

Calgary Zone Integrated Quality Management (CZ IQM)
PROSCI Certified, AIW Yellow Belt, CTI Coach
shawna.curry@albertahealthservices.ca

I respectfully acknowledge that I work in Calgary which is the traditional territories of the people of the Treaty 7. This includes the Blackfoot Confederacy, the Tsuut'ina (soot-ena) First Nation and the Stoney Nakoda as well as the Métis people.

From: Lucas Kelm <Lucas.Kelm@recoveryalberta.ca>
Sent: Friday, March 7, 2025 9:29 AM
To: Shawna Curry <Shawna.Curry@albertahealthservices.ca>
Cc: Shelly Vik <Shelly.Vik@recoveryalberta.ca>
Subject: RE: Indicators needed for Dashboard

Hi Shawna,

I am looking through the Word document that you sent last month and looking at previously sent emails. I'm trying to get a handle on what the current situation is (mostly for the Audit reports) so please confirm or correct me as needed.

1. For all audits except High Alert Medications, [redacted] 24 (1) (a); 24 (1) (b)
[redacted] 24 (1) (a); 24 (1) (b) The sites enter their audits into ahsaudit.ca, which populates into Tableau and then I manually pull the audits from Tableau.

The expectation is that we will be able to get that same information in Connect Care once the corrections sites go live (which is February/March, is that live now?).

Corrections have been live since November 1.

- a. Do you know what method they will be using to track this information?

[redacted] 24 (1) (a); 24 (1) (b)

[redacted] The intent in creating a dashboard for all our audits is to simplify where the information is so that it's easier to use. [redacted]

[redacted] 24 (1) (a); 24 (1) (b) The dashboard is to remove the manual component of me pulling information from several sources to compile a provincial report, so that teams can be responsible for following up on their own data, and so that the Executive Director of Corrections can look in one place and get an overview of how each site is doing.

1. For High Alert Medications, I'll follow up with Aida Stalevskaia since we aren't sure where that information comes from. I wasn't able to pin it down from the Tableau report. It sounds like it's entered through Insite/MQS Team [High-Alert Medications | Insite](#) and then visualized from Tableau.
2. RLS comes from the RLS system so I'm not sure if that'll be able to be pulled from Connect Care. There are RLS dashboards in Tableau which is where this request came from. It looks like they have been discontinued since the transition to the new system so just ignore this part of the request.

Questions:

- Are Corrections using Connect Care for their audits? What method are/will they be using to track it? Teams are reviewing Connect Care to get the information for the audits and

then completing the audit templates at ahsaudit.ca or on an Excel template that we created (eg. Observation Audits that are done by watching staff perform tasks such as ID checks on patients prior to giving medications).

24 (1) (a); 24 (1) (b)

The dashboard is intended so that sites in our Provincial program have easy access to data in a timely manner.

- What are the priority elements from the Word document for your purposes? I'm not clear on what you are asking for this one. All these items are priority items as they are required for Accreditation. Since I put in the initial request, Reyna Colney has been working on a BPMH/Med Rec dashboard in Tableau that could be used for part of this larger dashboard.

Thanks for clarifying and answering these questions. I can meet to talk about these questions as well, especially if that would make it easier to convey the information.

Thanks!
Lucas

From: Shelly Vik <Shelly.Vik@recoveryalberta.ca>
Sent: Wednesday, March 5, 2025 4:00 PM
To: Shawna Curry <Shawna.Curry@albertahealthservices.ca>
Cc: Lucas Kelm <Lucas.Kelm@recoveryalberta.ca>
Subject: RE: Indicators needed for Dashboard

Hello Shawna,
We just met regarding your request. Something related to accreditation was asked by someone else awhile back, and Lucas started a dashboard for the med rec.
He is our guru with pulling data out of CC back end, ☺ he will follow up with you to find out more about what you need.
Shelly

From: Shawna Curry <Shawna.Curry@albertahealthservices.ca>
Sent: Wednesday, February 12, 2025 8:58 AM
To: Shelly Vik <Shelly.Vik@recoveryalberta.ca>
Subject: Indicators needed for Dashboard

Hi Shelly,
I've attached a word document with the details of what indicators we need for a dashboard for the 10 sites. Let me know if you need anything else or have any questions.

Tableau Site Names:

17 (1); 20 (1) (m)

This has a few sites separated out but Calgary Young Offender Centre & CYOCAFA should be together and Edmonton Young Offender Centre & Female Annex should be together so there's only 10 sites

Connect Care Site Names:

17 (1); 20 (1) (m)

Shawna Curry (she/her) **RN, BN, BKin**

Clinical Quality Improvement (CQI) Consultant, Corrections

Calgary Zone Integrated Quality Management (CZ IQM)

PROSCI Certified, AIW Yellow Belt, CTI Coach

shawna.curry@albertahealthservices.ca

I respectfully acknowledge that I work in Calgary which is the traditional territories of the people of the Treaty 7. This includes the Blackfoot Confederacy, the Tsuut'ina (soot-ena) First Nation and the Stoney Nakoda as well as the Métis people.

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From: Shelly Vik
Sent: Mon, 10 Mar 2025 14:03:34 +0000
To: Nathaniel Day
Subject: RE: SCS outcomes paper

No problem, I will reach out to Dan

From: Nathaniel Day <nathaniel.day@recoveryexcellence.org>
Sent: Friday, March 07, 2025 4:29 PM
To: Shelly Vik <Shelly.Vik@recoveryalberta.ca>
Subject: RE: SCS outcomes paper

I am off 17 (1) next week, but the group could meet without me.
N.

From: Shelly Vik <Shelly.Vik@recoveryalberta.ca>
Sent: March 7, 2025 4:15 PM
To: Nathaniel Day <nathaniel.day@recoveryexcellence.org>
Subject: RE: SCS outcomes paper

Agree, I have done some work on the protocol, still have some edits to do, but would be good to meet to run a few things by the group.
I am off next 17 (1) but next Wed or Thurs after 3pm are open if that works for you and team?
Shelly

From: Nathaniel Day <nathaniel.day@recoveryexcellence.org>
Sent: Friday, March 07, 2025 4:10 PM
To: Shelly Vik <Shelly.Vik@recoveryalberta.ca>
Subject: SCS outcomes paper

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Hi Shelly,
I am wondering if we should look at convening our SCS outcomes group to review current status and next steps, as well as ensure that as much is done as possible on the RA side before you formally leave.
What are your thoughts?

Nathaniel Day
Chief Scientific Officer
Email: Nathaniel.day@recoveryexcellence.org
Web: recoveryexcellence.org



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From: Shelly Vik
Sent: Mon, 10 Mar 2025 17:38:31 +0000
To: Anees Bahji; Vanja Grubac; Dan Devoe
Cc: Zhihai Ma; Nathaniel Day; Justin Sabourin
Subject: RE: SCS protocol

No worries

24 (1) (a); 24 (1) (b); 25(1)(d)

Other revisions too, will send you the full protocol for your input.
Thank you

From: Anees Bahji <Anees.Bahji@recoveryalberta.ca>
Sent: Monday, March 10, 2025 11:33 AM
To: Shelly Vik <Shelly.Vik@recoveryalberta.ca>; Vanja Grubac <vanja.grubac@recoveryexcellence.org>; Dan Devoe <dan.devoe@recoveryexcellence.org>
Cc: Zhihai Ma <Zhihai.Ma@recoveryalberta.ca>; Nathaniel Day <nathaniel.day@recoveryexcellence.org>; Justin Sabourin <Justin.Sabourin@recoveryalberta.ca>
Subject: Re: SCS protocol

Hi Shelly,

I'm sorry, but I won't be able to make the meeting as I'll be in clinic until 5 PM that day. Please let me know if there's anything I can review or contribute outside the meeting—I'm happy to help however I can.

