacies and physician's offices, or by calling 811.

In the first 24 hours after the government announcement, 112,270 appointments were booked through the AHS booking system, and almost all of them were second-dose appointments. Between June 1 and this morning (June 4), more than 130,000 second-dose appointments had been booked through AHS.

### ***AstraZeneca update***

AHS is currently working with Alberta Health to ensure all eligible individuals who want to receive their second dose of AstraZeneca are able to receive it. We are continuing to book appointments for AstraZeneca.

Additional supply of AstraZeneca is anticipated to arrive in Alberta in the coming days. As more supply of this vaccine becomes available, more appointments will become available.

Albertans who received AstraZeneca for their first dose may choose either the AstraZeneca vaccine or an mRNA vaccine (Pfizer/Moderna) for their second dose.

We recommend that those who had a first dose of AstraZeneca wait for at least eight weeks after their first dose to get the best level of protection, regardless of the type of vaccine they choose for their second dose. Studies looking at different timing for second doses of AstraZeneca show that waiting longer than eight weeks is better than getting a second dose before then.

No matter which vaccine Albertans choose, the second dose will offer enhanced protection against COVID-19 and will complete the COVID-19 two-dose vaccine series.

Anyone needing help finding vaccine appointment availability in their area can call Health Link at 811.

For more information, visit Alberta Health's [Second Dose for AstraZenca/Covishield](#) information sheet.

You can also visit our [vaccine FAQ](#) for more information about vaccine products and booking a second-dose appointment.

### **COVID-19 Testing for Healthcare Workers**

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 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 June 1:

- 77,829 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 5,818 (or 7.48 per cent) have tested positive.
- Of the 4,199 employees who have tested positive and whose source of infection has been determined, 564 (or 13.4 per cent) acquired their infection through a workplace exposure. An additional 1,619 employees who have tested positive are still under investigation as to the source of infection.
- 5,353 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 240 (or 4.48 per cent) have tested positive.
- Of the 186 physicians who have tested positive and whose source of infection has been determined, 19 (or 10.2 per cent) acquired their infection through a workplace exposure. An additional 54 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](#).

### **Documents Updated to Reflect New Quarantine Requirements**

AHS updated the [COVID-19 Fit for Work](#) and [designated support persons and visitors](#) screening documents to align with the new guidance for quarantine requirements for fully and partially immunized asymptomatic individuals. The COVID-19 [Return to Work Decision Chart](#) and the [Return to Work Guide](#) have also been updated to reflect these new requirements.

See the updated paper questionnaires below:

- [Standard](#) (staff, physicians – acute care/non-continuing care)
- [Standard](#) (designated support persons and visitors – acute care/non-continuing care)
- [Staff and physicians working at continuing care](#)
- [Staff and physicians working at congregate living facilities licensed under MHSPA](#)
- [Visitors to continuing care](#) (including designated family/support persons)
- [Outbreak unit/area/site or unit on watch](#) (staff, physicians – acute care/non-continuing care)

The Online Fit for Work Screening Tool has also been updated and can be found here: [ahs.ca/fitforwork](https://ahs.ca/fitforwork). Information related to screening for people visiting patients and residents is available at [ahs.ca/visitation](https://ahs.ca/visitation).

Please remember to stay vigilant and follow all safety measures even after you have been immunized. We all need to do our part to create and maintain a safe and healthy workplace to provide quality and safe patient care. Simple actions, including completing your [fit for work screening](#) before coming into work, staying home when sick, [physical distancing](#), [washing your hands](#) regularly, and [continuous masking](#) can help keep everyone safe. We must all be diligent in modelling safe work practices such as adhering to [personal protective equipment \(PPE\)](#) measures.

### **Alberta Accepting ICU Patients from Manitoba**

Earlier this week, Alberta extended an offer of critical care assistance to Manitoba as that province manages its third wave. Manitoba has already transported ICU patients to Ontario and Saskatchewan, as the Manitoba's expanded critical care capacity has been exceeded.

Alberta has sufficient ICU capacity at this time to ensure that all Albertans needing this level of care are also cared for. To date, two patients have arrived from Manitoba and are being cared for in Calgary hospitals.

AHS critical care teams are working with our Manitoban colleagues to closely manage this process. Once patients are stable, they will be transported back to Manitoba to continue their recovery.

We have a long tradition of working with our neighbours to share expertise, resources and learnings and we stand alongside Manitoba as they deal with this pandemic and its impact on patient care.

We are grateful for our critical care teams and are proud of the way they are responding to this need from our neighbours.

### **Verna's Weekly Video Message — More on Staff Safety**

Last week, Verna's message was about [how the Legal and Privacy team is working to help keep our staff safe](#). Today, Verna would like to continue with that theme and share the work of two other teams: Protective Services and Social Media.

Their support has been invaluable during the pandemic. On top of their regular duties, Protective Services created safety ambassadors to support the screening staff at acute care sites. They're responsible for evaluating staff, physicians, patients and visitors for COVID-19 risks before entering the building.

