Embedding "Learning" into a health system's pandemic response The pandemic EVIDENCE collaboration Int Conf 2025

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Objectives

- →Describe briefly a provincialized healthcare system in Canada
- →Share examples of how innovations and evidence were integrated into practice and policy
- →Provide recommendations about going forward "when" another pandemic occurs

I would like to acknowledge that in Alberta, we are located on Treaties 4, 6, 7, 8, and 10 territories, home and a traditional meeting place for First Nations, Métis, Inuit, and all First Peoples of Canada, whose presence continues to enrich our vibrant community and whose histories, languages, and cultures continue to influence our vibrant community. I also wish to honour the Elders, Knowledge Keepers and traditionalists who have gone before us and those who continue to walk with us today.





Healthcare in Alberta: 2009-2023 Alberta Health Services

- Largest public health merger in Canada (12 entities into 1) - Single, provincewide, fully integrated health system
- 4th largest company in CAN
- 120K+ MDs, staff
- ~\$16B annual budget
- Large-scale co-operation and standardization.



- Largest public merger in Canadian history
- Fourth-largest company
 in Canada
- 120,000+ physicians, staff and volunteers
- \$15.5 billion budget

- Home care
- Primary care



- Addiction and mental health
- Acute care
- Clinical support services
- Ground / air ambulances
- Corrections
- Public, population health
- Indigenous health
- Continuing care / seniors







AHS Sustainabiility Strategies "When you focus on quality, patient outcomes will improve and so will savings"

Building a Culture of Quality Improvement

- Physician dyad model of leadership
- Appropriateness of care ie. utilization
- Standardized Clinical Pathways
- Scale and spread initiatives

Operational Best Practices (Sustainability off)

- Labor savings ie. staffing ratios, std protocols
- non-labor savings ie. inventory management, supply chain

Strategic Clinical Networks

- Alberta's SCNs are embedded within a single, province-wide health care system, which enables wide-scale implementation of strategies proven to reduce unwarranted variation and improve care, clinical appropriateness and health outcomes.
- The networks support a learning health system by bringing together people, research and innovation, and are delivering a positive return on investment in terms of cumulative savings in the health system.

2012	2013	2014	2015	2016	2017	2018
Addiction and Mental Health	Critical Care	Respiratory Health	Maternal, Newborn, Child and Youth	Digestive Health	Primary Health Care Integration Network	Neurosciences, Rehabilitation and Vision
Bone and Joint Health	Emergency		routh	Kidney Health	Network	
Cancer	Surgery			Population, Public and		
Cardiovascular Health and Stroke				Indigenous Health		
Diabetes, Obesity and Nutrition						
Seniors Health						

SCNs and Successes to date:

- Current budget \$17M
- Cost savings: 15 projects from 2012-2018
 - Gross savings of \$178.74M
 - Cumulative ROI of \$1.54 for every dollar invested
 - Hard cost savings \$16.4M; rest cost avoidance (eg. Reduced LOS)
 - Avoidance of 143,800 hospital bed days (~13 medical inpt units operating for 1 year)
- Improved pt outcomes, pt experience, pathway creation
- Leveraged an additional \$65M funding from outside AB



How do the provinces and territories compare?



Appendix 1- Inter-Agency Relationship Diagram



- >30.5K ppl hospitalized; 4400 requiring ICU care
- ICU Capacity: doubled general systems ICU beds, no pt required out of province transfer
- **COVID testing:** at its peak, testing over 23K/day
- **Contact tracers:** increased staff from baseline 50 to over 3000
- Healthlink: increased calls by 157% 20/21 2.3M calls
- Virtual Care: 60K visits annually pre-COVID to 60K/month
- Virtual Hospital: 300 pts 19/20 increased 118% to 644 pts 21/22
- ASI: caught up on backlog of surgeries prior to wave 4
- First in: development of online assessment tool, vaccine booking tool, PPE modelling tool. Early Warning System tool

AHS Pandemic Response: PPE usage

PPE	%Usage over baseline					
Goggles	14,150					
Face Shield	11,011					
N95	2680					
Gowns	1,253					
Procedural Masks	1,252					
Hand Sanitizer	171					
Gloves	124					

Covid-19 Response – Key Initiatives with Industry



Ventilator Project

3 teams designed, prototyped and produced pandemic ventilators.



Prototyped PPE

Companies and Universities prototyping* face shields, masks and other PPE to help with demand. (*3D printing, laser cutting)



APP Development and Modification

Apps for tracking and communication.