Sincerely,

Anees Bahji, BSc(H), MD, CISAM, CCSAM, DABPN, FRCPC (pronouns: he/him/his)

Clinical Assistant Professor, Department of Psychiatry, University of Calgary
Adult Addiction Centre, 6th Floor, Foothills Medical Centre

E: anees.bahji@recoveryalberta.ca

From: Shelly Vik <Shelly.Vik@recoveryalberta.ca>
Sent: March 10, 2025 9:33 AM
To: Vanja Grubac <vanja.grubac@recoveryexcellence.org>; Dan Devoe <dan.devoe@recoveryexcellence.org>
Cc: Zhihai Ma <Zhihai.Ma@recoveryalberta.ca>; Nathaniel Day <nathaniel.day@recoveryexcellence.org>; Justin Sabourin <Justin.Sabourin@recoveryalberta.ca>; Anees Bahji <Anees.Bahji@recoveryalberta.ca>
Subject: RE: SCS protocol

Great. Anees, does this work for you?
If so, Justin – can you please send an invite out to folks here, please also invite Komali N.
Thanks, Shelly

From: Vanja Grubac <vanja.grubac@recoveryexcellence.org>
Sent: Monday, March 10, 2025 9:25 AM
To: Dan Devoe <dan.devoe@recoveryexcellence.org>; Shelly Vik <Shelly.Vik@recoveryalberta.ca>
Cc: Zhihai Ma <Zhihai.Ma@recoveryalberta.ca>; Nathaniel Day <nathaniel.day@recoveryexcellence.org>; Justin Sabourin <Justin.Sabourin@recoveryalberta.ca>
Subject: Re: SCS protocol

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Hi Shelly,

Same here. Thursday after 3pm works for me as well.

Thanks,
Vanja

Vanja Grubac, MSc.

Evaluation and Research Associate

Email: vanja.grubac@recoveryexcellence.org

Web: <https://recoveryexcellence.org/>



From: Dan Devoe <dan.devoe@recoveryexcellence.org>
Sent: Monday, March 10, 2025 09:18
To: Shelly Vik <Shelly.Vik@recoveryalberta.ca>; Vanja Grubac <vanja.grubac@recoveryexcellence.org>
Cc: Zhihai Ma <Zhihai.Ma@recoveryalberta.ca>; Nathaniel Day

<nathaniel.day@recoveryexcellence.org>; Justin Sabourin <Justin.Sabourin@recoveryalberta.ca>

Subject: Re: SCS protocol

Hi Shelly,

Thursday after 3pm works great for me.

Best,
Dan

Dan Devoe MSc. PhD

Scientist

Email: Dan.Devoe@recoveryexcellence.org

Cell: 403-819-4157

Web: recoveryexcellence.org



From: Shelly Vik <Shelly.Vik@recoveryalberta.ca>

Sent: Monday, March 10, 2025 8:20 AM

To: Dan Devoe <dan.devoe@recoveryexcellence.org>; Vanja Grubac <vanja.grubac@recoveryexcellence.org>

Cc: Zhihai Ma <Zhihai.Ma@recoveryalberta.ca>; Nathaniel Day <nathaniel.day@recoveryexcellence.org>; Justin Sabourin <Justin.Sabourin@recoveryalberta.ca>

Subject: SCS protocol

Hi Dan/Vanja,

Would it be possible to set up meeting with the research group on Wed or Thurs after 3pm? I will send a copy of the updated protocol with some items for discussion ahead of the meeting.

Dr. Day is unable to attend, but he has indicated we should proceed.

Thanks, Shelly

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received this message in error, please notify the sender immediately, and then delete the original message. Thank you.

From: Komali Naidoo
Sent: Wed, 12 Mar 2025 16:11:45 +0000
To: Shelly Vik
Subject: FW: SCS Protocol

Hi Shelly,

These are some really interesting points that Anees brings up. I would be very interested in hearing about his perspectives. The literature is plagued with differences in processes around adherence so it would be good to hear more from Anees given his experiences.

Thanks Shelly,
Komali

From: Anees Bahji <Anees.Bahji@recoveryalberta.ca>
Sent: Wednesday, March 12, 2025 10:07 AM
To: Shelly Vik <Shelly.Vik@recoveryalberta.ca>; Zhihai Ma <Zhihai.Ma@recoveryalberta.ca>; Komali Naidoo <Komali.Naidoo@recoveryalberta.ca>; Vanja Grubac <vanja.grubac@recoveryexcellence.org>; Dan Devoe <dan.devoe@recoveryexcellence.org>
Cc: Nathaniel.day <nathaniel.day@recoveryexcellence.org>
Subject: Re: SCS Protocol

Hi Shelly,

Glad to hear my suggestion was helpful!

24 (1) (a); 24 (1) (b); 25(1)(d)

24 (1) (a); 24 (1) (b); 25(1)(d)

24 (1) (a); 24 (1) (b); 25(1)(d)

24 (1) (a); 24 (1) (b); 25(1)(d)

There are definitely trade-offs between different methods, and I'd be interested to hear more about the approaches used at HC and CPSA.

Sincerely,

Anees Bahji, BSc(H), MD, CISAM, CCSAM, DABPN, FRCPC (pronouns: he/him/his)

Clinical Assistant Professor, Department of Psychiatry, University of Calgary
Adult Addiction Centre, 6th Floor, Foothills Medical Centre

E: anees.bahji@recoveryalberta.ca

From: Shelly Vik <Shelly.Vik@recoveryalberta.ca>
Sent: March 11, 2025 3:35 PM
To: Anees Bahji <Anees.Bahji@recoveryalberta.ca>; Zhihai Ma <Zhihai.Ma@recoveryalberta.ca>; Komali Naidoo <Komali.Naidoo@recoveryalberta.ca>; Vanja Grubac <vanja.grubac@recoveryexcellence.org>; Dan Devoe <dan.devoe@recoveryexcellence.org>

Cc: Nathaniel.day <nathaniel.day@recoveryexcellence.org>

Subject: RE: SCS Protocol

24 (1) (a); 24 (1) (b); 25(1)(d)

Shelly

From: Anees Bahji <Anees.Bahji@recoveryalberta.ca>

Sent: Tuesday, March 11, 2025 12:53 PM

To: Shelly Vik <Shelly.Vik@recoveryalberta.ca>; Zhihai Ma <Zhihai.Ma@recoveryalberta.ca>; Komali Naidoo <Komali.Naidoo@recoveryalberta.ca>; Vanja Grubac <vanja.grubac@recoveryexcellence.org>; Dan Devoe <dan.devoe@recoveryexcellence.org>

Subject: Re: SCS Protocol

Hi Shelly,

Thanks for putting this together; I really appreciate all the work that's gone into it. I had a chance to review the protocol and have attached my revised version here. Unfortunately, I won't be able to attend the meeting on Thursday, but I wanted to provide my feedback in advance.

