

CMO SMOH Notice for AHS Medical Staff

July 30, 2021

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.

This week:

- Province Updates COVID-19 Measures
- How Changes to Public Health Measures Affect Us at AHS
- Mental Wellness Moment — Coping with Anxiety over Reduction in Public Health Measures
- Scientific Advisory Group Rapid Review: Management of Post-COVID-19 Conditions
- MD Culture Shift
- Chief Medical Information Officer Leadership Announcement
- Doctor of the Week
- Highlights from the CEO All Staff Update
 - COVID-19 Case Status in Alberta
 - COVID-19 Immunization Updates
 - COVID-19 Testing for Healthcare Workers — The Monthly Numbers
- Beyond COVID-19
 - Orthopedic Chartered Surgical Facility Request For Proposal
 - Tell us What you Think about Virtual Care — Take the Survey by August 11
 - Updates to the Tobacco, Smoking and Vaping Reduction Act
- Additional Resources for Physicians

We are changing up the order to address some important information for AHS physicians and staff right off the start of this update.

Province Updates COVID-19 Measures

As announced by Alberta Health on Wednesday (July 28), many COVID-19 programs and policies have changed in an effort to bring Alberta's response in line with influenza and other respiratory viruses. Alberta Health is taking a two-phased approach when implementing these changes, with Phase 1 starting yesterday (July 29), and Phase 2 beginning on Aug. 16.

Effective now:

- Quarantine for close contacts will shift from mandatory to recommended. Isolation for anyone with COVID-19 symptoms and for confirmed positive cases is still required.
- All confirmed cases will continue to be notified. Contact tracers will no longer notify close contacts of exposure. Individuals are asked to inform their close contacts when informed of their positive result.
- Case investigators and contact tracers will continue to investigate cases that are in high-risk settings, such as acute and continuing care facilities.
- Outbreak management and identification will focus on high-risk locations, including continuing and acute care facilities and high-risk workplaces. Community outbreaks with a surge in cases leading to severe outcomes will also be addressed as needed.
- Asymptomatic testing is no longer recommended. Testing will continue to be available for individuals who are symptomatic.
- Mandatory masking remains in acute and continuing care facilities, publicly accessible transit, taxis and ride-share.

The following changes will take effect on Aug. 16:

- Provincial mandatory masking orders will be lifted. Masking in acute care and continuing care facilities is still required.
- Isolation following a positive COVID-19 test result will no longer be required but strongly recommended.
- Isolation hotels and quarantine support will no longer be available.
- Testing will be available for Albertans with symptoms when it is needed to help direct patient care decisions.
- Public health will focus on investigating severe cases that require hospitalization and any deaths due to COVID-19.
- Outbreak management and preventative measures will continue focusing on outbreaks in high-risk settings, such as continuing and acute care facilities.

More information about these changes can be found on the [Alberta Health website](#), or you can read [Alberta Health's news release](#) on Wednesday's announcement.

How Changes to Public Health Measures Affect Us at AHS

As COVID-19 restrictions and guidelines are reduced and rescinded, AHS must continue to keep the health and well-being of patients, families, staff, physicians, volunteers, and all Albertans at the forefront of everything we do.

As such, AHS will still require our people, designated support persons and visitors to continue to following many of the current guidelines and restrictions in place, including screening, continuous masking and physical distancing.

For details, see items below:

Continuous masking mandate still in effect at AHS, Covenant facilities

AHS still requires continuous masking in AHS and Covenant facilities provincewide. This masking mandate remains in place at all acute care, continuing care and community sites, as well as in corporate and warehouse-type settings.

This masking directive applies to all staff, physicians, volunteers, designated support persons and visitors provincewide. We will be tracking the status of the pandemic carefully as we move through a recovery phase and will continue to review our masking mandate.

As we continue to monitor COVID-19 and the impact on our staff, we want to remind everyone that break rooms, charting areas and other common spaces present a risk for transmission of the virus. We ask our staff remain vigilant, both within patient care settings, but also while on breaks and during shift changes.

