

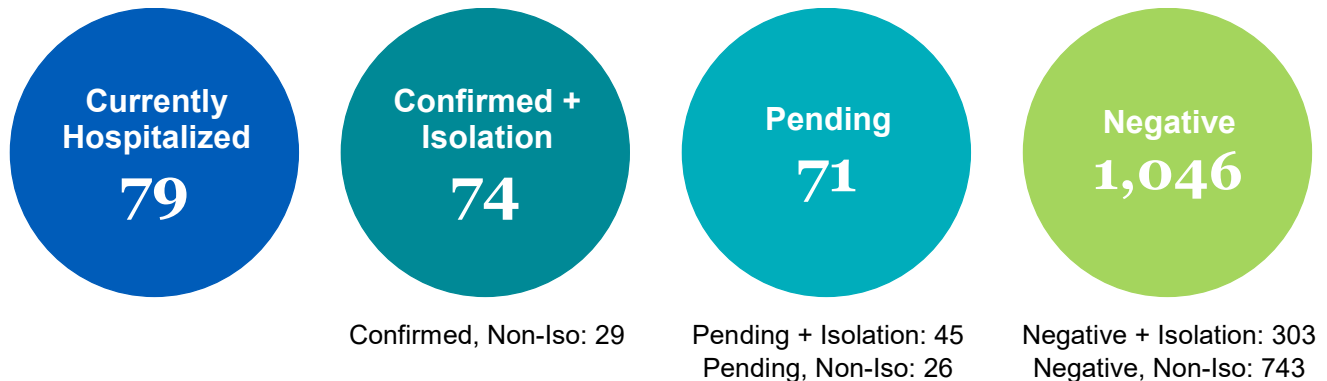
Department of Medicine

COVID-19 Information Bulletin

November 16, 2020

Calgary Zone COVID 19 Hospital Admission Data

Calgary Zone COVID 19 Status of Patients on Site as of 16 November 2020*^



- Confirmed:** patients with a positive Covid-19 test in SCM or ProvLab, or CDOM status 'Confirmed'
- Pending:** patients with Covid-19 test pending in SCM or ProvLab
- Negative:** patients not 'Confirmed' or 'Pending', and most recent SCM test is negative, or CDOM status 'Not a case'
- Isolation:** patient has an active Isolation order
- Non-Iso:** patient does not have active Isolation order

COVID 19 Status of Patients by Attending Group as of 16 November 2020*

	FMC		PLC		RGH		SHC	
	Confirmed	Pending	Confirmed	Pending	Confirmed	Pending	Confirmed	Pending
Cardiac Sciences	2	2		1				
Hospitalist	14	5	14	2	10	8	7	
Med / Oncology / Hematology		1						
Medical Teaching Unit	3	1	4	3				
Medicine	8	2		3	10	4	3	1

* Data from [Calgary Zone COVID 19 Operational Reporting Tableau Database](#) as of: 2020-11-16 9:46 am

Calgary Zone COVID 19 Patient Census[^]

	Nov 11		Nov 12		Nov 13		Nov 14		Nov 15	
	Non-ICU	ICU	Non-ICU	ICU	Non-ICU	ICU	Non-ICU	ICU	Non-ICU	ICU
ACH	0	0	0.7	0	0.1	0.9	0.5	0.5	1.0	0
FMC	23.9	2.0	24.6	2.0	24.8	2.0	26.3	1.6	27.4	1.0
PLC	15.6	8.6	14.9	8.0	13.5	8.0	15.8	8.0	15.8	8.0
RGH	17.0	1.0	18.5	1.0	18.5	0.9	18.8	0	16.8	0
SHC	7.7	3.0	8.1	2.8	7.3	2.0	6.8	2.0	7.1	1.9
TOTAL	64.2	14.6	66.7	13.8	64.3	13.7	68.0	12.1	68.1	10.9

Calgary Zone COVID 19 Hospital Admissions by Day[^]

	Nov 11	Nov 12	Nov 13	Nov 14	Nov 15
ACH	0	1	0	0	0
FMC	1	2	1	3	0
PLC	2	1	3	4	0
RGH	2	2	1	0	1
SHC	1	0	0	1	0
TOTAL	6	6	5	8	1

[^] Data from [Calgary Zone COVID 19 Daily Activity & Outcomes Tableau Dashboard](#) as of: 2020-11-16 00:00 pm

COVID-19 Outbreaks**FMC**

Units with heightened COVID-19 activity:

- **Units with dedicated COVID beds: 2** (Units 64 and 54)
- **Units on outbreak: 1** (Unit 22)
- **Units on watch: 3** (Units 42, 47 and 61)

Medical Learners on Units:

- At FMC, medical students (clerks) are **not allowed** on any units designated as on “watch” or “outbreak”.