I edited the Introduction for clarity and flow and added comments throughout with questions and points for discussion. I also included three additional points under the Interpretation/Limitations section to highlight areas that may need further consideration.

24 (1) (a); 24 (1) (b); 25(1)(d)

24 (1) (a); 24 (1) (b); 25(1)(d)

I went into detail on this in the protocol, so I'd love to hear thoughts on whether it would be a useful alternative for this analysis. I'm looking forward to the team's feedback. Let me know if anything needs further clarification.

24 (1) (a);
24 (1) (b)

Sincerely,

Anees Bahji, BSc(H), MD, CISAM, CCSAM, DABPN, FRCPC (pronouns: he/him/his)

Clinical Assistant Professor, Department of Psychiatry, University of Calgary
Adult Addiction Centre, 6th Floor, Foothills Medical Centre
E: anees.bahji@recoveryalberta.ca

From: Shelly Vik <Shelly.Vik@recoveryalberta.ca>

Sent: March 10, 2025 4:46 PM

To: Anees Bahji <Anees.Bahji@recoveryalberta.ca>; Zhihai Ma <Zhihai.Ma@recoveryalberta.ca>; Komali Naidoo <Komali.Naidoo@recoveryalberta.ca>; Vanja Grubac <vanja.grubac@recoveryexcellence.org>; Dan Devoe <dan.devoe@recoveryexcellence.org>

Subject: RE: SCS Protocol

Thank you very much for getting this going Vanja.

Jack had started some revisions in the methods, so I just worked in that version, then copied them all over into the protocol. A few minor suggestions in the other parts, and there are a couple of references needed (you will see those spots Komali, may be something already there we can point to).

I think Dan's idea on getting this to the stage where we can submit to the Open Science Framework is excellent, so please critique away! I am still trying to think of some way to keep the full sample in the adherence analyses, or if there is a better way to approach this – I have just used something I have worked on in the past, open to suggestions.

Talk more on Thursday.

Shelly

-----Original Appointment-----

From: Justin Sabourin **On Behalf Of** Shelly Vik

Sent: Monday, March 10, 2025 9:51 AM

To: Shelly Vik; Anees Bahji; Zhihai Ma; Komali Naidoo; Vanja Grubac; Dan Devoe

Subject: SCS Protocol

When: Thursday, March 13, 2025 3:00 PM-3:45 PM (UTC-07:00) Mountain Time (US & Canada).

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From: Komali Naidoo
Sent: Thu, 13 Mar 2025 20:51:40 +0000
To: Shelly Vik
Subject: RE: SCS Protocol

Ok thanks for letting me know.

From: Shelly Vik <Shelly.Vik@recoveryalberta.ca>
Sent: Thursday, March 13, 2025 2:42 PM
To: Komali Naidoo <Komali.Naidoo@recoveryalberta.ca>
Subject: RE: SCS Protocol

I still have to sort roles, I am not sure what options there are for external collaborators

From: Komali Naidoo <Komali.Naidoo@recoveryalberta.ca>
Sent: Thursday, March 13, 2025 2:39 PM
To: Shelly Vik <Shelly.Vik@recoveryalberta.ca>
Subject: RE: SCS Protocol

Hi Shelly,

I am reaching out, as per our discussion yesterday, were you going to include me in this work as a named co-investigator?
I wanted to clarify.

Thanks,
Komali

From: Shelly Vik <Shelly.Vik@recoveryalberta.ca>
Sent: Monday, March 10, 2025 4:47 PM
To: Anees Bahji <Anees.Bahji@recoveryalberta.ca>; Zhihai Ma <Zhihai.Ma@recoveryalberta.ca>; Komali Naidoo <Komali.Naidoo@recoveryalberta.ca>; Vanja Grubac <vanja.grubac@recoveryexcellence.org>; Dan Devoe <dan.devoe@recoveryexcellence.org>
Subject: RE: SCS Protocol

Thank you very much for getting this going Vanja.

Jack had started some revisions in the methods, so I just worked in that version, then copied them all over into the protocol. A few minor suggestions in the other parts, and there are a couple of references needed (you will see those spots Komali, may be something already there we can point to).

I think Dan's idea on getting this to the stage where we can submit to the Open Science Framework is excellent, so please critique away!

24 (1) (a); 24 (1) (b)

open to suggestions.

From: Shelly Vik
Sent: Mon, 10 Mar 2025 22:46:37 +0000
To: Anees Bahji; Zhihai Ma; Komali Naidoo; Vanja Grubac; Dan Devoe
Subject: RE: SCS Protocol
Attachments: 20250310_SCS Protocol.doc

Thank you very much for getting this going Vanja.

Jack had started some revisions in the methods, so I just worked in that version, then copied them all over into the protocol. A few minor suggestions in the other parts, and there are a couple of references needed (you will see those spots Komali, may be something already there we can point to).

I think Dan's idea on getting this to the stage where we can submit to the Open Science Framework is excellent, so please critique away!

24 (1) (a); 24 (1) (b)

open to suggestions.

Talk more on Thursday.
Shelly

-----Original Appointment-----

From: Justin Sabourin **On Behalf Of** Shelly Vik
Sent: Monday, March 10, 2025 9:51 AM
To: Shelly Vik; Anees Bahji; Zhihai Ma; Komali Naidoo; Vanja Grubac; Dan Devoe
Subject: SCS Protocol
When: Thursday, March 13, 2025 3:00 PM-3:45 PM (UTC-07:00) Mountain Time (US & Canada).
Where: Microsoft Teams Meeting

Duplicate

From: Dan Devoe
Sent: Thu, 13 Mar 2025 18:28:45 +0000
To: Zhihai Ma; Anees Bahji; Shelly Vik; Komali Naidoo; Vanja Grubac
Cc: Nathaniel Day
Subject: Re: SCS Protocol
Attachments: 20250313_SCS Protocol.doc

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Attached are my comments as well, some issues I think around who we are matching to and then analysis plan we may want to consider other approaches as Anees mentioned, and I added my two cents as well.

Take care,
Dan

Dan Devoe MSc. PhD

Scientist

Email: Dan.Devoe@recoveryexcellence.org

Cell: 403-819-4157

Web: recoveryexcellence.org



From: Zhihai Ma <Zhihai.Ma@recoveryalberta.ca>

Sent: Thursday, March 13, 2025 12:12 PM

To: Anees Bahji <Anees.Bahji@recoveryalberta.ca>; Shelly Vik <Shelly.Vik@recoveryalberta.ca>; Komali Naidoo <Komali.Naidoo@recoveryalberta.ca>; Vanja Grubac <vanja.grubac@recoveryexcellence.org>; Dan Devoe <dan.devoe@recoveryexcellence.org>

Cc: Nathaniel Day <nathaniel.day@recoveryexcellence.org>

Subject: RE: SCS Protocol

Just added a few comments to the protocol. See you this afternoon.

Jack

From: Anees Bahji <Anees.Bahji@recoveryalberta.ca>

Sent: Wednesday, March 12, 2025 10:07 AM

To: Shelly Vik <Shelly.Vik@recoveryalberta.ca>; Zhihai Ma <Zhihai.Ma@recoveryalberta.ca>; Komali Naidoo <Komali.Naidoo@recoveryalberta.ca>; Vanja Grubac <vanja.grubac@recoveryexcellence.org>; Dan Devoe <dan.devoe@recoveryexcellence.org>

From: Komali Naidoo
Sent: Tue, 11 Mar 2025 21:59:50 +0000
To: Shelly Vik; Ajiboye Fakunle
Subject: RE: February's George Spady MHSPA and HC reports for review

Hi Shelly,

Thanks very much Shelly for looking into this.
AJ, I am wondering if you are able to identify the discrepancy in PowerBI so it aligns moving forward. Let me know if we should chat about this.