AHS Hospital Surveillance System:

Alberta Health Services	PART IN	Provincial COVID 19 Hospitalizations Daily Census Counts by Facility and PCU with Age and Gender Stats For internal AHS use only, not for dissemination outside of AHS Hover Over Exclamation Point Icons for Definitions Click Download Button to download PDF Copy of Tooltips				15		nicron Quick ats:	 Total Hospital Admissions Currently In Hospital % Currently In Hospital - Fully Vaccinated (2 Doses) % Currently In Hospital - Fully Vaccinated (3+ Doses) Total ICU Admissions Currently In ICU % Currently In ICU - Fully Vaccinated (2 Doses) 		
_	D	ashboard Last Refr Facility		7:04:39 AM	Patient Care U	nit Patier	nt Care	Gender	% Currently in ICU - Fully V Age Group		19.79
Dashboard Filters	Zone (All)	Name (All)	• (411)	nt Care Unit	Service (All)	Unit ((AII)		• (All)	Description (All)	• 01-Mar-20	01.0an-2
Admission Totals / Currently In Hospital	Total Hosp Admissio		CU Admissions	Patients Cu	rrently In Hospita (Including ICt	l Across Province J)		rrently in ICU Ac Province	ross % Patients	Currently in ICU A Province	cross
	26,053	3	4,263		1,423			83		5.8%	
Covid Type Population Comparisons Covid	Population	т	otal Cases Deal	hs Admitted	Admitted with	1 ICU Stay % Admitt	ed to Hospital 🦿	% Admitted with	ICU Stay Admitted -	Average Age	% Died
	Covid - Varian Covid - Other/	(;)	188,850 1,7 332,065 2,4	ARE 27.000 D.D.	2,392 1,528		6.8% 2.9%	18.7% 16.1%		7.9 8.2	0.9% 0.7%
Covid 19 Patients All Currently in Hospital By Reason for Admission	All (Acute + 1CU)	+ 10J/) 347 (244%) 224 (15.7%) 435 (264		a.en.)	Admissi		lission 📕 Direct Cause (due to Coxio-19) 📕 Other 📕 Clinically Urable to Determine				
	ICU		51 (61.4%)		11 (13-3%)	14 (16:3%) 5 (6:0%)	00	Contributing cause * Unknown/Missing - Adr	Medically unrelated lissions where no reason for admission ha	Unknown/Masin a been entered/recorded.	g (No Entry)
Covid 19 Patients Currently in Hospital By Covid Type?	Covid Type	Covid Type (Hover Over Exclamation Icon for Hore Details) Unknown Wild Type Omicron Variant (8 11529) Unvestigated Deta Variant (8 11529) Unvestigated Deta Variant (8 11529) Unvestigated			art(8.1.3	Covid 19 Patients		Vaccination Status (Unvaccinated Partielly Vaccinated Fully Vaccinated (2 D	Hover Over Exclamation Icon Fully Vaccinated (3+ 0 mes)		
** Hover over the colored bars to pet Vaccination Status Breakdown nd Reason for Admission by Covid Type **	Ali (Acute + 1CU)	191 (13.4%)	975 (66.5%)		180 (12.6%)	Currently in Hospital - Vaccination Status?	All (Acute + 10J)	406 (28.5%)	522 (36.7	~) 0	N (29.9%)
	100	13 (15.7%)	61 (73	~)			101	41	(49,4%)	23 (27.7%)	14 (16.9%)
low many Hospital Beds	All Beds	Average # Covid Patients in Average # Covid Patients in % Chan Hospital - Most Recent Date Hospital - 7 Days Ago		ange from 7 Days Ago	Days Ago Covid 19 Patients		By Zone - Currently in Hospital / Currently in ICU / % Currently in ICU				
on average are being occupied daily by Covid	(Acute+ICU)	1,418	1,5	8	-11.3%	Currently in Hospital		Ed	monton	39	6.8%
19 Patients?	ICU Beds	79	97		-18.6%	by Zone and Facility?	422 20		algary entral 6	24	• 5.7% 2.9%
* Daily Census (Occupied Beds) Updated To: 27-Feb-2022 11:59:00 PM	,624 ,665 ,735 ,735	716 692 693 772 750 752	737 723 710 716 716 722 693	.676 .662 .634 .538 .598 .598 .598	547 547 494 416 416 418	Total (includes ICU)		128	North 4 South 10		3.1%

AHS Early Warning System:



COVID-19 EWS: Inpatient Bed Forecast (does not include ICU beds/patients) The black line below represents the actual number of inpatient beds occupied. The red/orange/blue lines represent projections. All COVID cases

High

Mid

Low



- Scientific Advisory Group (SAG):
 - Multidisciplinary team of clinicians/researchers/operational leaders/ other experts – providing rapid reviews of emerging evidence and guidance from national and international bodies to provide advice/guidance of healthcare issues as related to COVID
 - Co-chaired: Lynora Saxinger/Braden Manns
 - >100 reviews
 - Topics ranging from continuous masking policies to vaccination risks to workplace screening programs to effectiveness of treatments
 - Seen as leading edge

Post-pandemic consequences

- Workforce burnout and increased vacancies
- Delays in chronic care
- Reductions in cancer screening
- Backlog of surgeries
- Increased mental health and addictions
- Financial sustainability

Correcting for the negative impacts of the pandemic on the health care system will take years

(CMA 2020)

Rebuilding our system post-pandemic

- Preparedness includes:
 - Infrastructure: systems including primary care
 - Data + Data Utilization + Predictive Analytics tools
 - Capacity planning
 - Active surveillance systems of coronaviruses and other high impact viral families
 - Strengthen diagnostic capacities to detect, sequence and share genomes
 - Invest in HC workforce including PH officers

Most of the important things in the world have been accomplished by people who have kept on trying when there seemed to be no hope at all.

Dale Carnegie

() quotefancy



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