More information on masking can be found on our website: [AHS Guidelines for Continuous Masking](#)

Work Restrictions for Positive, Exposed or Symptomatic Staff

Although public health measures no longer require quarantine due to close contact, AHS will still require exposed staff to remain off work for a short period of time, depending on immunization status. This will now be termed a 'work restriction' rather than 'quarantine'. Until Aug. 16, those with core COVID-19 symptoms or a positive test will be required to isolate.

Staff who have not been immunized, and who have had an unprotected exposure to COVID-19, are required to remain off work for 14 days from the date of their last exposure. AHS individuals who are [partially immunized](#) and had an unprotected exposure to COVID-19 are required to remain off work for 10 days from the date of their last exposure. [Fully immunized](#) individuals can remain at work, even if they had an unprotected exposure to COVID-19, provided they remain asymptomatic.

AHS will continue to require all staff, regardless of immunization status, who test positive for COVID-19 or exhibit COVID-19 core symptoms to remain off work for 10 days after onset of symptoms, or until symptoms have improved, and the worker is fever-free for 24 hours (without the use of fever-reducing medications), whichever is longer.

It's also important to continue to self-monitor during shifts, and ensure you do not come to work if you feel unwell.

If a worker previously tested positive for COVID-19, they do not need to be restricted from work if subsequently a close contact within 90 days of previous positive test. This applies whether you have been immunized or not.

These guidelines apply to staff employed in all areas of AHS, including front-line workers, as well as those in corporate and warehouse settings.

Any AHS staff members who are unsure if they are considered a close contact are asked to talk to their leader or contact Workplace Health and Safety (WHS). Thank you to all healthcare workers for their willingness to comply with these guidelines as we navigate our COVID-19 recovery together.

We are currently working to update all supports and documents to reflect these changes, including the Fit for Work Screening and Return to Work Guidance. We appreciate your patience as we implement these changes over the coming weeks.

AHS continues to encourage all staff with any symptoms of illness to stay home from work, and away from others, especially those who are vulnerable to severe disease. This habit is an important way of protecting others, not just from COVID-19 but from other respiratory viruses that we will see circulating again this fall.

Work restrictions for COVID-19-positive AHS staff

AHS will continue to require all staff, regardless of immunization status, who test positive for COVID-19 to remain off work for 10 days after onset of symptoms, or until symptoms have improved, whichever is longer. AHS continues to encourage all staff with any symptoms of illness to stay home from work, and away from others, especially those who are vulnerable to severe illness. This habit is an important way of protecting other staff, not just from COVID-19 but from other respiratory viruses that we will see circulating again this fall.

Please get immunized

We continue to encourage all staff and physicians to get immunized as quickly as possible. While immunization is currently voluntary for any AHS employee, it is vitally important for all staff and physicians, regardless of where they work, to roll up their sleeve and get the vaccine to protect themselves, their loved ones, and the greater community.

While it is understandable that our employees, physicians, and all Albertans, want to ensure they make an informed choice about the vaccine, it is important for everyone to understand that getting the vaccine is far safer than getting COVID-19. With the fall months soon approaching and the chances of transmitting the virus increasing, we all need to work together to ensure unimmunized healthcare workers have the information they need to make their decision.

Simply put, we know the COVID-19 vaccine works and is safe. We have seen the number of COVID-19 cases decrease worldwide in places with high vaccine uptake. The COVID-19 vaccine provides Albertans the opportunity to continue to lower case numbers and outbreaks.

We encourage everyone to continue booking first- and second-dose immunization appointments to ensure full effectiveness and long-lasting protection. Anyone who has not yet booked their vaccine can do so by visiting ahs.ca/covidvaccine to find available appointments across the province. For added convenience, drop-in clinics are also available in some locations.

Being fully immunized with two doses dramatically reduces the risk of severe outcomes and the risk of infection. Variants of concern are spread more easily and the second dose is critical for protection. For more information and updates about variants of concern in Alberta, visit the [Alberta Health webpage](#).

As many of the public health measures used over the last year are no longer in place, we expect to see higher levels of influenza and other respiratory viruses starting later this summer. As such, in addition to getting immunized, it is vitally important all of us continue to follow the AHS safety measures that remain in place to keep our teams, and our patients safe.

Finally, let's remember...