Thank you,
Komali

From: Shelly Vik <Shelly.Vik@recoveryalberta.ca>
Sent: Tuesday, March 11, 2025 2:33 PM
To: Komali Naidoo <Komali.Naidoo@recoveryalberta.ca>; Ajiboye Fakunle <Ajiboye.Fakunle@recoveryalberta.ca>
Subject: RE: February's George Spady MHSPA and HC reports for review
Importance: High

Hi Komali, I did manage a quick check in Excel and got the same numbers as Lexis, so I think we should update. I have attached the excel file. Shelly

From: Komali Naidoo <Komali.Naidoo@recoveryalberta.ca>
Sent: Tuesday, March 11, 2025 2:09 PM
To: Shelly Vik <Shelly.Vik@recoveryalberta.ca>; Ajiboye Fakunle <Ajiboye.Fakunle@recoveryalberta.ca>
Subject: RE: February's George Spady MHSPA and HC reports for review

Hi All,

The outstanding piece we were not able to discuss today was related to Lexis' comment:

4. Referrals & Warm Handoffs (MHSPA):

I am getting different Unique counts for the Referrals & Warm Handoff section. The Overall Totals are correct, but I think the unique counts need to be checked. For example, I am getting 9 Overall Unique Clients for Detox.

For this one, in our PowerBI we have 11 Overall Unique Clients in Detox.

AJ, I am not sure if you were able to check this.

Komali

From: Shelly Vik <Shelly.Vik@recoveryalberta.ca>
Sent: Tuesday, March 11, 2025 10:41 AM
To: Ajiboye Fakunle <Ajiboye.Fakunle@recoveryalberta.ca>; Komali Naidoo

<Komali.Naidoo@recoveryalberta.ca>

Subject: FW: February's George Spady MHSPA and HC reports for review

Hi All, please see below....

From: Lexis Galarneau <lexisg@gspady.ab.ca>

Sent: Tuesday, March 11, 2025 10:07 AM

To: Komali Naidoo <Komali.Naidoo@recoveryalberta.ca>; Lindy Dowhaniuk <LindyD@gspady.ab.ca>

Cc: Shelly Vik <Shelly.Vik@recoveryalberta.ca>; Zhihai Ma <Zhihai.Ma@recoveryalberta.ca>; Ajiboye Fakunle <Ajiboye.Fakunle@recoveryalberta.ca>

Subject: Re: February's George Spady MHSPA and HC reports for review

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Hi Komali,

A few discrepancies to highlight:

1. Missed 'Unknown' substance used:

There were 5 visits in which the substance used was unknown to staff and left blank for their visit. It looks like these 5 unknown substance visits were missed from some of the totals:

- Consumption visits should be 1,733 (MHSPA and HC)
- Unknown/Not Specified substance total should be 5 (MHSPA and HC)
- This likely will change the % of substances used by a small bit for each substance (MHSPA)
- Total injection consumption mode should be 1729 (MHSPA)

Moving forward, would it be easier if instead of leaving these unknowns blank, I add the word "Unknown" to the substance used column prior to submission? **This should have been done in the report already – if not, please update as she suggests**

2. Overdose/adverse events related to the consumption of drugs should be 12:

- Using the "Overdose" column, there are only 12 visits that say "Yes" (MHSPA and HC)
- EMS called for overdose events should be zero (MHSPA and HC) -> the visit with an EMS response was not an overdose; instead this was the 1 other medical emergency reported ("Overdose" column says "No" for this visit) **Interesting, will need to add code for this. We should discuss with MHA, not sure this EMS count should be on MHSPA, as it will be interpreted as an adverse event**

1. 3. Referrals to Services Provided within SCS (HC):

I recently refined how I check the count of this total using a statistical software (instead of manually sorting & counting in Excel like I previously was doing) and I got a total of 8349 services for this month, which is a bit lower than the total you found. Here is the breakdown I found if that helps. Maybe a few of the below are being counted multiple times in the total you found? Or have I missed any instances compared to your breakdown?

Clothing/Hygiene Supplies	247
Food/Drinks	1711
Mental Health Support	1543
Naloxone Kit	9
Naloxone Training	131
Non-emergent Medical Care	22
Peer support/Social support/Relationship building	1693
Safe Sex Products	34
Safe Use Supplies	1669
Safer Use Education	1205
Substance Safety Check	32
Transportation Support	7
Food/Drinks	3
Recovery Coach	43
TOTAL	8349

4. Referrals & Warm Handoffs (MHSPA):

I am getting different Unique counts for the Referrals & Warm Handoff section. The Overall Totals are correct, but I think the unique counts need to be checked. For example, I am getting 9 Overall Unique Clients for Detox. In addition, the Subtotals for Unique Health Services are 0 for both Overall and Warm Handoffs but should be 8 and 3, respectively.

Please let me know if you have any questions on these items!

Kind regards,
Lexis

Lexis Galarneau, MPH (she/her)

Data Manager

P: 780-720-8263

#218 10509-81 Ave. Edmonton, Alberta T6E 1X7

E: lexisg@gspady.ab.ca

Amiskwacîwâskahikan is a place that has been home to Indigenous peoples for millennia.

It is a traditional meeting ground of the Cree, Dene, Saulteaux, Nakota Sioux, Blackfoot and Métis



From: Komali Naidoo <Komali.Naidoo@recoveryalberta.ca>
Sent: Monday, March 10, 2025 1:01 PM
To: Lexis Galarneau <lexisg@gspady.ab.ca>; Lindy Dowhaniuk <LindyD@gspady.ab.ca>
Cc: Shelly Vik <Shelly.Vik@recoveryalberta.ca>; Zhihai Ma <Zhihai.Ma@recoveryalberta.ca>; Ajiboye Fakunle <Ajiboye.Fakunle@recoveryalberta.ca>
Subject: February's George Spady MHSPA and HC reports for review

Hello Lexis and Lindy,

Please find attached the draft February 2025 MHSPA and Health Canada reports for your review. Let us know by end of day on Wednesday (March 12th) if you have any concerns or notice any discrepancies. If we do not hear from you by end of day on Wednesday, then we will assume everything is ok and will proceed with submitting to Alberta Health (Mental Health and Addiction) and Health Canada.

