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MEDICAL STAFF NEWS AND MUSES

In the depth of winter, I finally learned that within me there lay an invincible summer.

Albert Camus

Changes in e-News and Newsletter

Owen Heisler

For the two years that I have been CMO, the Medical Affairs Office has collated information being sent to Covenant physicians and distributed this material every Tuesday. The intent of doing this was to decrease the volume of emails; however, it was noted that often this material was already distributed through other channels. As an ongoing effort to try and facilitate access to information, we have decided to tweak the process.

As previously, when we get information that others request be shared with physicians we will continue to post this on the Medical Affairs portal as it is received. However, rather than the email every Tuesday, I will now publish this Newsletter twice a month – on the 1st and 15th (or close to these dates). In the Newsletter, I will include a section on new material published on the portal with the links for those who are interested in reviewing (at the end of this Newsletter).

As always, I am interested in your feedback as to whether this works better or worse and what we can do to ensure you have timely access to material that may be of value to your practices. We appreciate any and all feedback.

Reflecting on Compassion

Bonnie Tejada

Every day we witness our colleagues and teams exemplifying our values and making a difference in the lives of others. Mission Awards gives us a wonderful opportunity to tell these stories and celebrate those who provide us with inspiring examples of our values in action. Our values are core to our identity and they help shape the culture we create together as they help guide our interactions with those we serve.

Last year we started a Mission Awards toolkit to encourage reflection on our six values and to support the Mission Awards process. We'll continue the tradition this year with the: **Reflecting on our Values toolkit** ([view here](#)). There will be six editions of the toolkit coming to you over the next four months leading up to the Mission Awards nomination deadline on February 14, 2018. All Mission Awards resources and inspiring videos from past years can be found on the [Mission Awards page](#).

WHAT IS COMPASSION?

Compassion is a deep awareness of the suffering of others and the desire to alleviate it. Not only does a person with strength in compassion show empathy, but they also developed an inner desire to help others. Such a person would carry out acts of compassion that may be as simple as visiting and consoling the suffering or listening to someone. A compassionate person is like a rock that others lean on when the going gets rough.

HOW DO WE DEVELOP IT?

1. Compassion begins with opening our eyes and looking at things around us.
2. Noticing if someone is sad or troubled is a part of compassion.

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3. Putting ourselves in the shoes of that person and asking ourselves how we would feel if this was happening to us. We ask ourselves what kind of help we would need in this position to alleviate the suffering.
4. Then we ask that person what would help them in this situation and offer them what we can to help.

Adapted from: <http://www.internationalschool.info/developing-compassion-in-children/>

Editor's Note: One of the many reasons to include the [compassion toolkit](#) was that last year Dr. Louis Coetzee, a family physician from Bonnyville was the recipient of this award. Perhaps you might know of a colleague or member of your team who should be nominated for the award.

Ethisphere Submission

Gordon Self

In support of *Our People and Culture Strategy*, the organization's goal to strengthen capacity for ethical reflection and discernment, and values-based decision-making through all levels of Covenant Health, I am pleased to update you that we have completed the submission process to the Ethisphere Institute for consideration as a 2018 World's Most Ethical Company.

We voluntarily participate in the annual Ethisphere process and deem it a value-add investment in being benchmarked against other leading organizations around the world. I want to personally thank all of you for your insightful contributions to the process and your commitment to applied ethical reflection, recognizing we all make ethical and values-based decisions every day. We recognize that your participation is in addition to all of the great work you do every day, and are grateful for your patience, wisdom, and dedication to this process.

We expect to receive notice of Ethisphere's decision in early February 2018. In the meantime, the evaluative process has already yielded some useful insights, and we will continue to work with the Enterprise Risk Management Committee and other leaders to action quality improvement initiatives.

Again, thank you all for your commitment to ethical integrity, and the decisions, actions, and behaviours you model in advancing this important dimension of *Our People and Culture Strategy*.

Screening for Lung Cancer

Anderson/Parliament/Predy

AHS is taking several actions in response to a recent Canadian Task Force on Preventative Health (CTFPHC) recommendation on screening for lung cancer in adults age 55-74 with a long term smoking history.

AHS will **not** be immediately implementing a screening program for lung cancer. The rationale for this decision is as follows. The CTFPHC's new screening recommendation, published in the Canadian Medical Association Journal (CMAJ) ("[Recommendations on screening for lung cancer.](#)" CMAJ 2016; 188(6):425-432.) involves three annual low dose Chest CT scans for adults age 55-74 with at least a 30-pack year smoking history, who smoke or quit smoking less than 15 years ago and are **not** suspected of having lung cancer based on clinical assessment or other imaging.

This was stated by the CTFPHC to be a weak recommendation, based upon low quality evidence. At this time, none of the other Canadian provinces have implemented a full population-based lung cancer screening program. In any screening program, it is accepted that the accuracy of detection and quality of follow-up investigations and management are critical to obtaining more benefit than harm. Screening for lung cancer with Low-Dose Computed Tomography (LDCT) should only be considered in settings that can deliver comprehensive care similar to or better than that offered in large structured multicentre trials. This should include appropriate referral, qualified radiologists and radiology technologists, a standardized LDCT imaging protocol, synoptic reporting of examinations, evidence-informed follow-up guidelines included within the study protocol and screening centre expertise in the early diagnosis and management of lung cancer. In addition, a structured program should include attention to other preventative measures, such as smoking cessation.

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As leaders in Alberta Health Services, we believe that implementation of screening without the focused expertise and organized supervision as part of a dedicated program will minimize the benefits and potentially increase the risk of harm to patients. Our concerns include the frequency of false positive results including those with abnormalities or potential abnormalities that would require further testing, the potential for complications relating to invasive testing, and adverse effects following unnecessary treatment. For these reasons, we will not presently offer LDCT examinations for Lung Cancer Screening at AHS facilities.

AHS will continue to seek further information and evidence on best practice care for this population. AHS will evaluate the data from an Alberta-based pilot program screening and following 800 patients, and will evaluate further evidence as it becomes available. This additional information will inform future decisions, and we plan to have this review completed in the next year.

In the meantime, early detection will remain consistent with current practice -- in adults with symptoms of lung cancer, regardless of age or smoking history, clinicians should pursue diagnostic testing and/or specialist referral as clinically indicated, with referral to the Alberta Thoracic Oncology Program (ATOP) for suspected lung malignancy.

AHS will continue to evaluate new expenditures taking into account benefit to patient and the need for financial sustainability.

November Additions to the Portal

Owen Heisler

7-Nov-17	2018 Covenant Health Mission Awards
	Awards criteria
	Nomination Form
	Photography Guidelines
9-Nov-17	Shortage - Lidocaine and/or BUPivacaine with epiNEPHrine injection
9-Nov-17	World Wide Pressure Injury Prevention Day
10-Nov-17	Procedural Sedation Process & Policy
	Policy
	Procedural Sedation Record Form
10-Nov-17	Sue's Wellness November 2017 Newsletter – latest edition
14-Nov-17	Alberta Scan: Issue 1040
16-Nov-17	Research Day Archives
	Advanced Care Planning & Goals of Care Designation Policy & Procedure Revision
17-Nov-17	Highlights
	Poster
20-Nov-17	Corporate Memo - White Rose Program
	White Rose Program Information Sheet
	White Rose - Staff Information Poster
	White Rose - DATA Online Order Instructions
	Palliative Care CLiC Workspace
	AHS Bereavement Care Resources Page