COVID-19 continues to be part of our lives, and we need to ensure we remain cognizant of the risks, support each other and continue to keep our guard up for the foreseeable future. We each have a role to play in protecting each other — patients, staff, physicians, volunteers and visitors.

Mental Wellness Moment — Coping with Anxiety over Reduction in Public Health Measures

Albertans have spent most of the past 18 months learning to live with public health measures — and now that these measures are being reduced, we're learning how to once again go out in public and interact with others, which can cause stress and anxiety. In his latest [Mental Wellness Moment](#), Dr. Nick Mitchell — AHS Provincial Medical Director for Addiction and Mental Health — provides advice on how to handle this new kind of COVID-19-related stress and where to find supports, if needed.

Scientific Advisory Group Rapid Review

Optimal management for patients with post-COVID-19 conditions or complications occurring after acute COVID-19 infection

AHS' Scientific Advisory Group (SAG) conducted a rapid review to summarize current knowledge about how common post-COVID-19 conditions (sometimes called "Long COVID") are, how long they seem to last, whether we can predict what will happen for people with these issues, and what medical care may be useful in treating people with these conditions.

These long lasting symptoms have been referred to using a variety of terms, however SAG recommends using "post-COVID-19 conditions" or PCC as short form.

This rapid review provides context around a number of health conditions and potential impact of PCC, including:

- Cardiovascular Symptoms
- Long-term Venous Thromboembolic Risk Following COVID-19
- Neurological: Headache, Cognitive Impairment, and Peripheral Neuropathies
- Neurological: Fatigue/Post Exertional Malaise
- Psychiatric: Anxiety
- Psychiatric: Depression
- Psychiatric: Post Traumatic Stress Disorder
- Post-COVID Sleep Disturbances
- Pulmonary Symptoms: Dyspnea, Cough, Sputum
- Pulmonary Complications: Lung Function Impairment, Respiratory Failure, Pulmonary Vascular Dysfunction, Interstitial Lung Disease, and Airway Disease
- Pulmonary: Diminished Exercise Capacity
- Kidney Complications
- Contraindications to commencing exercise training in adults with post-COVID conditions
- Type 1 Diabetes during COVID-19

The rapid review suggests the following recommendations based on its findings:

- In general, the testing and treatment of these health issues arising after COVID-19 infection is currently recommended to be similar to the management when they occur in non COVID-19 patients.
- People who may have PCC should be seen by a physician for a full examination and discussions around how the PCC are affecting their daily life. Some medical testing or functional testing may be recommended for some people but specific testing will not be needed for everyone with suspected PCC.
- Although post-COVID-19 symptoms are common, those caring for them should keep an open mind to non-COVID-19-related conditions that may need diagnosis and treatment to make sure they are not missed, and appropriate testing and treatment for these conditions should be done as needed.
- While many PCC can be managed appropriately by primary care providers, patients with concerning medical features, especially heart, breathing, nervous system, or kidney issues that are worsening or not improving may need to see a specialist, or access emergency care, at the discretion of their treating physician.
- Some people may be helped by exercise-based rehabilitation programs, however before starting any exercise program, care providers should make sure there are no heart or lung symptoms, blood pressure drops, low oxygen with exercise, or major problems with stamina.

Further research regarding many aspects of PCC is needed and this review will need to be updated as new research study results become available. For more information about this report, see the [Rapid Review](#).

MD Culture Shift

MD Culture Shift Newsletter: [Issue 05: July/August 2021](#)

Chief Medical Information Officer Leadership Announcement

We are pleased to announce Dr. Jeremy Theal is assuming the role of Chief Medical Information Officer (CMIO) for AHS, effective Aug. 30.

The CMIO plays a key part in the AHS senior leadership team, co-leading the development of a steady-state clinical IT and informatics strategy, as well as representing and communicating project and operational issues to clinical business leaders and clinicians within AHS, all while promoting clinical improvement and innovation. The CMIO directs and oversees engagement of physician communities in the five AHS zones, building awareness and opportunities for meaningful physician CIS adoption.

We would like to thank Dr. Stuart Rosser for providing interim coverage for the Chief Medical Information Officer role over the last year. His familiarity with the Connect Care design, build, and implementation provided the context and continuity, which were imperative to this transition period, and we are grateful for his leadership and support during this time. Dr. Rosser will continue to benefit the Connect Care Project and will return to his role of Physician Design Lead.