Thanks very much,
Komali

Komali Naidoo (*she/her*)
Senior Researcher
Recovery Alberta, Knowledge Exchange

Seventh Street Plaza, 10th Floor South Tower
10030 107 Street NW
Edmonton, AB T5J 3E4
Phone: 780-670-2161
Email: Komali.Naidoo@recoveryalberta.ca



From: Steven Clelland on behalf of Thomas Mountain
Sent: Wed, 12 Mar 2025 14:09:36 +0000
To: Shelly Vik; Susan Rawlings
Subject: FW: Clinical Services Executive Committee (CSEC)
Attachments: CSEC Agenda_March 12 2025.docx

-----Original Appointment-----

From: Thomas Mountain <Thomas.Mountain@recoveryalberta.ca>
Sent: Wednesday, January 22, 2025 9:31 AM
To: Thomas Mountain; Michael Mulholland; Nicholas Mitchell; 'Nicholas Mitchell'; Ade Ogunsona; Daniel Li; Hany Shaltout; David Tano; John Webb; Nathaniel Day; Lucas Gursky; Erin Will; Murtaza Amirali; Steven Clelland; Sherie Allen; Janet Chafe; Angela Draude; Susan Given; Tracy Palmquist; Paul Weiss; Suzanne Libbey
Cc: Dr. Nathaniel Day; Stacey Whitman; Jennifer Bishop R.; Tuxephoni Winsor; Richard Heron; Gerard Stang; Michael McMorris; Mike Linn; Chrystal Ference; Peggy Mann; Jessica Conlin; Laurie Loowell; Sara Tomlinson; Bev Rhodes; Leahann Mcelveen; Tiffany Murray; Shelly Vik
Subject: Clinical Services Executive Committee (CSEC)
When: Wednesday, March 12, 2025 4:00 PM-6:00 PM (UTC-07:00) Mountain Time (US & Canada).
Where: Microsoft Teams Meeting

Good afternoon! Attached please find the agenda for Wednesday, March 12th, CSEC meeting.

Thank you!

Val

The purpose of Clinical Services Executive Committee for Recovery Alberta is to guide the provincially aligned delivery of equitable, safe and quality clinical care. Working within its decision-making authority, the committee makes strategic and operational decisions regarding clinical operations and provides evidence-informed recommendations. It coordinates and implements initiatives that impact clinical services on behalf of the Recovery Alberta Executive Leadership Team, the committee oversees clinical operations planning to support Recovery Alberta's goals, aligned with the Ministry of Mental Health and Addiction and Recovery Alberta's mandate.

The full terms of reference will be sent in advance of the first meeting.

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Clinical Services Executive Committee Agenda

Wednesday, March 12, 2025
4:00-6:00pm
MS Teams

Attendees: Steven Clelland (Co-Chair), Dr. Nicholas Mitchell, Dr. Murtaza Amirali, Dr. Ade Ogunsona, Tracy Palmquist, Dr. Daniel Li, Sherie Allen, Dr. Hany Shaltout, Janet Chafe, Dr. David Tano, Tuxephoni Winsor, Dr. Nathaniel Day, Dr. Lucas Gursky, Susan Given, Paul Wiess, Suzanne Libbey; Shelly Vik,

Guests: Beverly Rhodes, Tiffany Murray, Leahann McElveen

Regrets: Thomas Mountain, Dr. Michael Mulholland (Co-Chair), Dr. Erin Will, Dr. John Webb, Jennifer Bishop

Agenda Item	Presenter
1. Welcome and introductions	Steven Clelland
2. Additions to the agenda	All
1. Opening Remarks	Dr. Nicholas Mitchell
2. Connect Care - PIN	Steven Clelland / Dr. Nicholas Mitchell
3. Connect Care - CSI	Beverly Rhodes / Tiffany Murray
4. Connect Care - Third Party Access 1 attachment	Steven Clelland / Beverly Rhodes / Leahann McElveen
5. SCS / OPS / Medical Oversight	Tuxephoni Winsor
6. Correctional Health Services – February Status Update	Angela Draude  Spring 2025 Survey_Pre-Surv...
7. Next Meeting: March 26, 2025	



Program Improvement & Integration Network (PIN) Revised Structure Proposal

Insert Presenter Name | Date

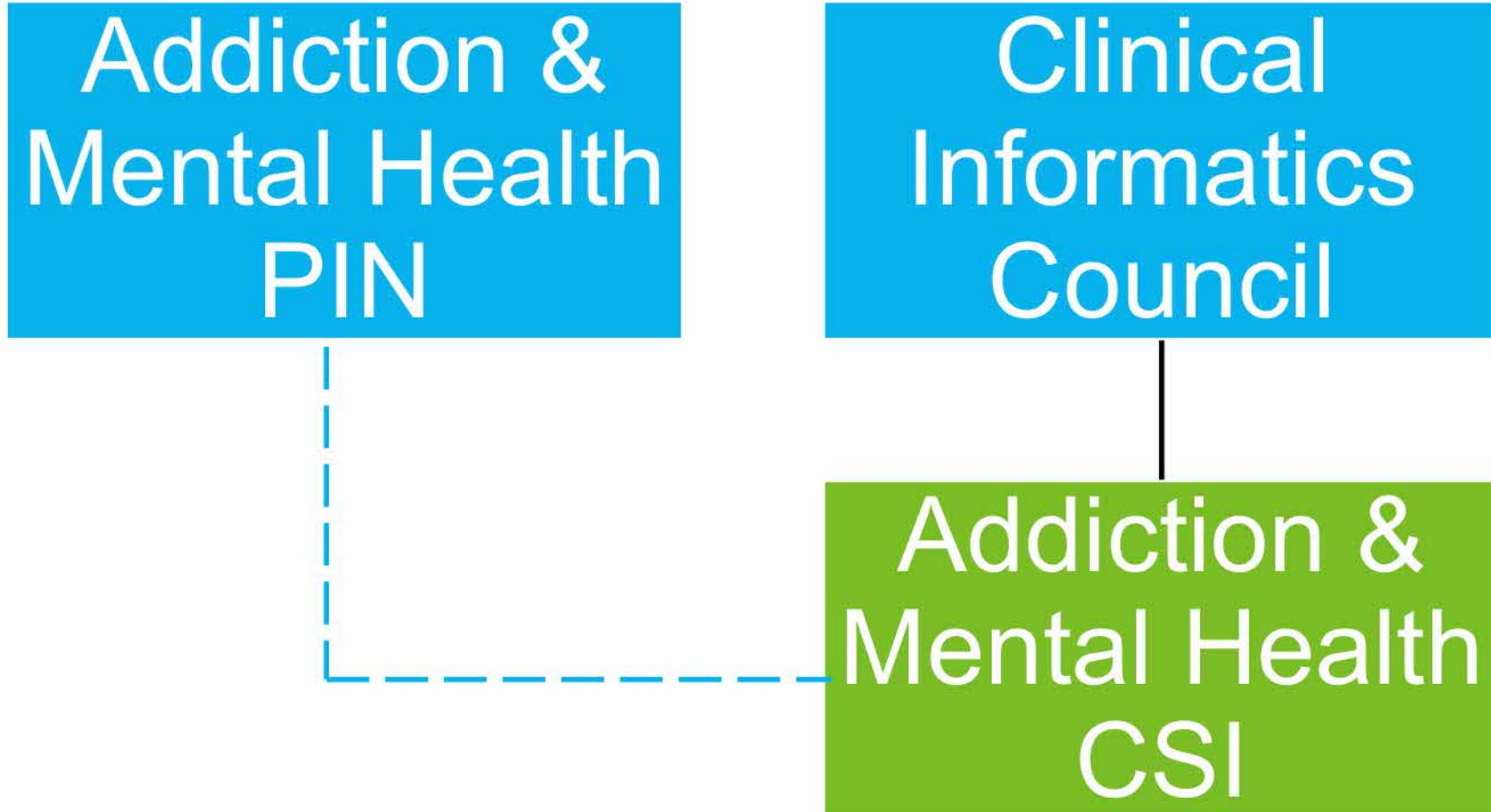
Agenda

1. Background
2. Revised Structure Proposal
3. Revised Structure Concepts
4. Rationale

Background

- The initial design of the Program Improvement & Integration Network (PIN) and Clinical System Improvement (CSI) was based on the specialty naming convention of "Addiction and Mental Health".
- However, this approach does not align with the establishment of Recovery Alberta as a distinct organization serving both Addiction and Mental Health (AMH) and Provincial Correctional Health Services (PCHS).