Our social media team has also been quite busy, as we've seen an unprecedented increase in social media activity relating to AHS. They've been constantly monitoring social media for any perceived threats to our staff or the organization, and work very closely with Protective Services to flag and address them, if needed.

Joining Verna to [tell us more about their work](#) are:

- Jerry Scott, Chief Protective Services Officer and Senior Program Director, Protective Services
- Vicki Hall, Director of Social Media and Story Hub

You can find a list of general personal safety practices on [Insite](#). As well, please continue to report all workplace incidents including injuries, patient-to-staff aggression and urgent safety issues through [MySafetyNet](#).

### [Full Screening Resumes for COVID-19 Variants of Concern](#)

This past Tuesday, Alberta Precision Laboratories (APL) resumed screening all positive COVID-19 test samples for variants of concern. Last month when demand for testing was high, APL made an adjustment to ensure Albertans could continue accessing testing and receiving their test results in a timely fashion. To preserve capacity in our labs for the surge of the third wave of infections, APL limited the screening of positive COVID-19 test samples for variants of concern to targeted populations. The targeted approach used throughout May provided accurate surveillance of the variants in our population through the third wave. However, with the recent decline in cases, it is now more efficient for the lab to screen all positive results for variants.

All positive test sample results in Alberta are now undergoing screening tests for the variants of concern, which include B.1.1.7 (U.K.), B.1.351 (South Africa), B.1.617 (India) and P.1 (Brazil). If you get a COVID-19 test, you will be notified if you've tested positive for a variant strain. For more information on the variants, go to [ahs.ca/variants](#).

Thanks to APL's own lab-developed tests, the screening tests for all variants now take one to three days following the initial positive test, as opposed to a week or more that was required for full genetic sequencing when the variants first arrived in Alberta. Screening for variant strains of COVID-19 provides public health officials with detailed information about the prevalence of variants in our population, which helps manage the spread of the virus in our communities.

Alberta's testing program continues to be a pillar of our pandemic response. We have been leaders when it comes to testing, as well as in tracking the variants of concern since the first variant of concern arrived in Alberta at the end of last year. Anyone who is experiencing symptoms of COVID-19, identified as a close contact of a confirmed case, is linked to a known outbreak or require testing for travel can book a test at [ahs.ca/testing](#) or by calling Health Link at 811.

## **Beyond COVID-19**

### [Proud Together](#)

June is internationally recognized as [Pride Month](#). It's a time to celebrate the LGBTQ2S+ community and the diversity our people bring to the organization. Today, more than ever, we need to support each other and create a sense of belonging. We encourage you to share your pride at work, even if you're working remotely, and celebrate those who are LGBTQ2S+ and their allies.

Show your pride in a variety of ways (Insite resources, login required):

- Wear your [AHS-branded Pride gear](#) and post a picture of yourself on [Insite](#)
- Join a [Workforce Resource Group](#)
- Share this [poster](#) and [Pride e-cards](#)
- Use a [Pride background](#) for Zoom

- Order and wear your [pronouns button](#)

As we create an environment that's safer and more inclusive for all, we improve the quality of care for Albertans. For more resources, visit [Diversity & Inclusion](#), [Change the Conversation](#), and [Respectful Workplaces](#).

### **Dr. Sid Viner, Vice President and Medical Director, Clinical Operations Appointment**

Congratulations to Dr. Sid Viner on his appointment as Vice President and Medical Director, Clinical Operations, at Alberta Health Services. Sid will join the Executive Leadership Team, effective Sept. 7.

Many of you will know Sid from his leadership to date at AHS and the legacy Calgary health authorities, and as Calgary Zone Medical Director. Sid is a practising critical care physician, having worked at the Peter Lougheed Centre and Foothills Hospital in Calgary for the past 30 years.

Sid is a strong mentor for other physicians and clinicians, and will bring an innovative approach to his new provincial role. His dyad partner will be Deb Gordon, Chief Operating Officer and Vice President, Clinical Operations. Together, they are responsible for all zone clinical operations at AHS, EMS and AHS Primary Care.

Dr. Braden Manns will take on this role in an interim capacity, effective June 7, to allow Sid time to transition into the permanent role, vacated following Dr. Ted Braun's recent retirement.

We look forward to Sid's contributions with the Executive Leadership team.

Recruitment for the Calgary Zone Medical Director role will begin shortly.

### **Taking Time for What Matters to You? Day on June 9**

*What Matters to You?* is a worldwide movement putting the patient voice at the center of care, encouraging and supporting meaningful conversations between healthcare providers and the patients and families they serve. Asking what matters helps healthcare teams to further understand what is important to their patients. As healthcare providers, we are able to start the conversation by asking patients and families what really matters to them. These conversations build trust, develop empathy and help us better understand the needs of our patients.

Learn more on [Insite](#).

### **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. Francois Belanger**

Chief Medical Officer and VP, Quality

**Dr. Laura McDougall**

Senior Medical Officer of Health