Serial COVID-19 Testing for Prevalence (Staff and Physicians)

- A one-time surveillance test is recommended for all physicians and staff who have worked on Unit 21 or 22 since November 3, 2020. Any staff and physicians that have spent any time on units 21 or 22 since Nov 3rd should be tested. If you have previously tested positive for COVID-19 you do not need to be re-tested.

Asymptomatic testing for health care workers and physicians is available on the 6th floor of the main tower from 0600 -2200. If you are tested at another location, please ensure outbreak identification number 2020-4456 is on the requisition.

Asymptomatic testing of FMC staff and physicians is not currently required related to any other outbreak or on-watch units.

PLC

Units with heightened COVID-19 activity:

- [Units on outbreak: 2](#) (Units 49 and 51)

Medical Learners on Units:

- At PLC, the decision to allow medical students (clerks) to be on units designated as on “watch” or “outbreak” will be determined on a case-by-case basis.
- Currently student groups will **continue to take a pause** on the outbreak units.

RGH

Units with heightened COVID-19 activity:

- [Units on outbreak: 3](#) (Units 58, 72, 74)
- [Units on watch: 3](#) (Units 56, 71, 82)

Medical Learners on Units:

- At RGH, the decision to allow medical students (clerks) to be on units designated as on “watch” or “outbreak” will be determined on a case-by-case basis.
- RGH U82 is on watch; however, there are no actual cases there, so at this time, site leadership has agreed that **it is okay** for clerks to continue working on that unit. If any COVID cases develop, this could change things.

SMCUC

Units with heightened COVID-19 activity:

- [Units on outbreak: 1](#) (iOAT)

AMH

Units with heightened COVID-19 activity:

- [Units on outbreak: 1](#) (Renfrew Recovery Centre)

Rural Health Update

- [Sites Under Investigation: 3](#) (Oilfields Acute Care, Strathmore Acute Care, Didsbury Acute Care)

Senior’s Health Update

- [Outbreaks: 33 Sites](#) (Sites of note: Mount Royal Rivera, AgeCare Skypointe, Carewest George Boyak)

Indigenous Health Update

- Cases continue to rise in communities: Siksika – 87 cases, Nakoda / Morley – 5 new cases, Tsuu T’ina – 2 cases

Workplace Health & Safety Update**Change in Healthcare Worker (HCW) isolation requirements:**

Effectively immediately, healthcare workers who have tested positive for COVID-19 will be able to return to work 10 days after the onset of their symptoms or once their symptoms have resolved, whichever is longer. Staff who are asymptomatic can return to work 10 days after the date of the positive test. This new direction has been updated in the [Return to Work Decision Chart](#) and [Return to Work Guide](#).

If you have experienced any symptoms, been required to self-isolate, or been tested for COVID-19, the Return to Work Decision Chart and Guide provide advice you can use to discuss the timing of your return with your manager. Safety is the most important thing during the COVID-19 pandemic. We want our people returning to work only when they are healthy and fit for work to ensure the safety of our patients and colleagues.

UPDATED [COVID-19 Return to Work Guide for Healthcare Workers](#) (13 Nov 2020)

UPDATED [COVID-19 Return to Work Decision Chart for Healthcare Workers](#) (13 Nov 2020)

UPDATED [COVID-19 Return to Work Guide for Community Physicians and Teams](#) (16 Nov 2020)