Background Continued...



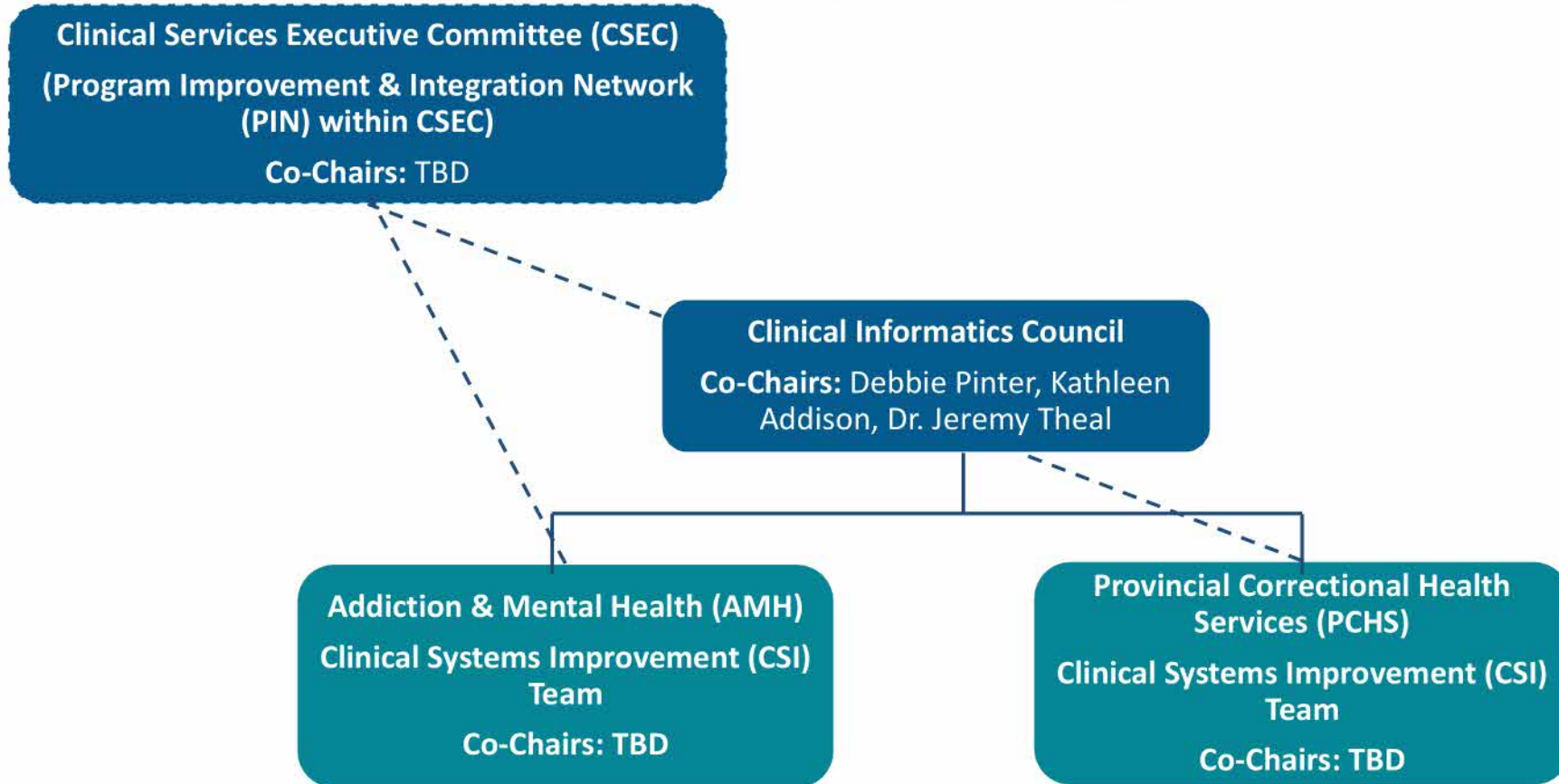
Revised Structure Proposal

To effectively address the distinct needs of Addiction and Mental Health (AMH) and Provincial Correctional Health Services (PCHS) within Recovery Alberta, the following revised structure is proposed:

- PIN: Recovery Alberta
 - CSI: Addiction and Mental Health (AMH)
 - CSI: Provincial Correctional Health Services (PCHS)

This structure ensures that both AMH and PCHS remain specialized while aligning with organizational priorities under the Recovery Alberta PIN.

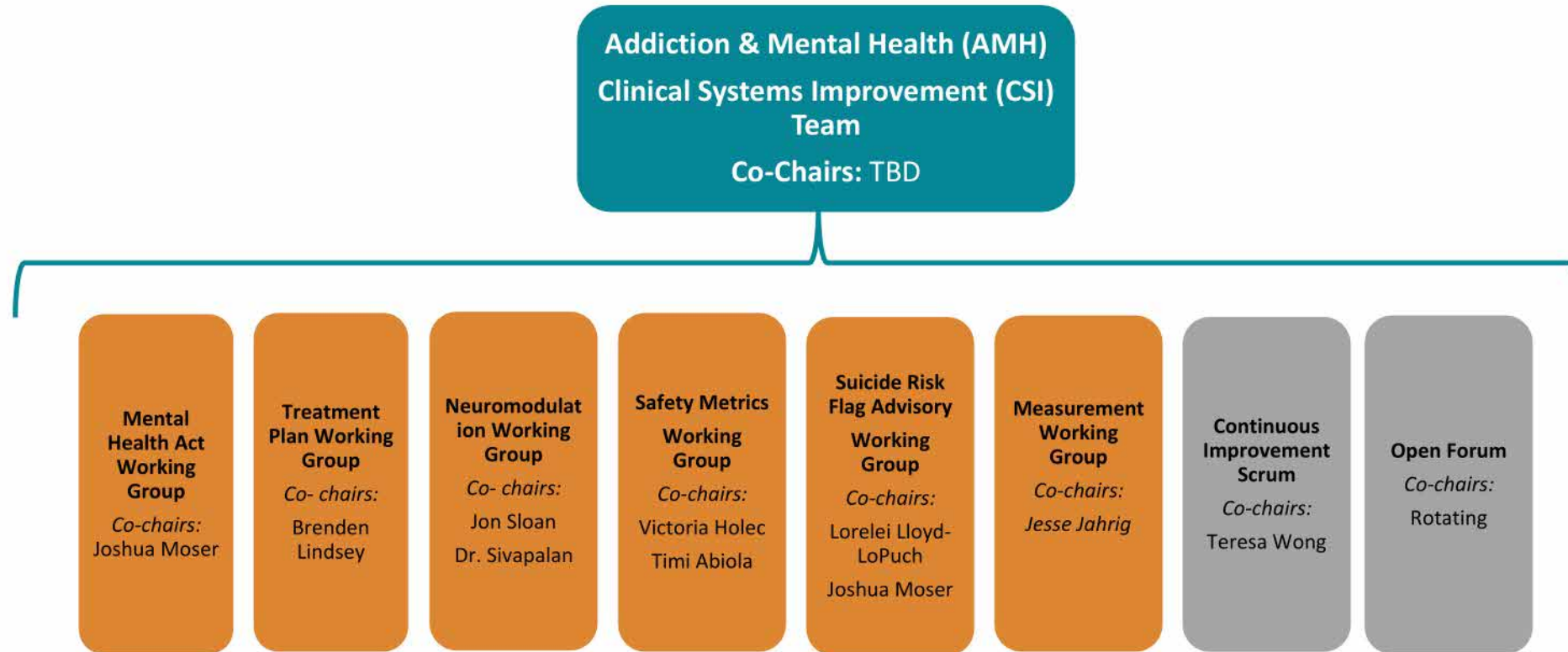
Recovery Alberta Clinical Systems Improvement Governance



