

Care for all patients

We aim to provide all patients with the care they need

Safety for all staff

We aim to protect all team members from SARS-CoV-2

Dear Colleagues,

It has been over two months from the date of our first DCCM Covid-19 update on Thursday March 12th. Since then we have collectively built and selectively implemented an updated pandemic response plan, cared for 45 critically ill patients with Covid-19 and substantially changed how we work, live and play. I think we should all be proud that we have successfully cared for all patients and ensured the safety of all staff during these challenging times. We continue to care for modest numbers of patients with Covid-19 in our ICUs. Given the advanced state of our preparations and the stability of clinical operations we are increasingly moving to a new state of operations where management of Covid-19 is part of our routine procedures while maintaining high vigilance for future surges and increasingly refocusing on the many other elements of critical care that require our attention. Given these circumstances we will transition our departmental Covid-19 updates to monthly departmental updates with the first update scheduled for June.

Here is your DCCM Covid-19 update for Thursday May 21, 2020.

Status:

- Calgary Zone Covid-19 status; 4,649 cases; 45 in hospital (non-ICU); 5 in ICU; 28 discharged alive from ICU; 12 deaths in ICU
- No documented Covid-19 illness among ICU staff
- Surge preparations complete
- Number of Covid-19 patients in Calgary ICUs over time:



Key Updates:

1. Collating pandemic documents: Over the past two months a tremendous amount of pandemic related work has been completed by members of the department. Some of this work has been implemented, other elements have been quietly standing by for when they are needed. All of this work is incredibly valuable, and it is essential for it to be available for future pandemic surges and public health emergencies. While Leslie and I are maintaining a central repository of all medically related preparations I know that many of you have been iteratively refining the projects that you have been working on. Please email myself and Leslie (Leslie.Campbell@AHS.ca) the current copy of your pandemic planning and response documents so that we can ensure that the department has an updated central repository. Thank you.
2. Recycling PPE: Many of you have been participating in AHS's initiative to recycle N95 respirators. Thank you. Please continue to follow the instructions outlined on the posters at the recycling stations to help ensure we maintain a healthy supply of back up N95 respirators.
3. Surge committee: The DCCM surge committee chaired by Jason Lord that has been available 24 hours a day for the past few weeks. Given the status of the pandemic we will pause committee activities while maintaining its availability for reactivation if needed. Please return to our usual practice of liaising directly with your medical director.
4. Intensivist surge call schedule: We have only had to make use of the intensivist surge call schedule on two occasions over the past two months. Given uncertainty about how the future will unfold with changes in provincial physical distancing policies we have elected to continue with the intensivist surge call schedule for another four weeks (updated version attached). We recognize that being listed on the surge call schedule is restrictive. We have therefore reduced the number of individuals listed on the schedule and plan to discontinue the surge call schedule June 26th if our clinical operations remain stable.
5. Website: We continue to post updated Covid-19 related documents to the website.
6. Clinical ARP: 31 intensivists in the department provided feedback on the latest draft of the intensive care physician cARP application, of which 30 members supported moving forward with submission of the application to Alberta Health. Richard Novick, myself and Kelly Mendes from the AMA are scheduled to meet with representatives from Alberta Health to discuss the application including contingency plans in the event of future shortfalls in bedside physicians and increased needs for intensivists during public health emergencies.
7. ICU Outreach: Richard Novick and I are holding a series of town hall events with ICU Outreach Physicians to solicit feedback on current ICU Outreach operations and to

discuss potential modifications to the program that may be explored in the context of the Ernst and Young review of AHS. We strongly encourage ICU Outreach Physicians to participate in these town hall events so that we can solicit your perspectives.

8. ICU Physician Workforce Strategy Group: John Kortbeek has brought together a working group to advise the department on principles and potential strategies for assigning weeks of ICU clinical service for current and future faculty. Members of the working group include Paul Boiteau, Jonathan Gaudet, Carla Chrusch, Dan Niven, Ken Parhar, Amanda Roze des Ordon, Selena Au, Andreas Kramer and Simon Demers-Marcil. The group has indicated that they will provide recommendations to the department before the end of June. Thank you all for leading this important work.
9. Burned out. Many of us are feeling a little burned out. The past two and a half months have felt like a roller coaster ride. Our professional and personal lives have been substantially altered and there is uncertainty about the future. Although current societal limitations are making it hard for many of us to engage in common restorative activities like travel, please make time to care for yourselves. We have entered into what increasingly feels like a new way of living. It is essential that we adapt to our circumstances and maintain (or improve) our physical, mental and spiritual wellbeing.
10. Congratulations: Please join me in congratulating George Alvarez, Selena Au, Jonathan Gaudet, Paul McBeth, Juan Posadas-Calleja and Amanda Roze des Ordon for their promotions to Clinical Associate Professor effective July 1, 2020. These accomplishments reflect years of important contributions. Thank you.

If you have questions please contact your medical directors, Luc, Richard or me.

If there are key pieces of information that you feel you don't have or if there are additional priorities that you would like to propose for our department, please contact me directly.

Thank you once again for all your help. I appreciate everything you are doing to help us care for all our patients and to ensure the safety of all staff.

All the best,

Tom on behalf of the DCCM Medical Executive

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