Hospital Capacity

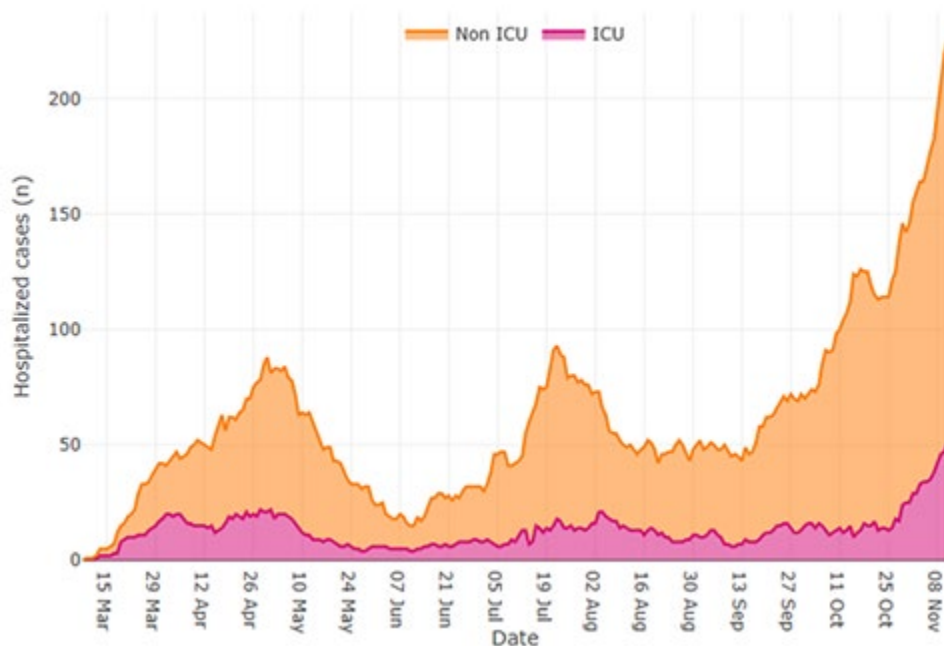
The number of individuals being treated for COVID-19 in Alberta hospitals is also very concerning and continues to rise. On November 12, there were 240 individuals in Alberta hospitals – another record number - with 186 of those in non-intensive care units (ICUs) and 54 in ICUs. This is 46 per cent more hospital admissions than we had the week before, when there were 164 individuals in Alberta hospitals, with 130 of those in non-ICUs and 34 in ICUs.

Currently, capacity at Edmonton and Calgary Zone hospitals is frequently exceeding 100 per cent. Some units are seeing occupancy as high as 125 per cent. Much of this is being driven by the need to isolate COVID-positive or likely COVID-positive patients or close contacts. Between Calgary and Edmonton, we have about 800 isolation beds, however we are currently using about 1,200 isolation beds, meaning some beds in multi-bed rooms cannot be used.

In addition to this, more than 500 continuing care beds across all five AHS zones are currently closed due to site outbreaks. Patients who would normally be transferred from hospital to a continuing centre are having to wait longer in hospital. This also limits the number of available hospital beds.

For these reasons, AHS has already initiated new measures in Edmonton to reduce the strain on our hospitals.

Calgary Zone and South Zone are planning additional surge capacity measures over the next 7-14 days.



Number of current COVID-19 patients in hospital, ICU and non-ICU

COVID ARP

If you bill **FFS** and you have not done so already, please consider joining the COVID ARP. Please contact Christopher Jappert (ChristopherT.Jappert@ahs.ca) for further details.

COVID-19: New / Updated Resources and Information

UPDATED [Personal Protective Equipment \(PPE\) Guidance to Help Make Continuous Masking Work for You](#) (16 Nov 2020)

UPDATED [COVID-19 Frequently Asked Questions – for Community Physicians](#) (16 Nov 2020)

NEW COVID-19 Family Presence and Visitation ECC Taskforce Memo: Updates to Designated/Family Support and Visitor Access in Acute Care (13 Nov 2020)

Dear ZEOCs and Site Leaders,

Due to rising COVID-19 cases, access to AHS acute care sites is limited to designated family/support persons, effective Nov. 16. Visitor access is restricted for patients at end-of-life and for those receiving critical care for a life-threatening illness. Exceptions will be made for faith/religious leaders, elders, an elder's helper, traditional knowledge keeper or legal supports who are requested by the patient or alternate decision-maker. These visits must be booked in advance with the service area.

This decision was not made lightly. We must do all we can to protect our patients, and the staff caring for them. We recognize that family and loved ones play an important role in the emotional and physical well-being of our patients, and will work with families and facilities to continue to support virtual visitation.

Additionally, we are encouraging staff, patients/residents, and designated family/support persons to work together to reduce the amount of time spent in AHS facilities by considering what support needs to be provided in person and what can be provided virtually. Designated family/support persons should assess their risk of exposure and transmission of COVID-19 before they enter an AHS site. To support this, the taskforce has created two brochures for designated family/support persons: [Know Your Risk](#) and [Know Your Role](#). Please share these resources with acute and continuing care staff to review with patients, residents and support persons.

We have also made updates throughout other sections of the [Designated/Family Support and Visitor Access Guidance](#) including ambulatory appointments (for both pediatrics and adults), replacement support persons, outdoor visitation, patient off-site passes and Indigenous considerations during a patient's care journey.

Thank you for your continued support as we weigh the risk of welcoming family presence while ensuring the health and safety of other patients, staff and physicians providing their care. As usual, questions and concerns can be submitted to ECC for tracking and dissemination to the appropriate teams.

UPDATED [Recommendations for Cohorting Inpatients on Additional Precautions in Acute Care](#) (13 Nov 2020)

UPDATED [IPC COVID-19 Additional Precautions Without Walls in Shared Patient Care Space](#) (13 Nov 2020)

UPDATED [IPC Cohorting Recommendations for COVID-19 in Acute Care](#) (13 Nov 2020)

UPDATED [Acute Care Guidelines for Patient Admission / Discharge / Transfer in Unit / Facility with a Confirmed COVID-19 Outbreak or Watch](#) (11 Nov 2020)

UPDATED [Healthcare Worker Cohorting in Acute Care During COVID-19 Checklist](#) (11 Nov 2020)

NEW Preventing Workplace Harassment and Violence:

- AHS Prevention of Harassment and Violence Program (POHV) [Recommendations for COVID-19 Assessment Centre Staff](#) (6 Nov 2020)
- POHV [Recommendations for COVID-19 AHS Facilities Non-Clinical Screeners](#) (6 Nov 2020)

NEW [Financial Assistance and Supports](#) (current as of 8 Oct 2020)

Upcoming Events

COVID Corner – Update on the Inpatient Management of Patients with COVID-19

Wednesday, November 25, 2020

7:00 – 9:00 PM

[Register Here](#)

Moderators: Drs. Kelly Burak and Doug Woodhouse

Speakers: TBD

Learning Objectives:

By the end of this session participants will be able to:

1. Recognize factors identified with worse outcomes and use new prognostic scoring systems
2. Summarize the current evidence for pharmacologic treatment of COVID-19, including when to use dexamethasone and remdesivir
3. List important considerations if a hospitalized patient is deteriorating and when to consult specialists, including ICU
4. Use the Specialist Link Discharge Pathway to link patients to ongoing care in the community

For more information and to register, please click [here](#).

Standing Together

Let's be frank - it's been a hard dose of reality this week as we face more restrictions in our province to help manage the spread of COVID-19. We know that you most directly feel the stresses this pandemic is putting on the health system and you witness the toll it is taking on our healthcare teams, patients and families, firsthand. You also sometimes bear the brunt of the anger and frustrations Albertans have when they enter our care, or even as they see you as representatives of the health system.

This feels like a very good time to remind ourselves that we need to be kind to one another. And to remember that none of us wants this pandemic. None of us wants the restrictions that it is bringing. None of us wants to have our routines and activities disrupted. We are truly in this together, because we are forced to face it head on as a province, but also because Albertans come together when we're put to the test. We want to help each other, we rise to the occasion, we do the right thing and we join forces to affect change.

It's something we said often at the start of the pandemic, and perhaps bears repeating: together, we can make a difference and reduce the spread of COVID-19 – by heeding the health protocols, taking the steps to reduce our contacts, and supporting one another every step of the way. We've impacted the spread of COVID-19 in the past months and we can do it again. Don't give up and don't forget to reach out if you need help. There are resources for you, as noted above. We will continue to stand together as AHS and as Albertans, to protect the health of our families, friends and those who are most vulnerable. Thank you for being examples of hope to your communities and for modelling the measures that will help us recover from COVID-19.

As always, with gratitude and appreciation,

Dr. Verna Yiu

AHS President & CEO

Dr. Laura McDougall

Senior Medical Officer of Health

Communications Team

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