Legend

- Teal: High-order, decision making
- Orange: decision making (e.g., working group)
- Silver: non-decision making (e.g., task force)
- Solid Line: reporting
- Dotted Line: communication/coordinated decision making

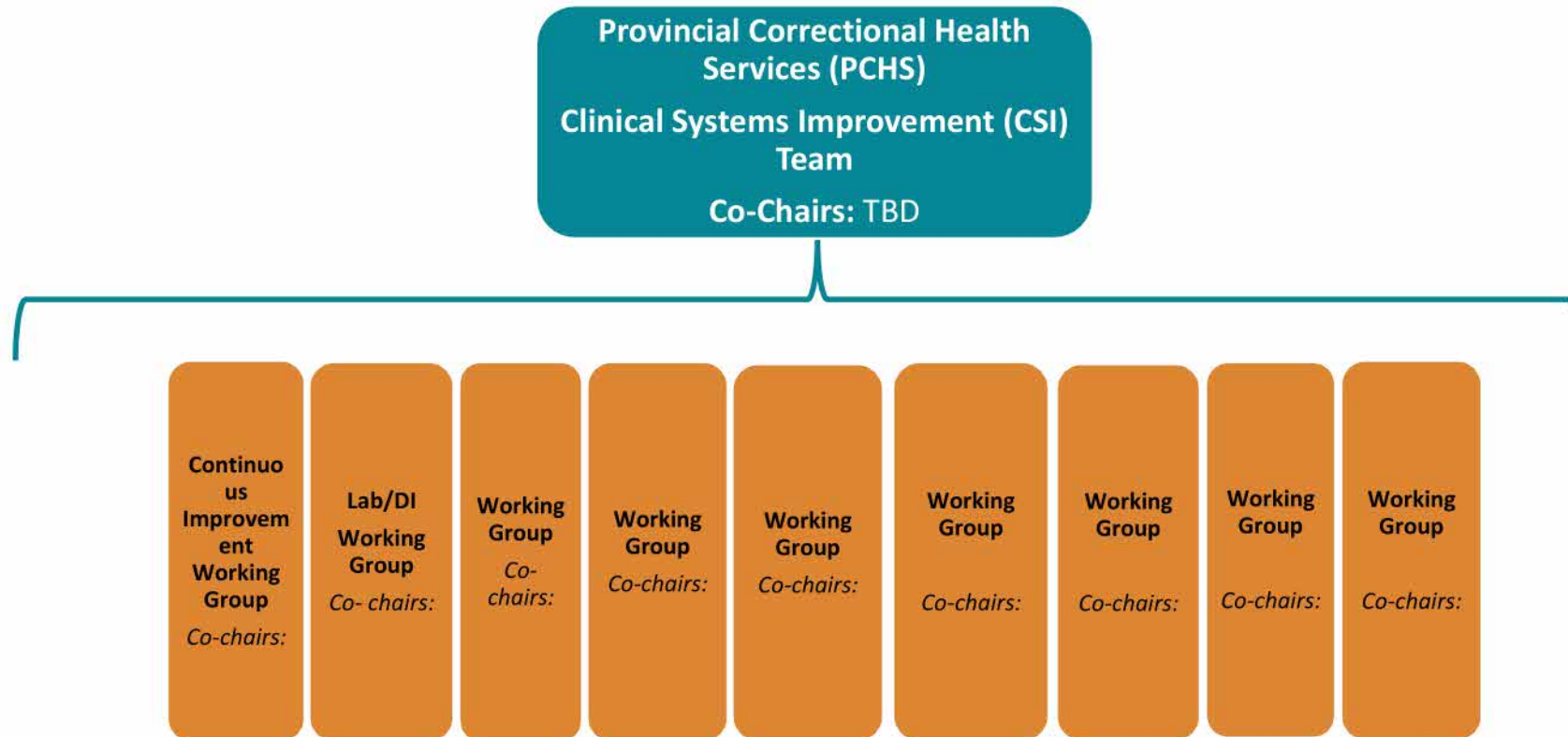
Recovery Alberta Clinical Systems Improvement Governance



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Recovery Alberta Clinical Systems Improvement Governance



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- Solid Line: reporting
- Dotted Line: communication/coordination

Revised Structure Proposal Rationale

PIN

- Transition to an **organization-focused PIN** with the establishment of Recovery Alberta ensures a more cohesive and structured governance model that aligns with provincial priorities and optimizes resource allocation.
- The shift allows for enhanced oversight, strategic direction, and accountability for both AMH and PCHS under Recovery Alberta.
- A unified organization-focused PIN streamlines decision making, promotes integration, and improves organization-wide coordination.

Revised Structure Proposal Rationale Continued...