Over the past 15 years, Dr. Theal has held several key health informatics leadership roles at the hospital, provincial and national level:

- CMIO at North York General Hospital - led a multi-award winning clinical information system implementation that built evidence into daily care workflows and significantly reduced inpatient mortality.
- Clinical Systems Benefits and Adoption Team in Ontario - founded and led, resulting in reduced project costs and improved system outcomes.
- Canada Health Infoway - led projects including the Canadian CPOE Toolkit, a digital network that freely shared a library of over 1,500 evidence-based electronic order sets among publicly-funded hospitals and long-term care facilities nationwide.

For his efforts in improving patient care with clinical systems, Dr. Theal received the Ontario Minister's Medal Honouring Excellence in Health Quality and Safety. In 2020, he completed a one year program in Safety, Quality, Informatics and Leadership at Harvard.

Through this previous experience combined with his passion for improving quality and safety of care, Dr. Theal will bring a wealth of experience and knowledge to AHS in his role as CMIO.

Please join me in giving a warm welcome to Dr. Theal in his new role.

Doctor of the Week

Doctor of the Week shows the people, faces and stories of the physicians caring for patients across Alberta Health Services. Physicians for this feature are nominated by their colleagues. Contact cmo@ahs.ca to nominate a physician to be featured here.



This week's Doctor of the Week is Dr. Devika Dixit, nominated to celebrate her hard work and success in supporting the AHS Workplace Health & Safety (WHS) occupational health nursing team in managing COVID-19 outbreaks at Foothills Medical Centre. Dr. Dixit went above and beyond, working day and night to help prevent further spread of the outbreak and help to get it under control.

Dr. Dixit is a pediatric infectious diseases (ID) and tropical and travel medicine specialist in Calgary, as well as a Provincial Communicable Diseases Physician Consultant for AHS's WHS program.

"In these different roles, I am involved in direct patient care and serve as a subject matter expert in communicable diseases guideline and policy development," says Dr. Dixit. "In this career, every day is different, and the variety in the career keeps things interesting and exciting."

Dr. Dixit has always loved learning about infectious diseases, and that is the reason she became a physician. Her career path has been filled with opportunities and experiences she never thought were possible.

"In addition to my work in AHS, I am a consultant for the United Nations Headquarters (New York). I was a former Medical Officer at the World Health Organization (WHO) Headquarters (Geneva), and a consultant for the World Food Programme (WFP) Headquarters (Rome) and have been involved in pandemic and epidemic disease control globally for almost 10 years. Within AHS I get to use the skills I developed at these international organizations - such as collaboration with stakeholders, teamwork and policy development.

The pandemic has been a busy time for infectious diseases physicians and now (non-medical) people actually know what ID physicians do. I have enjoyed working with, and leading teams in my role with WHS. During the pandemic I've had the opportunity to work with and get to know a lot of people at hospitals across Alberta. The collegiality and support as we work towards a common goal was inspiring."

Outside of work, Dr. Dixit can be found travelling (when it's safe to do so), and has been to over 45 countries. While she enjoys travelling internationally, she has also travelled locally, and enjoys photography, aurora chasing and music.

“Although I am not a huge risk taker in my day-to-day life, I have climbed and peered into an active lava lake in Ethiopia (Erta Ale), taken a microlight flight over Victoria Falls (Zambia) and last summer while hiking came face to face with a large grizzly bear emerging from the river at Boom Lake.”

Thank you, Dr. Dixit, for your dedication to your colleagues and to the care of Albertans.

Highlights from the CEO All Staff Update

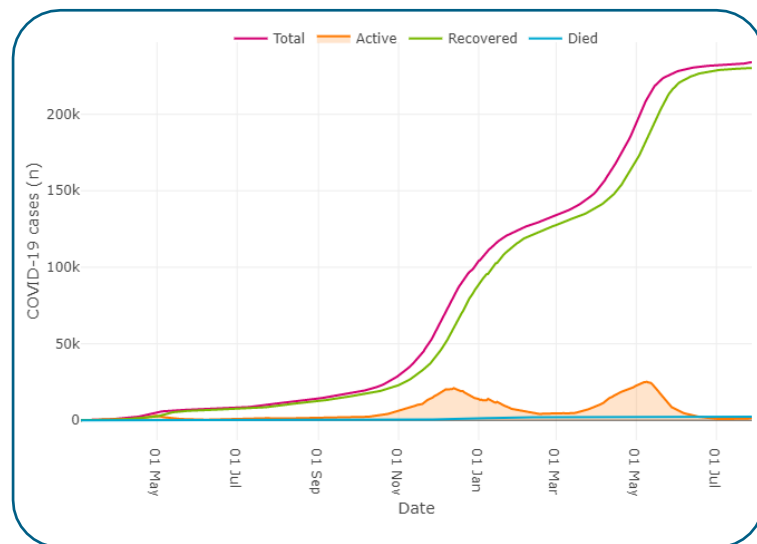
COVID-19 Case Status in Alberta

New and active cases of COVID-19 have increased since our last message two weeks ago although, for now, our hospitalization and ICU numbers continue to decline.

As of July 28, there were 1,520 active cases of COVID-19 in the province, a 163 per cent increase compared to July 14. All five AHS zones reported increases, ranging from 10 per cent to nearly 550 per cent, as you can see in the table below.

	Active Cases (as of July 28)	Active Cases (as of July 14)	Per cent Change
Calgary	903	291	+210.3%
Edmonton	274	118	+132.2%
North	110	100	+10.0%
Central	80	44	+81.8%
South	149	23	+547.8%
Unknown	4	2	+100.0%
Total	1,520	578	+162.9%

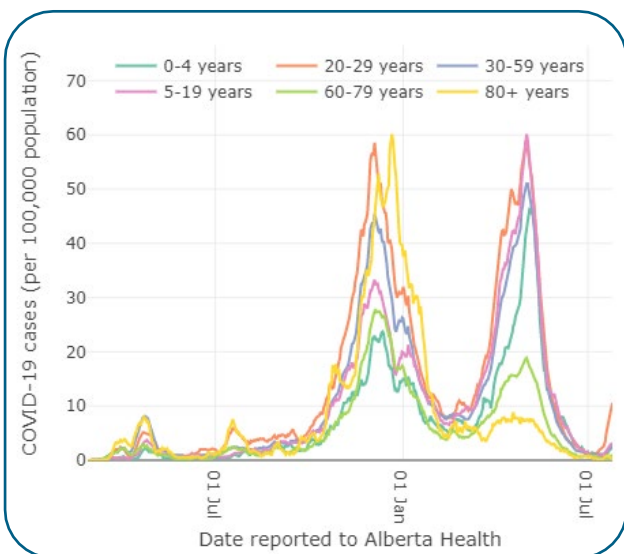
Meanwhile, for the 14-day period ending July 28, there was an average of 111 new daily cases, compared to 42 for the previous two-week reporting period, an increase of 164.3 per cent.



Over the past two weeks, the Calgary Zone had the highest total number of new cases with 941, an average of 67 cases per day. This is an increase of 254 per cent from the previous 14-day period when 266 new cases were reported, an average of 19 per day. Meanwhile, the South Zone reported the largest percentage increase in number of new cases compared to the previous reporting period. Over the past two weeks, the South Zone reported 149 new cases, or an average of 11 new cases per day, which represents a 414 per cent increase from the previous reporting period when 29 new cases were reported, an average of two per day.

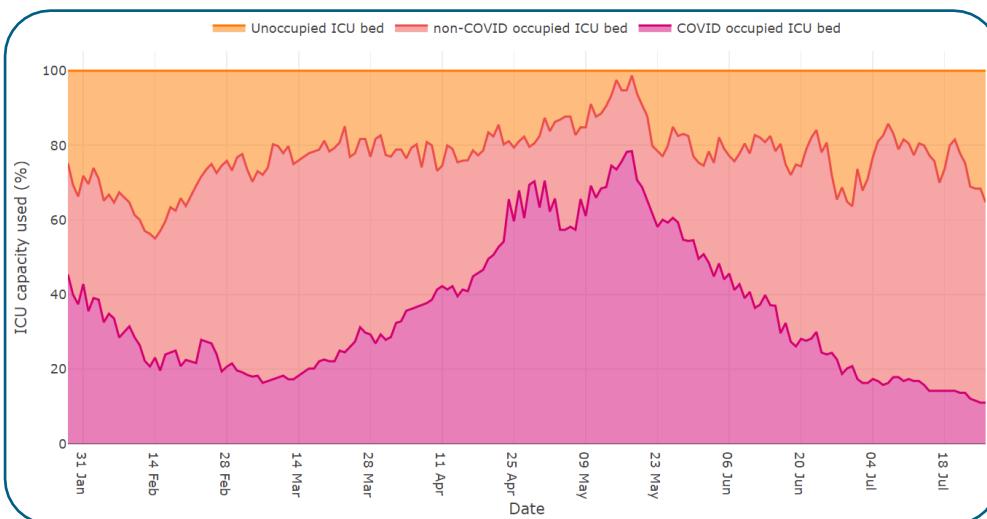
Cases by age group

On July 25, individuals aged 20 to 29 continued to have the highest seven-day rolling average incidence of daily COVID-19 cases, with 10.57 cases per 100,000 people, up from 1.43 two weeks ago; while those 80 years and older had the lowest rate, at 0.43 cases per 100,000 people, up from 0.14. A visual representation of these trends is provided in the figure below.

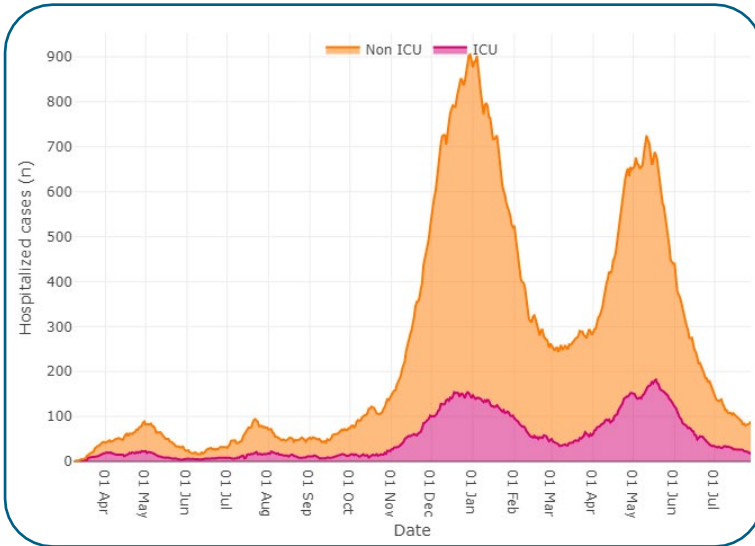


Hospitalizations and ICUs

On July 28, 20 individuals with COVID-19 were in ICUs compared to 30 on July 14, a 33.3 per cent decrease. The most recent reporting, on July 26, puts our ICU usage at 64.7 per cent, with 11.1 per cent of ICU beds being occupied by a patient with COVID-19. The figure below is a visual representation of ICU capacity in Alberta.



Also on July 28, there were 69 people with COVID-19 in non-ICU hospital beds compared to 74 on July 14, a 6.8 per cent decrease.



The table below shows hospitalization by zone as of July 28.

	Hospitalizations	ICUs
Calgary	45	14
Edmonton	27	6
North	7	0
Central	5	0
South	5	0

Variants of concern

The table below shows the proportion of active cases that were known variants of concern on July 28 compared to July 14. Please note: We are using the same variant of concern naming conventions used on the Government of Alberta website:

COVID-19 Variant	Proportion of active cases (July 28)	Proportion of active cases (July 14)	Difference
B.1.1.7 (UK) variant	3.7%	25.8%	-22.1%
B.1.351 (South Africa) variant	0.2%	1.7%	-1.5%
B.1.617 (India) variant	66.1%	24.6%	+41.5%
P.1 (Brazil) variant	2.6%	2.4%	+0.2%
Overall	72.6%	54.5%	+18.1%

Other notable COVID-19-related information

As of July 28:

- A total of 234,108 cases of COVID-19 have been detected in Alberta and a total of 9,716 individuals have been hospitalized, which amounts to 4.2 individuals for every 100 cases. In all, 230,263 Albertans have recovered from COVID-19.
- 2,325 individuals have passed away from COVID-19, including 13 deaths over the past two weeks. 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 4.85 million tests have been conducted and 2.24 million individuals have been tested. From July 15 to July 28, 85,457 COVID-19 tests were completed, an average of 6,104 tests per day. During this period, the daily positivity ranged from 0.82 per cent to 2.86 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 July 19 to July 25 was 1.48; the value reported in the previous all-staff update on July 16 was 0.84.

COVID-19 Immunization Update

Getting immunized before back-to-school

As of July 29, approximately 63.5 per cent of Albertans between the ages of 12 and 29 have received their first dose of vaccine and 49 per cent of this population is fully immunized (having received both their first and second dose). This is much lower than the immunization rates for eligible Albertans overall.

With lower rates of immunization uptake, adolescents and young adults have a higher chance of getting the virus, including variant strains, and transmitting it to others that are not immunized. AHS would like to ensure all eligible Albertans, 12 years of age and over, receive their COVID-19 immunization as soon as possible. We ask that you encourage those you know who are eligible to receive the vaccine to do so during the summer months to boost vaccination rates increase by September, which will enhance the safety of students, their families, and teachers and school staff when school resumes.

COVID-19 immunization and travel

In Canada, individuals who have had two doses of an approved vaccine are considered fully vaccinated, even if each dose is a different type. International travel requirements continue to evolve. It is recommended that individuals check the policies of individual countries, state/local governments, cruise lines and/or venues and events before travelling. You can find the most recent information and updates about travel guidance and immunization on the Alberta Health website, [here](#).

Submitting out-of-province or out-of-country immunization records

Anyone who received one or two doses of COVID-19 vaccine outside of Alberta are asked to submit their information to AHS' secure online portal at ahs.ca/vaccineregistry.

Out-of-province or out-of-country immunization records can be submitted on behalf of yourself or your children under 18 years of age. Submitted records will be reviewed by AHS, and verified submission information will be available on your [MyHealth Records account](#) within two to three weeks.

Signing up and using your MyHealth Records account is a safe and efficient way to ensure you have access to your personal immunization records.

Remember to submit your "Got My COVID-19 Immunization Form"

If you have received your COVID-19 immunization, please fill out the "Got My COVID-19 Immunization Form" on [Insite](#). It's important that you report your immunization status after receiving your second dose of the COVID-19 vaccine. Immunization status is a crucial step in helping us to appropriately plan, manage and allocate resources in the event of a COVID-19 outbreak to protect our patients, families and healthcare workers.

Take Our COVID-19 Immunization Clinic Survey

We want to hear from frontline staff and learn from their experience working in AHS COVID-19 Immunization Clinics. To participate in the AHS COVID-19 Immunization Clinic Survey, use [this link](#). All responses will remain anonymous, and the survey only takes five to 10 minutes to complete. Any AHS staff member or physician who worked in a COVID-19 Immunization Clinic is invited to participate. The survey results will be used to inform the development of an evaluation report that the COVID-19 Vaccine Task Force Evaluation Unit will complete this fall. If you have any questions, please get in touch with Christina.Loitz@ahs.ca. Thank you for your continued support.

COVID-19 Testing for Healthcare Workers — The Monthly 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 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 July 27:

- 79,259 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 5,922 (or 7.47 per cent) have tested positive.
- Of the 4,962 employees who have tested positive and whose source of infection has been determined, 600 (or 12.09 per cent) acquired their infection through a workplace exposure. An additional 960 employees who have tested positive are still under investigation as to the source of infection.
- 5,543 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 245 (or 4.42 per cent) have tested positive.
- Of the 208 physicians who have tested positive and whose source of infection has been determined, 20 (or 9.62 per cent) acquired their infection through a workplace exposure. An additional 37 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](#).

Beyond COVID-19

Orthopedic Chartered Surgical Facility Request For Proposal

On July 22, AHS issued a request for proposals (RFP) for orthopedic chartered surgical facilities (CSF), seeking an expansion of day and overnight orthopedic procedures in Edmonton and Calgary Zones that will help provide publicly-funded surgeries in particularly high-needs areas, including hip and knee surgeries.

Timely access to surgeries is important to Albertans. There are long wait times for many orthopedic surgeries, with many Albertans waiting longer than experts determine is clinically appropriate. AHS is implementing the Alberta Surgical Initiative (ASI) in order to ensure Albertans receive scheduled surgeries within clinically appropriate wait times, and enhance the entire surgical journey. CSFs are one way to support added capacity for publicly-funded surgeries as part of the ASI.

Typical day procedures that will be considered include knee arthroscopy, shoulder arthroscopy, wrist repair and foot and ankle fusions. Some overnight or extended-stay procedures are also being considered, including hip and knee arthroplasty and shoulder arthroplasty.

This surgical expansion will improve access, reduce wait times for surgery for patients and provide capacity for procedures requiring in-hospital and acute surgical care.

We already collaborate with partners to perform a number of publicly-funded surgical procedures at CSFs, with these independent facilities providing safe, low-risk surgeries without cost to patients, allowing hospitals to focus on urgent, emergent and more complex surgeries. High-quality, safe care for Albertans is always our top priority. Each facility, accredited by the College of Physicians and Surgeons of Alberta, is required to follow AHS policies and procedures, ensuring Albertans continue to receive consistent, safe, high-quality care.

There will continue to be work on a central access and intake wait list, and patients will receive their surgery at the site where they can receive services the quickest. For patients who are already on the waitlist and have a surgeon, they will have the choice of staying with this surgeon.

No Albertan will have to pay out of pocket for scheduled publicly-funded surgeries, whether they have their surgery in a hospital or a chartered surgical facility.

For more information, please see these [FAQs](#).

Tell Us What You Think about Virtual Care: Take the Survey by August 11

The AHS Virtual Health Program is currently conducting a [survey](#) to better understand what staff and providers know about virtual care and to help us improve it moving forward.

The survey is voluntary and takes about 10 to 15 minutes to complete. It's open until end of day August 11, 2021.

Anyone involved in AHS healthcare services can take part in the survey. Previous experience with virtual care is not required.

This survey is hosted on our Together4Health platform. If you have a Together4Health account, please ensure you are logged out before beginning this survey so your responses remain anonymous.

We'll report our survey findings on the [Together4Health survey page](#) after the survey concludes. Meanwhile, if you have any questions, please email VirtualHealth.info@ahs.ca.

Thank you for your participation.

Updates to the Tobacco, Smoking and Vaping Reduction Act

On July 31, the Government of Alberta will revise the Tobacco, Smoking and Vaping Reduction Act (TSVRA), making it illegal to smoke or vape anywhere on hospital property.

Tobacco, vaping and cannabis use has always been prohibited on AHS property, under the [Tobacco and Smoke-Free Environments Policy](#). This policy remains in effect. The updated act will allow AHS Peace Officers to take action against smoking or vaping anywhere on hospital property. Previously, Peace Officers were limited to enforcing against smoking within five meters of doors, windows and air intakes.

Under the revised legislation, AHS Protective Services will continue to take a progressive enforcement approach, focusing first on education, redirection and support before taking direct enforcement actions, like fines. To learn more, visit Protective Services on [Insite](#).

AHS continues to encourage the use of [smoking cessation and addiction treatment](#) programs by patients and staff to reduce overall consumption of tobacco products and support abstinence on all AHS properties. To learn more about AHS provincial programs to help Albertans quit smoking, visit www.albertaquits.ca.

Although the Tobacco and Smoke-Free Environments Policy remains in effect, implementation may be impacted by the amended legislation. Sites are encouraged to contact the [Tobacco, Vaping and Cannabis Program](#) to discuss how the TSVRA may affect current practices.

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
 - ZEOC.Calgary@ahs.ca
 - ZEOC.Central@ahs.ca
 - ZEOC.Edmonton@ahs.ca
 - PCH.ZEOCNorth@ahs.ca

For more information

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

This update 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.

Sincerely,

Dr. Rollie Nichol, on behalf of Dr. Francois Belanger

Associate Chief Medical Officer

Dr. Laura McDougall

Senior Medical Officer of Health