CSI

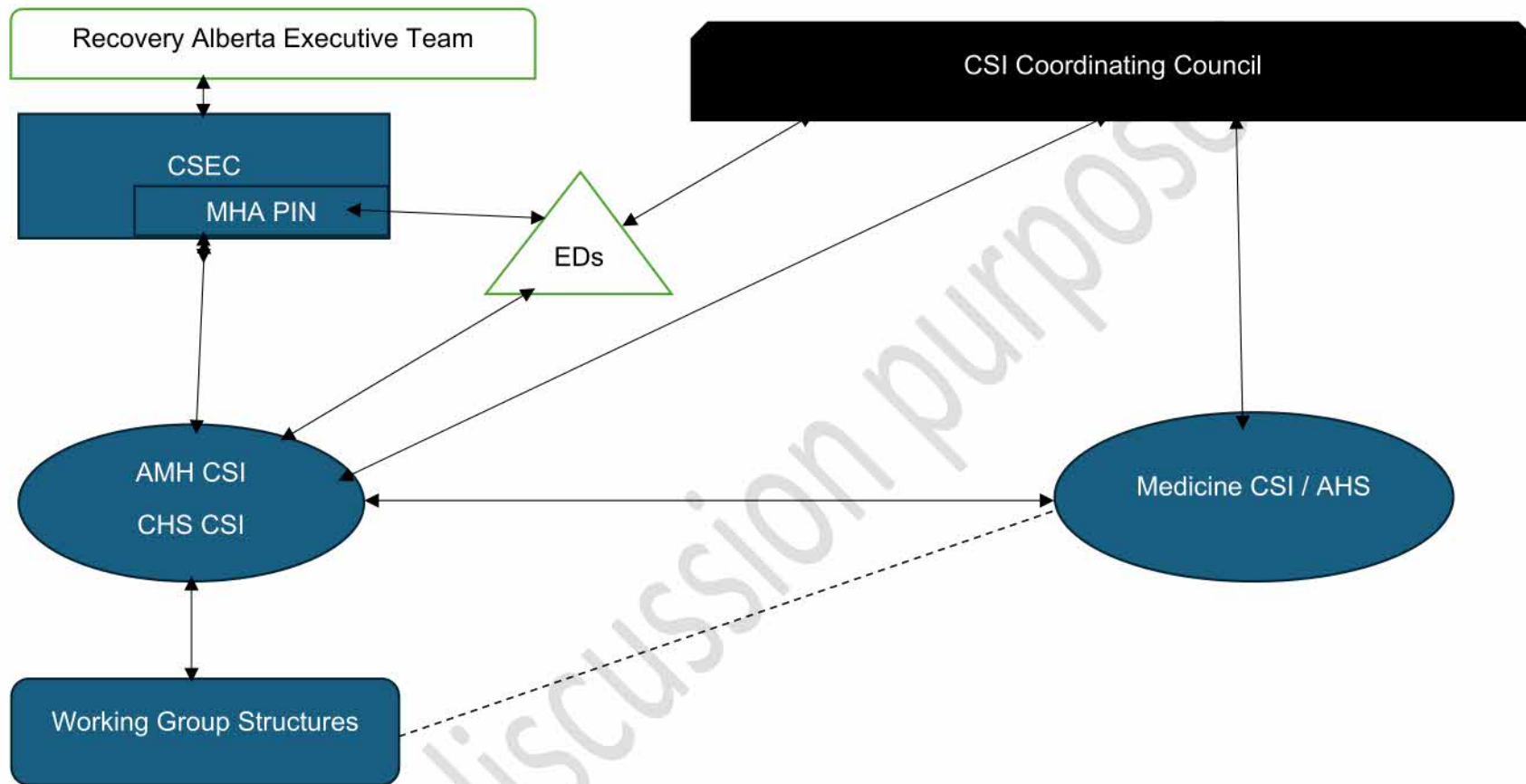
- Establishing two CSIs empowers each specialty to independently drive initiatives within their respective domains and ensures that expertise is applied effectively, while maintaining the flexibility to adapt to emerging challenges.
- PCHS primarily addresses primary medical care needs; while AMH focuses on mental health and addiction care.
- Maintaining distinct CSIs supports more efficient discussions, prioritization, and resource alignment within each specialty while preserving opportunities for inter-specialty collaboration through the PIN, ensuring a holistic approach to Recovery Alberta care delivery.
- Independent CSIs also allow flexibility in creation of additional working groups that each specialty may require to achieve initiatives prioritized.



Thank you

RecoveryAlberta.ca

Recovery Alberta Governance Structure



for discussion purposes

Addiction and Mental Health Clinical System Improvement (CSI) Team

Terms of Reference

Co-Chairs

CSI Teams associated with a PIN (Program Improvement and Integration Network):

- Operational Co-Chair
- Medical Co-Chair

Secretariat

- Coordinator (0.25 FTE). Functions include scheduling, agendas, meeting tracking documents, summary reporting

Definitions

Categories of work that may be undertaken by a CSI Team include:

- **Non-discretionary** – work required to maintain:
 - a) Reliable and safe technical functionality (e.g. vendor-required system upgrade) – also known as “system integrity”
 - b) Accredited, up-to-date and safe clinical functionality (e.g. order set update to reflect a change in standard of practice) – also known as “clinical integrity”
- **Discretionary** – work that is not non-discretionary.
 - a) Discretionary work proposed by the CSI Team that is anticipated to take more than 150 person-hours of operational staff and/or prescriber time (including for design, review, and adoption) must be escalated to the parent PIN for approval and prioritization.
 - b) Discretionary work that is anticipated to take more than 150 person-hours of Digital Health staff time must be presented by CSI Team representative(s) at the Clinical Systems Improvement Coordinating Council (CSI-CC) for prioritization and road mapping.
- **Sprint** – work that can be designed and implemented inside a 3-month focused team effort and that would benefit from a focus, agile approach.
- **Marathon** – ongoing work that takes longer than a sprint 3-month time frame, and/or is longitudinal in nature (such as ongoing maintenance of evidence in electronic order sets). Marathon work can be non-discretionary or discretionary in nature.

Accountability

CSI Teams associated with a PIN are accountable to the Recovery Alberta PIN and, in turn, the Recovery Alberta Clinical Services Executive Committee (CSEC) for:

- Agreed upon Digital Health deliverables and outcomes related to the Recovery Alberta PIN.
- Approval and prioritization of any discretionary work proposed by the CSI Team that is anticipated to take more than 150 person-hours of time for operational staff and/or prescribers (including for design, review and adoption).

One Executive Director from Information Technology and one Executive Director from Clinical Informatics is assigned to represent each CSI team at its associated PIN and at the CSI Coordinating Council.

All CSI Teams:

- Report to the Clinical Informatics Council for:
 - a) review of any clinical content or workflow that spans clinical programs/applications;
 - b) dispute resolution when agreement on decisions is not possible at the CSI team level;
 - c) to make an exception request in the unusual circumstance that Digital Health standards or principles might be considered not applicable.
- Are accountable to track and deliver roadmapped Digital Health-related initiatives *specific* to the Addiction and Mental Health program, which may arise from (but are not limited to) Government projects, Accreditation activities, and needs from other health entities that use clinical systems in common.
- Are accountable to the CSI Coordinating Council (CSI-CC) for coordination of resources for broad impact clinical systems improvement projects across Digital Health and PSS. Specifically, this means that the following types of work must be brought to the CSI-CC for prioritization and road mapping:
 - a) Any project involving multiple clinical programs, multiple clinical applications or multiple Digital Health/PSS teams
 - b) Any discretionary project with an estimated work effort of over 150 person-hours of work for Digital Health staff
- Are accountable to reserve 20% of CSI Team capacity for discretionary projects (in other words, consume no more than 80% of team capacity with non-discretionary work). If the CSI Team has non-discretionary work that is anticipated to take more than 80% of its work capacity, the matter will be escalated to CSI-CC for discussion and mitigation (communication with stakeholders, adjustment of roadmaps, etc).
- Quarterly, must provide a summary roadmap looking at least one year forward to the parent PIN or PSS Program Leadership Team, as well as the CSI-CC. The summary roadmap should include in-flight and planned non-discretionary and discretionary work, timelines, deliverables, and risks.
- Will follow standardized Digital Health project management, capacity and release management processes.

Functions

The mandate of the Addiction and Mental Health CSI Team is to:

- Collect, collate and prioritize all Clinical Systems Improvement needs specific to the clinical program (PIN).
- Assign work into categories and prioritized chronological sequence based on the expressed needs of clinical stakeholders, as well as feasibility, clinical benefit, patient benefit, and work effort required. Priority and sequence of initiatives should be reassessed quarterly. Categories of work include Sprint, Marathon, Non-Discretionary, Discretionary (see Definitions, above).
- Construct and regularly update a roadmap that shows all planned work for the next 12 months. This will be shared at least quarterly with the CSI-CC as well as the PSS Program Leadership or parent PIN and its associated clinical program stakeholders.
- A list of clinical systems improvement requests for the CSI Team that have yet to be categorized, prioritized and/or scheduled should be made available, along with their status, to the CSI-CC, PSS Program Leadership or parent PIN and its associated clinical program stakeholders.
- Review and approve design decisions within the clinical program and/or clinical application(s) that are unique to that clinical program/PSS. Note:

