



Review of Alberta's COVID-19 Pandemic Response: March 1 to October 12, 2020

Final Report to the Government of Alberta

January 2021





Notice to Reader

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KPMG’s role in this review was to: outline certain matters that came to our attention during engagement with stakeholders and document reviews; and offer our comments and recommendations for the Province’s consideration. These comments, by their nature, largely relate to opportunities for change or enhancement and do not fully capture the many strong features of the Province’s activities and undertakings, nor those of participating stakeholders.

We have relied on information provided to us by the Province. We have not audited or otherwise validated the data. The procedures we carried out do not constitute an audit, and as such, the content of this document should not be considered as providing the same level of assurance as an audit.

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Through normal processes, the Province will be responsible for the:

- Assessment of observations;
- The decision to implement any recommendations, and
- Consideration of impacts that may result from the implementation of recommendations.

Implementation will require the Province to plan and evaluate any changes to make sure that satisfactory results are realized.



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Glossary

Term	Description
AADL	Alberta Aids to Daily Living
ACATS	Alberta Coding Access Targets for Surgery
AEMA	Alberta Emergency Management Agency
AHS	Alberta Health Services
Alberta	Referring to the province, as a whole
ARP	Alternative Relationship Plan
CECRA	Canada Emergency Commercial Rent Assistance
CERB	Canada Emergency Response Benefit
CEWS	Canada Emergency Wage Subsidy
CMOH	Chief Medical Officer of Health
ECC	Alberta Health Services Emergency Coordination Centre
EMCC	Emergency Management Cabinet Committee
First Wave	The first wave refers to the period between the start of the pandemic in Alberta in March 2020 up to October 12, 2020.
FTE	Full-Time Equivalent
FY	Fiscal Year
HEOC	Health Emergency Operations Centre
GDP	Gross Domestic Product
ICU	Intensive Care Unit
NHS	National Health Services
OCMOH	Office of the Chief Medical Officer of Health



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Term	Description
Pandemic	Refers to the ongoing global outbreak of coronavirus disease 2019 (COVID-19) caused by the transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which was first identified in December 2019 in Wuhan, China.
PESS ECC	Provincial Emergency Social Services Emergency Coordination Centre
PICC	Priorities Implementation Cabinet Committee
POC	Provincial Operations Centre
PPE	Personal Protective Equipment
PQR	Pre-Qualified Resource
Province	Government of Alberta
PRPT	Provincial Response Planning Team
The Report	Pandemic Response Review Report
WCB	Workers’ Compensation Board



1 Executive Summary

1.1 Background

The Government of Alberta (the “Province”) has a well-established history with managing large scale emergency responses. The Province mounted successful responses to recent natural disasters, such as the 2016 Fort McMurray wildfire, 2013 Alberta floods and 2011 Slave Lake wildfire. In the past 20 years, Alberta has prepared and responded to two health-related crises, SARS in 2003 and the H1N1 pandemic in 2009. Many of the emergency response structures and key personnel who responded to Alberta’s recent natural disasters were also involved in the Province’s COVID-19 pandemic response.

With regards to planning and preparation, the Province maintains the Alberta’s Pandemic Influenza Plan which outlines certain provisions for a potential health emergency. These provisions include maintaining stockpiles of equipment, training for employees on the Incident Command System, including emergency management roles, and practice exercises for Provincial staff to increase readiness for an emergency response. Simply put, no jurisdiction’s existing planning or preparedness could have been “fit for purpose” to respond to the COVID-19 crisis.

The Province engaged KPMG LLP (“KPMG”) to conduct an independent review (the “Review”) of the Province’s response to the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2 or “COVID-19”) pandemic and related activities between March 2020 and October 12, 2020. The Province initiated this Review to learn about its early response efforts.

1.2 Introduction

This Review addresses the Province’s response to the COVID-19 pandemic, beginning in March 2020, through the evolution of the crisis over several months, including activities in the Province’s Relaunch Strategy up to and including October 12, 2020; this has been defined as the “**first wave**” for the purposes of this Report.

This Report provides the Province with observations and recommendations based on research, analysis and investigation conducted. Ultimately, the pandemic response effort itself had to be prioritized over completion of a full review process as initially planned.

KPMG was engaged to conduct additional detailed analysis and stakeholder engagement beyond what is reflected herein; however, due to the recent resurgence of COVID-19 in Alberta, the Province requested that KPMG complete its work based on information gathered to date (as of November 27, 2020) and issue a report based on work completed. This Report therefore is designed to comment only on topics that could be assessed within the constraints of available time and information.



The reader should note that there are limitations (as described in detail on page 13) throughout the Report on this basis, including:

- Data availability.
- A limited and targeted set of internal stakeholder engagement activities.
- Focus on the Province’s response, meaning that municipal or federal government actions are out of scope as well as third-party stakeholders (e.g., private continuing care facilities).
- Recommendations could not be formulated in all areas of this Report.

1.3 Observations and Recommendations

Observations and recommendations arising from the Review have been outlined below, based on information available and analysis completed to date. Where the availability of data permits, recommendations have been made to the Province for actions to strengthen its future responses.

1.3.1 Ongoing Review and Response

As the observations and recommendations are based on information gathered to date, it is acknowledged that additional engagement, research, and analysis would be required to comprehensively assess the Province’s response. Two recommendations have been offered related to this.

- **Recommendation #1: The Province should continue to conduct analysis and stakeholder engagement to strengthen its ongoing pandemic response (see page 28).** The pandemic response will continue to require adaptation and changes in health and economic measures over time, and it will be important to remain open to different stakeholder perspectives and measures in support of decision making.
- **Recommendation #2: Once the current State of Public Health Emergency (as declared on November 24, 2020) is ended and vaccine administration is well underway, it is recommended that the Province conduct a comprehensive review of its pandemic response to strengthen its future efforts (see page 29).** It is envisioned that this review could add significant value through analysis of:
 - Differences in the Province’s response between the first wave and subsequent “waves” of the pandemic;
 - Vaccine preparation, distribution, and communications;
 - Health workforce impacts for those involved in the response;
 - Non-COVID-related health impacts, including mental health and deferred procedures;



- Evolution of testing and contact tracing response, including changing capacity and capabilities over time;
- Industry-specific economic responses and impacts;
- Diverse stakeholder experiences and perspectives of the response;
- Measures taken and impacts related to food security, income security, and housing security for vulnerable populations;
- All phases of emergency management, including planning, preparedness, stabilization, and recovery; and
- Evidence and research that is continuing to emerge about efficiency and effectiveness of response measures in other jurisdictions.

1.3.2 Acute Care Response

In Alberta, the ongoing course of the pandemic has meant that the capacity of the healthcare system remained a critical focus. During the first wave, the Province utilized and expanded on existing health system capacity by augmenting staffing resources, increasing Acute Care beds and ICU capacity, and cancelling non-urgent or elective surgical procedures.

Observations on the Province’s Acute Care response during the first wave included:

- A single health authority in Alberta created structural advantages to managing COVID-19 in Acute Care during the first wave (see page 31).
- The Province implemented many measures to augment Acute Care staff capacity in the first wave (see page 32).
- The Province’s plans to increase ICU capacity were not fully tested against the levels of hospitalizations required during the first wave (see page 34).
- The Province was able to redeploy bed capacity throughout the system. Observable measures show that Alberta is in line with other provinces in the impact of these measures (see page 39).
- All provinces deferred non-urgent procedures to protect Acute Care capacity in response to the pandemic. Available data suggests that Alberta returned to a pre-pandemic rate of surgeries during the first wave sooner than most other provinces (see page 43).

Based on the observations, and due to available data and limited stakeholder engagement, no recommendations were identified in this area for the purposes of this Report.

1.3.3 Continuing Care Response

Congregate living environments, including many of the facilities included in Continuing Care, also present an inherent challenge for the implementation of infection prevention



and control measures. Infection and outbreak management is not new to this sector, though the scale and complexity of the COVID-19 pandemic has presented unprecedented challenges.

Alberta’s response to COVID-19 in the Continuing Care sector was shaped by public health orders issued to address the high levels of risk and vulnerability of residents in congregate living facilities. These orders made mandatory changes to the operating standards for all Long-term Care and licensed Supportive Living settings, and were often accompanied by strong recommendations for other types of settings to apply similar changes.

Observations on the Province’s Continuing Care response during the first wave included:

- The Province’s single-site worker policy for Continuing Care was important in managing rates of infection during the first wave (see page 47).
- Alberta’s Continuing Care system showed adaptability and responsiveness in responding to challenges and gaps during the first wave (see page 49).
- The Province’s approach to visitation restrictions evolved to balance risk and quality of life over the first wave (see page 51).
- A Continuing Care system with consistent standards and regulations in Alberta created structural advantages to managing COVID-19 during the first wave (see page 52).
- The Province applied a consistent approach across its Continuing Care system (see page 53).

A recommendation arising from the Province’s Continuing Care response to the first wave includes:

- **Recommendation #3: Implement strategies to support healthcare labour capacity and flexibility to backfill staffing shortages in Alberta’s Continuing Care system (see page 51).** The Province should continue to demonstrate adaptability in addressing workforce needs. It will be important to monitor mental health and wellness of the workforce, particularly as deaths in the system increase.

1.3.4 Economic Response

The first wave of the COVID-19 pandemic constituted an unprecedented health challenge with sudden and severe economic and social consequences. The Province introduced a variety of economic measures and supports for individuals, businesses, and industries to help mitigate the negative economic effects caused by the array of international, federal, provincial, and municipal COVID-19 restrictions. Albertans were able to access some separate, but complimentary, Federal programs, particularly related to lost income. In addition, the Province introduced stimulus package to boost employment and spending while measures are in place to protect the health of Albertans. The Province chose to impose fewer restrictions on businesses when compared to other provinces, though it did



not experience markedly different trends in business closures or consumer spending as a result.

At the end of April 2020, the Province announced a formal Relaunch Strategy to reopen businesses, resume restricted activities, and allow Albertans to return to work. These approaches were intended to protect the health and wellbeing of Albertans while promoting economic stability and recovery.

Observations on the Province’s economic response during the first wave included:

- The economic impact of COVID-19 on Alberta’s economy was magnified by the April 2020 crash in oil prices (see page 57).
- The Province made different economic response decisions than other provinces, such as different definitions of essential businesses and fewer restrictions on businesses. Due to the global nature of the crisis, the economic trends experienced in Alberta were not markedly different than in other provinces (see page 62).
- The uptake of small and medium-sized enterprise¹ supports has been lower than expected (see page 67).
- The Province’s assistance to economically vulnerable populations was different than in other jurisdictions (see page 70).
- The Province demonstrated adaptability in its economic response during the first wave (see page 75).

A recommendation arising from the Province’s economic response to the first wave includes:

- **Recommendation #4: Implement strategies to increase uptake of supports for small and medium-sized businesses (see page 69).** The combination of low uptake, observable economic decline, and concern about viability of businesses going forward suggest that available funding should be maximized. This may require sector engagement and/or adjustment to thresholds.

1.3.5 Engagement and Communications

Provincial coordination of response efforts was essential, and at the same time, the length and complexity of the pandemic response added new challenges and dimensions.

¹ In Canada, small and medium enterprises are defined by their employment size: small businesses are business with 1 to 99 employees; medium-sized businesses are businesses with 100 to 499 employees – Statistics Canada - <https://www150.statcan.gc.ca/n1/pub/11f0027m/2011069/part-partie1-eng.htm>



The Province took a lead role in managing communications and keeping the public informed during the first wave, beginning to issue communications about COVID-19 in February 2020. The approach to COVID-19 communications can be summarized as a coordinated effort to “be everywhere that Albertans are”.

The Province took a multi-faceted approach to stakeholder engagement during the crisis, as the pandemic response was incredibly complex and touched the lives of all Albertans. Engagement activities evolved over time, and included a wide range of stakeholders and perspectives, as well as targeted communications for and two-way discussions with specific groups.

The review of engagement and communications during the first wave included actions the Province took to build awareness and influence behaviour of Albertans, and a qualitative assessment of the Province’s engagement with municipalities, First Nations, and Métis. Other areas, such as internal communications and broader stakeholder engagement, were outside the scope of the current Report.

Observations on the Province’s engagement and communications during the first wave included:

- Direct engagement of municipalities, First Nations, Métis Settlements, Métis Settlements General Council and Métis Nation of Alberta by the Premier, members of Cabinet and the CMOH were well-received during the early response period (see page 81).
- The response to the pandemic involved a departure from typical structures for communications and engagement during an emergency (see page 83).
- There were improvements made in opportunities to engage and share information over the course of the response to the first wave (see page 86).
- Municipalities engaged in this Review reported a lack of engagement as active partners in the response to the first wave (see page 88).
- First Nations Health Directors engaged in this Review reported examples of adaptability as well as gaps in information sharing that impacted local response efforts during the first wave (see page 90).

A recommendation arising from the Province’s engagement and communications to the first wave includes:

- **Recommendation #5: Work closely and collaboratively with municipalities to communicate and implement pandemic response measures (see page 90).** The implementation of provincial measures could be more effective, efficient and better aligned through closer collaboration and increased two-way communication.



1.3.6 Procurement and PPE

The Review process to date did not include extensive data collection or analysis on the role of procurement and PPE in the Province’s response. Limited observations on the Province’s procurement and PPE during the first wave included:

- The Province’s response to PPE supply demonstrated adaptability and successes during the first wave (see page 93).
- The Province successfully distributed 40 million non-medical masks as part of its response (see page 95).

Based on the observations, and due to available data and limited stakeholder engagement, no recommendations were identified in this area for the purposes of this Report.

1.3.7 Governance and Decision Making

The Review process to date did not include extensive data collection on governance and decision making. Limited observations on the Province’s governance and decision making during the first wave included:

- The Province established a new formal response structure to manage decisions and enable a coordinated provincial response (see page 99).

Based on the observations, and due to available data and limited stakeholder engagement, no recommendations were identified in this area for the purposes of this Report.



2 Introduction

2.1 Introduction

The Government of Alberta (or “the Province”) engaged KPMG LLP (“KPMG”) to conduct an independent review (the “Review”) of the Province’s response to the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2 or “COVID-19”) pandemic and related activities between March 2020 and October 12, 2020. The Province initiated this Review to learn about its early response efforts.

The purpose of this Pandemic Response Review Report (or “the Report”) is to provide the Province with observations and recommendations based on research, analysis and investigation conducted. Ultimately, the pandemic response effort itself had to be prioritized over completion of the full review process as initially planned. This Report therefore is designed to comment only on topics that could be assessed within the constraints of available time and information. Observations and recommendations herein are knowingly limited to the scope of data and input available to date.

It is important to recognize a few contextual factors for this Review as well as this Report.

The COVID-19 pandemic is not over, and stakeholders who have participated in this Review have themselves been living through the crisis without much chance for reflection. With this in mind, the assessment process has been attentive not only to observations that would strengthen responses to future emergencies, but also of opportunities to strengthen the Province’s ongoing response to COVID-19.

This crisis is unique in Alberta’s – and the world’s – experience with emergencies. It has been an intensive and prolonged global public health emergency that has created risk and disruption in Alberta and around the world. It has also caused a global economic crisis, compounding the prolonged economic headwinds Alberta had already been facing. The Province, like other jurisdictions, has worked quickly to adapt and to manage the far-reaching impacts of the COVID-19 pandemic, all while “learning while doing”.

Decisions made throughout the COVID-19 crisis did not have the benefit of hindsight, unlike this Review. Governments, businesses and communities have all learned and adapted quickly during the pandemic, and it is easy to forget that what we know today was often not known or was unclear at the time that the Province, and other governments, were making decisions.

In this context, the present Review has been conducted in the spirit that **the Province, like other jurisdictions worldwide, is actively working to learn and adapt as the pandemic continues.** Evidence about effective COVID-19 responses is still emerging. Although the pace of global learning is rapid, there are still a number of areas in which it is simply too soon to fully discern leading practices.



2.2 Background

2.2.1 Objectives

This Review is an assessment of the Province’s response to the COVID-19 pandemic, including actions taken to balance public health, the economy, and a variety of other impacts to Albertans. The Review had the following initial objectives:

- Rapid assessment of the Province’s pandemic response, including consideration of this as a complex and prolonged crisis;
- Provision of immediate feedback to help address ongoing efforts to respond to the crisis; and
- Strengthening Alberta’s preparedness and response for future events.

2.2.2 Scope of Review

Initial Scope

The Province defined six areas of focus for this Review:

- 1) Health system response
- 2) Economic response
- 3) Governance and decision making
- 4) Procurement
- 5) Engagement and collaboration
- 6) Communications

The Review focused exclusively on the Province’s response. This includes Alberta Health Services but does not include actions taken by municipal or federal governments, or by third-party stakeholders responding to direction issued by the Province.

Revised Scope

The full scope of the Review could not be completed as envisioned by the Province. KPMG was engaged to conduct additional detailed analysis and stakeholder engagement beyond what is reflected herein; however, due to the recent resurgence of COVID-19 in Alberta, the Province requested that KPMG complete its work based on information gathered to date (as of November 27, 2020) and issue a report based on work completed.

All observations and recommendations are based on information gathered to date, with the acknowledgement that additional engagement, research, and analysis would be required



to comprehensively assess the Province’s response. The reader should note that there are limitations included throughout the Report on this basis.

The Review has included a limited assessment of six topics, which represent a subset of the planned scope of analysis but address to some extent each of the areas of focus initially defined for this process. The Report contains information related to each of these topics:

- 1) Acute care capacity
- 2) Continuing care response
- 3) Economic response
- 4) Engagement and communications
- 5) Procurement and Personal Protective Equipment (“PPE”)
- 6) Governance and decision making

Time Period Covered

This Review addresses the Province’s response to the COVID-19 pandemic, beginning in March 2020, through the evolution of the crisis over several months, including activities in the Province’s Relaunch Strategy up to and including October 12, 2020.

This time period includes some significant phases of the response but creates an “end date” for this Report that balances recency with the need for reliable data. For the purposes of this Report, this time period has been defined as the “first wave”.

It is acknowledged that the period since October 12, 2020 has seen a marked increase in COVID-19 cases in Alberta.

2.3 Methodology

KPMG utilized a framework to address the scope of the Review, which was informed by:

- Alberta’s Pandemic Influenza Plan;
- Government of Canada’s guidance on Canadian Pandemic Influenza Preparedness;
- Guidance from the World Health Organization on pandemic response; and
- Emergency Management and Incident Command System standards.

Though the full scope of the planned Review could not be executed, multiple sources of information have been incorporated, including:



- Interviews and facilitated discussions with stakeholders involved in the Province’s COVID-19 response (see Appendix A). Stakeholders selected were approved by the Province. These include:
 - Government of Alberta and Alberta Health Services (“AHS”) employees;
 - Staff from the Cities of Edmonton and Calgary;
 - Staff from the Alberta Continuing Care Association, Seniors Housing Society of Alberta, Christian Health Association of Alberta, and Alberta Seniors and Community Housing Association;
 - Staff from the Alberta Urban Municipalities Association and Rural Municipalities Association of Alberta; and
 - Health Directors from First Nations and Métis Nation of Alberta.²
- Review of data and documents, including internal information provided by the Province and publicly available sources. Note that due to the constraints of the Review, in most cases data summaries or outputs were provided in lieu of raw data that would permit a more robust and fulsome analysis.
- Desktop research on leading practice and actions taken by other provincial and international jurisdictions in responding to the pandemic.
- Review and analysis of economic data, including publicly available information, preliminary expenditure data provided by the Province, and data published on the economic response in other jurisdictions.

2.3.1 Limitations of the Report

This Report has the following limitations:

- New information and data continues to emerge and be published that provides further insight into the pandemic response, both in Alberta and in other jurisdictions. For the purposes of completing this Report, KPMG did not incorporate new information received after December 4, 2020; as such more current data may exist than what is reflected in the Report.
- The analysis is subject in part to the availability of data that the Province was able to provide within the project’s timelines and constraints of the ongoing pandemic response.

² Staff from Metis Settlements and Metis Settlement General Council were invited to participate in the engagement session but were unable to do so within project timelines.



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- Some findings reflect information stakeholders have communicated or what documents described about how the response unfolded. KPMG has not been able to independently verify all information.
- This Report is informed by a limited and targeted set of stakeholder engagement activities, which have focused primarily on internal (the Province and AHS) staff perspectives. Stakeholders were agreed upon with the Province.
- Additional external and public engagement were planned and could not be completed due to the constraints of the ongoing COVID-19 pandemic response. The Report and the Province acknowledge that a full assessment of the response requires more diversity in stakeholder perspectives.
- The Report is only focused on the response by the Province, meaning that municipal or federal government actions are out of scope. Similarly, the effectiveness of third-party actors (such as private continuing care facilities) in implementing direction given by the Province has not been assessed.
- The analysis does not include broad economic factors that are outside of the control or direct impact of the Province’s response. In particular, the economic analysis has been careful not to conflate pandemic impacts with oil and gas market factors when possible.
- KPMG was not engaged to provide advice about assessing or comparing different potential medical treatment interventions, COVID-19 vaccines, or products for testing.
- Jurisdictional comparisons are based primarily on publicly available information. As agreed with the Province, this Report applies jurisdictional comparisons where appropriate to the analysis, as opposed to comparing the same jurisdictions across all relevant themes. In particular, the Province identified British Columbia, Ontario, and Quebec as the most relevant comparators, and the response efforts in these provinces were explored in more detail than other jurisdictions.
- Data, stakeholder input, and research were available to different degrees across the topics that were explored. For this reason, analysis in some cases supports recommendations to the Province, but recommendations could not be formulated in all areas of this Report.



3 Alberta’s Response

3.1 Pre-response

The Province has a well-established history with managing large scale emergency responses. The Province mounted responses to recent natural disasters, such as the 2016 Fort McMurray wildfire, 2013 Alberta floods and 2011 Slave Lake wildfire. In the past 20 years, Alberta has prepared and responded to two health-related crises, SARS in 2003 and the H1N1 pandemic in 2009. Many of the emergency response structures and key personnel who responded to Alberta’s recent natural disasters were also involved in Province’s COVID-19 pandemic response.

In recent decades, most emergencies that Alberta has responded to have been natural disasters including floods and fires. A natural disaster is often a specific occurrence in a localized region, and may impact specific sectors and geographically contained portions of the population. Pandemic emergencies differ substantially from natural disasters, in that their geographical spread is much broader, and the duration of the event and required response are much longer.

With regards to planning and preparation, the Province maintains the Alberta’s Pandemic Influenza Plan (“Plan”) which guides response and coordination efforts in the event of a pandemic. This Plan outlines a graduated structure for emergency response, and discusses the incident management approach for a pandemic response. It also includes provisions such as maintaining stockpiles of equipment, training for employees on the Incident Command System, including emergency management roles, and practice exercises for Provincial staff to increase readiness for an emergency response.

3.2 Response Structure

When faced with the onset of the pandemic, the Province established a formal response structure to manage decisions and enable a coordinated provincial response. This response structure was similar to what was used in previous provincial emergencies, but due to the unique and complex nature of the COVID-19 crisis, it also incorporated a number of distinct elements.

3.2.1 Legislation and the State of Public Health Emergency

Two pieces of Alberta legislation provide powers in a pandemic. The *Public Health Act* enables a State of Public Health Emergency to be declared at both a provincial or local level, while the *Emergency Management Act* enables a State of Emergency to be declared at a Provincial or local level.

On March 17, 2020, the Province declared a Provincial State of Public Health Emergency under the *Public Health Act* for the first time in its history. At this time, Alberta had 100 active cases, and two recovered cases. After hitting a “spring peak” of 3,119 active cases



on April 30, Alberta hit a low of 441 active cases on June 6, and shortly thereafter the Province ended the State of Public Health Emergency on June 15, 2020. On this date, Alberta had 562 active cases of COVID-19. Active cases in Alberta remained relatively low throughout the summer and early fall, but began increasing in October.

As the COVID-19 pandemic evolved, so did the legislation. A number of amendments to legislation, Orders in Council, and Ministerial Orders were introduced in order to manage the legal framework for action. Further detail on these changes can be found in Appendix B.

3.2.2 Coordination and Decision Making

The Province established an incident command structure in late January 2020, referred to as the Health Emergency Operations Centre (HEOC). In addition to the HEOC, the Province created additional capacity to respond to the emerging pandemic both by establishing new corporate structures, and by assigning existing areas to focus on the COVID response.

Table 1 summarizes structures for coordination and decision making during the first wave. Additional information on these structures can be found in Appendix C.

Table 1: Structures for Coordination and Decision Making During the First Wave

Structure	Developed for the Pandemic Response	Purpose
Emergency Management Cabinet Committee (“EMCC”)	Yes Active March 9 – June 9	Chaired by the Premier, EMCC was responsible for decisions related to the COVID pandemic and response, including decisions on public health measures, and recovery and support programs.
Priorities Implementation Cabinet Committee (“PICC”)	No Active for COVID-19 decision making from June 15 through end of review period	Chaired by the Premier, PICC made decisions related to the COVID-19 pandemic and response, including decisions on public health measures, and recovery and support programs. PICC was not exclusively focused on COVID-19 matters.
Health Emergency Operations Centre (“HEOC”)	Yes Active January 29 – ongoing	Reporting to the Deputy Minister of Health, HEOC was responsible for bringing together expertise on policy, planning, operations, public health surveillance and analytics, and corporate services.



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Structure	Developed for the Pandemic Response	Purpose
The Office of the Chief Medical Officer of Health (“OCMOH”)	No Existing office within the Department of Health	Reporting to the Deputy Minister of Health, the OCMOH provides public health expertise to support health surveillance, population health and disease control initiatives on issues of public health importance.
Provincial Response Planning Team (“PRPT”)	Yes Active March 14 – August 14	Reporting to Deputy Minister of Municipal Affairs, PRPT was established as a temporary team to coordinate a cross-ministry approach for medium and long-term planning and management of stakeholder relationships, including engagement with municipalities.
Alberta Health Services’ Emergency Coordination Centre (“ECC”)	Yes Active January 2020 – ongoing	The ECC provides a conduit between the HEOC and AHS on areas such as monitoring acute care metrics, redeployment of staff across acute care sites, and identifying operational needs.
Alberta Emergency Management Agency (“AEMA”)	No Existing agency of the Province	An agency of Municipal Affairs responsible for emergency preparedness.
Provincial Operations Centre (“POC”)	No Existing emergency structure	A centre within the AEMA, the POC is Alberta’s communication and coordination centre collecting and disseminating information to stakeholders during emergencies.
Provincial Emergency Social Services Emergency Coordination Centre (“PESS ECC”)	No Existing structure activated during emergencies	Integrated within the POC, PESS ECC leads the coordination of social services emergency planning, assistance and support to municipal, regional and First Nations and Metis Settlement authorities.



3.3 Timeline

The COVID-19 pandemic is an unprecedented public health emergency on a scale not seen since the 1918 flu pandemic. The scientific knowledge of how this disease impacts humans has evolved throughout the course of the pandemic, including how it is transmitted. As the science has evolved, so too have the policy responses around the world. A Review of the Province’s response needs to be informed by a clear understanding of the context for that response – specifically the timing of the outbreak, evolution of the pandemic, and the different actions taken that have impacted Alberta and Albertans.

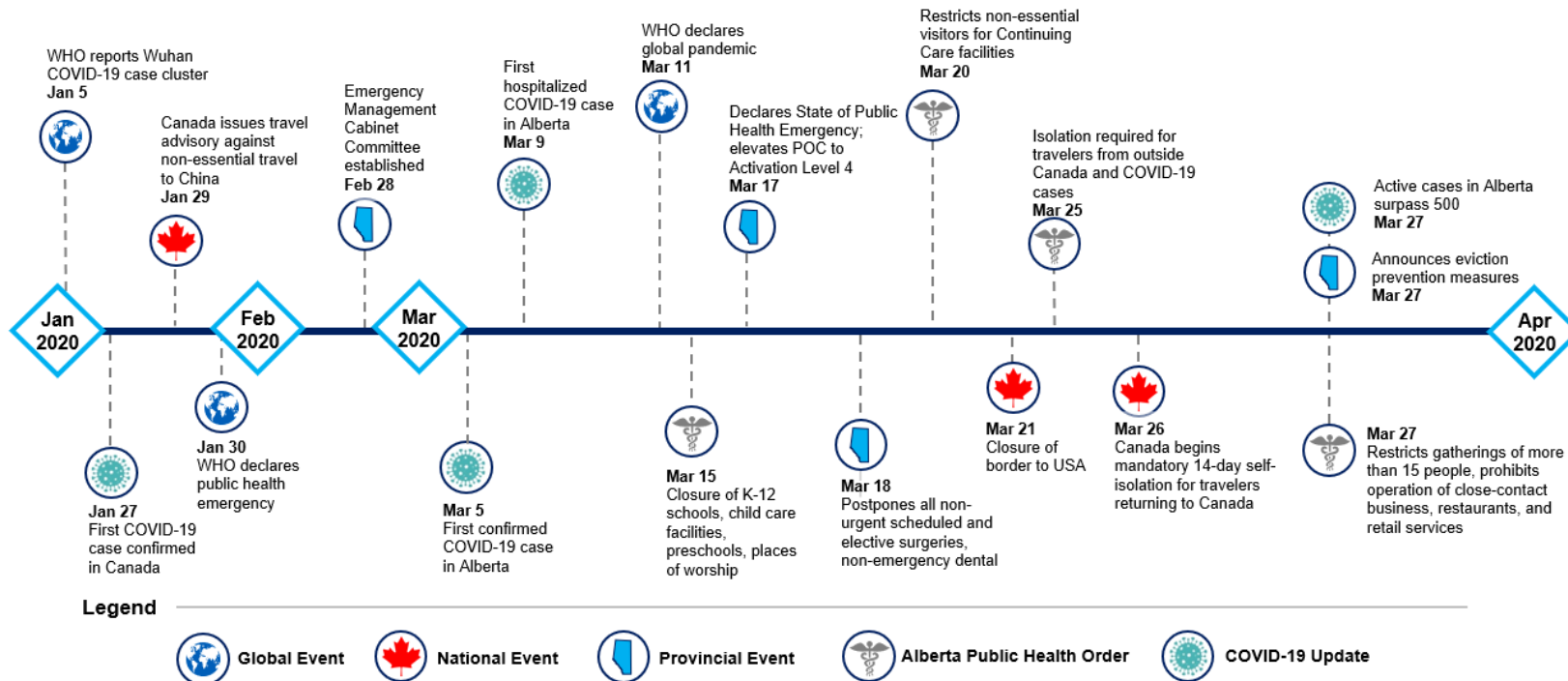
The timeline for this event is summarized in the graphics and descriptions below. It is important to recognize that this represents a selection of significant actions, events, and milestones during the period of review – and not an attempt to catalogue all actions taken.³

³ Sources for the timelines include Open Alberta CMOH order publications, external news releases and Information provided by the Province.

3.3.1 A Developing Crisis (January to April 2020)

As the pandemic grew, the Province established a structure for the response, with decision making and policy leadership from the newly convened Emergency Management Cabinet Committee. In March 2020, as the first cases and hospitalizations were confirmed in Alberta, a State of Public Health Emergency was declared, and public health orders began to be issued to limit the spread of the disease.

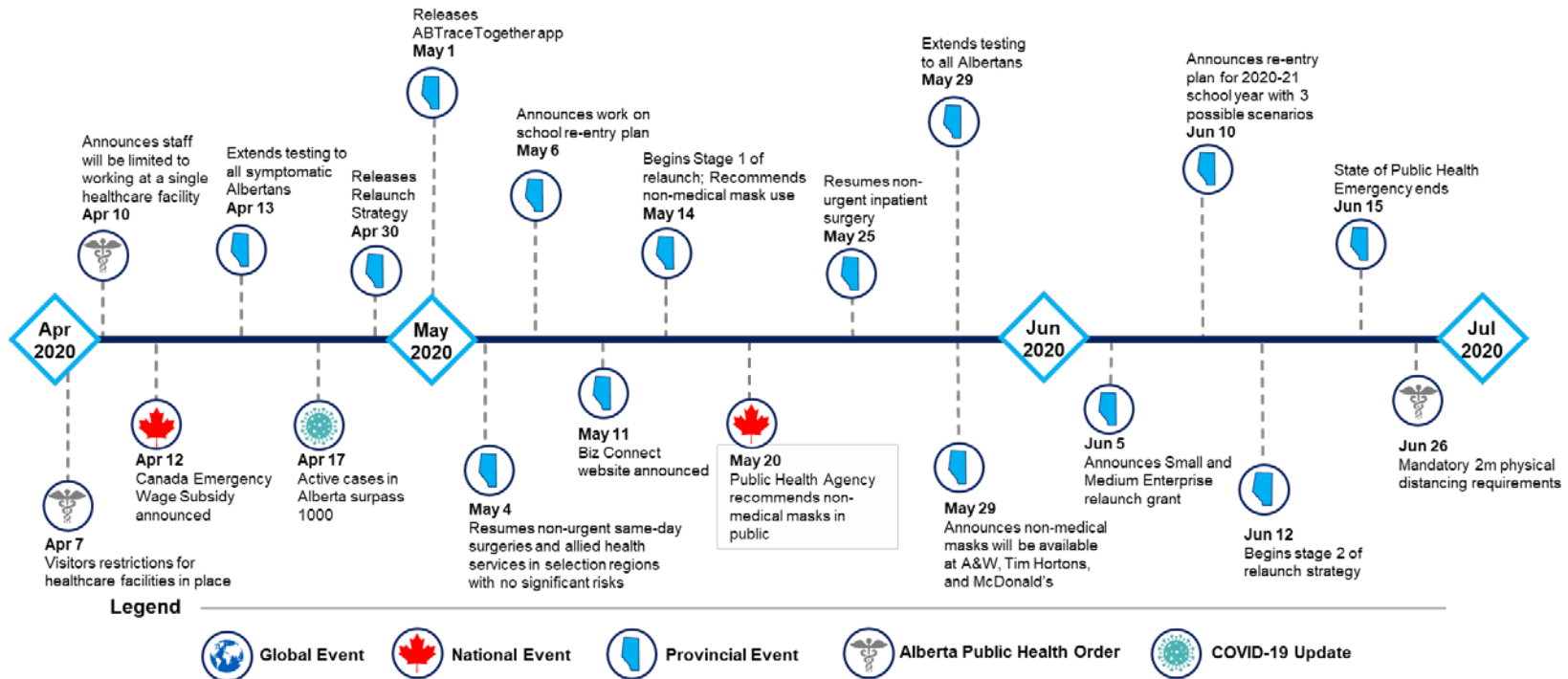
Figure 1: Timeline: January to April 2020



3.3.2 Addressing the First Wave (April to July 2020)

Late spring and summer 2020 in Alberta (as in other provinces) were a period of rapid change as the Province and its health system worked to adapt to the course of the pandemic. Testing was expanded significantly in Alberta, while health orders targeted risks in Continuing Care and other healthcare facilities. While monitoring active case numbers, the Province released a Relaunch Strategy and other tools, such as a contact tracing application and a Biz Connect website with guidance for businesses. Free non-medical masks were distributed to all Albertans, primarily through a partnership with fast food chains. On June 15, 2020, the State of Public Health Emergency ended.

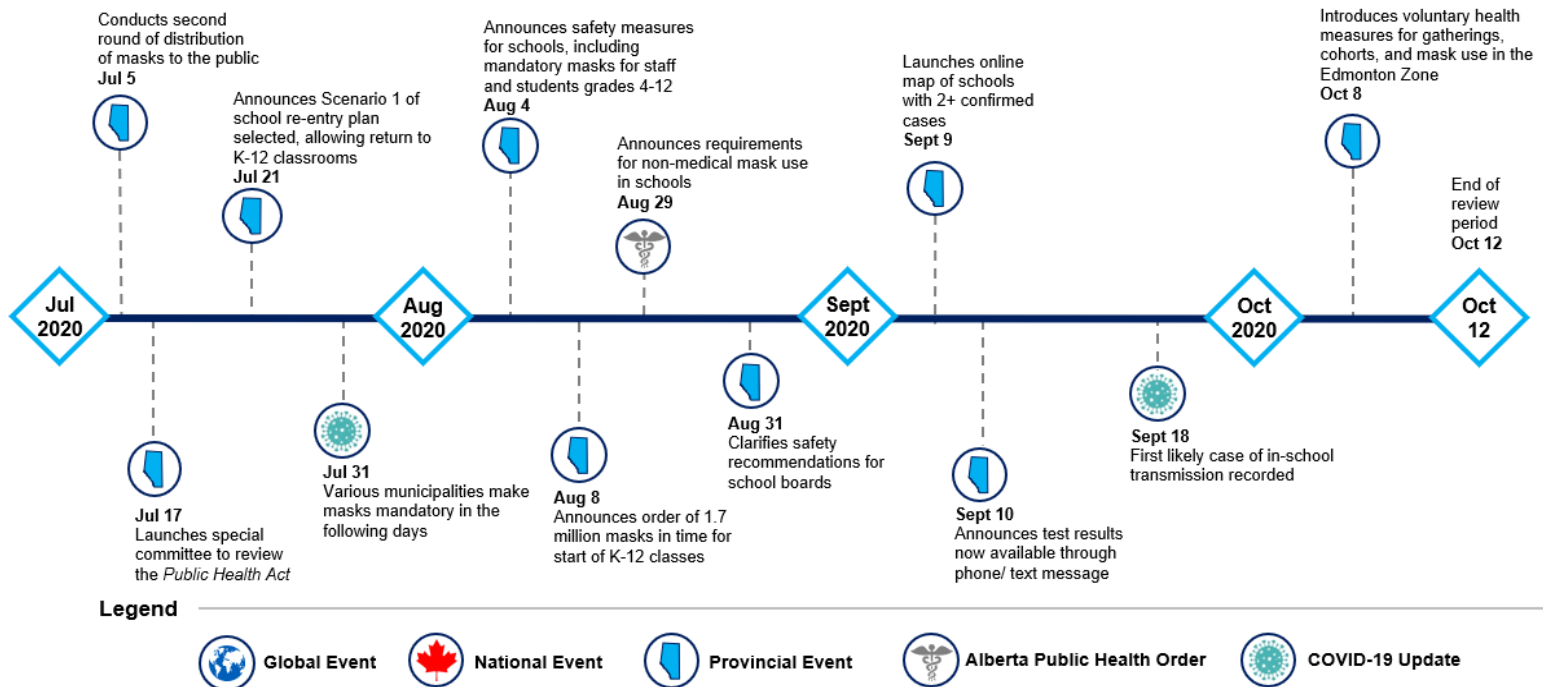
Figure 2: Timeline: April to July 2020



3.3.3 Evolving Response Efforts (August to October 12, 2020)

During the summer, a second round of public mask distribution was completed. Planning was conducted and health measures established for the return to school in the Fall 2020. The approach to testing continued to evolve, with results becoming available via phone or text message. Students returned to classrooms, with schools and school boards implementing new measures and options to manage risks. By early October 2020, cases had begun to increase, which contributed to the announcement of new voluntary health measures. The period of review for this Report ends after the Thanksgiving long weekend, on October 12. For the purposes of this Report, the period prior to October 12 has been referred to as the “**first wave**”.

Figure 3: Timeline: July to October 12, 2020





3.4 COVID-19 by the Numbers – Canadian Comparison

Since the earliest iteration of the Province’s epidemiological models, a variety of indicators were looked at to project the impact of the COVID-19 pandemic and guide resource allocation in Alberta.

For the purposes of providing context for the Review, three of these indicators were used to draw illustrative comparisons:

- Total COVID-19 cases,
- Hospitalizations, and
- Deaths.

These three indicators have been used by other jurisdictions and health organizations (such as the World Health Organization⁴ and Johns Hopkins University⁵) to monitor the progression of the pandemic. Although there is no universal metric or accepted benchmark in responding to COVID-19, these key metrics help to demonstrate the course of the pandemic and to compare Alberta with several comparable provinces in Canada: British Columbia, Ontario and Quebec.

3.4.1 Total COVID-19 Cases

As shown in Figure 4, the total number of COVID-19 cases in Alberta (per capita) has been steadily rising since the first case in Alberta was reported on March 5, 2020.⁶ As of October 12, 2020, Alberta had recorded a total of 27,664 confirmed cases, with per capita figures generally tracking below those in Quebec, in line with those in Ontario, and above those in British Columbia during the first wave.⁷

⁴ World Health Organization. *Coronavirus disease pandemic*. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> Accessed on November 23, 2020

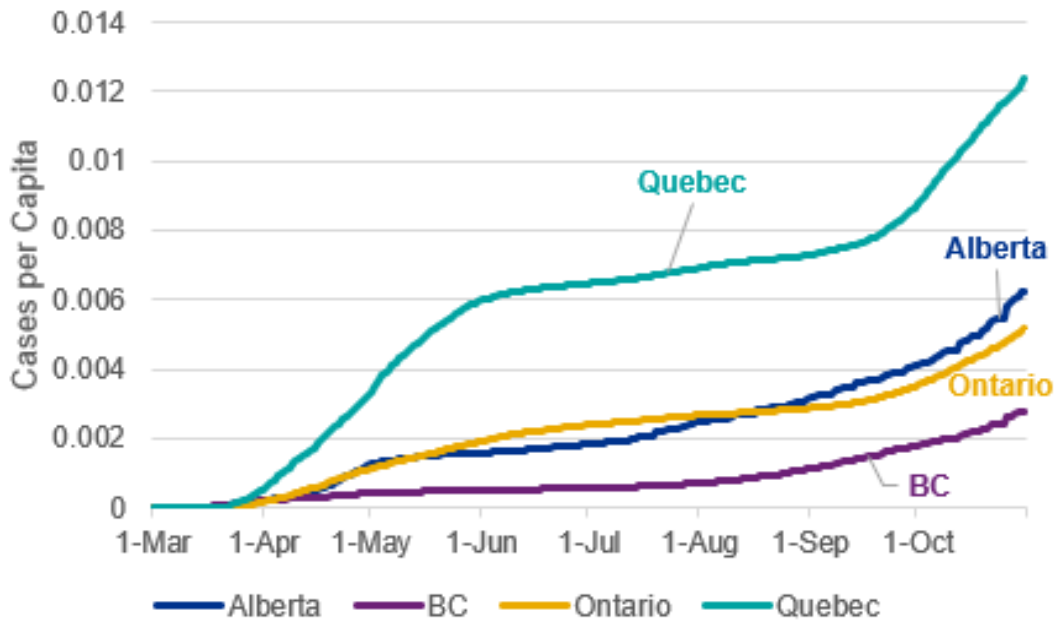
⁵ Johns Hopkins University. COVID-19 Dashboard. <https://coronavirus.jhu.edu/map.html> Accessed on November 23, 2020

⁶ It should be noted that differences in testing rates may impact the reported number of daily COVID-19 rates.

⁷ CBC News. *Tracking the Coronavirus*. <https://newsinteractives.cbc.ca/coronavirustracker/>. Accessed on November 22, 2020



Figure 4: Provincial COVID-19 Cases per Capita



Source: Esri Canada⁸

3.4.2 COVID-19 Hospitalizations

Hospitalizations are an important measure related to the ability of the health system to treat COVID-19 cases.⁹ Many cases of COVID-19 do not require hospitalization, but serious cases may require admission to hospital or to an Intensive Care Unit (“ICU”) within a hospital.

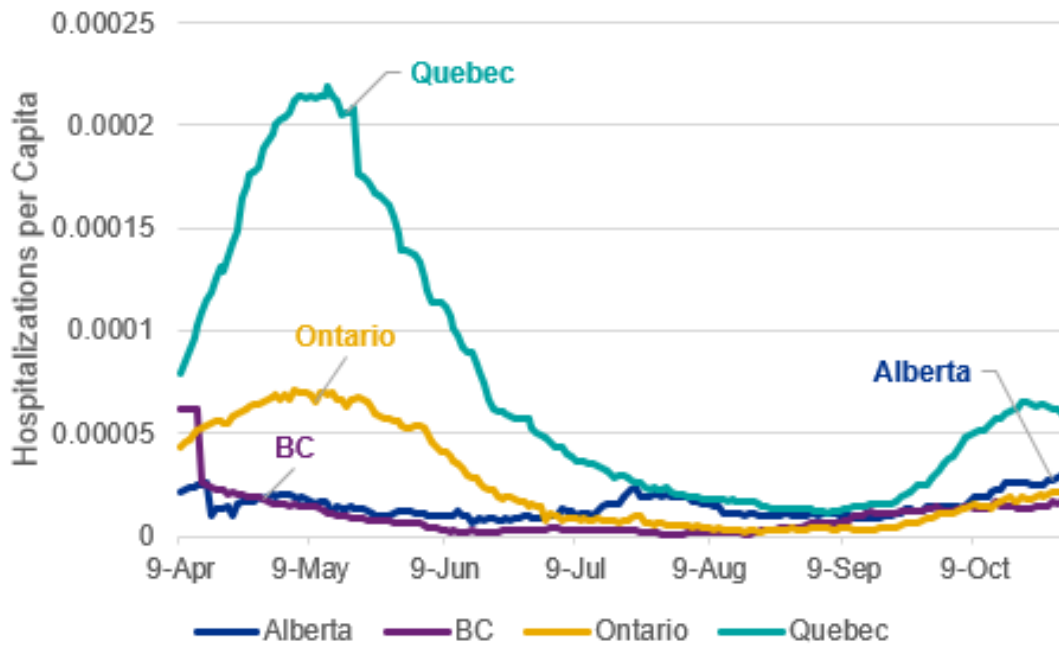
As illustrated in Figure 5 and Figure 6, COVID-19 hospitalizations per capita have shown variation over time in Alberta, British Columbia, and Ontario, with all three provinces showing an early decline in these hospitalization rates, followed by a more recent increase. Quebec has experienced higher rates than the other three provinces throughout the first wave.

⁸ Esri Canada. *Provincial Daily Totals*. <https://resources-covid19canada.hub.arcgis.com/datasets/provincial-daily-totals/data>. Accessed on November 15, 2020

⁹ There may be hospitalizations that were not initially reported as related to COVID-19 that, as the science progresses, may be confirmed as related to COVID-19. In addition, COVID-19 hospitalizations as a metric does not account for any potential variation of COVID-19 severity across different demographic profiles of different provinces.



Figure 5: Provincial COVID-19 Hospitalizations per Capita

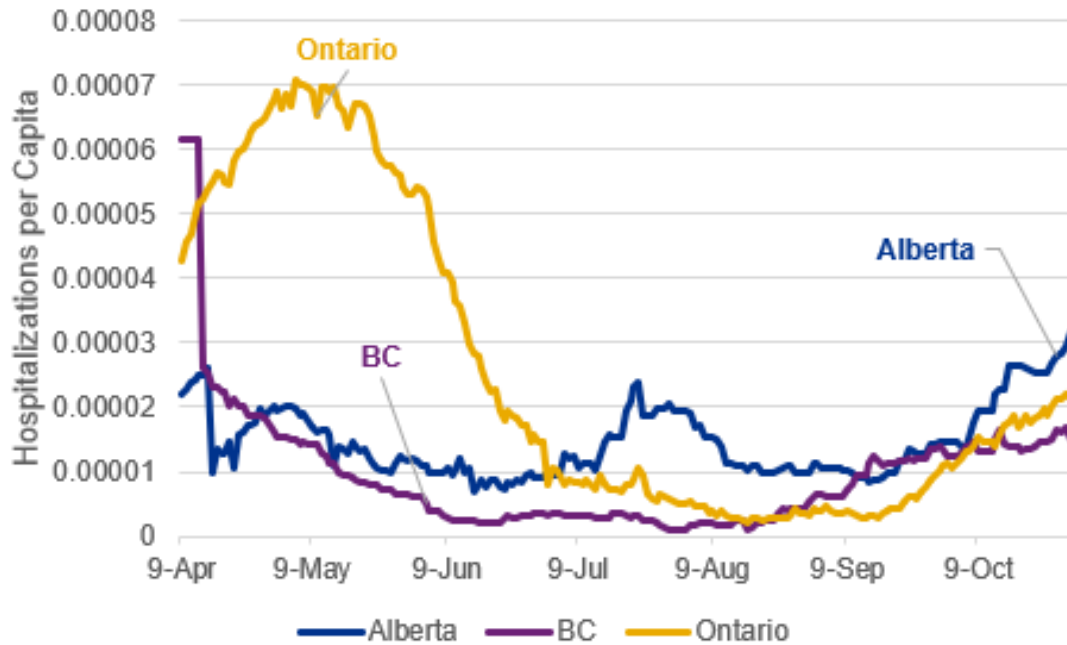


Source: Esri Canada¹⁰

¹⁰ Esri Canada. *Provincial Daily Totals*. <https://resources-covid19canada.hub.arcgis.com/datasets/provincial-daily-totals/data>. Accessed on November 15, 2020



Figure 6: Provincial COVID-19 Hospitalizations per Capita (Quebec Omitted)



Source: Esri Canada¹¹

3.4.3 COVID-19 Deaths

A number of deaths due to COVID-19 were recorded over the course of the pandemic. When putting Alberta’s experience in context, two views were explored related to this.

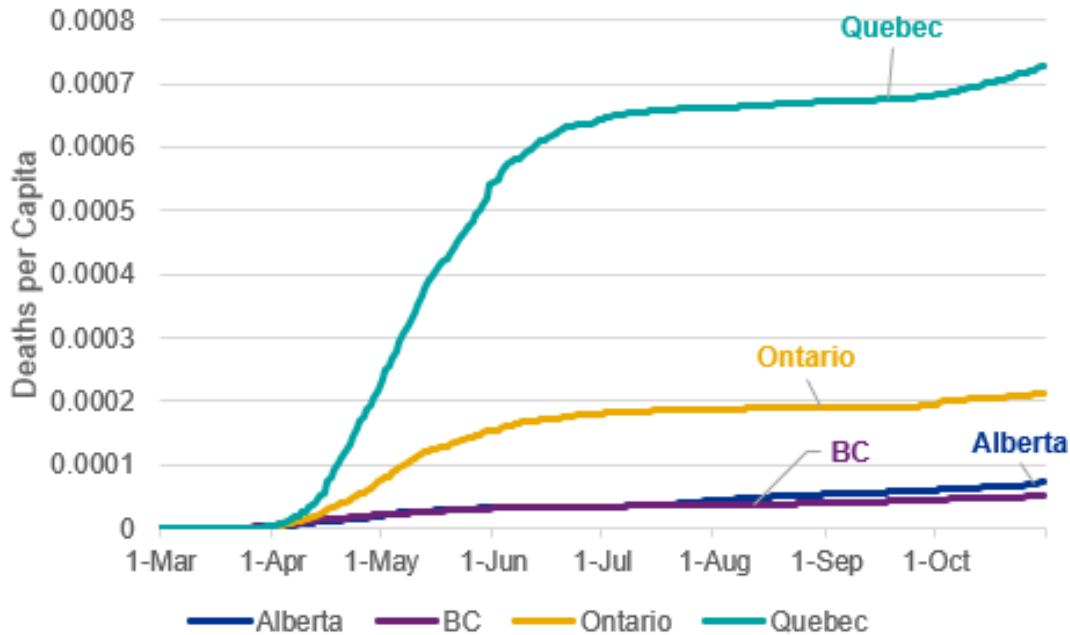
Deaths per capita

As per Figure 7, during the first wave, Alberta recorded a lower number of deaths per capita than either Quebec or Ontario (it was roughly equal to British Columbia).

¹¹ Esri Canada. *Provincial Daily Totals*. <https://resources-covid19canada.hub.arcgis.com/datasets/provincial-daily-totals/data>. Accessed on November 15, 2020



Figure 7: Deaths per Capita by Province



Source: Esri Canada¹²

Number of deaths compared to the number of cases

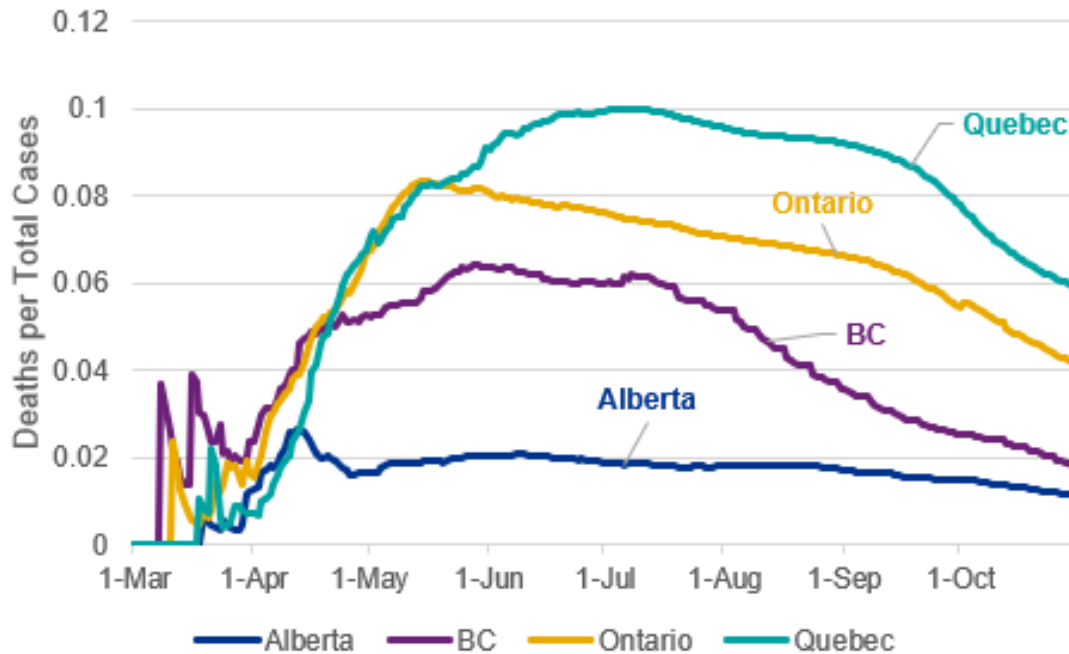
Alberta had fewer deaths per total cases as compared to British Columbia, Ontario and Quebec in the first wave. Fewer deaths per total cases indicate that more people who tested positive (or reported a positive test) recovered from the disease.¹³

As of October 12, 2020, there had been 323 deaths attributed to COVID-19 in Alberta, which accounts for 1.17% of the total cases. Comparatively, the rates in Quebec, Ontario and British Columbia as of October 12, 2020 were 5.89%, 4.14% and 1.83%, respectively.

¹² Esri Canada. *Provincial Daily Totals*. <https://resources-covid19canada.hub.arcgis.com/datasets/provincial-daily-totals/data>. Accessed on November 15, 2020

¹³ Death rates metric do not account for any potential variation of COVID-19 severity across different demographic profiles of different provinces.

Figure 8: Deaths by Province per Total Cases



Source: Esri Canada¹⁴

¹⁴ Esri Canada. *Provincial Daily Totals*. <https://resources-covid19canada.hub.arcgis.com/datasets/provincial-daily-totals/data>. Accessed on November 15, 2020



4 Observations & Recommendations

The section below presents observations and recommendations arising from the Review, based on information available and analysis completed to date. Observations and recommendations are organized according to topic area, in the following sequence:

- 1) Acute care capacity
- 2) Continuing care response
- 3) Economic response
- 4) Engagement and communications
- 5) Procurement and PPE
- 6) Governance and decision making

In each case, observations are provided along with supporting rationale, analysis, and jurisdictional comparisons where appropriate. Where the availability of data permits, recommendations have been made to the Province for actions to strengthen its future responses.

It is important to emphasize that the observations presented do not represent the full and balanced findings of a completed pandemic response assessment. Instead, they represent what has been observed to date and informed by the available inputs. These observations and recommendations are presented in the spirit of learning from the work completed during the Review, and provided to the Province as part of its work to strengthen its ongoing pandemic response.

4.1 Overarching Recommendations

Given the need to adjust the current Review process, the following overarching recommendations are offered regarding future efforts to continue learning from the Province’s pandemic response.

Recommendation 1

The Province should continue to conduct analysis and stakeholder engagement to strengthen its ongoing pandemic response.

The Review to date has identified instances where the Province was able to adapt its response based on feedback from stakeholders, and/or the use of data and modelling. The pandemic response will continue to require adaptation and changes in health and



Recommendation 1

economic measures over time, and it will be important to remain open to different perspectives and measures in support of decision making.

As the Province works to address changes in COVID-19 case numbers, there could be significant value in re-activating and expanding some of the important venues for direct feedback from stakeholders across the province – for example, stakeholders reported that some of the regular venues for communication with municipalities and Continuing Care associations ended or decreased in frequency after the initial emergency period, as case numbers remained low.

Recommendation 2

Once the current State of Public Health Emergency (as declared on November 24, 2020) is ended and vaccine administration is well underway, it is recommended that the Province conduct a comprehensive review of its pandemic response to strengthen its future efforts.

A comprehensive independent review has significant potential to improve the Province’s response to future emergencies by learning from the experience during this pandemic. The future review should encompass both the first wave and activities post October 12, 2020, as well as comprehensive stakeholder engagement. It is envisioned that this review could add significant value through analysis of:

- Differences in the Province’s response between the first wave and subsequent “waves” of the pandemic;
- Vaccine preparation, distribution, and communications;
- Health workforce impacts for those involved in the response;
- Non-COVID-related health impacts, including mental health and deferred procedures;
- Evolution of testing and contact tracing response, including changing capacity and capabilities over time;
- Industry-specific economic responses and impacts;
- Diverse stakeholder experiences and perspectives of the response;
- Measures taken and impacts related to food security, income security, and housing security for vulnerable populations;
- All phases of emergency management, including planning, preparedness, stabilization, and recovery;
- Evidence and research that is continuing to emerge about efficiency and effectiveness of response measures in other jurisdictions.

The Province has a strong track record of completing these types of reviews following emergencies, and as a result has continued to evolve its emergency management



Recommendation 2

capacity over time. A review of the COVID-19 pandemic response should have direct implications for:

- Pandemic planning in Alberta (at provincial, health system, and local levels);
 - Preparation and training for future public health emergencies; and
 - Continued improvements to emergency management and emergency preparedness in Alberta.
-



4.2 Acute Care Capacity

During the first wave of the COVID-19 pandemic, there has been significant concern in jurisdictions around the world about the ability of health systems to address the increased demands of the crisis. It has been expected and observed that growth in the number of cases of COVID-19 would put additional pressure on hospitals and ICUs in dealing with the most critical and life-threatening cases. It has been a global concern that health facilities could become overwhelmed and mortality rates would rise simply because there are not enough beds, staff and ventilators to address demand.

In Alberta, the ongoing course of the pandemic has meant that the capacity of the healthcare system remained a critical focus. This section focuses on Acute Care, which in this Report is defined as the health services provided by hospitals, including acute care, critical care, emergency care and ambulatory facilities (such as chartered surgical facilities).

The analysis in this section focuses on the capacity of Alberta’s Acute Care system, and on measures taken to ensure both physical resources and personnel were sufficient to address the needs of the pandemic response of the first wave.

During the first wave, the Province utilized and expanded on existing health system capacity by augmenting staffing resources, increasing Acute Care beds and ICU capacity, and cancelling non-urgent or elective surgical procedures. The capacity made available to address COVID-19 cases was not fully utilized or exceeded by demand on the system during the first wave.

Limitations

The observations outlined in this section should be understood in the context of limitations on data and engagement available. In particular:

- Limited interviews were conducted with health system leaders and staff.
- No engagement with clinical healthcare professionals or frontline staff was conducted. Existing survey data was reviewed where available.
- Data was not available to assess the capacity of public health resources.

4.2.1 **Observation: A single health authority in Alberta created structural advantages to managing COVID-19 in Acute Care during the first wave**

Alberta has the largest single health authority in Canada, AHS, which acts as the operational body for the province’s healthcare system, fulfilling the policy direction provided by Alberta Health. This centralized approach provides several structural advantages, which enabled a nimble response in Acute Care during the first wave.



Visibility of the provincial health system as a whole and the data that comes with it, allowed AHS to make data-driven decisions that influenced operations, such as the effective and efficient ramp up and ramp down of non-urgent elective surgeries across the system. Alberta Health and AHS have access to significant data assets across clinical, laboratory, and demographics, not just historical, but also real-time, including for testing and surveillance activities carried out across Alberta.

This data was used for pandemic modelling and to develop scenarios to support decision making about system capacity for the first wave. Other jurisdictions that did not have access to such data were noted to have used information from countries like China and Italy to model the spread of COVID-19 and the resulting levels of hospitalization for their respective jurisdictions.

Prior to the pandemic, Alberta Health entered into an Alternative Relationship Plan (“ARP”) with Babylon by TELUS, which provided virtual clinic access to Albertans beginning in February 2020. The Province was able to standardize the clinical pathway for COVID-19 patients to enhance care for patients and provide physicians with a clinical template, which provided support for clinical decision making. It provided standard messaging to support these guidelines. The Province was also able to provide testing at higher capacity through Alberta Precision Laboratories compared with other labs across Canada.

Leveraging the size of AHS in coordinating the discharge of patients to other settings such as residential and Long-term Care also eased the management of patient flow and hospital capacity, particularly for Alternate Level of Care patients, across the entire system. Operating through a single health authority also enabled significant purchasing power of PPE and effective management of surgery volumes. These topics are explored in more depth in later sections of the Report.

4.2.2 **Observation: The Province implemented many measures to augment Acute Care staff capacity in the first wave**

In order to respond to the first wave with available skilled staff, the Province implemented plans to:

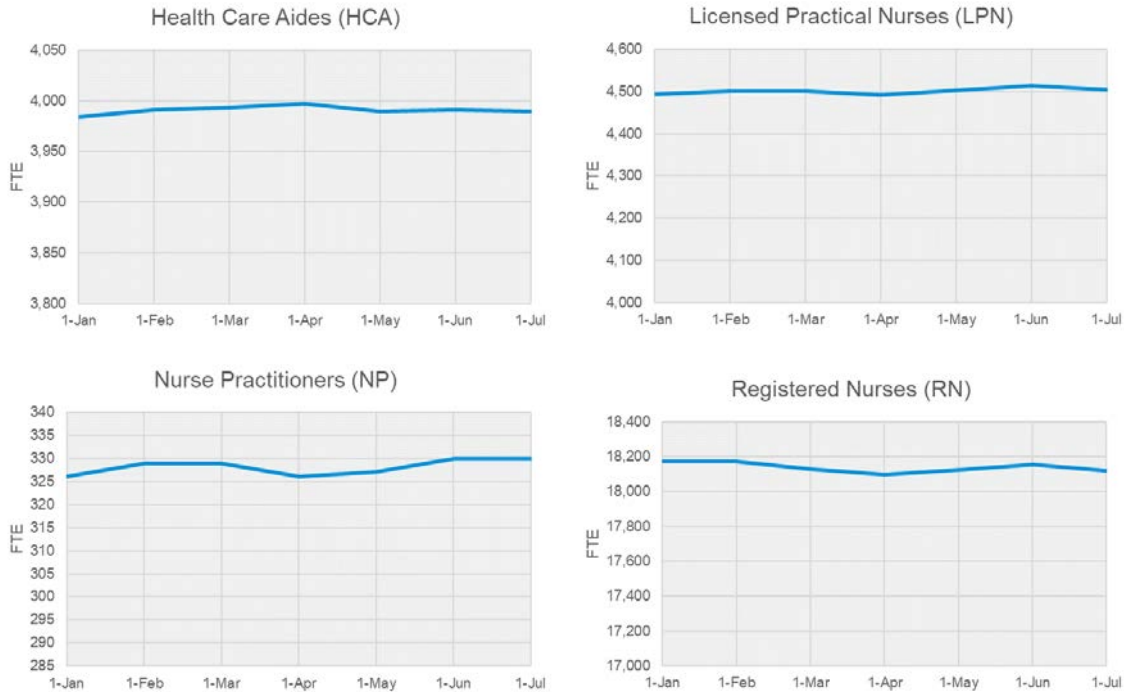
- Accelerate training for ICU nurses;
- Introduce new models of care to expand the reach of existing ICU nurses;
- Support the faculties of nursing to enable nurses to complete the senior practicums and enter the workforce;
- Contact former registered nurses with ICU experience and retired staff to re-enter the workforce; and
- Redeploy anesthesiologists, physicians, nurses and allied health professionals to critical care units.

Based on the available data on staffing, there was a minimal to moderate impact on overall staffing levels. The number of healthcare aides, licensed practical nurses and registered



nurses were consistent with pre-pandemic levels while nurse practitioners increased slightly from January to July 2020 (1%).

Figure 9: Staffing Capacity by Staff Type



Source: Alberta Health¹⁵

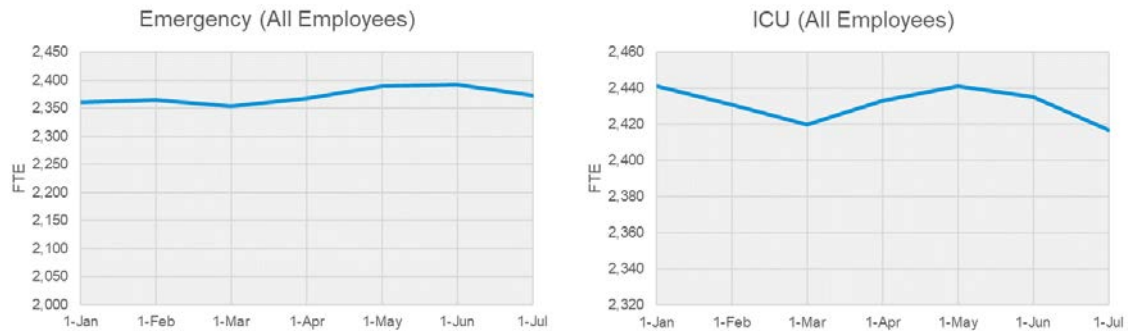
Hospitalizations in Alberta did not rise to a level where this capacity was overstretched, and the system was readjusted to optimize and redeploy resources. There was also an increase in Emergency and ICU employees through March, April and May 2020 but this was not sustained; staff were returned to their normal operating roles or redeployed to assessment centres and Long-term Care.¹⁶

¹⁵ Information provided by the Province.

¹⁶ Please note permanent and temporary staffing in assessment centres and Long-term Care facilities were not available to provide a view of full staffing complement and to explain changes in Acute Care staffing.



Figure 10: Emergency and ICU Employees



Source: Alberta Health¹⁷

4.2.3 Observation: The Province’s plans to increase ICU capacity were not fully tested against the levels of hospitalizations required during the first wave

ICU surge capacity planning

In March 2020, epidemiological models in Alberta predicted the potential for large numbers of critically ill COVID-19 patients. These models suggested a range from 172 (mild model), to 494 (moderate model), to as high as 900 (severe model) additional and simultaneous critical care patients.¹⁸ To address this, AHS developed a staged critical care surge capacity plan that sought to reallocate ICU beds to COVID-19 patients.

In April 2020, the Province updated its COVID-19 modelling and presented “probable,” “elevated,” and “extreme” scenarios to the public.¹⁹ The differences between these scenarios included the number of infections per case and the timing and intensity of interventions. In these scenarios, as noted in the Premier’s April 8 data modelling update, peak ICU demand from COVID-19 was estimated at 232, 392, and 3,900, respectively, to occur during May and June. On April 8, the Province announced a planned increase to ICU capacity of 1,081 beds by the end of April. This would be achieved by:

- adding ICU beds to existing ICU rooms;
- converting operating and recovery rooms;
- converting procedure and treatment rooms; and
- new models of care such as more aggressive use of step-down care to free up ICU capacity for other patients.

¹⁷ Information provided by the Province.

¹⁸ Information provided by the Province.

¹⁹ Information provided by the Province.



The planned increase in ICU capacity was scheduled as follows:²⁰

Date	ICU Capacity
April 3	158
April 8	158
April 15	325
April 22	570
April 29	1,081

Prior to the start of the first wave, there were 295 normal operating ICU beds available across the province. Between April and September 2020, at least 155 and up to 225 of these beds were occupied by non-COVID-19 patients, with 70 to 140 ICU beds available to critical COVID-19 patients.

AHS added 225 ICU beds repurposed for COVID-19 during the first wave. ICU bed capacity was sufficient to address case levels during the period of review.

Increasing ventilator capacity

As part of the surge capacity plan outlined above, the Province identified a planned increase to 761²¹ ventilators for the Acute Care system, which represented an addition of 447 ventilators in response to the first wave of COVID-19. These ventilators were important to support the planned addition of ICU beds.

The Province identified that ventilator capacity could be increased using the following actions:

- Purchasing ventilators (35);
- Acquiring ventilators from NAIT and SAIT Respiratory Therapy program (40), STARS (6) and Alberta Aids to Daily Living (“AADL”) Respiratory Outreach Program (25);
- Repurposing ventilators from Chartered Surgical Facilities (30);
- Alternative devices capable of mechanical ventilation including transport, anesthetic and pediatric devices (305); and
- Acquiring ventilators from Public Health Agency of Canada (6).

²⁰ Note that these figures assume 100 existing ICU beds would also be available to COVID-19 cases.

²¹ The Premier’s April 8 briefing noted that Alberta had 314 ventilators dedicated to COVID-19 patients with plans to increase this capacity as high as 761 by April 29.



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The planned increase in ventilator capacity was scheduled as follows:

Date	Ventilator Capacity
April 3	314
April 8	372
April 15	426
April 22	576
April 29	761

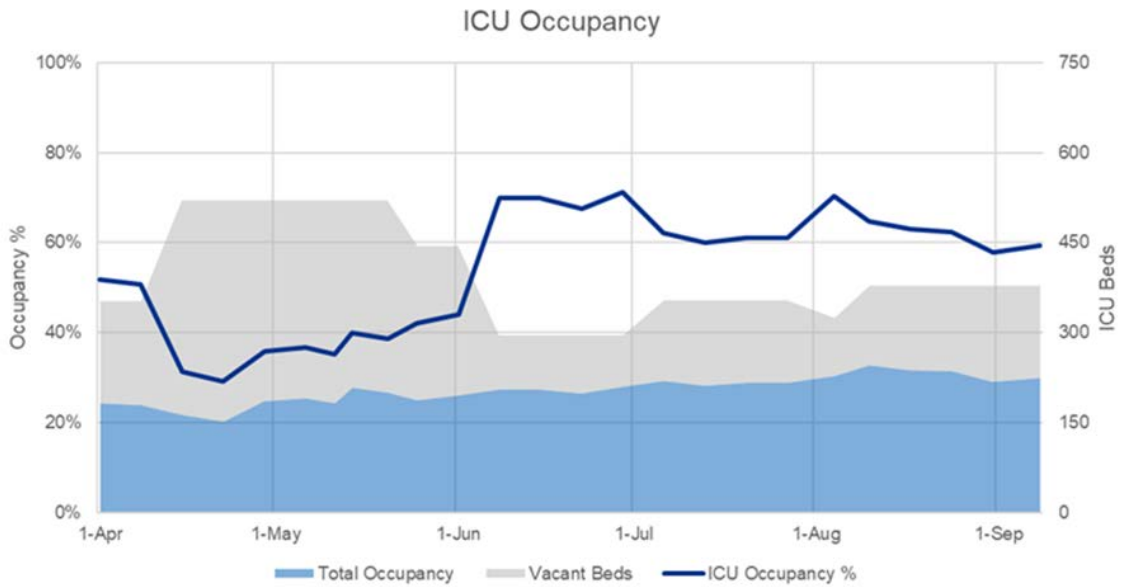
Ventilator capacity was sufficient to address case levels during the period of review.



ICU occupancy and ventilator usage

As illustrated below in Figure 11 and Figure 12, ICU occupancy levels were impacted by dedicating additional beds for potential COVID-19 cases. Occupancy levels increased to above 50% in June 2020 after repurposed ICU beds were returned to normal operations.²²

Figure 11: ICU Occupancy



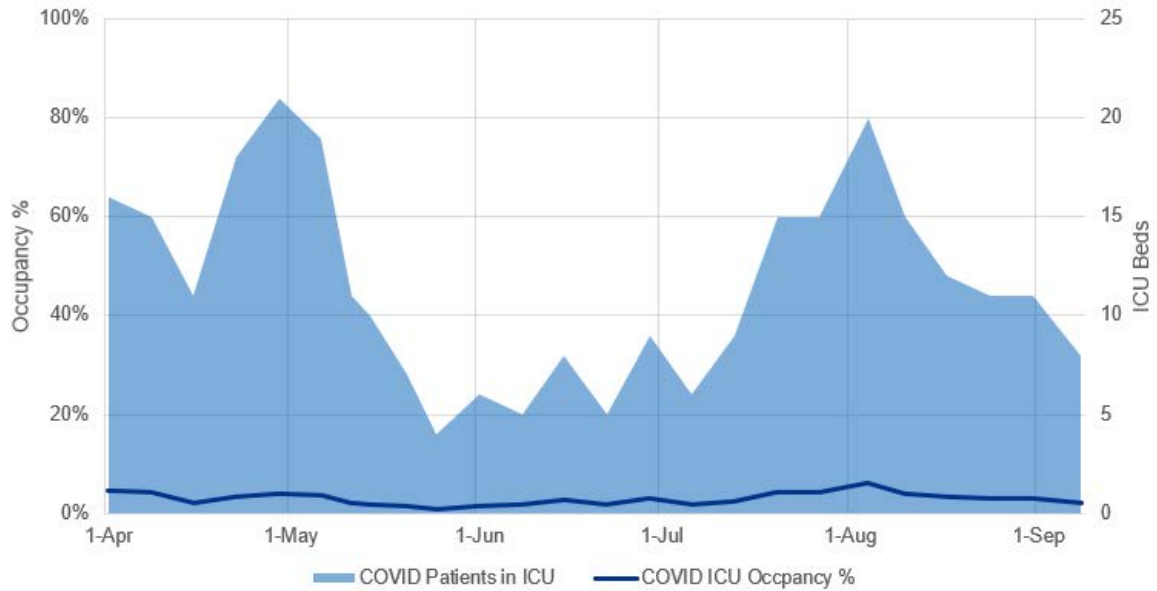
Source: Alberta Health²³

²² Note that the ICU occupancy figures in the figure below include both the “base” of ICU beds that are typically operating as well as the additional beds repurposed and designated for COVID-19.

²³ Information provided by the Province.



Figure 12: Occupancy by COVID-19 Patients as a Percentage of Total ICU Beds in the System



Source: Alberta Health²⁴

²⁴ Information provided by the Province.



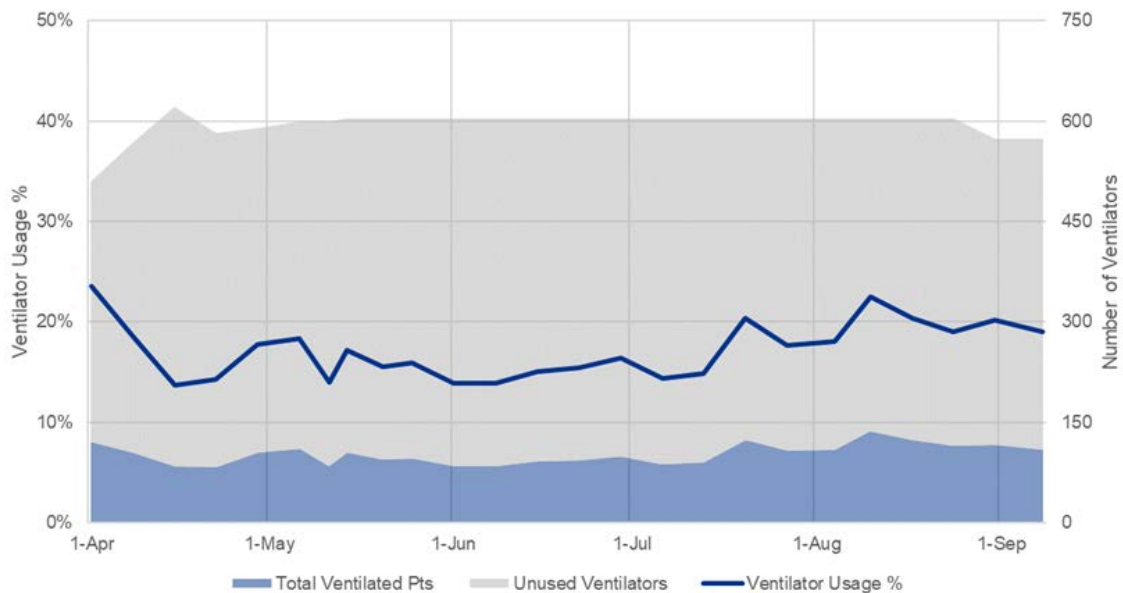
Ventilators

The Province had almost 600 ventilators available, excluding the 200 ventilators donated by Exergy Solutions and Suncor Energy, which had not yet been brought into service.

Throughout the first wave, there was a sufficient ventilator supply to account for circumstances modelled. The challenge instead is the number of ICU beds and the staff needed to manage them were outnumbered by the number of ventilators.

Overall ventilator utilization since April 2020 has been relatively consistent at around 17%. Utilization by COVID-19 patients averaged 1% since April.

Figure 13: Ventilator Usage



Source: Alberta Health²⁵

4.2.4 **Observation:** The Province was able to redeploy bed capacity throughout the system. Observable measures show that Alberta is in line with other provinces in the impact of these measures

Increasing bed capacity

The Province, in its Acute Care response during the first wave, implemented plans to increase bed capacity in its facilities using the following actions:

²⁵ Information provided by the Province.

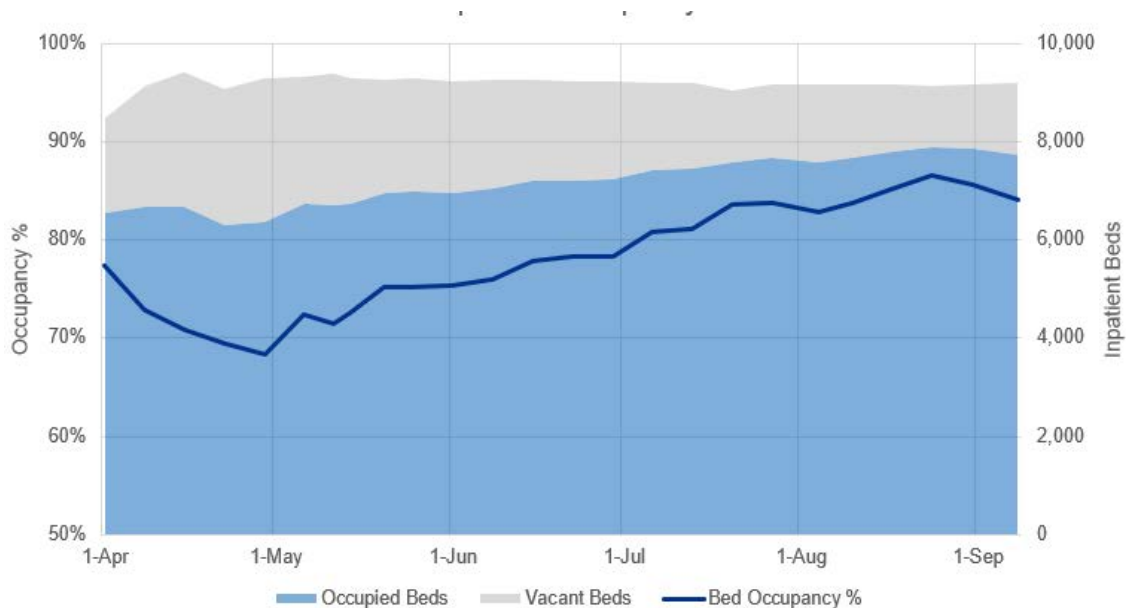


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- Transferring patients who no longer require Acute Care to a community setting;
- Increasing occupancy while maintaining physical distance between patients;
- Opening overcapacity, and new and decommissioned spaces; and
- Postponing scheduled surgeries, tests and procedures while ensuring urgent, emergent and oncology surgeries continue (this is discussed in more detail in the following section).

The above activities managed to increase bed capacity for COVID-19 patients within Alberta’s Acute Care facilities to 2,250, compared to 1,935 in April 2020, during the first wave. Total inpatient bed capacity increased in early April 2020 and remained consistent for the remainder of the first wave. However, occupancy was increasing, reaching a high of 87% on August 24, 2020.

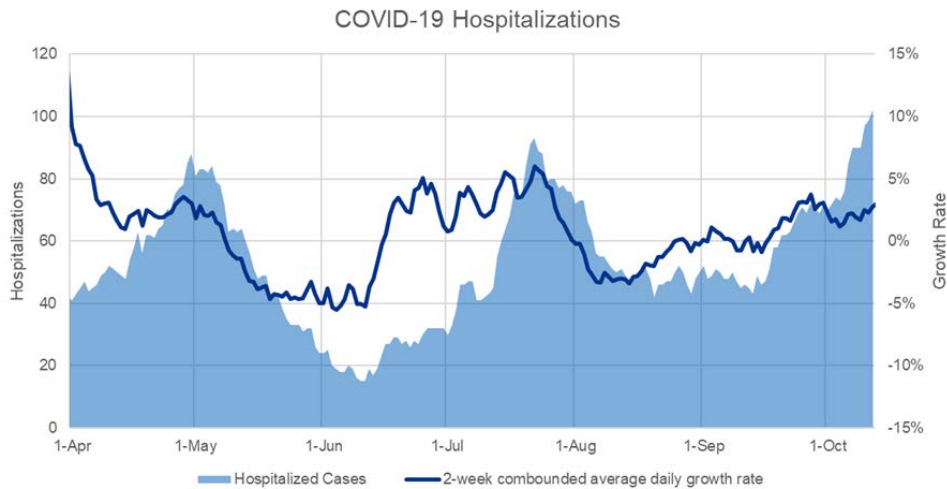
Figure 14: Inpatient Occupancy



Source: Alberta Health²⁶

²⁶ Information provided by the Province.

Figure 15: COVID-19 Hospitalizations



Source: Alberta Health²⁷

There are other jurisdictions that attempted to address capacity by funding a level of care between Acute and Long-term Care to accommodate Alternate Level of Care patients that could not be discharged. For example, The Toronto Rehabilitation Institute opened 24 beds in a repurposed space, and 48 beds in a “reactivation” unit to service Alternate Level of Care patients during the pandemic using existing staff and no additional funding. This level of care between Acute and Long-term Care exists in Alberta as well, though it does not appear to have been relied upon as a specific strategy to create capacity for COVID-19 patients.

Transferring patients not requiring Acute Care

Through transferring patients not requiring Acute Care to community settings, the Province effectively reduced the total Alternate Level of Care days in April, May and June 2020 versus the same period in 2019.²⁸ This is despite seeing increased Alternate Level of Care days in March as the pandemic first escalated in Alberta.

The level of reduction in Alternate Level of Care days in Alberta (57% of March 2020 Alternate Level of Care days were reported in June 2020) was similar to other jurisdictions. British Columbia, Nova Scotia, New Brunswick, and PEI all had larger reductions

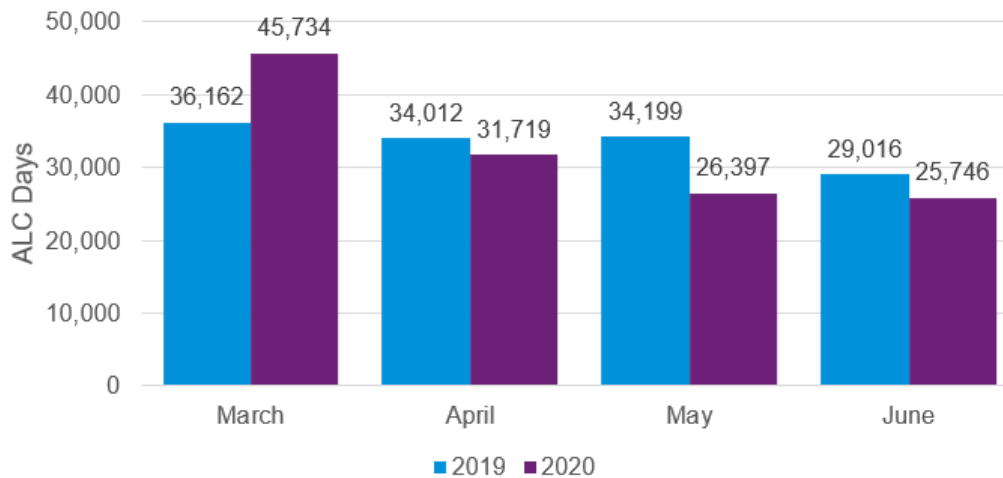
²⁷ Information provided by the Province.

²⁸ Alternate level of care (“ALC”) days is defined as the total number of days across all acute care beds occupied by ALC patients. ALC is a designation for patients who no longer require the intensity of care warranted by the bed occupied and who are waiting for alternative, step-down care, especially in a non-hospital setting such as a residential or mental health facility. This metric helps to quantify the amount of capacity that could be freed up without impacting patient outcomes.



compared to Alberta. This indicates that Canadian provinces were aligned in attempting to make space within their Acute Care systems to accommodate increases in the number of COVID-19 cases. Please note the following data sourced from the Canadian Institute for Health Information is only available up to June 2020.

Figure 16: Alternate Level of Care Days in Alberta

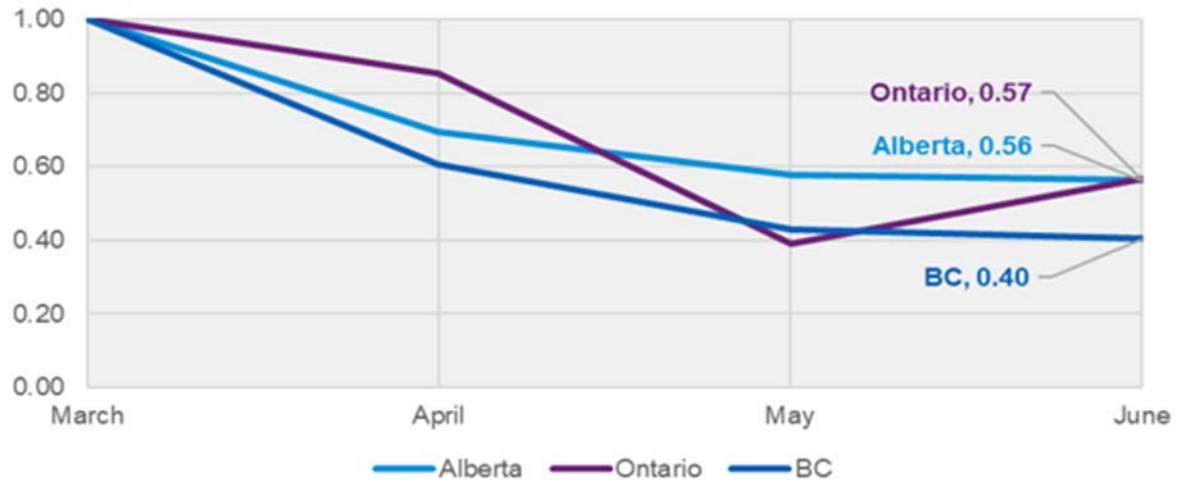


Source: Canadian Institute for Health Information²⁹

²⁹ Canadian Institute for Health Information. *Impact of Wave 1 of COVID-19 on Hospital Care, March to June 2020 — Data Tables. Table 4B Alternate Level of Care days, by province/territory and month, Canada (excluding Quebec), March to June 2019, and March to June 2020*



Figure 17: Change in Alternate Level of Care Days in Alberta



Source: Canadian Institute for Health Information³⁰

4.2.5 Observation: All provinces deferred non-urgent procedures to protect Acute Care capacity in response to the pandemic. Available data suggests that Alberta returned to a pre-pandemic rate of surgeries during the first wave sooner than most other provinces

Like many jurisdictions, the Province deferred non-urgent surgical procedures to protect Acute Care capacity in its response to the first wave. Prior to the pandemic, AHS had implemented a system for determining and tracking in real time how long until patients needed surgery following their diagnosis. The Province’s Alberta Coding Access Targets for Surgery (ACATS) system is used to determine appropriate surgery “ready to treat” time to treatment time pathway.

ACATS is an Alberta-developed coding system used to help prioritize scheduled surgeries offered at facilities throughout the province depending on diagnosis and level of urgency. Prior to the first wave, ACATS supported surgeons in delivering the right treatment to the right patient at the right time by continually prioritizing based on risk.

This also allowed the Province to continue performing some procedures based on priority in order to manage the surgical backlog. Stakeholder interviews reported that, as a result of this, AHS did not experience as high an increase in their surgical backlog as other

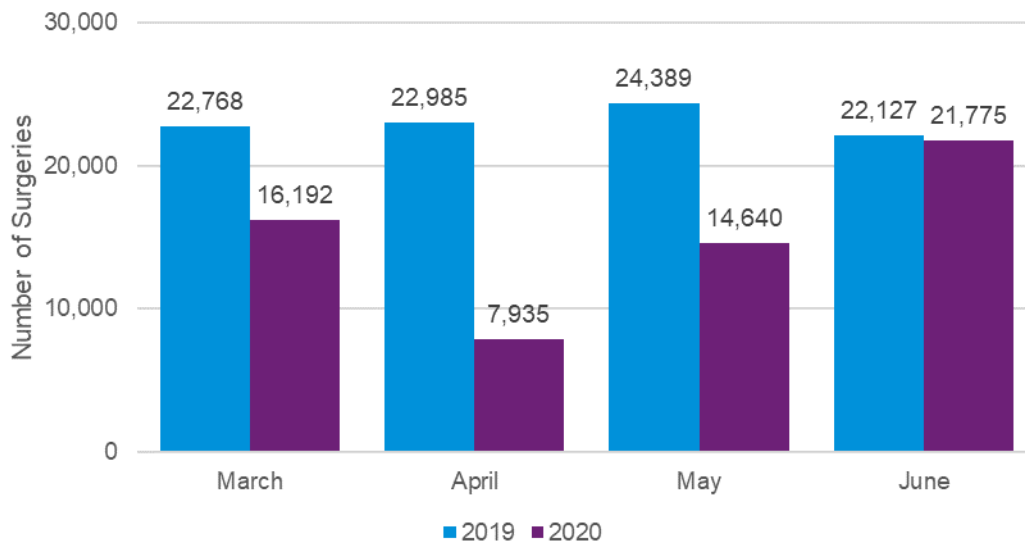
³⁰ Canadian Institute for Health Information. *Impact of Wave 1 of COVID-19 on Hospital Care, March to June 2020 — Data Tables. Table 4B Alternate Level of Care days, by province/territory and month, Canada (excluding Quebec), March to June 2019, and March to June 2020*



provinces. This approach continued throughout the first wave and likely had significant advantages in mitigating the impact of delaying non-urgent procedures during this time.

Between March 18, 2020, when AHS postponed non-urgent scheduled and elective surgeries, and May 4, 2020, when outpatient surgeries resumed, a backlog of approximately 25,000 surgeries was created. As of September 11, 2020, 88% of this added backlog (approximately 22,000) was cleared. This compares to original estimates from AHS that the backlog would take up to 2 years to clear.³¹

Figure 18: Surgeries Performed in Alberta



Source: Canadian Institute for Health Information³²

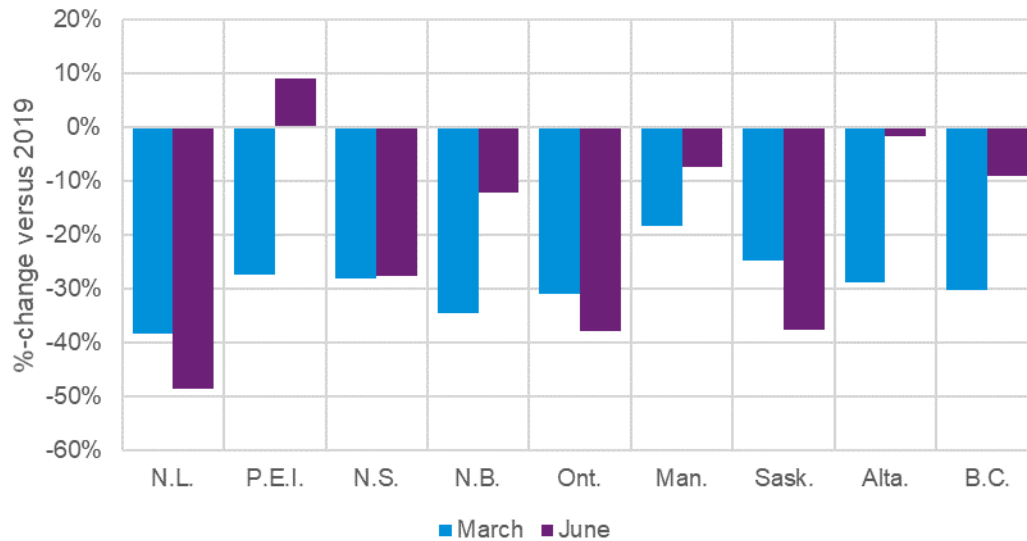
Surgeries in March 2020 decreased approximately 30% compared to March 2019 which was similar to what happened in other provinces. However, by June 2020, surgeries in Alberta returned to 98% of 2019 levels. This was higher than British Columbia and Ontario (Quebec data was not available).

³¹ At the time of writing, data was not available to assess COVID-19 backlog in the context of Alberta’s full surgical backlog over time.

³² Canadian Institute for Health Information. *Impact of Wave 1 of COVID-19 on Hospital Care, March to June 2020 — Data Tables. Table 7 Number of inpatient and day surgeries by province/territory and month, Canada (excluding Quebec), March to June 2019, and March to June 2020*



Figure 19: Change in Surgeries Performed (2019 vs. 2020)



Source: Canadian Institute for Health Information³³

Alberta Health also stated that, as a result of the Alberta Coding Access Targets for Surgery program, patients waiting for surgery likely experienced less deterioration in their conditions compared to other provinces. The Province also saw an improved collaboration among surgical teams across specialties, for example optimizing the flow of surgeries of different types by sharing of operating room block times.

³³ Canadian Institute for Health Information. *Impact of Wave 1 of COVID-19 on Hospital Care, March to June 2020 — Data Tables. Table 7 Number of inpatient and day surgeries by province/territory and month, Canada (excluding Quebec)*, March to June 2019, and March to June 2020



4.3 Continuing Care Response

The Continuing Care sector has been significantly impacted during the COVID-19 pandemic, not only in Alberta, but worldwide. The sector serves a vulnerable population – seniors and persons with chronic health issues and/or disabilities – who are at a greater risk of more severe cases of COVID-19 and more severe outcomes.

Congregate living environments, including many of the facilities included in Continuing Care, also present an inherent challenge for the implementation of infection prevention and control measures. Infection and outbreak management is not new to this sector, though the scale and complexity of the COVID-19 pandemic has presented unprecedented challenges.

Alberta’s Continuing Care system is comprised of three streams:³⁴

- **Home Care:** The Home Care Program provides personal and healthcare services for clients of all ages living in their home or other private residential settings, such as suites in a seniors’ lodge or supportive living facility.
- **Licensed Supportive Living:** Supportive Living is a type of Continuing Care accommodation, where people can remain as independent as possible in a home-like setting while they have access to services that meet their changing needs. Supportive Living accommodations vary by size, appearance and the types of services offered and can include seniors’ lodges, group homes for individuals with developmental disabilities and Designated Supportive Living accommodations.³⁵ Included in this stream is Designated Supportive Living, which provides a range of on-site health services and personal supports.
- **Long-term Care:** Long-term Care is a type of Continuing Care accommodation for people with complex medical needs who are unable to remain safely at home or in a supportive living accommodation. Long-term Care is provided in nursing homes and auxiliary hospitals, both of which may be referred to as “Long-term Care facilities”. In Long-term Care, residents receive accommodation, meals, and access to 24-hour on-site professional nursing and personal care. Case management, professional nursing, rehabilitation therapy and other consultative services are provided on-site by facility staff.

Legislation for Alberta’s Continuing Care system is included under the *Public Health Act*, *Hospitals Act*, *Nursing Homes Act*, *Long-Term Care Information Act*, *Alberta Housing Act*,

³⁴ Government of Alberta. <https://www.alberta.ca/about-continuing-care.aspx>. Accessed on January 8, 2021

³⁵ Under the Supportive Living Accommodation Licensing Act, operators must be licensed if they: provide accommodation and support services for 4 or more individuals, provide or arrange for services related to safety and security, and offer or arrange for at least one meal a day or housekeeping services



Resident and Family Councils Act, and Supportive Living Accommodation Licensing Act. All operators must meet the requirements and operating standards defined under these pieces of legislation, as well as related Regulations, and Standards.³⁶ Alberta’s system includes private, not-for-profit, and AHS-operated facilities.

The Province’s response to COVID-19 in the Continuing Care sector was shaped by public health orders issued to address the high levels of risk and vulnerability of residents in congregate living facilities. These orders made mandatory changes to the operating standards for Long-term Care and Licensed Supportive Living settings, and were often accompanied by strong recommendations for other types of supportive living (e.g., non-licensed operators) to apply similar changes.

Limitations

The observations outlined in this section should be understood in the context of limitations on data and engagement available. In particular:

- It was agreed with the Province that this Review would not assess the performance of operators, and would not duplicate the scope of other review efforts underway for Continuing Care including a review by the Office of the Auditor General, a Facility-Based Continuing Care Review, and a review of the Continuing Care Legislative Framework.
- Interviews were conducted with the four major associations representing Continuing Care operators. The scope of engagement did not include individual operators, frontline staff, residents, or their families. Existing survey data was leveraged where appropriate.
- An assessment of how the Continuing Care system is structured or resourced was out of scope.
- Data was not available to analyze staffing responses, differences in measures across different facility types, or outbreak response.

4.3.1 Observation: The Province’s single-site worker policy for Continuing Care was important in managing rates of infection during the first wave

Transmission by Continuing Care staff remains a primary concern for the system, with the Province’s single-site policy remaining an important tool in limiting the spread of the disease. This policy is especially important in light of international studies that have shown between 20% and 88% of staff testing positive were asymptomatic at time of testing³⁷ – in

³⁶ Government of Alberta. <https://www.alberta.ca/about-continuing-care.aspx>. Accessed on January 8, 2021

³⁷ The Lancet. *Asymptomatic SARS-CoV-2 Infection in Belgian Long-term Care Facilities*. [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30560-0/fulltext#sec1](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30560-0/fulltext#sec1). Accessed on November 16, 2020



other words, monitoring staff for symptoms may not be effective in managing risks of infection.

The Province announced a single-site working policy for staff working in Designated Supportive Living, nursing homes, and auxiliary hospitals on April 10, 2020, making it the second province to do so after British Columbia (on March 26). Similar policies were later issued in Ontario (April 14), Saskatchewan (April 17), and Manitoba (April 27).³⁸ Unlike in other provinces, however, the effective date of the policy in Alberta was delayed from April 23, 2020 to May 8, 2020, with full implementation on May 23, 2020. The Province has indicated that the delay was due to the need for coordination and development of a data system to manage the change. This delay was also announced within a day of a province-wide grievance filed by the United Nurses of Alberta.³⁹

As of October 12, 2020, several provinces had issued similar policies to Alberta’s that restricts staff from working in more than one Designated Supportive Living or Long-term Care site. Each system has dealt with the resulting strain on resourcing in the system in different ways, however. For example, British Columbia enhanced its spending on Long-term Care staff at the same time that this policy was issued, bringing all care home staff in public facilities in as employees of the government, entitled to full-time pay and benefits.⁴⁰

Exemptions to the policy in Alberta were almost always related to outbreaks, where an operator’s staff could not adequately meet the requirement due in large part to isolation requirements for staff who had been in contact with a confirmed case. These exemptions create tension where an increased risk of transmission is combined with the need to move staff between sites. Anecdotal reports suggest that the single-site worker policy has reduced overall available capacity in the Continuing Care system, as prior to the pandemic many employees would work more than full-time hours across multiple sites.

To support the implementation of the single-site policy, Alberta Health contracted a technology firm, AppNovation, to develop a portal to monitor single-site work across the Long-term Care and Designated Supportive Living workforce. The portal’s functionality allows operators to submit payroll data by facility, to support identification of all workers working at more than one Long-term Care or Designated Supportive Living site. Although data inputs appear to lag, available evidence suggests the policy has been implemented with few exceptions.⁴¹ This represents a substantial shift, as stakeholders suggested that a

³⁸ CBC News. *Manitoba to Ban Health-Care Employees from Working at Multiple Sites*. <https://www.cbc.ca/news/canada/manitoba/manitoba-personal-care-home-workers-1.5546268>. Accessed on November 16, 2020

³⁹ *Edmonton Journal*. *AHS pushes back COVID-19 order that would restrict some health-care workers to one facility* | *Edmonton Journal*. Accessed on November 16, 2020

⁴⁰ CMAJ 2020. *COVID-19 in Long-term Care homes in Ontario and British Columbia*. <https://www.cmaj.ca/content/cmaj/early/2020/09/29/cmaj.201860.full.pdf> Accessed on November 18, 2020

⁴¹ At time of writing the Report, available data does not support an assessment of compliance with or effectiveness of the single-site policy. Extrapolation of available data (outputs show incomplete reporting by operators) suggests that by October 12, less than 400 staff out of more than 34,000 across Supportive Living and Long-term Care were identified as working in multiple sites.



significant proportion of the Designated Supportive Living and Long-term Care workforce worked at multiple sites before the implementation of this policy. As additional context, it was noted that the majority of registered nurses and healthcare aides working in Continuing Care work part-time or casual hours,⁴² which likely contributed to the prevalence of work across sites before the pandemic.

4.3.2 **Observation: Alberta’s Continuing Care system showed adaptability and responsiveness in responding to challenges and gaps during the first wave**

Support for outbreak management

Managing COVID-19 outbreaks became an urgent issue in the Continuing Care system given the particular vulnerabilities of the resident population to the virus. A number of supports were made available from the Province to assist Continuing Care operators in managing outbreaks. These included:

- A 24/7 hotline for outbreak support, which provided information and also triggered assistance from AHS communicable disease staff;
- An Outbreak Staffing Guide to help operators manage workforce issues;
- Supplemental healthcare staff as required;
- Rapid deployment of PPE for residents and staff when an outbreak had been identified; and
- Deploying testing at the site under the supervision of the Zone Medical Office of Health.

Initial communication issues

Early communications and engagement challenges were reported, such as an inability by the Province to contact all operators directly, and a need for additional guidance to apply health orders across a range of operating environments.

Operators reportedly experienced challenges with the limited time allotted to receive and interpret new health measures before they were required to be implemented. The Province has since responded by providing more notice where it is possible to do so. Further to this, a range of staff, information and supplemental resources have been allocated to address communications needs within Continuing Care. This includes “on-demand” answers to questions, operational guidance and sharing of information and resources within the sector.

⁴² Information provided by the Province.



Consistent engagement and reliance on associations as liaisons with the sector have also helped to close gaps and establish two-way communication.

Supplemental funding

The Province worked directly with Continuing Care operators and associations to identify concrete costs being incurred to comply with CMOH orders. This resulted in approval by Cabinet of per diem funding amounts that have been made retroactive to March 15, 2020 and are ongoing according to information available at time of writing.

The Province provided a \$2 per hour wage top-up for healthcare aides within Long-term Care and Designated Supportive Living. The Province has also provided funding for PPE and to meet enhanced operating requirements, along with some compensation for revenue lost due to lower occupancy.

Interim financial reporting from the Province indicates that over \$77.8 million in funding was provided to discretionary, staffing and supplies for Designated Supportive Living and Long-term Care operators between March and April.^{43, 44}

While financial supports to date for Continuing Care operators have been significant, stakeholders report revenue impacts from increasing vacancies, and an inability to fill these vacancies in the current environment and market. At the same time, operating costs have increased in order to comply with public health orders, and challenges have been reported in securing insurance.⁴⁵

Bolstering workforce capacity

Outbreaks sharply exacerbate pressures on staffing, as isolation requirements and absenteeism can sideline a significant portion of available staff at a given facility. Continuing Care operators report staffing decreases between 20% and 50% in the first 24 hours after an outbreak.

The single-site worker policy increased pressure on the Continuing Care workforce. To help address this during the State of Public Health Emergency in the first wave, it was possible to redeploy union staff and contractors from other parts of the health system to different sites to augment staffing as needed. However, redeployment reportedly relies mainly on union-exempt employees and other Allied health staff who also have adequate clinical experience.

⁴³ *COVID-19 In Continuing Care: Alberta’s Response*. Per the Government of Alberta, this document is confidential. Accessed on November 18, 2020

⁴⁴ At the time of writing, only summary expenditure data extending beyond the assessment period of this review was made available.

⁴⁵ Available data does not permit an assessment of the sufficiency of funding provided.



As staffing shortages continue to be a concern in the Continuing Care system, a number of initiatives are underway to augment workforce capacity, including involvement of medical and nursing students through paid practicums, accelerating certification through “on the job” training and exploring staff roles without clinical skills working under direction of care staff. Alberta’s actions in this area are largely consistent with those undertaken in other provinces, and other jurisdictions internationally. However, stakeholders report that staffing shortages remain a concern.

Salary top-ups were another incentive used to support the Continuing Care workforce. Association stakeholders suggested, however, that salary top-ups were not available to all operators across the system – specifically, those not contracted by AHS were ineligible, creating differential incentives at a time when workers were being asked to work only at one site.

Recommendation 3

Implement strategies to support healthcare labour capacity and flexibility to backfill staffing shortages in Alberta’s Continuing Care system.

Based on the above analysis, it is recommended that the Province continue to demonstrate adaptability in addressing workforce needs. In addition to global demand for healthcare and Continuing Care staff, the effects of working during the pandemic may also impact workforce.

In addition to strategies to augment workforce already being pursued, it will likely be important to monitor mental health and wellness of the workforce, particularly as deaths in the system increase.

4.3.3 **Observation: The Province’s approach to visitation restrictions evolved to balance risk and quality of life over the first wave**

Beginning in March, the Province implemented policies to restrict visitation to persons in Continuing Care. The initial visitation policy enacted was consistent across all Licensed Supportive Living and Long-term Care facilities⁴⁶ and focused on minimizing the risk of transmission to vulnerable populations in congregate living settings.

Over the course of the first wave, the Province transitioned from a “restricted access” visitation approach, intended to limit all transmission risks posed to facility residents, to a “safe access” visitation approach, which allowed for more risk-based decision making (within mandatory requirements) and more freedom for visitation and social interactions.

An important pillar of this approach was the involvement of both residents and operators in decisions about risk. The Alberta Health Continuing Care Branch and the CMOH

⁴⁶ CMOH Order 03-2020 specified healthcare facilities as inclusive of auxiliary hospitals, nursing homes, Licensed Supportive Living (including Designated Supportive Living), and lodge accommodations.



conducted extensive stakeholder engagement in advance of revising visitation policies to provide facility residents with more in-person, quality social interaction. More than 6,000 Continuing Care facility residents, families, staff and operators were engaged across three virtual telephone town halls, to understand stakeholder perspectives on the visitor policy. At the town halls, attendees responded to a survey. The findings from this survey included:⁴⁷

- 62% of respondents agreed with statements that prioritized the need for in-person, human connection as great enough to consider revising the Province’s “restricted access” visitor policy. Over 50% of Continuing Care facility residents, family members/support persons, facility staff and public attendees at the virtual town hall agreed with statements that prioritize this need.
- 51% of Continuing Care operators agreed with statements that protecting residents, staff and visitors from COVID-19 should be prioritized over opportunities for in-person human connection.
- Between 69% and 82% of all respondents supported expectations for visitors to supply their own PPE.
- Less favourable attitudes about the safe access policy among operators as compared to other respondents.

These perspectives helped to inform the “safe access” approach, which attempted to balance these concerns related to risk of infection from visitation.

4.3.4 **Observation: A Continuing Care system with consistent standards and regulations in Alberta created structural advantages to managing COVID-19 during the first wave**

AHS is the largest single health authority in Canada, and acts as the operational body for the province’s healthcare system. This centralized approach enabled a nimble pandemic response in Continuing Care during the first wave in several ways.

- Under a single health authority, the Province could enable a rapid and centralized coordination of the response for Continuing Care, with operational leadership from the AHS Emergency Coordination Centre and its COVID-19 Continuing Care Working Group.
- As part of this centralized system, there are consistent operating and accommodation standards that apply and are monitored across the system, irrespective of the operator. This means that the CMOH Orders and other province-wide operational changes could be applied more consistently in Alberta than if different operators were subject to different standards and provisions.

⁴⁷ Information provided by the Province.



- Under standardized service agreements and operating standards, operators were required to have a Business Continuity Plan, a pandemic response plan and to implement a Communicable Disease Emergency Response Plan in the event of an emergency.
- Centralization enabled the creation and distribution of common and consistent communication materials, including posters and collateral, as well as operational and practical guidance such as a COVID-19 Communicable Disease Emergency Response Plan.
- The single health authority system demonstrated the ability to redeploy resources within the system to address needs in Continuing Care. For example, after restaurants were closed at the beginning of the State of Public Health Emergency in the first wave, Environmental Public Health Inspectors were rapidly trained to complete assessments and to provide information at Continuing Care sites. AHS took over management and operations of a small number of sites experiencing significant challenges with outbreak control. AHS was also able to supplement staffing at other sites.

4.3.5 **Observation: The Province applied a consistent approach across its Continuing Care system**

Initially, CMOH Orders were applied uniformly to different facility types. Different sites have residents with different levels of need and care, including some facilities that are “mixed use” accommodations wherein some residents are not receiving supports.

Stakeholders suggested that these different types of facilities and operators experienced different pressures in adapting to public health orders. For example, the Province’s consistent approach reportedly created pressures on Continuing Care providers operating with lower levels of staffing and/or without clinical healthcare staff. These sites may have experienced extra challenges related to new operations being implemented by non-healthcare staff within a less intensive staffing and a different support model.

Continuing Care stakeholders also reported intensive efforts early in the first wave’s response to interpret and implement health orders within different operating environments. It was observed that CMOH Orders became more nuanced over time, differentiating between facilities offering different levels of supportive living.

Consistent coordination among Continuing Care stakeholders

Early in the COVID-19 response phase, Alberta Health and AHS began meeting daily with Continuing Care operators and the four primary Continuing Care associations representing operators in Alberta: Alberta Continuing Care Association, Alberta Seniors and Community Housing Association, Christian Health Association of Alberta and Seniors Housing Society of Alberta.



These meetings became a venue to raise emerging concerns, clarify operational guidance, and to share information. Over the course of the first wave, these meetings became less frequent as the intensity of operational issues declined.

These meetings were reported to be valuable, not only for relaying the feedback of operators, but also in helping to broadcast messaging and guidance to all sector stakeholders in a consistent and reliable manner. Positive, practical examples of two-way collaboration were reported, such as quantifying new operating costs incurred by operators through implementation of health orders, so that supplemental funding could be issued.

Personal Protective Equipment

The Province supported Continuing Care operators through the distribution of masks and other PPE that were required under CMOH Order 10-2020. PPE was provided both through the Provincial Operations Centre and through AHS.⁴⁸ Stakeholders indicated that there were some initial delays in providing PPE to operators; however, no system or sector-wide shortages of PPE were identified in Alberta.⁴⁹

Between April 2020 and October 12, 2020, AHS provided over \$38.5 million in PPE to Continuing Care operators.⁵⁰ It was suggested during interviews that the enhanced funding from the Province did not cover the total incremental cost of required PPE for all operators. Changes implemented on July 1 required all private and non-profit operators not receiving Provincial funding to source their own PPE for staff and residents. Alberta Health requested that operators track and submit the incremental costs of PPE.⁵¹

Testing

As with health orders, the testing approach was initially applied consistently across the system, and then later nuanced to some extent. Beginning in March 2020, Continuing Care residents and staff were prioritized as some of the first groups of Albertans with access to COVID-19 testing for symptomatic persons.

In April 2020, the Province mandated testing for all asymptomatic residents and staff at Continuing Care sites within three days of a confirmed case at that site. In May 2020, the Province announced voluntary asymptomatic testing for all residents and staff of Designated Supportive Living and Long-term Care sites.

⁴⁸ Data on PPE shipments from AHS were provided in aggregate between April and October, inclusive of weeks past the assessment period. Disaggregated data would be required to assess the discrete spend for PPE during the assessment period. Data is not available to assess consistent or comprehensive distribution throughout the sector.

⁴⁹ Information provided by the Province.

⁵⁰ Information provided by the Province.

⁵¹ Detailed incremental cost information is not currently available at the operator-level. At the time of writing, this information has not been collected by Alberta Health.



Quality and risk management

During the first wave, site preparedness visits were performed by Alberta Health and AHS in Continuing Care settings. Alberta Health conducted focused inspections of the public health orders in Continuing Care. This includes evaluating screening processes, infection prevention and control practices, enhanced cleaning, quality of care monitoring, safe use of shared spaces, and outbreak policies, procedures and responses. The inspectors also ensure that resident care and safety is maintained, staff are protected, and complaints are investigated.

In addition to Alberta Health's role, AHS also conducted quality monitoring visits of all Continuing Care facilities to assess the quality of care, compliance with CMOH orders, infection prevention and control practices, and staffing requirements.

Provincial stakeholders noted that the ability to closely and quickly monitor quality and safety was essential, especially once restrictions reduced the types of supports that facilities were able to access.



4.4 Economic Response

The first wave of the COVID-19 pandemic constituted an unprecedented health challenge with sudden and severe economic and social consequences. The varied extents of COVID-19 restrictions imposed in different jurisdictions had significant economic impacts including the closure of businesses and temporary income losses for both businesses and individuals.^{52, 53} While the Province’s restrictions were different than those in other jurisdictions (as discussed in this section), Alberta, like other jurisdictions across Canada and globally, experienced economic decline.

The Province introduced a variety economic measures and supports for individuals, businesses, and industries to help mitigate the negative economic effects caused by the COVID-19 restrictions. Albertans have also been able to access some separate, but complimentary, Federal programs, particularly related to lost income. In addition, the Province has introduced stimulus package to boost employment and spending while measures are in place to protect the health of Albertans.

At the end of April 2020, the Province announced a formal Relaunch Strategy to reopen businesses, resume restricted activities, and allow Albertans to return to work. The Strategy consisted of three distinct stages in which most public access restrictions were to be gradually reduced, and limitations on gathering incrementally increased. Advancement to the next stage of reopening was dependent on COVID-19 cases staying below identified thresholds. These approaches were intended to protect the health and wellbeing of Albertans while promoting economic stability and recovery.

Limitations

The observations outlined in this section should be understood in the context of limitations on data and engagement available. In particular:

- Spending data was not received, rather the analysis was based on announced information for each support program. The information provided was high-level and did not delineate any further than the total announced spending amounts per program. No detailed program uptake information was provided.

⁵² Government of Ontario. *Ontario Extends Business Closures to Stop the Spread of COVID-19*. <https://news.ontario.ca/en/release/56560/ontario-extends-business-closures-to-stop-the-spread-of-covid-19>
Accessed on November 18, 2020

⁵³ IMF. *COVID’s Impact in Real Time: Finding Balance Amid the Crisis*. <https://blogs.imf.org/2020/10/08/covids-impact-in-real-time-finding-balance-amid-the-crisis/#:~:text=Lockdowns%20impose%20short%2Dterm%20costs,preventing%20a%20protracted%20economic%20decline>
Accessed on November 18, 2020



- Differentiation between Federal and Provincial announced spending information was indicated by the Province and was not independently verified by KPMG for the purposes of this Report.
- A limited number of interviews were conducted with Treasury Board and Finance and the Ministry of Jobs, Economy and Innovation.
- The rationale behind the development of economic models utilized by the Province was provided. KPMG did not review the actual models utilized as this was deemed unnecessary for the purposes of this Report. Existing survey data was leveraged where appropriate. Information gathered for other Canadian provinces or international jurisdictions was based solely on publicly available information.
- Generally, there is a lag between the implementation of economic policies through government spending, and the impact of that spending. As such, it is not appropriate at the time of writing this Report to assess the impact of the Province’s spending.
- An assessment of how the Economic Response was structured or resourced was not the primary focus of KPMG’s review.

4.4.1 **Observation: The economic impact of COVID-19 on Alberta’s economy was magnified by the April 2020 crash in oil prices**

Interconnectedness of the pandemic and 2020 crash in oil prices

Prior to March 2020, Alberta’s economy had already been facing headwinds. Having suffered an economic contraction in 2015 and 2016, Alberta had experienced 5 years of economic stagnation and a downturn in the energy sector, from which it had not fully recovered as it entered 2020. Indicators for the first two months of 2020 (prior to the pandemic) suggested Alberta’s economy was improving, however, these positive signs deteriorated rapidly when the COVID-19 pandemic hit.

In the context of a global oil price crash, Alberta’s economy was hit harder than any another other Canadian province or territory. Alberta’s real GDP forecast for 2020 is -7.5%, compared to the national forecast of -5.6%. Comparatively, British Columbia, Ontario and Quebec’s Real GDP forecasts are -5.3%, -5.5% and -5.3%, respectively.⁵⁴ Alberta’s unemployment rate in September 2020 was 11.7%, compared to the national unemployment rate of 9.0%. Comparatively British Columbia, Ontario and Quebec’s unemployment rates were 8.4%, 9.5% and 7.4%, respectively.⁵⁵ Alberta is the largest contributor to Canadian oil and oil-equivalent production. Being a producer of oil and gas commodities, Alberta regularly experiences economic growth and declines in line with those of the global energy sector. In April 2020, Alberta experienced the additional

⁵⁴ CIBC. *Provincial Outlook: Brighter Past; Still Uncertain Future*. September 25, 2020

⁵⁵ Statistics Canada. <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410028703>

negative economic impact of a large oil price crash on top of the already unfolding economic crisis being created by COVID-19.

Figure 20: West Texas Oil Price Hits 18-Year Low⁵⁶



Source: Financial Times

When global oil prices drop sharply, there is a direct negative effect on the Gross Domestic Product (“GDP”) of a net oil exporting country due to a decrease in oil revenues.⁵⁷ Consequently, the plunge in oil prices also shrinks the government revenues and spending of oil-producing countries for which oil exports account for a major part of their revenues. Oil exporters that are expected to experience sharp recessions in 2020 include Russia (–6.6%), Saudi Arabia (–6.8%) and Nigeria (–5.4%).⁵⁸ This is also true for Alberta. Alberta’s GDP was expected to contract by 8.8% in 2020.^{59, 60}

⁵⁶ Financial Times. *US Crude Tumbles to 18-Year Low As Supply Overwhelms Demand*.

<https://www.ft.com/content/d0a0cfc3-765c-4b55-ada7-11e0d378d406>. Accessed on 23 November, 2020.

⁵⁷ BBC News. *Coronavirus: Oil price collapses to lowest level for 18 years*.

<https://www.bbc.com/news/business-5208912>. Accessed on November 22, 2020

⁵⁸ IMF. *World Economic Outlook Update, June 2020*.

<https://www.imf.org/en/Publications/WEO/Issues/2020/06/24/WEOUpdateJune2020>. Accessed on November 22, 2020

⁵⁹ Bruegel. *COVID-19 is causing the collapse of oil markets: when will they recover?*

<https://www.bruegel.org/2020/04/covid-19-is-causing-the-collapse-of-oil-markets-when-will-they-recover/>.

Accessed on November 19, 2020

⁶⁰ Government of Alberta. November 2020



The cause of the collapse in oil prices in April 2020 was two-fold:

- 1) **Pandemic-induced reduction in demand.** Global COVID-19 health restrictions significantly curbed activity in the transportation and domestic and international travel sectors. There were also lockdowns⁶¹, economic restrictions and business closures to varying degrees in many countries. All of these actions decreased the global demand for oil.
- 2) **A global price war.** In response to the decline in demand for oil, and in order to try and avert growing oil supplies, the Organization of the Petroleum Exporting Countries proposed a production cut, which was rejected by Russia. In retaliation, Saudi Arabia announced unprecedented discounts of almost 20% in key markets. The result was a more than 30% plunge in global oil prices.⁶² An intensifying recession due to COVID-19 fears drove global oil prices even further down.

The effects of COVID-19 and the negative oil prices are difficult to disentangle due to the element of causality between these factors⁶³; however, both have culminated to negatively affect Alberta’s economy. Alberta’s dependence on the energy sector as a large contributor of provincial GDP, meant that it was hit harder by the oil price crash than other provinces. This exacerbated the economic decline that Alberta was suffering as a result of COVID-19.

Global economic decline

As a result of the COVID-19 pandemic, all regions around the world including advanced, emerging and developing economies are projected to experience negative growth in 2020, except for China.⁶⁴ While there are substantial differences across individual economies, the global economy as a whole is projected to decline by 4.4% in 2020.

⁶¹ A lockdown is a requirement for people to stay where they are, usually due to specific risks to themselves or to others if they move freely. In relation to the COVID-19 pandemic, lockdown specifically refers to restrictions imposed by governments on regular business and daily life activities and operations that were established to curb and prevent the further spread of COVID-19 so as not to overwhelm health systems. Specific restrictions might take the form of stay-at-home orders, curfews, quarantine requirements, travel bans or other restrictions. Countries and territories around the world have enforced lockdowns of varying degrees, generally with only essential businesses allowed to remain open. Alberta adopted a less strict version of a lockdown compared with other countries e.g. Italy.

⁶² BBC News. *Coronavirus: Oil price collapses to lowest level for 18 years.*
<https://www.bbc.com/news/business-52089127>. Accessed on November 22, 2020

⁶³ Bruegel. *COVID-19 is causing the collapse of oil markets: when will they recover?*
<https://www.bruegel.org/2020/04/covid-19-is-causing-the-collapse-of-oil-markets-when-will-they-recover/>. Accessed on November 19, 2020

⁶⁴ IMF. *World Economic Outlook - A Long and Difficult Ascent, October 2020.*
<https://www.imf.org/en/Publications/WEO/Issues/2020/06/24/WEOUpdateJune2020>. Accessed on November 22, 2020



Figure 21: World GDP - Actual (2019) and Projected (2020 and 2021)

	2019	Projections	
		2020	2021
World Output	2.8	-4.4	5.2
Advanced Economies	1.7	-5.8	3.9
United States	2.2	-4.3	3.1
Euro Area	1.3	-8.3	5.2
Germany	0.6	-6.0	4.2
France	1.5	-9.8	6.0
Italy	0.3	-10.6	5.2
Spain	2.0	-12.8	7.2
Japan	0.7	-5.3	2.3
United Kingdom	1.5	-9.8	5.9
Canada	1.7	-7.1	5.2
Other Advanced Economies ²	1.7	-3.8	3.6
Emerging Market and Developing Economies	3.7	-3.3	6.0
Emerging and Developing Asia	5.5	-1.7	8.0
China	6.1	1.9	8.2
India ³	4.2	-10.3	8.8
ASEAN-5 ⁴	4.9	-3.4	6.2
Emerging and Developing Europe	2.1	-4.6	3.9
Russia	1.3	-4.1	2.8
Latin America and the Caribbean	0.0	-8.1	3.6
Brazil	1.1	-5.8	2.8
Mexico	-0.3	-9.0	3.5
Middle East and Central Asia	1.4	-4.1	3.0
Saudi Arabia	0.3	-5.4	3.1
Sub-Saharan Africa	3.2	-3.0	3.1
Nigeria	2.2	-4.3	1.7
South Africa	0.2	-8.0	3.0

Source: International Monetary Fund

As a resource-based and export-heavy economy, Alberta’s economy is extremely integrated with the global economy and therefore highly sensitive to fluctuations in the global markets. It is estimated that 71% of Alberta’s businesses are directly or indirectly reliant on the oil and gas sector.⁶⁵ Most of the crude oil produced in Alberta exported to other markets (in 2019, 88% of all crude oil produced in Alberta was exported to the US).⁶⁶ Irrespective of an oil price crash, the effects from the COVID-19 pandemic and the large global economic decline would have a considerable negative effect on Alberta’s economy. Therefore, due to the interconnectedness of Alberta to the global economy, which is experiencing a negative decline in 2020, economic decline for Alberta in 2020 was unavoidable.

⁶⁵ Government of Alberta. September 2020.

⁶⁶ Government of Canada. *Crude Oil Annual Export Summary – 2019*. <https://www.cer-rec.gc.ca/en/data-analysis/energy-commodities/crude-oil-petroleum-products/statistics/crude-oil-summary/crude-oil-annual-export-summary-2019.html>. Accessed on November 23, 2020



Significant effects from oil crises

Even compared to other oil-producing regions, Alberta seems to be experiencing a more pronounced economic decline. This is due to a number of factors, including the type of oil Alberta produces (i.e. light crude oil, heavy crude oil, crude bitumen, synthetic crude oil and others) and unique market access challenges (i.e. lack of pipelines). Further, Alberta appears to experience energy market busts to a greater extent and for longer durations than other oil producing regions.

Entering 2020, Alberta was still experiencing lingering effects from the oil price crash in 2016. Other oil-producing regions, such as Texas, Western Australia, Saudi Arabia and the United Arab Emirates had recovered more fully from the 2016 energy market contraction by 2019.^{67, 68, 69}

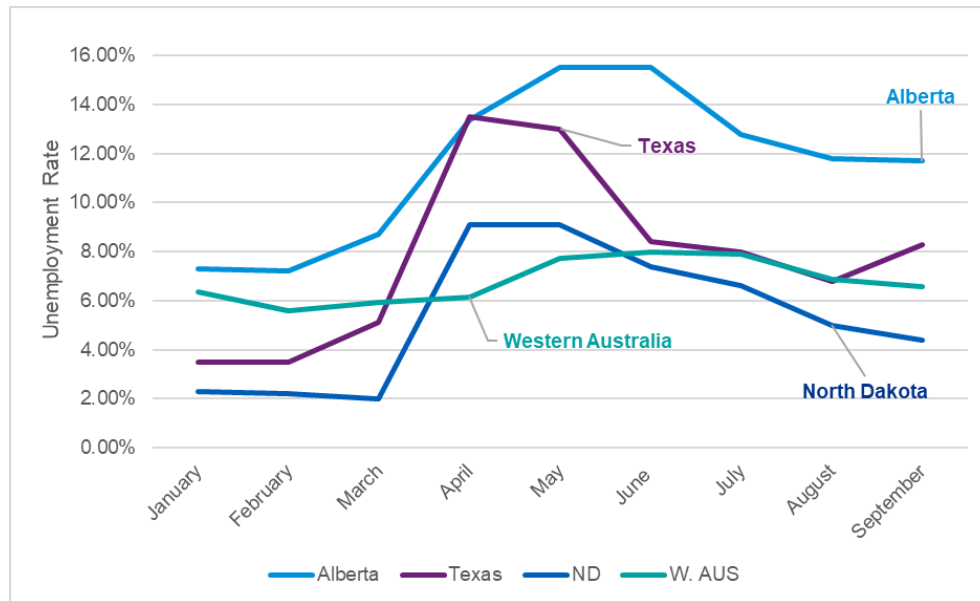
⁶⁷ FRED Economic Data. *Economic Research, Federal Reserve Bank of St. Louis.* <https://fred.stlouisfed.org/categories/27281>. Accessed on November 22, 2020

⁶⁸ CEIC Data. *Australian Bureau of Statistics.* <https://www.ceicdata.com/en/country/australia>. Accessed on November 22, 2020

⁶⁹ Trading Economics. *World GDP.* <https://tradingeconomics.com/>. Accessed on November 22, 2020

Upon comparing Texas, North Dakota and Western Australia⁷⁰ to Alberta as seen in Figure 22, these regions have lower unemployment rates entering 2020 and have remained lower than Alberta’s during the pandemic.

Figure 22: Unemployment in Oil Producing Regions



Source: US Bureau of Labour Statistics, Government of Alberta Website, Australian Government Website⁷¹

4.4.2 Observation: The Province made different economic response decisions than other provinces, such as different definitions of essential businesses and fewer restrictions on businesses. Due to the global nature of the crisis, the economic trends experienced in Alberta were not markedly different than in other provinces

Definition of essential businesses and services

Throughout the pandemic, the Province defined an essential service as “a service considered critical to preserving life, health, public safety and basic societal functioning” (CMOH Order 07-2020). This definition was in line with the definition of an essential service put forward by the Federal government but was interpreted differently in Alberta than in other Canadian provinces, such as Ontario and Quebec.

⁷⁰ These regions are seen as the more comparable oil producing regions to Alberta due to location, culture and demographics.

⁷¹ Trading Economics. *World GDP*. <https://tradingeconomics.com/>. Accessed on November 22, 2020



The Province adopted a broader definition of what constituted an “essential service” which provided flexibility to avoid the larger-scale business closures adopted by other jurisdictions. For example, furniture stores in Alberta remained open as fridges sold by these furniture stores were deemed essential for regular households functioning. Keeping Alberta more “open” also involved the continued operation of industries like construction, manufacturing and energy throughout the height of the pandemic. These industries constituted 96% of Alberta’s economy in 2019.⁷²

Differences in economic restrictions

The total COVID-19 cases per capita varied across provinces.⁷³ For example, compared to Alberta, Ontario and Quebec reported significantly higher total cases from March to October 2020. COVID-19 testing also varied across the four provinces⁷⁴. These trends, as well as other evidence such as the sources of outbreaks informed the responses taken with many provinces implementing broader restrictions and public measures.

These measures had significant economic impacts, which included business closures and temporary income losses for both businesses and individuals.^{75, 76} This impacted the ability for consumers to spend more during these periods of restrictions and reflect the initial downturn and subsequent trends seen for retail trade sales.

In an effort to curb the spread of the COVID-19 pandemic, many provinces implemented restrictions for businesses and other areas of economic activity in the form of lockdowns, though lockdowns were applied in different jurisdictions to varying degrees. At the beginning of the first wave (i.e. March to April 2020), 17.4% of active businesses were closed across Canada.⁷⁷ Provincial variations are shown in the figure below. In Alberta, 16.9% of active business experienced closures, with the highest proportion of active

⁷² Information provided by the Province.

⁷³ Government of Canada. *Coronavirus disease 2019 (COVID-19): Epidemiology update*. <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>. Accessed on November 18, 2020

⁷⁴ CBC News. *Why COVID-19 testing varies so much across Canada*. <https://www.cbc.ca/news/health/covid-19-testing-variations-1.5520812>. Accessed on November 18, 2020

⁷⁵ Government of Ontario. *Ontario Extends Business Closures to Stop the Spread of COVID-19*. <https://news.ontario.ca/en/release/56560/ontario-extends-business-closures-to-stop-the-spread-of-covid-19>. Accessed on November 18, 2020

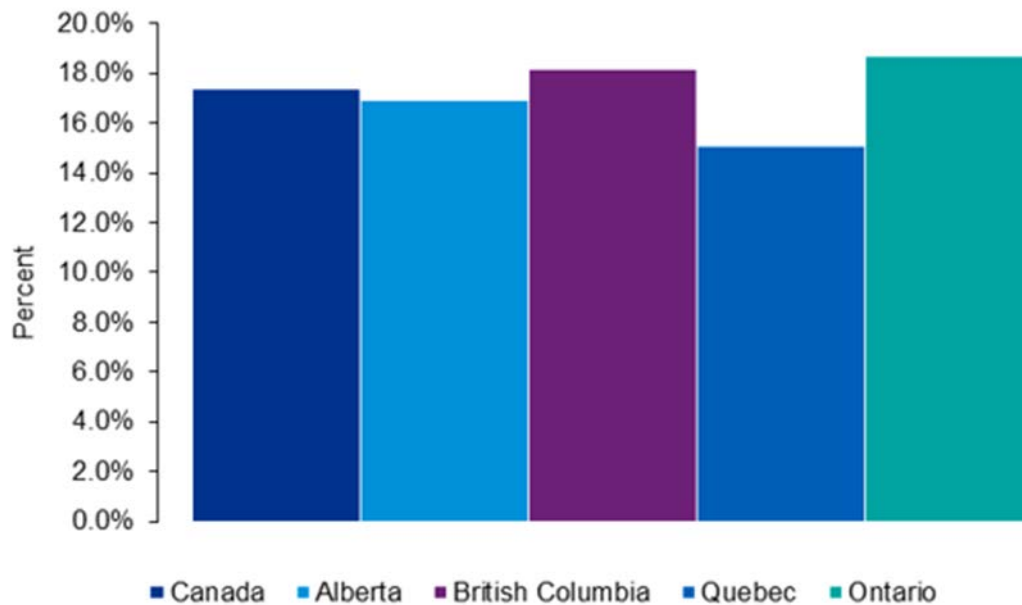
⁷⁶ International Monetary Fund. *COVID’s Impact in Real Time: Finding Balance Amid the Crisis*. <https://blogs.imf.org/2020/10/08/covids-impact-in-real-time-finding-balance-amid-the-crisis/#:~:text=Lockdowns%20impose%20short%2Dterm%20costs,preventing%20a%20protracted%20economic%20decline>. Accessed on November 18, 2020

⁷⁷ Statistics Canada. *Monthly estimates of business openings and closures, July 2020*. <https://www150.statcan.gc.ca/n1/daily-quotidien/201028/dq201028c-eng.htm>. Accessed on November 20, 2020



business closures occurring in Ontario with 18.7%.⁷⁸ In British Columbia, 18.2% of active businesses closed between March and April 2020, while only 15.1% of Quebec active businesses were closed during the same time frame.⁷⁹

Figure 23: Business Closures in March and April 2020 as a Share of Active Businesses



Source: Statistics Canada.

In subsequent months, recovery efforts and reopening plans allowed more businesses to reopen in Alberta. As a result, in July 2020, almost half (46%) of the closed business in Alberta reopened.⁸⁰ Other than Ontario, where 43.3% of closed businesses reopened in July 2020, Alberta’s percentage was on the lower end when compared to British Columbia and Quebec (53.6% and 58.8% respectively)⁸¹ as demonstrated in Figure 24.

⁷⁸ Statistics Canada. *Monthly estimates of business openings and closures, July 2020*. <https://www150.statcan.gc.ca/n1/daily-quotidien/201028/dq201028c-eng.htm>. Accessed on November 20, 2020

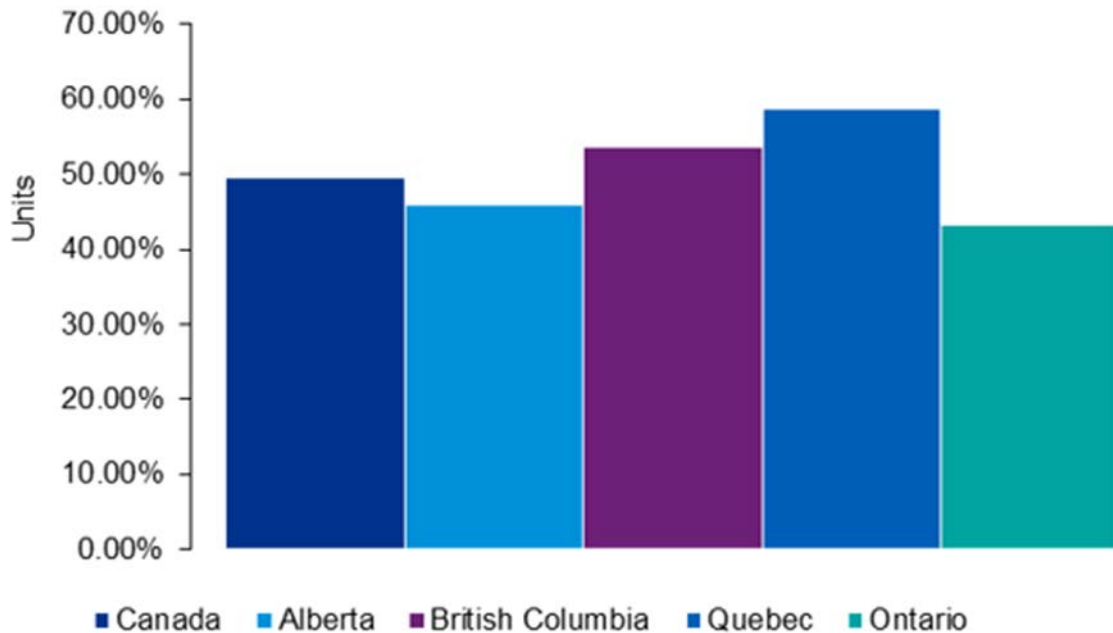
⁷⁹ Statistics Canada. *Monthly estimates of business openings and closures, July 2020*. <https://www150.statcan.gc.ca/n1/daily-quotidien/201028/dq201028c-eng.htm>. Accessed on November 20, 2020

⁸⁰ Statistics Canada. *Monthly estimates of business openings and closures, July 2020*. <https://www150.statcan.gc.ca/n1/daily-quotidien/201028/dq201028c-eng.htm>. Accessed on November 20, 2020

⁸¹ Statistics Canada. *Monthly estimates of business openings and closures, July 2020*. <https://www150.statcan.gc.ca/n1/daily-quotidien/201028/dq201028c-eng.htm>. Accessed on November 20, 2020



Figure 24: Share of Businesses That Re-Opened by July 2020



Source: Statistics Canada.

Differences in economic responses did not appear to produce wide variations in business closures. This is also true of consumer spending.

Consumer spending is an important driver of economic growth.⁸² Retail trade sales are often used as a proxy measure for consumer spending and to understand the current trends of the economy.⁸³ Figure 25 displays the month-over-month change in retail trade sales by province and in Canada overall.⁸⁴ Overall, March and April 2020 saw a large drop in retail trade sales from the previous month. However, May and June 2020 saw increases across all jurisdictions, which then remained relatively steady from July to September 2020.

While all four provinces reviewed saw significant swings in retail sales from March to June 2020, Alberta and British Columbia’s swings were less severe than Ontario and Quebec.⁸⁵

⁸² Strother, S., Strother, B. & Martin, B. *Retail market estimation for strategic economic development*. *J Retail Leisure Property* 8, 139–152. <https://doi.org/10.1057/rjp.2009.5>. Accessed on November 18, 2020

⁸³ Strother, S., Strother, B. & Martin, B. *Retail market estimation for strategic economic development*. *J Retail Leisure Property* 8, 139–152. <https://doi.org/10.1057/rjp.2009.5>. Accessed on November 18, 2020

⁸⁴ Statistics Canada. *Retail trade sales by province and territory (x 1,000)*. <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=2010000801>. Accessed on November 18, 2020

⁸⁵ Statistics Canada. *Retail trade sales by province and territory (x 1,000)*. <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=2010000801>. Accessed on November 18, 2020

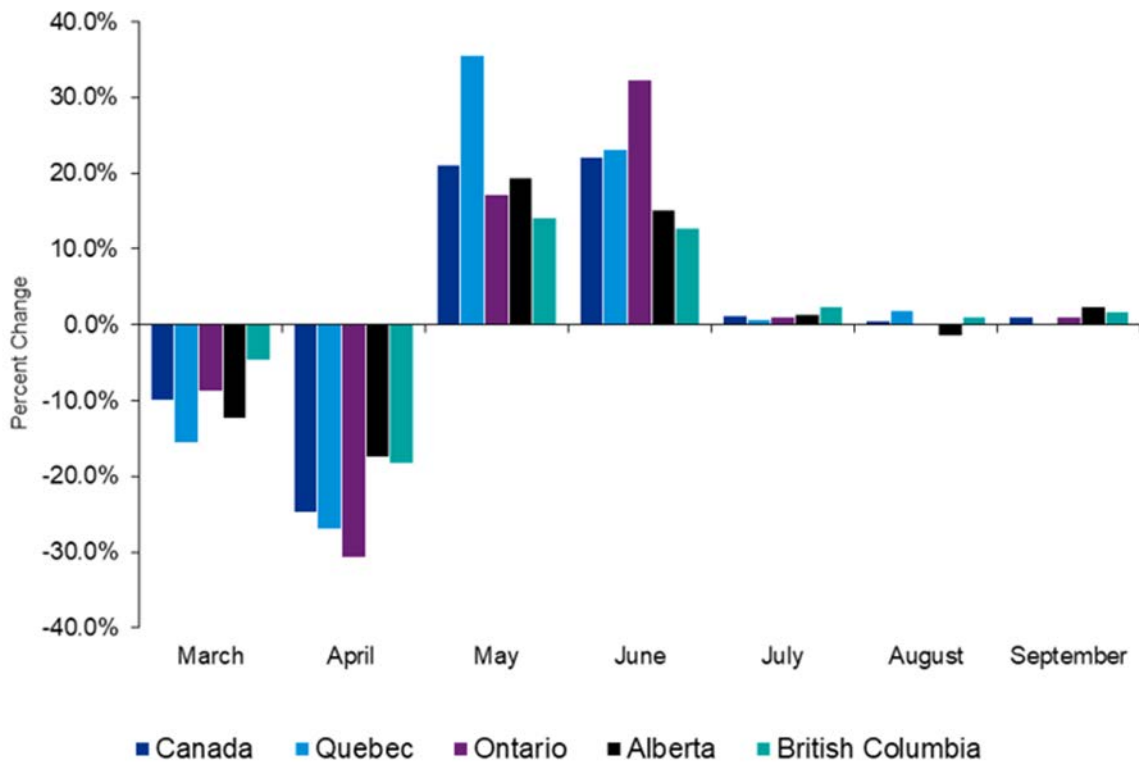


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Variations in COVID-19 infection rates, pandemic response measures and unemployment rates can help account for the differences seen month-over-month in retail trade sales between these four provinces. Further, other governmental measures may have impacted these trends as measures were implemented, both federally and provincially, to try to mitigate the adverse economic effects and to assist citizens.

During the first wave, Alberta remained more ‘open’ than other provinces. While consumer spending in Alberta appears to have fallen to a lesser degree than national consumer spending in some months (e.g., April 2020), it was below national consumer spending in other months (e.g., August 2020). Despite keeping its economy ‘more open’ during the first wave, Alberta’s consumer spending and its economic decline still followed a similar trajectory to other Canadian provinces. Alberta’s softer business restrictions did not stop declines in consumer spending.

Figure 25: Change in Retail Trade Sales from March 2020 to September 2020



Source: Statistics Canada



4.4.3 Observation: The uptake of small and medium-sized enterprise supports has been lower than expected

Throughout the first wave, both the Province and the Federal government sought to provide support to keep small businesses operating. Some of the larger supports provided to small and medium-sized enterprise by the Province included:

- 1) **Workers’ Compensation Board** (“WCB”) of Alberta announced a \$350 million premium relief program to cut small and medium-sized enterprise WCB payments in half.⁸⁶ This program sought to inject liquidity into the small and medium-sized enterprise sector and extend support to 99% of employers and 55% of employees. It is estimated that this saved employers on average approximately \$930 among small businesses and approximately \$20,355 for medium-sized businesses, according to the average premiums paid in 2019.⁸⁷ Small and medium-sized enterprises also had an option to defer 2020 WCB premiums. As of July 26, 2020, 32% of the business tenants surveyed by the Province have applied to get their WCB premiums deferred.^{88, 89}
- 2) **The Small and Medium-sized Enterprise Relaunch Grant** offered financial assistance to small Alberta businesses that were ordered to close or reduce operations as a result of the pandemic. The program offered a one-time grant of up to \$5,000 to businesses that could demonstrate a revenue reduction of at least 50% in April or May. The Province committed up to \$200 million in funding for the program.

As of October 12, 2020 (week 15 of the program’s operation), there was an uptake equivalent to \$64.1 million (or approximately 32%), based on 17,211 submitted applications. Of this number, there were 13,979 successful applicants since the program began in May 2020 (approximately 81%). The average amount granted to businesses was approximately \$3,745. The majority of applicants came from the service industry, including, personal care services and the food and accommodation industries.⁹⁰

- 3) **Canada Emergency Commercial Rent Assistance** (“CECRA”) is a joint Federal and Provincial program that provides rent relief for small businesses who experienced financial hardship due to COVID-19. Under this program, rent could be reduced by 75% for small businesses affected by the pandemic. The loans provided were intended to cover 50% of the rent payment and the other half would be divided equally between the tenant and landlord.⁹¹ According to survey data from the Province, only 24% of those surveyed experienced a sufficient revenue reduction to qualify for

⁸⁶ Information provided by the Province.

⁸⁷ Information provided by the Province.

⁸⁸ Information provided by the Province.

⁸⁹ Information provided by the Province.

⁹⁰ Information provided by the Province.

⁹¹ Information provided by the Province.



CECRA. Survey responses indicated businesses that applied for CECRA were primarily in the food service and retail industry.⁹²

The Small and Medium-sized Enterprise Relaunch Grant had an approximately 80% success rate based on applications submitted, yet at the end of the first wave it awarded only 32% of total funding. Given that the program was active for almost 4 months, this appears low, and suggests that the threshold for application may have acted as a deterrent. Data similarly suggests that CECRA was not maximally utilized under eligibility criteria to date. Uptake of the WCB deferrals for 2021 remained lower than expected given the challenging business environment, perhaps indicating that small and medium-sized enterprises prefer charge elimination as opposed to charge deferrals. The impact of economic measures on businesses cannot be fully assessed for this Report. Early indicators, however, suggest that the number of active businesses in Alberta from March 2020 to July 2020 declined across most industries. Estimates from the Longitudinal Employment Analysis Program show that some industries were hit harder than others. For instance, arts, entertainment and recreation had a significantly greater percent reduction in the number of active businesses. Conversely, industries such as utilities did not see as drastic of a decline.^{93, 94}

The COVID-19 Recovery Survey conducted by The Canadian Federation of Independent Businesses in September 2020 studied the sentiments of small businesses across Canada regarding the risks to closure.⁹⁵

⁹² Information provided by the Province.

⁹³ Industries such as education and healthcare were not included as part of this analysis due to the unavailability of data from Statistics Canada. Additionally, this data are experimental estimates obtained from Statistics Canada and the industries are determined by the North American Industry Classification System

⁹⁴ Statistics Canada. *Table 33-10-0270-01 Experimental estimates for business openings and closures for Canada, provinces and territories, census metropolitan areas, seasonally adjusted*. Accessed on November 20, 2020.

⁹⁵ Canadian Federation of Independent Businesses. *COVID-19: State of Small Business - Key results – Survey 21* <https://www.cfib-fcei.ca/sites/default/files/2020-10/COVID-19-survey-results-September30.pdf>. Accessed on November 20, 2020.



The survey results, in Table 2, found that a greater proportion of businesses in Alberta stated that they would not easily survive a second wave of business restrictions compared to similar businesses in other provinces and Canada overall.⁹⁶ Similarly, Alberta also reported a higher proportion of businesses that would survive less than a year with current revenues.⁹⁷ Further, compared to the other provinces, Alberta had the highest proportion of businesses that reported that they are actively considering bankruptcy or winding down.⁹⁸

Table 2: Percentage of Businesses at Risk of Closure by Select Canadian Jurisdiction

Businesses at Risk of Closure	Alberta	British Columbia	Ontario	Quebec	Canada
Businesses that would not easily survive a second wave of business restrictions	60%	55%	56%	50%	56%
Businesses that would survive less than a year with current revenues	35%	29%	34%	27%	31%
Businesses actively considering bankruptcy or winding down	19%	15%	17%	8%	14%

Source: Canadian Federation of Independent Businesses: COVID-19: State of Small Business - Key results – Survey 21.

Recommendation 4

Implement strategies to increase uptake of supports for small and medium-sized businesses.

The combination of low uptake, observable economic decline, and concern about viability of businesses going forward suggest that available funding should be maximized. This may require sector engagement and/or adjustment to thresholds.

⁹⁶ Canadian Federation of Independent Businesses. *COVID-19: State of Small Business - Key results – Survey 21* <https://www.cfib-fcei.ca/sites/default/files/2020-10/COVID-19-survey-results-September30.pdf>. Accessed on November 20, 2020

⁹⁷ Canadian Federation of Independent Businesses. *COVID-19: State of Small Business - Key results – Survey 21* <https://www.cfib-fcei.ca/sites/default/files/2020-10/COVID-19-survey-results-September30.pdf>. Accessed on November 20, 2020

⁹⁸ Canadian Federation of Independent Businesses. *COVID-19: State of Small Business - Key results – Survey 21* <https://www.cfib-fcei.ca/sites/default/files/2020-10/COVID-19-survey-results-September30.pdf>. Accessed on November 20, 2020



4.4.4 Observation: The Province’s assistance to economically vulnerable populations was different than in other jurisdictions

Support for vulnerable populations

Vulnerable populations are those that are disproportionately exposed to risk. While vulnerable populations exist in every society, the COVID-19 pandemic has highlighted the vulnerabilities of many societal groups. Amid the COVID-19 pandemic, vulnerable populations have included not just the elderly, individuals with ill health and comorbidities, and the homeless, but also people from a wider range of socioeconomic groups that have struggled to cope financially, mentally or physically with the crisis. A person not considered vulnerable at the outset of the COVID-19 pandemic may have found themselves experiencing health, income, food, or housing insecurity during the COVID-19 pandemic. For the purposes of this Report, vulnerable populations are considered to include individuals experiencing homelessness or domestic violence, low-income peoples, seniors, Indigenous populations, unemployed youth, and people suffering from mental, physical or financial challenges.

In order to limit the short- and long-term effects of the COVID-19 economic crisis, jurisdictions around the world provided supports to their vulnerable and more ‘at risk’ populations. Many jurisdictions’ broad economic focus was intended to address unemployment and restarting the economy as well as attempt to mitigate the disproportionate impacts that the pandemic had on these vulnerable populations. Timely support may prevent vulnerable populations from further disadvantage and from incurring greater social service and health system costs in the long run.

Before assessing the provincial supports that were implemented for vulnerable populations in response to the COVID-19 pandemic, it is important to understand the baseline social assistance available prior to the start of the pandemic. Every province has its own social assistance programs with different eligibility requirements, resulting in certain comparison difficulties. However, comparison is still needed to create a reference point.

Alberta’s per capita spending on social services and social service program caseloads have been increasing year-on-year.⁹⁹ The Province’s two main income support programs include:

1. **Alberta Works** - helps unemployed people to find and keep jobs, employers to meet their need for skilled workers and Albertans with low incomes to cover their basic costs of living.

⁹⁹ KPMG Blue Ribbon report



2. **Assured Income for the Severely Handicapped (“AISH”)** - AISH program provides financial and health related assistance to eligible adult Albertans with a disability.

Using data provided by provincial and territorial government officials, Maytree’s Welfare in Canada report presents welfare incomes of four example households living on social assistance in 2019 across Alberta, British Columbia, Ontario and Quebec:¹⁰⁰

Table 3: Provincial Social Assistance Spending Per Capita (2019)

Jurisdiction	Single person considered employable	Single person with a disability	Single parent, one child	Couple, two children	Single person, AISH program
Alberta	\$9,377	\$10,837	\$22,735	\$33,159	\$20,808
British Columbia	\$9,512	\$15,293	\$21,394	\$28,162	
Ontario	\$9,773	\$15,118	\$21,788	\$31,485	
Quebec	\$9,605	\$14,804	\$25,409	\$37,636	

Source: Maytree

Based on the information in Table 3, the level of Alberta’s social assistance programs prior to the start of the COVID-19 pandemic is relatively similar to British Columbia, Ontario and Quebec in the categories of Single person considered employable, Single parent one child, and Couple two children. In the category of Single person with a disability, Alberta’s social assistance may appear to be on the lower end of scale, however, this is compensated for by Alberta’s AISH program, which greatly increases the level of support to a level higher than the other three provinces.

¹⁰⁰ Maytree. *Welfare in Canada in 2019*. [https://maytree.com/wp-content/uploads/Welfare in Canada 2019.pdf](https://maytree.com/wp-content/uploads/Welfare_in_Canada_2019.pdf)



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In addition to its existing social assistance programs, the Province provided additional targeted supports to the following vulnerable populations throughout the first wave of the COVID-19 pandemic. Similarly, the provinces of British Columbia, Ontario and Quebec also rolled out numerous target program supports for vulnerable populations. This information is presented in Table 4.

Table 4: Provincial Vulnerable Populations COVID-19 Announced Spending¹⁰¹

Program Type	Alberta ¹⁰²		British Columbia ¹⁰³		Ontario ¹⁰⁴		Quebec ¹⁰⁵	
	Total \$ (000s)	Per Capita \$	Total \$ (000s)	Per Capita \$	Total \$ (000s)	Per Capita \$	Total \$ (000s)	Per Capita \$
Caregivers support	3	0.69	1	0.20	n/a	n/a	n/a	n/a
Food banks and school nutrition	8	1.84	3	0.60	n/a	n/a	n/a	n/a
Seniors lodges	30	6.90	160	31.87	273	18.90	n/a	n/a
Income for low income seniors	n/a	n/a	n/a	n/a	100	6.92	n/a	n/a
Homeless shelters	73	16.80	n/a	n/a	n/a	n/a	n/a	n/a
Women's emergency shelters	5	1.15	10	1.99	n/a	n/a	6	0.71
Emergency isolation support	108	24.85	n/a	n/a	n/a	n/a	n/a	n/a
Mental health & addictions funding	53	12.20	18	3.59	27	1.87	15	1.78
Youth community service and unemployment	n/a	n/a	5	1.00	8	0.55	54	6.40
Computer equipment for low income students	n/a	n/a	n/a	n/a	n/a	n/a	19	2.25
Indigenous	n/a	n/a	n/a	n/a	35	2.42	n/a	n/a
Low income	n/a	n/a	n/a	n/a	n/a	n/a	72	8.54
Correctional institutions	n/a	n/a	n/a	n/a	3	0.21	n/a	n/a
Internet connection	n/a	n/a	50	9.96	n/a	n/a	n/a	n/a
Total	280	64.43	247	49.20	446	30.87	166	19.68

¹⁰¹ Announced spend information up to November 2020. Per capita figures are based on the following 2020 provincial population numbers provided by World Population Review (<https://worldpopulationreview.com/canadian-provinces>) – Alberta (4,345,737), British Columbia (5,020,302), Ontario (14,446,515) and Quebec (8,433,301)

¹⁰² Information provided by the Province

¹⁰³ McCarthyTetrault. COVID-19: *Emergency Measures Tracker*. <https://www.mccarthy.ca/en/insights/articles/covid-19-emergency-measures-tracker>

¹⁰⁴ Please note that program specific funding in Ontario has been hard to disentangle. Source: Financial Accountability Office of Ontario. (2020). *Federal and Provincial COVID-19 Response Measures*. <https://fao.on.org/en/Blog/Publications/fed-prov-response-2020>

¹⁰⁵ McCarthyTetrault. COVID-19: *Emergency Measures Tracker*. <https://www.mccarthy.ca/en/insights/articles/covid-19-emergency-measures-tracker>



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Source: Government of Alberta, McCarthy Tetrault and Financial Accountability Office of Ontario

Based on the above information while the Province implemented targeted funding supports to assist particular vulnerable populations (as did the other provinces examined), they provided lower levels or no additional funding to other vulnerable populations. On a per capita basis, the Province’s total funding to support vulnerable populations exceeds that of the other provinces in the Table 4. Other vulnerable populations which the Province could have also provided additional targeted support to included:

- Indigenous populations;
- Youth;
- People with limited access to internet connectivity and technology; and
- Migrants and refugees.

All jurisdictions also implemented varying degrees of rent, eviction, and utility payment moratoria for individuals and businesses.

Provincial Income Support for Individuals

When the pandemic first hit in March 2020, Alberta was 1 of 4 provinces (others included Quebec, Saskatchewan and New Brunswick) that implemented its own emergency income support program for individuals in advance of a Federal response. The Province’s temporary income support program intended that individuals could quickly access money in relief. The application process for the Federal programs did not commence until April 2020. Alberta’s program distributed \$91.7 million to 79,596 eligible Albertans.¹⁰⁶

The Province’s program for individuals ended with the implementation of the Federal Canada Emergency Response Benefit (“CERB”) and Canada Emergency Wage Subsidy (“CEWS”) programs to supplement the income losses of individual Canadians.

Outside of pandemic-related provincial funding, many people in Alberta were already receiving income supports from the Province. When CERB was released, those individuals that were recipients of provincial social assistance were eligible to receive CERB, however, the total amount of assistance received differed based on the province of residence.¹⁰⁷ This was the result of different provincial exemptions for certain federal benefits from existing provincial income support calculations. In other words, receiving income from another source – in this case CERB – often reduced the income support, and

¹⁰⁶ Information provided by the Province.

¹⁰⁷ CBC News. *Alberta is providing social assistance to 10,000 fewer people, primarily due to CERB.* <https://www.cbc.ca/news/canada/calgary/alberta-social-assistance-decline-income-support-cerb-1.5709769>. Accessed on November 19, 2020



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so provinces made decisions about whether these Federal funds would be exempt from consideration as income.

Both Alberta and Ontario opted to provide partial exemptions, which resulted in a decline in the amounts of provincial social assistance funds received by residents.^{108, 109} In contrast, British Columbia, provided a complete exemption for CERB, which meant that its residents who were part of its social assistance programs had no deductions from their monthly provincial assistance cheques.¹¹⁰

Figure 26 depicts the change in provincial income support caseloads by province due to COVID-19 measures. It provides a comparison of the change of income support caseload for each province relative to January 2019, which reflects pre-pandemic levels.

There was a decline in caseloads (i.e. people receiving provincial income supports) for Alberta and Ontario, which was directly related to the amount of exemptions provided. Alberta applied smaller exemptions to CERB, and there was a correspondingly steeper decline in the number of income support recipients of about 25% from pre-pandemic levels.¹¹¹ Ontario saw a decline of approximately 8% of Ontario Works recipients.¹¹² British Columbia saw an 8% increase in its caseload when compared to January 2019.¹¹³

¹⁰⁸ CBC News. *Alberta is providing social assistance to 10,000 fewer people, primarily due to CERB.* <https://www.cbc.ca/news/canada/calgary/alberta-social-assistance-decline-income-support-cerb-1.5709769>. Accessed on November 19, 2020

¹⁰⁹ Community of Social Services. *Ministerial Order No. 2020-16.* <http://www.humanservices.alberta.ca/AWOnline/documents/MO-2020-016.pdf>. Accessed on November 19, 2020

¹¹⁰ CBC News. *Alberta is providing social assistance to 10,000 fewer people, primarily due to CERB.* <https://www.cbc.ca/news/canada/calgary/alberta-social-assistance-decline-income-support-cerb-1.5709769>. Accessed on November 19, 2020

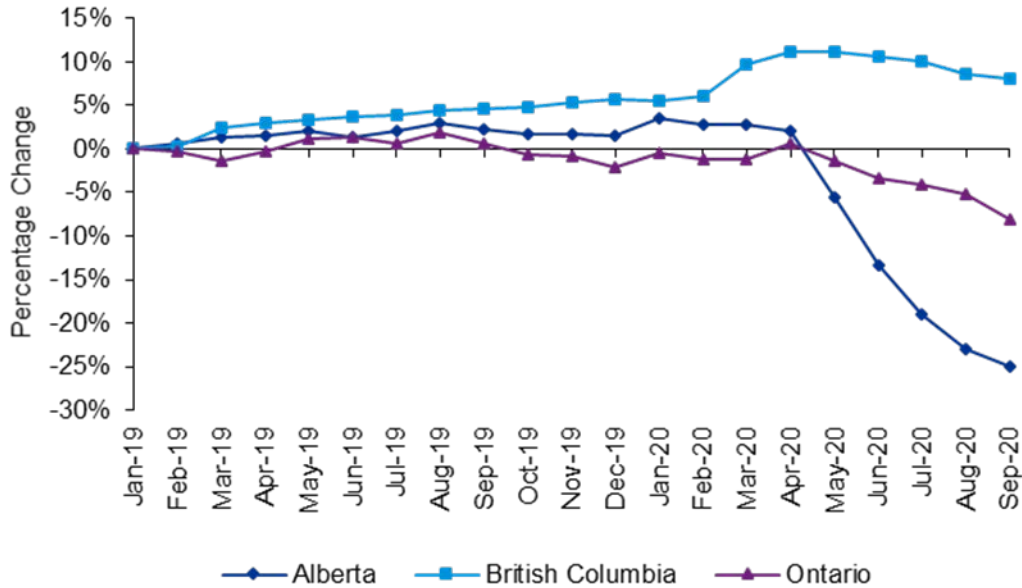
¹¹¹ Information provided by the Province.

¹¹² Government of Ontario. *Ontario Works.* <https://www.mcass.gov.on.ca/en/mcass/open/sa/owCaseLoadReport.aspx>. Accessed on November 19, 2020.

¹¹³ Government of British Columbia. *BC Employment and Assistance Program.* <https://catalogue.data.gov.bc.ca/dataset/bc-employment-and-assistance-program/resource/6ce86859-3017-49e5-95e9-ffa7455d2e04>. Accessed on November 19, 2020



Figure 26: Change in Provincial Income Support Caseloads (Base = January 2019)



Source: Government of Alberta, Government of British Columbia, Government of Ontario.

4.4.5 Observation: The Province demonstrated adaptability in its economic response during the first wave

Bits and Pieces Program

The Alberta Bits and Pieces Program ¹¹⁴ is a method for businesses and citizens to submit unsolicited offers of products and services to help others during an emergency or disaster. The program acts as a ‘match-maker’, connecting products and services offered by private, retail, industry and non-profit organizations with Albertans looking for help.

Originally established during the Second World War, the program coordinated innovative production and procurement efforts from across the country to support the war effort. The program has since evolved to provide critical support to Albertans during emergencies and disasters, including flooding, wildfires, tornadoes and most recently, COVID-19.

The Province used the Bits and Pieces program in an effort to coordinate those looking to provide and those looking to purchase and to facilitate continued economic activity, to

¹¹⁴ Information provided by the Province.



some degree.¹¹⁵ Examples of Albertan companies filling a need through Bits and Pieces includes:

- ATCO confirmed their ability to deploy hundreds of trailers for medical testing, quarantining and treatment, especially in rural and remote areas,
- Calgary-based Fluid Energy Group and Rocky Mountain Soap Company were able to produce hand sanitizer,
- Donation of ventilators by Exergy, and
- Alberta Garment transitioning to produce hospital gowns.

New economic modelling and data were used to inform decision making

In an attempt to assess and track the impact that COVID-19, the oil price crash, and roll-out of government measures were having on Alberta’s economy, macro-economic modelling and analyses were conducted by the Province’s Treasury Board and Finance.¹¹⁶ The concurrent economic crises being faced by Alberta were unique in terms of cause, complexity and pace. In order to maximize applicability and accuracy given the unfolding and complex situation, many of the Province’s economic modelling and analyses tools were adjusted and augmented. In addition, purpose-built analytical tools were created.

In March 2020, the Province developed a detailed industry analysis which assessed the impact that COVID-19 would have on Alberta’s industries. Using a bottom-up approach, the Province gathered employment numbers by industry and analyzed the economic impact COVID-19 would have on Alberta’s industries.

Each industry was categorized as being severely, moderately, low, minimally or positively impacted by COVID-19. The Province also ran several macro-economic impact scenario analyses which were used to assess the degree of the Alberta economy’s decline in terms of GDP and unemployment.

In addition, the Province performed daily, weekly and quarterly updates and tracking of indicators to assess the state of Alberta’s economy. Some of the indicators being regularly tracked included:

- Oil prices and demand;
- Stock market movements;

¹¹⁵Information provided by the Province.

¹¹⁶ Ministry of Jobs, Economy and Innovation was responsible for assessing impact from a micro level perspective and conducting case study analyses for small and medium enterprises. Ministry of Jobs, Economy and Innovation was also involved in considerable stakeholder engagement, performing numerous and industry wide surveys, town halls and virtual conferences.



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- Exchange rates;
- Interest rates;
- Business confidence;
- Alberta private building permits;
- Business bankruptcies;
- Employment and GDP by industry;
- Home sales; and
- Employment Insurance claims.

Economic modelling for Alberta’s Relaunch Strategy also required a purpose-built approach to help identify the priorities, activities, sectors and occupations, and regions the economic response should focus on. The Province’s relaunch modelling was based on six key underlying economic considerations:

- 1) Protect operations of critical economic assets;
- 2) Maintain critical supply chains;
- 3) Minimize disruptions to core industries;
- 4) Prioritize industries, occupations and regions with low infection risk;
- 5) Health and safety/cost of compliance; and
- 6) Clear communication of Relaunch plan.

To inform relaunch strategy, the Province utilized proximity research about physical distancing and contact intensive occupations, which helped determine what mitigations would cause the least amount of economic pain while having and the greatest positive economic effect. Analysis also indicated which industry sectors and occupations were inherently safer or at higher risk.¹¹⁷ This information was included in the framework developed for prioritizing industries and activities for relaunch (this was an approach that was also adopted for New York State’s reopening).

¹¹⁷ St. Louis Fed. *Social Distancing and Contact-Intensive Occupations*. <https://www.stlouisfed.org/on-the-economy/2020/march/social-distancing-contact-intensive-occupations>. Accessed on November 23, 2020



The Province also performed research to understand the social effects and trade-offs of the restrictions. For Alberta’s economic regions, economic and social indicators which are considered timely, leading and relevant are tracked to monitor progress. The economic and social indicators tracked by the Province are outlined in Table 5 below:

Table 5: Economic and Social Indicators Tracked by the Province During COVID-19 Response

Economic Indicators	Social Indicators
Unemployment Rate/Supplementary Unemployment Rate/Employment EI Recipients	Income Support Caseloads
Consumer Confidence	Exploring: Crime by Type
Business Confidence	Exploring: Statistics Canada COVID Impact Survey Data
Retail and Recreation Mobility (Google)	Exploring: Homelessness and Food Bank data
	Potential Future: Suicide Data

Source: Government of Alberta

Due to the constantly evolving nature of the crisis and the large number of dependent variables, all analyses run had limitations and at best could only provide an indication of how the situation was unfolding. The Province used these analyses to determine the biggest issues facing Alberta’s economy and consequently advised the design of specific supports for targeted areas anticipated as hardest hit using available levers.

New avenues for collaboration

To develop and help guide the Province’s economic response, specialty economic response leadership groups were created. These included:

- **Economic Recovery Council:** established in March 2020 to provide insight and expert advice on how to protect jobs during the economic crisis stemming from the COVID-19 pandemic and the collapse in energy prices. The Council also focuses on strategies for long-term recovery from the crisis, including efforts to accelerate diversification of the Alberta economy.
- **The Economic Relaunch Team:** was created in April as a 9-member cross-departmental team and acted as a focal point to formulate Ministry of Jobs, Economy and Innovation’s approach to the Province’s economic relaunch activities. The Economic Relaunch Team officially disbanded on May 15, 2020.

These groups were supported by Alberta Treasury Board and Finance and the Ministry of Jobs, Economy and Innovation. Treasury Board and Finance and the Ministry of Jobs, Economy and Innovation ran the requested analyses, and provided information, advice and guidance for the Council and Economic Relaunch Team to aid in decision making.



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Due to the pace at which the pandemic unfolded, this coordination did not occur as part of a formal, pre-defined structure but was more informal in nature. Previous structures and protocols had not anticipated a crisis of such magnitude and the pace at which decisions would need to be made; as a result, more informal structures were adopted.

An informal structure allowed the response to adapt and react faster – different departments in the Province created new lines of collaboration and coordination, including liaising with Alberta Health to make connections between health and economic factors.



4.5 Engagement and Communications

During any crisis, the speed and effectiveness of the response depends to some extent on how key stakeholders are engaged and communicated with. Provincial coordination of response efforts was essential, and at the same time, the length and complexity of the pandemic response added new challenges and dimensions.

The Province took a lead role in managing communications and keeping the public informed during the first wave, beginning to issue communications about COVID-19 in February 2020. The approach to COVID-19 communications can be summarized as a coordinated effort to “be everywhere that Albertans are”. This was reflected in the use of various channels including:

- CMOH daily briefings;
- A dedicated COVID-19 portal on the Province’s website;
- Digital and social media advertisements; print and radio advertisements;
- A variety of materials such as information resources, fact sheets, and posters on over 30 different topics (downloadable online) and translated into nine different languages; and
- Physical advertisements such as billboards and elevator ads.

The CMOH’s media briefing was selected as the primary instrument to share the broadest messaging, intended to target all Albertans. The Premier and other elected and senior officials also participated in these briefings to announce public policy and to update the public on new aspects of the Provincial response. The Province also reported COVID-19 statistics to the public with Alberta’s COVID-19 web page.

The overarching narrative for the Province’s initial media campaign early in the first wave was *Help Prevent the Spread*. Subsequently, the Province undertook a campaign to include messaging in support of Alberta’s Relaunch Strategy, shifting key messaging to *Help Support a Healthy Relaunch*. The Province also launched a number of sub-campaigns in relation to testing, seniors, mental health and the ABTraceTogether App.¹¹⁸

The Province took a multi-faceted approach to stakeholder engagement during the crisis, as the pandemic response was incredibly complex and touched the lives of all Albertans. Engagement activities evolved over time, and included a wide range of stakeholders and

¹¹⁸ ABTraceTogether App is the Province’s COVID-19 contact tracing application. Released on May 1, Alberta was the first and only province to roll out a provincial contract tracing app, which it continued using through the Review period.



perspectives, as well as targeted communications and two-way discussions with specific groups.

The review of engagement and communications during the first wave included actions the Province took to build awareness and influence behaviour of Albertans, and a qualitative assessment of the Province’s engagement with municipalities, First Nations, and Metis. Other areas, such as internal communications and broader stakeholder engagement, were outside the scope of the current Report.

Limitations

The observations outlined in this section should be understood in the context of limitations on data and engagement. In particular:

- The development of this Report included limited engagement with municipalities (staff from Edmonton and Calgary), municipal associations (Alberta Urban Municipalities Association and the Rural Municipalities Association of Alberta). Other municipal perspectives were not included in the scope of the Review.
- Limited interviews and focus groups were conducted to assess engagement with First Nations and Métis Nation of Alberta. This included a focus group with health directors and staff from a number of First Nations and Métis Nation of Alberta, as well as an interview with the Ministry of Indigenous Relations staff.
- Elected officials were not engaged, including representatives from municipalities as well as First Nations and Métis governments.
- Summary polling data was made available as an input to the Report; however, the raw data was not available for analysis. No evaluations or third-party assessments of the effectiveness of communications were available at the time of the Report.

4.5.1 Observation: Direct engagement of municipalities, First Nations, Metis Settlements, Metis Settlements General Council, and The Métis Nation of Alberta by the Premier, members of Cabinet and the CMOH were well-received during the early response period

During the first six weeks of the Province’s State of Public Health Emergency for the first wave, the Minister of Municipal Affairs regularly hosted virtual town halls for elected municipal officials to share information and answer questions. The Premier, CMOH, and Cabinet Ministers participated as needed to provide these municipal officials with guidance and direction.

Engagements with municipalities resulted in tangible action on behalf of the Province, for example, amending sections of the *Municipal Government Act* to allow municipal Council meetings to occur virtually and informing Provincial action on property tax and utility payment deferrals.



Similarly, the Minister of Indigenous Relations and staff convened regular and frequent town halls with First Nations and Metis Settlement community leaders, including elected officials as well as health directors and Directors of Emergency Management. These engagement sessions, several of which were attended by the Premier, were affirmed as valuable and informative by stakeholders.

Information sharing and engagement with First Nations, Métis Nation of Alberta, Metis Settlements General Council, and Metis Settlements were supported through Alberta Health establishing relationships, communications structures and processes early in the COVID-19 response planning to ensure these communities had relevant and timely information. Examples of these structures include:

- **Meetings Among the Chief Medical Officer of Health, First Nations Chiefs and Métis Presidents:** occurring regularly to share information on public health orders and measures.
- **Treaty 8 Health Directors Meeting on COVID-19:** including Alberta Health, Alberta Indigenous Relations, AHS and Treaty 8 Health Directors. This coordination table was used to address jurisdictional questions related to COVID-19 and ensure adequate resources, such as PPE and tests, were available to Treaty 8 Settlements.
- **Indigenous Health Testing Advisory Group** was established to inform and coordinate the Province’s testing strategy, and resolve emerging challenges related to COVID-19 testing. This advisory group included ongoing engagement with First Nations and Metis Settlements Health Directors.
- AHS provided both daily and weekly **update emails** to First Nations Chiefs, Métis Presidents, Health Directors, and health staff. The advisory group also collaborated with the federal First Nations and Inuit Health Branch (Alberta Region) to ensure consistency of public health messaging to Chiefs.

Overall, participants in this Review reported that sessions with the Premier, Ministers, and/or the CMOH were valuable, informative and appreciated. Municipal stakeholders in particular underscored the value of the Minister of Municipal Affairs bringing Cabinet colleagues and other experts to address issues of the day during town halls. Transcripts of these meetings were also valued as a communication tool.

It was reported by First Nations and Métis Nation of Alberta Health Directors that meetings with both the Minister of Indigenous Relations and with the CMOH were appreciated. It was also suggested that the sessions had an effect not only of informing but also of calming communities during an emergency situation.



4.5.2 Observation: The response to the pandemic involved a departure from typical structures for communications and engagement during an emergency

Scope and scale of communications

The Province has recent crisis communications experience, through emergencies such as the 2013 floods in Southern Alberta and the 2016 Fort McMurray wildfires. However, crisis communications in relation to the first wave of COVID-19 have been distinct from the demands of past emergencies.

Unlike previous crisis situations, the Province needed to connect with Albertans to deliver clear province-wide messaging and encourage specific behaviours, even as simultaneously every other federal, subnational and municipal government affected by COVID-19 were also actively communicating. The Province did not have a ready-made communications plan that was “fit for purpose” for such a large-scale, sustained and Alberta-wide emergency.

The Province’s communications approach during the first wave was cross-governmental with communications content directed by Alberta Health with the support of AHS and other Provincial departments.

Early in the response to the first wave, different communications responsibilities were undertaken by different teams within the Province.

- Alberta Health led and continues to lead the public narrative and the Province’s messaging for the COVID-19 response.
- AHS was responsible for supporting community members and businesses¹¹⁹ to operationalize the direction provided by the CMOH.
- The delineation between the roles and responsibilities of Alberta Health and AHS have reportedly become clearer within each respective organization over the course of the first wave.
- With direction from Alberta Health, the Communications and Public Engagement team¹²⁰ coordinated the development of key messages and communications products to broadcast to the public.
- Communications and Public Engagement also led the coordination of messaging across ministries to ensure consistency and alignment of narratives across the various types of health, economic and social policies being implemented or reinforced.

¹¹⁹ The Province also provided information and resources on implementing health guidance to small and medium businesses, for example through the Biz Connect website.

¹²⁰ Communications and Public Engagement is a central agency within the Ministry of Treasury Board and Finance that leads the Province’s communications.



Based on the expected demands of the pandemic, the Province allocated a communications budget of \$11 million for FY2020-21 (“Fiscal Year” 2020-2021). This budget covered advertising, public opinion research, tele-town halls, and other costs to deliver COVID-19 communications.¹²¹

Structures for information sharing and engagement

Stakeholders readily acknowledged that the first wave of the pandemic was a different emergency than what they and the province had experienced in the past. In part, this is because it was a public health emergency (led by Health, and not by the Alberta Emergency Management Agency) and was province-wide in its impact. The pandemic was also not short-term in nature.

Several municipal stakeholders such as the cities of Edmonton and Calgary noted they had expected that the Provincial Operations Centre would have played a bigger role than it did in disseminating both information and decisions. Coordination calls twice per week with municipalities and key external stakeholders provided the CMOH and other Provincial staff with the opportunity to brief the Directors of Emergency Management in all communities on the most up-to-date changes and health guidelines, as well as to receive feedback from communities. Different perspectives were recorded about the value of engagement with the Provincial Operations Centre during the State of Public Health Emergency in the first wave; it appears overall that different communications channels and different relationships were required, compared with past emergencies.

Several municipal stakeholders noted that, in the absence of regular or formal channels to meet the need for information and support, informal or pre-existing relationships with the Province’s staff have become important avenues for information. It was also suggested that Provincial information and public health structures could have benefitted from more resources in order to address the volume and urgency of questions from local stakeholders. Stakeholders identified many new local or provincial tables and meeting cycles that were created and noted that many new relationships needed to be forged quickly.

A number of stakeholders cited the importance of creating a venue to engage with AHS Zone Medical Officers of Health and Zone Emergency Operations Centre structures. Relationships with these Medical Officers of Health and/or Zone Emergency Operations Centres were highly valued to help interpret and apply Provincial Health Orders in local and operational settings. First Nations stakeholders also suggested that Zone Emergency Operations Centres were valuable sources of information and coordination, however also reported variable experiences in attempting to participate in Zone Emergency Operations Centres in different regions of the Province. While several AHS Zones reportedly permitted

¹²¹ At the time of writing this Report it is not known what the Province’s cost of communications activities were for the first wave of the COVID-19 pandemic.



First Nations health organizations to participate in Zone Emergency Operations Centre meetings, others reported being excluded from Zone Emergency Operations Centre processes altogether.¹²²

Biz Connect

Implementation of public health orders involved a complexity of issues and queries relating to all forms of business and industry in Alberta. As the first stage of the Relaunch Strategy approached, the Province established Alberta Biz Connect as the clearinghouse for these issues. Biz Connect served as a central repository for COVID-19 related guidance documents for employers and employees. Businesses also used Biz Connect to submit questions and clarification to the Province for relaunch and complying with health orders.

The Biz Connect page was launched on the alberta.ca website on May 11, 2020 as a resource to give businesses more clarity on health and safety guidance for Stage 1 re-opening. Planning documents to prepare businesses in specific industries for the Stage 1 Relaunch were posted for day camps, daycare and out-of-school care, hair salons and barbershops, museums and art galleries, outdoor recreation, places of worship, restaurants and retail. The web page also provided access to financial supports available and FAQs.

The Ministry of Jobs, Economy and Innovation used the Alberta Biz Connect web page to engage and communicate with businesses, beginning ahead of the first Relaunch phase and continuing thereafter.

Collaboration to address COVID-19 risks related to homelessness

Homeless populations represented a substantial risk for community transmission, in particular because of transience, poor access to healthcare, health status, inability to isolate at home, and close quarters of available shelter spaces, which do not allow for one-metre distancing. Addressing this risk required extensive engagement and collaboration between the Province, municipal and local partners.¹²³ Existing tables and relationships had to be expanded and adapted considerably.

The Ministry of Community and Social Services took the lead with guidance from Alberta Health and AHS in working with municipalities and community organizations to address shelter, health and wellness challenges related to populations experiencing homelessness during the State of Public Health Emergency. Immediate challenges included how to open expanded shelter sites to meet physical distancing requirements, open isolation centres,

¹²² Data was not available to assess the level of First Nations participation in Zone Emergency Operations Centres.

¹²³ The Province has conducted an evaluation of efforts to address shelter and service needs of homeless populations during the response. This evaluation was not available at time of writing this Report. Also unavailable are figures that specify rates of transmission, morbidity or mortality within these populations.



and make adjustments to service delivery in light of COVID-19 protocols. AHS authored Shelter Guidelines to guide these efforts in consultation with Provincial and community partners.

When new facility spaces were required, the Province also engaged the City of Edmonton and City of Calgary to coordinate access to convention centres, in large part to act as temporary shelters for persons experiencing homelessness. Services onsite were delivered by community organizations, and AHS provided support to isolation centres.

New community spaces were opened through the combination of provincial funding, agreements, and partnerships. Several outbreaks of cases within sheltered and unsheltered homeless populations were managed through a combination of AHS, community agency and in some cases municipal actors working together.

There were also some challenges that these new collaborations needed to overcome. Stakeholders identified lack of clarity around roles as a challenge in building and working through local partnerships. This included challenges reported in bringing multiple partners and perspectives together quickly and efficiently to address the scope of the challenge, especially in the complex urban environments of Edmonton and Calgary. Also, the combination of provincial, municipal, and community actors reportedly created difficulties in securing facility space in some cases. With multiple parties involved in the negotiation process, it was suggested that opportunities to secure certain facilities for shelter and for isolation were lost.

4.5.3 Observation: There were improvements made in opportunities to engage and share information over the course of the response to the first wave

Communicating and implementing health orders

The first wave demonstrated elevated expectations for communication and even potential gaps. Urgent information needs ranged from basic information about COVID-19, emergency responsibilities and powers for municipalities, and what measures would be taken to protect the health of Albertans.

A particular challenge reported was the speed of health orders and implementation requirements – for larger urban centres, for example, orders to close certain spaces triggered a myriad of complex operational, labour, communications, and public health issues. It was also reported by stakeholders from the Cities of Edmonton and Calgary (engaged through this review) that a lack of advance knowledge of what the Province was planning or investigating led them to expend unnecessary effort locally on policy areas that were subsequently addressed by provincial orders.

A number of improvements were noted, some of which were directly connected to feedback from stakeholders. Interviewees referenced the following changes as examples of improvement:



- Municipalities sometimes receive more advance notice or more time to implement significant health orders and direction. The Province aims to provide notice for municipalities to plan for implementation before a major shift is made – though at times the urgency of decision making does not permit advance notice.
- Health orders and Ministerial Orders began to be shared and tagged online using the Province’s open data platform. Stakeholders reported delays of multiple days between when orders were announced at media briefings and when the order was published online in text.
- Regular meetings with Municipal Affairs created a vital point of liaison between municipalities and government Ministries. Municipal associations also provided a valuable conduit for feedback and coordination among the many municipal bodies during this process. These meetings were supplemented by weekly email communication to municipalities from March through July 2020.
- Information sharing between municipalities has increased, allowing them to leverage work and good ideas across the Province through both new and existing venues for municipal collaboration.
- Alberta Health reported that it provides advance notice to the Chief Administrative Officer of a municipality about to be escalated to “Watch” status for the first time.
- Some informal touchpoints between municipal administration and the Province have been developed, allowing for additional information sharing and communication.
- Smaller municipalities have begun to be included in more regional conversations.

Monitoring impact

The public communications landscape during the pandemic has been complex. The volume of information, the sustained time period, and simultaneous messaging from a variety of credible and non-credible sources have required the Province to conduct ongoing assessments of its communications to public audiences. This role was undertaken by the Communications and Public Engagement team to monitor impact of communications and to assess whether the Province’s messaging was effectively reaching people, and if necessary, alter its communications approach.

The Province administered daily surveys for 15 weeks between March and June 2020, targeted to reach a representative sample of at least 100 respondents per day. Results indicated that public confidence in the Province’s response increased over this period.¹²⁴

The Province also undertook monthly public polling through the web and telephone. Assessments were focused on understanding whether Albertans were receiving the

¹²⁴ Information provided by the Province.



information they needed, and their current levels of concern over the COVID-19 pandemic. Between April and June 2020, between 80% and 87% of respondents to the public polling indicated that they felt the Province was doing a “good” or “very good” job responding to the COVID-19 pandemic.¹²⁵

The Province used a range of metrics to track digital engagement. As Albertans looked to the Province as a credible source of information, web traffic on the Province’s website more than tripled during the first wave, with the sharpest increases observed in March and April 2020.

Across Facebook, Instagram, LinkedIn and Twitter, the Province recorded over 30 million views in March alone, with May nearly reaching 40 million.¹²⁶ Engagement across all of the Government of Alberta’s social media platforms peaked in March, reaching nearly 4 million engaged in that month.¹²⁷

In specific communities where large COVID-19 outbreaks were occurring, the Province undertook specific analysis to measure the impact and uptake of COVID-19 communications in these areas. For example, demographic analysis completed by the Health Emergency Operation Centre identified that some outbreaks were occurring in specific cultural communities in the Edmonton and Calgary zones. In response to these findings, Communications and Public Engagement translated guidance documents and engaged community leaders to enable public health messaging to reach these affected communities.

4.5.4 **Observation: Municipalities engaged in this Review reported a lack of engagement as active partners in the response to the first wave**

Implementation of public health orders required effort and adaptation from municipalities, particularly in larger urban centres where the range of public spaces and municipal services is wider. Interviewees from the City of Edmonton and City of Calgary suggested that there were a number of ways in which municipalities could have been engaged as more active partners in the response.

Communication is one area identified by these stakeholders as having more potential for collaboration to greater effect. Municipalities themselves are often the first point of contact for residents with questions about implementation of health orders in businesses and community settings. Staff from the City of Edmonton and City of Calgary reported an experience of responding to citizen inquiries after a provincial Order had been issued without any information except what had been released in the media. In addition, these stakeholders noted challenges in accessing information or advice to help address the large volume of questions and operational issues raised by local businesses and community

¹²⁵ Information provided by the Province.

¹²⁶ Information provided by the Province.

¹²⁷ Information provided by the Province.



members. For example, municipal staff reported that they submitted inquiries via Biz Connect like any other Albertan, and that the speed of this process did not meet their needs in working with their stakeholders.

Stakeholders also identified opportunities for greater involvement in planning tables. The cities of Edmonton and Calgary pointed to examples of municipalities self-organizing and creating collaboration tables in order to address issues that were not just local but regional in scale. It was also suggested that provincial recovery planning has not involved input from municipalities. Municipalities were asked to submit potential “shovel ready” projects for funding and for specific advice on potential stimulus funding programs when they had not been consulted at the earlier stages of planning. At the same time, it was suggested that delays between this recovery planning engagement and rollout of supports has meant missed opportunities in the 2020 construction season at the municipal level.

Stakeholders from the City of Edmonton and City of Calgary suggested that they had offered resources and support to the Province that could have strengthened the engagement and communications response to the first wave. Resources cited by staff that could have been utilized more actively in the provincial response effort included:

- Engaging local business stakeholders to assist in communicating Alberta’s needs to the federal government;
- Tapping substantial local communication networks to ensure that diverse local communities receive communications and have their needs addressed through response efforts;
- Amplifying and broadcasting provincial messaging – for example via the communications networks and joint information centre infrastructure administered by the Calgary Emergency Management Agency;
- Providing operational or frontline feedback to help inform health measures and better tailoring of messaging for local contexts;
- Analysis and communication of data;
- Medium-term planning for potential health and economic measures; and
- Ensuring enforcement efforts are aligned with public health messaging and needs.



Recommendation 5

Work closely and collaboratively with municipalities to communicate and implement pandemic response measures.

The Review to date has identified numerous instances where close communication between municipalities, the Province, and/or AHS has been required. Examples were identified of positive, productive collaborations – and also of opportunities missed.

Larger municipalities are already contributing significant resources and support to the implementation of provincial measures – as well as to addressing local circumstances and community needs. This work could be more effective, efficient and better aligned through closer collaboration and increased two-way communication.

4.5.5 Observation: First Nations Health Directors engaged in this Review reported examples of adaptability as well as gaps in information sharing that impacted local response efforts during the first wave

Engagement with First Nations helped shape a number of innovations that augmented the Province’s response. Examples include:

- **Data sharing:** First Nations asked for AHS to develop and provide access to dashboards of COVID-19 data specific to their respective Nations. Dashboards with First Nations data were created and made available.¹²⁸ Alberta is the only jurisdiction in Canada that maintains a public COVID-19 dashboard specific to First Nations Peoples in that jurisdiction.
- **Contact tracing:** Contact tracing can present challenges on reserve, both due to people moving on and off, as well as how residency is tracked. For instance, Health Directors suggested that First Nations membership lists are often out of date when it comes to names and contact information for people currently living in the community. Health Directors related that First Nations in some cases took the lead to fill in gaps in order to facilitate contact tracing. For example, one Treaty Six Nation created an updated Residency List and used it for tracing efforts in collaboration with healthcare staff.
- **Coordination of services on and off reserve:** One First Nation pursued a Memorandum of Understanding with the surrounding school division in order to extend access to services and testing sites on reserve.

¹²⁸ This dashboard can be found on the Alberta First Nations Information Governance Centre website. Link: <http://www.afnigc.ca/main/index.php?id=home>. Accessed January 9.



- **Information and service access to First Nation members living outside of reserves:** First Nations often worked with members both on and off reserve to support them in accessing COVID-19 information and services. For example, First Nations would reach out to make direct personal connections to members living in other communities, and work to connect them with services either on reserve or where they were living.
- **Cross-organizational collaboration:** Health Directors cited several examples of collaborating successfully with multiple health services, police services and municipal partners in order to address issues of members who were unwilling or unable to comply with isolation requirements.

Challenges with communication and information sharing were also identified by Health Directors. Interviewees reported mixed messages or confusion locally about testing, contact tracing and isolation. Not all community health organizations were receiving information updates from AHS via the same channels (for example an email bulletin was used but some were not receiving it). Local health organizations also found themselves fighting misinformation on a regular basis.

Information sharing between adjacent communities was cited as an issue in some instances as well. For instance, when COVID-19 cases were reported in municipal districts that contain First Nations, residents sometimes could not distinguish whether or not the positive cases were people living on reserve. Health Directors also reported experiences in which First Nations peoples were turned away from health services off-reserve because it was known funding had been provided for on-reserve services.

First Nations stakeholders suggested that due to privacy legislation, AHS is unable to notify First Nations communities when members test positive, move between communities, or are experiencing challenges with isolation. Examples were cited of communities being unaware of members who had tested positive and attended local gatherings.



4.6 Procurement and PPE

With the onset of the pandemic, acquiring and distributing PPE became a major focus around the world in order to minimize the spread of the virus. The procurement and distribution of PPE continues to be a global challenge.¹²⁹ The majority of the world’s PPE is manufactured in China. A combination of China’s domestic response to COVID-19, export restrictions, and an exponential growth in global demand for PPE have resulted in supply chain challenges worldwide experienced throughout the period of review.¹³⁰

In Alberta, the Province enacted multiple approaches to enable timely access to medical equipment, supplies, and PPE for healthcare and essential workers in non-healthcare settings. As the single health authority in Alberta, AHS owns and maintains the healthcare PPE stockpile in Alberta, which was developed over time.

In 2007, Alberta Health provided a \$30 million grant to the nine former Regional Health Authorities to purchase and stockpile supplies and equipment to prepare for an influenza pandemic. After the 2009 H1N1 influenza pandemic, it was determined that a portion of the grant that had not been spent would be used by the newly formed AHS to increase the Provincial health system stockpile.

Between January 2012 and March 2016, with \$8 million left from the grant, AHS procured equipment and supplies to augment the existing stockpiles for future pandemic preparedness.

Limitations

The observations including in this section should be understood in the context of limitations on data and engagement available. The Review process to date did not include extensive data collection or analysis on the role of procurement and PPE in the Province’s response. In addition, limited interviews were conducted focused on procurement or PPE.

Factual information in this section about the Provincial response related to procurement and PPE was provided by the Province and not independently verified by KPMG.

¹²⁹ Tanya Burki. *Global Shortage of Personal Protective Equipment*. National Centre for Biotechnology Information. [Global shortage of personal protective equipment \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/33011111/) Accessed October 2020

¹³⁰ Tanya Burki. *Global Shortage of Personal Protective Equipment*. National Centre for Biotechnology Information. [Global shortage of personal protective equipment \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/33011111/) Accessed October 2020



4.6.1 Observation: The Province’s response to PPE supply demonstrated adaptability and successes during the first wave

Scaling up supply

Almost all jurisdictions have struggled to source not only sufficient amounts, but also specific types of PPE. The Province’s experience has been positive when compared to challenges and shortages experienced in other jurisdictions. The Province increased purchases of PPE as early as December 2019 in order to augment existing health system stockpiles. Stakeholders related that a key factor in securing supplies was the consolidation of purchasing through AHS for health system PPE.

Centralized coordination of procurement allowed AHS to move quickly to secure supply chain connections through greater purchasing power and direct sourcing with global manufacturers. Other jurisdictions have also recognized the advantages of a consolidated approach. For example, by the end of March 2020, the German Federal Health Ministry established a central procurement function for all healthcare and allied healthcare PPE, and set prices for PPE equipment to avoid price gouging.¹³¹

AHS began working with its existing suppliers to increase orders two to three times greater than typical monthly orders. AHS used organizations with access to inspection agencies in the countries manufacturing PPE in China and Turkey. All PPE and medical supplies underwent a verification process, which included:

- Identifying manufacturers with capacity to provide products to Alberta.
- Obtaining samples and documentation on the standards the products must meet, including third-party verification.
- Confirming a process for doing regular checks daily during production to monitor quality.
- Post-manufacturing and prior to shipment, a broker would obtain customs clearance and ship products either by charter or commercial flight or via sea.

By June 23, 2020, AHS had purchased over \$500 million worth of PPE and medical supplies to supply Alberta’s healthcare system and build up inventory. In addition, local production was engaged. The Bits and Pieces Program (described in section 4.4.5, above) allowed businesses to provide PPE and medical supplies. For example, over 100,000 bottles of hand sanitizer were produced locally, and AHS received 200 emergency ventilators from a Calgary-based company, Exergy Solutions.

¹³¹ DW. *Coronavirus: Germany to centralize supply chains, set prices on masks, protective gear.* [Coronavirus: Germany to centralize supply chains, set prices on masks, protective gear | News | DW | 30.03.2020](https://www.dw.com/en/coronavirus-germany-to-centralize-supply-chains-set-prices-on-masks-protective-gear/news/a-548444). Accessed October 2020.



A number of other jurisdictions worked to generate local supplies of PPE in order to address global supply chain challenges. For example, Scotland bolstered its PPE supply chain and provided sufficient PPE supplies to frontline staff through the selection of a local manufacturer for 232 million surgical masks and two million visors.¹³² Prior to this, Scottish PPE supplies were manufactured outside of Scotland.

PPE Demand and Usage Forecasting

Interviewees noted that procurement needs were estimated through modelling that was based on likely public health scenarios. These efforts were then supported by rapid development of custom digital tools for ordering and tracking PPE.

Alberta Health worked with a consultant to create a PPE dashboard that summarized inventories and allowed for forecasting to support maintaining adequate supply. The dashboard, which was transitioned to AHS for ongoing use, included inventories of procedure masks, N95 masks, face shields, gloves, gowns and goggles, as well as swabs and testing reagents for laboratories. The dashboard and forecasting approach incorporated the following dimensions:

- Daily usage (or burn) rates of each type of PPE.
- The usage rates consider the different rates that different care settings use PPE, such as emergency departments or urgent care centres.
- Modelling of the total number of PPE changes required per person per day, based on the number of patients that access each type of service.
- Variables for demand, including modelling of the number of people testing positive for COVID-19, the number of hospitalizations, and the number of patients in Intensive Care Units.
- PPE requests by non-AHS healthcare facilities, essential businesses, non-profit organizations and industries.
- Timing and quantities of PPE and medical supplies on order from manufacturers.

Donation to other Canadian Provinces

COVID-19 scenario modelling provided a detailed snapshot of how many days PPE and medical supplies stockpiles would last under different scenarios. Informed by this modelling, the Province determined that there was a surplus of PPE in April 2020, and AHS donated 750,000 N95 masks, 4.5 million procedural masks, 30 million gloves, 87,000 goggles and 50 ventilators to Ontario, Quebec and British Columbia.

¹³² Health Europe. *NHS Scotland £53m vital PPE deal to create 200 jobs*. [NHS Scotland £53m vital PPE deal to create 200 jobs \(health-europe.eu\)](https://www.health-europe.eu/en/news/nhs-scotland-53m-vital-ppe-deal-to-create-200-jobs). Accessed October 2020



4.6.2 Observation: The Province successfully distributed 40 million non-medical masks as part of the response

Distribution to Albertans

In support of the Relaunch Strategy, the Province broadly distributed non-medical masks to Albertans, free of charge. A number of channels were leveraged in distribution, including the following:

- Partnerships with restaurant chains A&W, McDonalds Canada and Tim Hortons, which distributed masks at drive-throughs. At no cost to the Province, these businesses transported, packaged and distributed the masks. It was determined that 95% of Albertans lived within 10 kilometers of one of these locations.
- Distribution partnerships with cities, school boards, province-wide transit service operators, and other organizations (such as food banks, places of worship, libraries, etc.) were deployed in order to distribute masks locally.
- Masks were sent to homeless shelters, women’s shelters, addiction treatment centres, and seniors’ centres.
- The Province supplied an increased number of masks to communities experiencing outbreaks.
- The Province also provided masks by mail based on requests received through 211, where appropriate to do so. This required support from Service Alberta in creating an online request form and leveraging its mail infrastructure.
- Masks were sent to all First Nations, Metis Settlements, and the Métis Nation of Alberta for distribution to their members.

In total, this Program delivered 40 million non-medical masks to Albertans in June and July 2020. No other province in Canada embarked on a similar program.

Distribution to health and non-health facilities

AHS has a large supply chain system to distribute PPE and medical supplies across the province to its 850 facilities, including hospitals, clinics, AHS-owned Continuing Care facilities, cancer centres, mental health facilities, and community health sites. In March, AHS began distributing PPE and medical supplies from its stockpile to non-AHS facilities and services including shelters, peace officers, fire departments, corrections and courts, water, sanitation and electrical workers, and the food preparation industry.

AHS, Alberta Health and Alberta Municipal Affairs (including the Provincial Operations Centre) worked together to supply PPE to approximately 1,750 different organizations between March and June 2020, including:

- Continuing Care, Supportive Living, Home Care sites and seniors' lodges;



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- Non-profit organizations (Social and community support organizations), shelters and vulnerable Sector services;
- Other essential service providers (Airports, Corrections facilities, etc.);
- Primary Care Networks and Community Primary Care Physician offices;
- First Nations, Metis Settlements, and the Métis Nation of Alberta;
- Clinical support services (DI, Radiology, EMS, midwifery, etc.);
- Physician Specialists (obstetricians, gynecologists, ophthalmologists, pediatricians, chartered surgical facilities, etc.); and
- Municipalities and municipal services (e.g., transit services).

The Province supplied PPE to many health and non-health sectors from March to July 2020. A fee (market price) was charged on requests for PPE from health and non-health organizations from May 25 to June 30, 2020. On July 1, many organizations such as childcare providers, community-based healthcare providers, and transportation companies (e.g., trucking companies) were transitioned back to market suppliers for PPE as summarized below.

Through the Provincial Operations Centre, First Nations communities were able to continue accessing PPE for a fee until August 31, in coordination with supports from the Federal Government.



Table 5: PPE Procurement Source as of July 1, 2020

Supplied by the Province	Partially Supplied by the Province	Supplied by Industry
— Hospitals	— Morticians (N95 masks for embalming)	— Childcare providers (day cares, day homes)
— Continuing Care	— Dental services (N95 masks for emergency)	— Private community-based health service providers (diagnostic imaging clinics, primary care physicians, physiotherapy clinics, optometry clinics, etc.)
— Shelters	— Water and wastewater services	— Private home care and congregate care organizations for services not publicly funded
— Home care		— Food services (meat packing, food banks, etc.)
— Pharmacists for COVID -19 screening/ testing (asymptomatic testing at pharmacies ran from July 30 to October 20)		— Transportation (trucking companies, etc.)
— Mental health housing		— Non-governmental organizations
— Emergency services (Police, fire, and EMS)		— Oil and gas services
— Midwives		— Utilities
		— General municipal needs
		— Metis Settlements
		— First Nations (as of August 31)

As demonstrated above, the response involved shifts in the sources of PPE for different organizations. In addition, there were different parties within the Province with responsibilities for coordination and distribution of PPE.

One notable shift that occurred was when responsibilities related to PPE overseen by the Provincial Operations Centre during the State of Public Health emergency transitioned to the Provincial Response Planning Team. Stakeholders suggested that there were challenges experienced by some organizations in requesting and receiving PPE from the Province. For example, it was suggested that challenges were experienced in providing PPE to shelters during the early part of the response.



4.7 Governance and Decision Making

Emergency preparedness requires formal and established response structures to be in place. Clear governance structures, including the singular assignment of responsibilities and accountabilities which have been defined ahead of an emergency event, are critical to support an effective and coordinated response to emergencies by governments.

The World Health Organization advocates for allocating specific responsibilities and accountabilities for emergency operations and endorses the Incident Command System for emergency management.¹³³ This system is used in Alberta and across a variety of jurisdictions, with leading practice being the establishment of a single Incident Command System structure across an organization.

Delineating responsibilities and accountabilities, along with the development of a formal response structure, was identified as a core competency in an assessment of public health emergency preparedness for European Union Member States, completed by the European Centre for Disease Control.¹³⁴ The World Health Organization also has endorsed the role of health emergency operating centres in coordinating public health responses.¹³⁵

The Province’s decision making and coordination structures are summarized in Section 3.2 of this Report, and outlined in more detail within Appendix C, including some information on the Incident Command System in place. Within this structure, the Province’s CMOH has authority to give directions to AHS, medical officers of health and executive officers in the exercise of their powers and the carrying out of their responsibilities under the *Public Health Act*. In British Columbia and Quebec, legislation empowers the CMOH to mandate such things like protective coverings and vaccines.¹³⁶

The Review process to date did not include extensive data collection on governance and decision making.

¹³³ World Health Organization. Emergency Response Framework; Second Edition. <https://apps.who.int/iris/bitstream/handle/10665/258604/9789241512299-eng.pdf;jsessionid=DA15FDB105D68BB93B12D2D86C67E56E?sequence=1> Accessed November 2020

¹³⁴ European Centre for Disease Prevention and Control. *Public Health Emergency Preparedness*. <https://www.ecdc.europa.eu/sites/portal/files/documents/public-health-emergency-preparedness-core-competencies-eu-member-states.pdf> Accessed November 2020

¹³⁵ World Health Organization. COVID-19 Strategic Preparedness and Response Plan: Operational Planning Guidelines to Support Country Preparedness and Response. <https://www.who.int/publications/i/item/draft-operational-planning-guidance-for-un-country-teams-May-22>, 2020. Accessed December 15, 2020.

¹³⁶ National Collaborating Centre for Healthy Public Policy. *Structural Profile of Public Health in Canada* http://www.ncchpp.ca/710/Structural_Profile_of_Public_Health_in_Canada.cnpps.2018. Accessed on September 15, 2020



Limitations

The observations outlined in this section should be understood in the context of limitations on data and engagement available. In particular:

- These observations rely to a considerable extent on the inputs of the Province’s senior leadership. Their feedback has not been balanced with other diverse perspectives on decision making during the response.
- The Review did not include a detailed assessment of the Province’s execution of the Incident Command System within the response structure.
- No engagement was completed with elected officials.

4.7.1 Observation: The Province established a new formal response structure to manage decisions and enable a coordinated provincial response

When faced with the onset of the pandemic, the Province established a formal response structure to manage decisions and enable a coordinated provincial response. This structure drew on the Province’s existing emergency management systems in place, while also adding new features for the response to this emergency.

Several key elements of the Province’s COVID-19 response structure were pre-defined through planning and previously enacted legislation. In particular, the Provincial Operations Centre is well-established as a hub for province-wide coordination during an emergency. The role of the Alberta Health’s Health Emergency Operations Centre was similarly clear in advance in leading the response to a public health emergency.

Both of these bodies have clear roles within Alberta’s Incident Command System structure during an emergency, and both are also consistent with leading practice – for instance, the World Health Organization has endorsed the Incident Command System for emergency management as well as the role of Emergency Operations Centres in coordinating public health responses.¹³⁷

Several structures were created for the response to the pandemic. For instance, the Emergency Management Cabinet Committee was an important venue to set policy and make decisions rapidly. Stakeholders suggested that the Emergency Management Cabinet Committee operated efficiently and effectively in this role. In addition, the Province created a Pandemic Response Planning Team to address cross-government planning needs.

As the State of Public Health Emergency in the first wave ended, emergency structures began to wind down. In particular, the Emergency Management Cabinet Committee and

¹³⁷ World Health Organization. 2017. *Emergency response framework – 2nd edition*. Geneva.



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Pandemic Response Planning Team were disbanded. The Provincial Operations Centre’s level of activation was decreased, and ongoing COVID-19 response responsibilities were transferred. Notably, however, other emergency structures continued. In particular, the ongoing pandemic response continued to be directed through Alberta Health’s Health Emergency Operations Centre, which continued to work with the Emergency Coordination Centre in AHS. The Priorities Implementation Cabinet Committee took on the policy decision making role previously fulfilled by the Emergency Management Cabinet Committee. Other provinces also implemented changes in their structures, as the need continued for coordination of response and stabilization efforts outside of declared states of emergency and past the first wave.

Stakeholders who had experience with past emergencies noted that the nature of this crisis as well as Alberta Health as the lead under legislation, required different paths for decision making than in past emergencies (i.e. localized disasters such as fires and floods).



5 Implementation and Change Management

As the Province contemplates the limited recommendations made within this Report, the following section outlines some additional advice for consideration. It should be noted however, that implementation and change management implications of recommended actions could not be fully explored within the scope of available information and engagement.

Overall, it will be important for the Province to remain oriented to **learning and adaptation** as the course of the pandemic unfolds. The COVID-19 crisis has been without precedent, requiring the Province to rapidly deploy and adjust its responses to address a large array of circumstances and effects.

Leading practices do not exist yet, and this Review has underscored the need to continually monitor emerging evidence, the impact of measures taken, and the changing circumstances. In particular, the Province could benefit from continued efforts to:

- Review, refine, and communicate key health system and economic indicators;
- Stay abreast of response measures implemented in other jurisdictions and emerging data about effectiveness; and
- Engage diverse stakeholder perspectives about what is working, challenges being experienced, and what changes might be needed to adapt the provincial response.

A more comprehensive review should be conducted in the future once the demands of the pandemic response itself permit the kind of focused effort and engagement required. Alberta was the first jurisdiction in Canada to embark on an independent third-party review of its response, demonstrating an appetite to learn and improve even as the pandemic itself continued to unfold. A future review will face a number of specific challenges that differentiate it from past reviews following emergencies, including the following:

- Timing of the review may have to balance recency of information with the unique challenges of conducting a review while the pandemic itself is still underway in some form.
- Evidence will continue to grow and change rapidly, leading to challenges in assessing true impact or effectiveness of responses implemented here or elsewhere. Direct engagement with other jurisdictions may be required to permit informed comparisons, in the absence of clear benchmarks or best practices.
- Interactions between the impacts of economic and health measures are particularly challenging to assess in reviewing pandemic response efforts, given the limited global pool of available research and evidence.
- Experiences in an emergency or crisis are often shaped by later experience. This effect may be exacerbated due to the length of the COVID-19 pandemic.



Recommendations to improve the Province’s Continuing Care response, economic response, and engagement and communications **can begin immediately**, in the context of the following implementation considerations:

- The course of the pandemic continues to evolve, with cases and hospitalizations rising in Alberta at time of the Report. The Province should monitor and assess the viability of recommended actions in the context of the changing situation.
- At time of the Report, a second State of Public Health Emergency has been enacted. Interviewees suggested that the first wave’s State of Public Health Emergency made possible greater flexibility in deploying healthcare staff from across the health system to support Alberta’s Continuing Care system as required. A detailed assessment of these measures has not been completed; however, the Province could leverage what was learned during the first wave, and consider how staffing capacity and backfill can be addressed both during and after the State of Public Health Emergency.

Staff capacity and emergency response structures were important in executing the Province’s response during the first wave. Due to the prolonged and fluid nature of the crisis, the Province will have to continue to **monitor what staffing, expertise, and structures are required** to manage the response effectively. This includes monitoring the COVID-19 and non-COVID-19-related impacts of the pandemic on the workforce, not only in the healthcare system but in government administration as well.

Finally, **clear communication** will continue to be an essential consideration as the Province continues to navigate its response to the pandemic, work toward administration of vaccines, and plan for recovery. The Province will need to proactively communicate across a complex public and stakeholder landscape, monitor the effectiveness of communications, and adapt its approach in real time.



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Appendices



A Stakeholder Engagement Approach

For this Report, 77 stakeholders from the Province and its partners, municipalities, Continuing Care Associations, First Nations, and Métis Nation of Alberta provided input. All stakeholders were approved by the Province. Engagement was conducted virtually through phone interviews and teleconference sessions, between September and November 2020.

A.1.1 Stakeholders Internal to the Province

- **Alberta Health.** Key representatives from the Department of Health and executive leadership within the department.
- **Government of Alberta Departments and Agencies.** Several Deputy Ministers and key representatives across 14 Departments of the Province, and key agencies, including the Alberta Emergency Management Agency.
- **Provincial Operations Centre.** Provincial Operations Centre leadership and Departmental representatives that were involved in the coordination of the cross-government response, and provided support to local/municipal governments as needed.
- **AHS.** AHS leadership and representatives from department units involved in the coordination and delivery of the health system response.

A.1.2 External Partners

- **Municipalities.** Including senior administrative officials from the Cities of Edmonton and Calgary.
- **Municipal Associations.** Including staff from the Alberta Urban Municipalities Association and Rural Municipalities Association of Alberta.
- **Continuing Care Associations.** Including staff from the Alberta Continuing Care Association, Seniors Housing Society of Alberta, Christian Health Association of Alberta, and Alberta Seniors and Community Housing Association.
- **First Nations and Métis.** Sample of Health Directors from First Nations and Métis Nation of Alberta.



B COVID-19 Orders and Legislation

B.1.1 Bills and legislation:

- **Bill 9** – *Emergency Management Amendment Act, 2020*
- **Bill 10** – *Public Health (Emergency Powers) Amendment Act, 2020*
- **Bill 11** – *Tenancies Statutes (Emergency Provisions) Amendment Act, 2020*
- **Bill 12** – *Liability Management Statutes Amendment Act, 2020*

B.1.2 Orders in council:

- **O.C 80/2020** (Health) – declaring a State of Public Health Emergency
- **O.C 64/2020** (Labour and Immigration) – changes to leave from work requirements due to COVID-19
- **O.C 99/2020** (Municipal Affairs) – municipal council meeting changes so as to avoid exposing persons to COVID-19

B.1.3 Ministerial Orders:

Community and social services

- **Ministerial Order no. 16/2020** (Income Support) and **Ministerial Order no. 17/2020** (AISH) (Community and Social Services) – allows Income Support and Assured Income for Severely Handicapped recipients who have lost work and income because of COVID-19 to exempt a portion of the federal government's CERB, if they receive it. This means a portion of the CERB payment will not affect their provincial benefits (April 23, 2020).

Employment standards and codes

- **Ministerial Order no. 18/2020** (Labour and Immigration) – temporarily changes certain employment standards rules to help employers and employees adjust to rapidly-changing workplace conditions due to COVID-19, including a new job-protected leave for employees, scheduling flexibility, group termination notice requirements and a streamlined approval process for modifying employment standards rules (April 6, 2020).
 - Modification: **Ministerial Order no. 27/2020** (Labour and Immigration) – modifies clause 10 of **Ministerial Order no. 18/2020** (May 12, 2020)
- **Ministerial Order no. 26/2020** (Labour and Immigration) – in respect of the Labour Relations Code and Employment Standards Code, this order applies to employers at a healthcare facility described in **CMOH Order 10-2020**, issued under section 29 of the *Public Health Act*, related to a) work for more than one employer; or b) work at more than one worksite (April 24, 2020).



- Note: this Ministerial Order repeals and replaces **Ministerial Order no. 22/2020**
- **Ministerial Order no. 21/2020** (Labour and Immigration) – modifies section 246 of the Occupational Health and Safety Code to add additional respiratory protective equipment as approved for required use at a work site (May 3, 2020).
- **Ministerial Order no. TCS:003/20** (Temporary Health Facilities) – allows the Minister of Municipal Affairs, by order, to modify or suspend temporary facility requirements during a declared emergency and for up to 60 days following the termination of a declared emergency. This order provides flexibility to implement measures and alternative solutions for the administration, control or enforcement of any process or activity under the *Safety Codes Act*. This order also brings all temporary facilities established to respond to the COVID-19 pandemic into compliance with the *Safety Codes Act*.

Municipalities

- **Ministerial Order no. MAG:014/20** (Tax and Assessments) – extended deadlines included in the *Municipal Government Act* for municipal assessments and taxes, which provided municipalities greater flexibility to meet the needs of their local community COVID-19 pandemic response.
- **Ministerial Order no. MSD:057/20** (Tax Agreement Extension) – provided the Town of Fairview with the ability to extend the tax agreement to give leniency for the property owner due to extreme economic pressures caused by COVID-19. This provided the municipality with enhanced flexibility to meet the needs of their local community COVID-19 pandemic response.
- **Ministerial Orders no. MSD:086/20, MSD:089/20, and MSD:090/20** (Financial Information Return Extension) – provided additional time for the Town of Drumheller (086/20), Village of Elnora (089/20), Village of Munson (090/20), Town of Thorsby (090/20) and City of Wetaskiwin (090/20) to complete 2019 financial statements.
- **Ministerial Order no. MAG:026/20** (Governance and Planning) – extended deadlines included in the *Municipal Government Act* for municipal governance and planning submissions, which provided municipalities additional time for stakeholders to meet the deadlines under the *MGA* and to meet the needs of their local community COVID-19 pandemic response.
- **Ministerial Order no. MSD:061/20** (Growth Plan Amendment) – provided time extension for member municipalities of the Edmonton Metropolitan Region to bring their municipal development plans (MDPs) into compliance with the Edmonton Metropolitan Region Growth Plan.
- **Ministerial Order no. MSD:075/20** (Growth Plan Extension) - provided time extension for member municipalities of the Calgary Metropolitan Region to submit a Calgary Metropolitan Region Growth and Servicing Plan.



- **Ministerial Orders no. MAG:013/20, MAG:016/20, MAG:018/20 MAG:022/20** (Municipal Assessments) – provided additional time for the City of Medicine Hat (013/20 and 022/20), City of Calgary (018/20) and Lac Ste. Anne County to complete, submit, file complaints or review complaints filed against municipal property assessments.
- **Ministerial Order no. MSD:026/20, MSD:035/20, MSD:045/20, MSD:048/20, MSD:063/20, MSD:074/20, MSD:085/20, MSD:099/20 and MSD:106/20** (Property Tax Recovery Auction) – provided additional flexibility to delay property tax recovery auction, to remain compliant with COVID-19 pressures and physical distancing. These orders applied to Town of Hinton (026/20), Cities of Edmonton and Calgary (035/20), City of Lethbridge (045/20), County of Two Hills (048/20), City of Red Deer (063/20), Village of Lomond (074/20), Town of Penhold (085/20), Town of Strathmore (099/20), and County of Minburn (106/20).
- **Ministerial Order no. MSD:019/20** (Intermunicipal Collaboration Framework) – provided municipalities with additional flexibility to determine the need for an Intermunicipal Development Plan and extend the deadline to complete municipal Intermunicipal Collaboration Frameworks by one years, to April 1, 2021.
- **Ministerial Orders no. MSD:020/20, MSD:021/20, MSD:024/20, MSD:029/20, MSD:030/20, MSD:033/20, MSD:037/20, MSD:047/20, MSD:060/20, MSD:067/20, MSD:068/20, MSD:079/20, MSD:081/20, MSD: 095/20, and MSD:100/20** (Council Vacancies and By-Elections) – series of orders which eliminated the need for by-elections in communities during COVID-19. These orders saved municipalities the associated costs of administering elections. These orders apply to Town of Vermillion (020/20), Village of Irma (021/20), Town of Lamont (024/20), Summer Village of Seba Beach (029/20), Town of McLennan (030/20 and 068/20), Town of Oyen (033/20), Town of Edgerton (037/20), Municipality of Crowsnest Pass (047/20), Town of Rainbow Lake (060/20), Summer Village of Lakeview (067/20), Village of Standard (079/20), Village of Girouxville (081/20), Summer Village of Yellowstone (095/20) and Summer Village of Norglenwold (100/20).
- **Ministerial Order no. MSD:058/20** (Extension on Vote of Electors) – provided the Summer Village of Birchcliff extended time to hold a vote of electors due to a sufficient petition being received.
- **Ministerial Order no. MSD:028/20** (Viability Directives) – provides time extensions to seven Ministerial Orders with respect to ongoing municipal viability reviews. All reports that were initially due on June 1, 2020 were extended to October 1, 2020, or until after the spring State of Public Health Emergency expires. This order is intended to help alleviate the administrative burden on municipalities during the COVID-19 pandemic emergency response.
- **Ministerial Order no. MSD:092/20** (Viability Review Directive) – provides the Village of Champion with time extension to sufficiently address the shortfalls in the submitted



document given the additional complications of the pandemic and the 2020 Christmas holiday period.

- **Ministerial Order no. MSD:046/20** (Council Voting) – provides authorization for the entire Council of the Town of Olds to vote on a grant program for businesses to assist with costs of reopening due to COVID-19. Town of Olds lost quorum due to pecuniary interest and this Ministerial Order provided the municipality with enhanced flexibility to meet the needs of their local community COVID-19 pandemic response.
- **Ministerial Order no. MSD:103/20** (*Local Authorities Election Act*) – provided amendment to the *Local Authorities Election Act* which allows for alternative payment options for candidate nomination deposits, to provide municipalities with enhanced flexibility to respond to and operate during the COVID-19 pandemic.

Forestry sector

- **Ministerial Order no. 13/2020** (Agriculture and Forestry) – modifies sections of the *Forests Act* to suspend limitation periods, due to the State of Public Health Emergency in Alberta, so the Ministry can focus its resources on responding to public emergencies, providing essential services to the public, and supporting the continued economic viability of the forest industry (June 4, 2020).
 - Note: this Ministerial Order was repealed by **Ministerial Order no. 27/2020** (June 15, 2020)
- **Ministerial Order no. 14/2020** (Agriculture and Forestry) – modifies sections of the *Forest and Prairie Protection Act* to suspend limitation periods, due to the State of Public Health Emergency in Alberta, so the Ministry can focus its resources on responding to public emergencies, providing essential services to the public and supporting the continued economic viability of the forest industry (June 4, 2020).
 - Note: this Ministerial Order was repealed by **Ministerial Order no. 27/2020** (June 15, 2020)
- **Ministerial Order no. 25/2020** (Agriculture and Forestry) – modifies sections of the Timber Management Regulation to suspend the application or operation of parts of the Regulation, due to the State of Public Health Emergency in Alberta and the associated requirements and limitations, because timber disposition holders are unable to satisfy reforestation requirements during the 2020-21 timber year (June 15, 2020).
 - Note: this Ministerial Order repeals **Ministerial Order no. 15/2020** (May 8, 2020)
- **Ministerial Order no. 26/2020** (Agriculture and Forestry) – modifies sections of the Timber Management Regulation to suspend the application or operation of parts of the Regulation, due to the State of Public Health Emergency in Alberta and the associated requirements and limitations, because the deferral of certain charges supports the continued economic viability of operators in the forest industry (June 15, 2020).
 - Note: this Ministerial Order repeals **Ministerial Order no. 16/2020** (May 8, 2020)



Health

- **Ministerial Order no. 612/2020** (Health) – modifies the *Public Health Act*, defining those subject to isolation/quarantine (March 25, 2020).
- **Ministerial Order no. 614/2020** (Health) – permits the Department of Health and designated employees of the Chief Medical Examiner to use Alberta Netcare to access and use prescribed health information pertaining to COVID-related Fatalities, in order to disclose such information to the Chief Medical Examiner under the Fatal Inquiry Regulation (March 30, 2020).
- **Ministerial Order no. 615/2020** (Health) – this Order modifies sections 73(2) and 73(3) of the *Public Health Act*, such that section 73(2) is suspended, and section 73(3) increases fines for persons found in contravention of the section (April 2, 2020).
 - Note: this Ministerial Order repealed **Ministerial Order no. 613/2020**, upon passage of the *Public Health (Emergency Powers) Amendment Act, 2020*
- **Ministerial Order no. 616/2020** (Health) – establishes the Calgary Homeless Foundation and HomeSpace Society to provide services to operate Lakeview Signature Suites as an isolation centre to serve individuals experiencing homelessness or who are home insecure and who have tested positive for COVID-19 (April 4, 2020).
- **Ministerial Order no. 625/2020** (Health) – modifies the *Public Health Act* to allow the CMOH to require a healthcare facility operator to provide information related to the purpose of restricting the movement of staff members among healthcare facilities (April 17, 2020).
- **Ministerial Order no. 006/2020** (Health) – enables nurse practitioners to act as primary care providers in nursing homes, admitting and assessing residents, as well as offering follow-up care. Changes will also enable nurse practitioners and other qualified health professionals to prescribe medication and order treatments in nursing homes, according to their scopes of practice (April 24, 2020).
- **Ministerial Order no. 629/2020** (Health) – this Order was created to support **CMOH Order 10-2020**. This Order allows the CMOH to require an operator to disclose information about their staff members, so long as it is related to the purpose of 1) identifying potential impacts to home care staffing, and 2) developing options to address any potential gaps in workforce supply in this sector (April 28, 2020).
- **Ministerial Order no. 630/2020** (Health) – this Order amends section 52.6(1) of the *Public Health Act*, such that there is legislated employment protection for individuals who are required to be absent under **CMOH Order 10-2020**, from the threat of termination, restriction, and discrimination by their employer or contractor (April 28, 2020).
 - Note: this Ministerial Order repeals **Ministerial Order no. 624/2020** (Health)



- **Ministerial Order no. 631/2020** (Health) – modifies the Communicable Diseases Regulation to allow additional healthcare practitioners to support medical officers of health and community health nurses under the *Public Health Act*, including COVID-19 related activities such as contact tracing (May 4, 2020).
- **Ministerial Order no. 632/2020** (Health) – modifies the *Public Health Act* to authorize Alberta Health to share whether an individual named by a police service has received a COVID-19 test in the last 14 days, and if so, what the results of the test were. An individual’s results would only be shared where the individual deliberately tried to expose an officer to droplets by coughing or spitting at the officer and indicating they were COVID-19 positive (May 4, 2020).
- **Ministerial Order no. 627/2020** (Health) – allows for provincial officers designated under the *Public Health Act* to undertake non-invasive health assessments and collect completed isolation questionnaires from passengers on arrival at the Edmonton and Calgary international airports from outside Canada. Also requires the airport authorities to provide the CMOH with information upon request regarding the specific measures an airport authority is taking to implement and report on the public health measures set out in **CMOH Order 11-2020** (May 20, 2020).
- **Ministerial Order no. 22/2020** (Health) – modifies the Nursing Homes Operation Regulation to delay the annual accommodation charge increase, which would otherwise take effect on July 1, 2020 (May 20, 2020).
- **Ministerial Order no. 606/2020** (Health) – allows for provincial officers designated under the *Public Health Act* to undertake non-invasive health assessments and collect completed isolation questionnaires from passengers on arrival at the Coutts Provincial Checkpoint after passing through the Coutts Alberta/United States land border port of entry. It also provides for Alberta Health to share information collected via the isolation questionnaire with other government departments for education and enforcement purposes in compliance with the requirement to isolate or quarantine, as required by **CMOH Order 05-2020** (June 1, 2020).

Legal matters and proceedings

- **Ministerial Order no. 27/2020** (Justice and Solicitor General) – suspends limitation periods and periods of time within which any step must be taken in any proceeding or intended proceeding, from March 17 to June 1, 2020, due to conditions resulting from the COVID-19 pandemic (March 30, 2020).
- **Ministerial Order no. 29/2020** (Justice and Solicitor General) – allows for a guarantor to appear before a lawyer and execute a guarantee by means of two-way video conferencing, related to the *Guarantees Acknowledgement Act* and the *Guarantees Acknowledgement Forms Regulation* during the COVID-19 pandemic (May 8, 2020).
- **Ministerial Order no. 33/2020** (Justice and Solicitor General) - extends the terms of office of the chief judge and other judges appointed under Section 9.11 of the *Provincial Court Act*, to allow for continuity in leadership as the Provincial Court of



Alberta develops and implements new procedures in response to the COVID-19 pandemic (April 27, 2020).

- **Ministerial Order no. 39/2020** (Justice and Solicitor General) – modifies sections of the *Personal Directives Act*, the *Powers of Attorney Act* and the *Wills and Succession Act* during the COVID-19 pandemic, to account for circumstances where it is not possible or medically safe for a maker, donor or testator to physically attend before a lawyer and sign a personal directive or power of attorney in the presence of a witness or a will in the presence of two witnesses (May 15, 2020).

Public land access restrictions

- **Ministerial Order no. 18/2020** (Environment and Parks) – establishes the Provincial Park and Recreation Area Access Restriction Order (March 27, 2020).
- **Ministerial Order no. 20/2020** (Environment and Parks) – establishes the Public Land Access Restriction Order (March 30, 2020).
 - Note: this Ministerial Order rescinds and replaces **Ministerial Order no. 19/2020**. Reporting deadlines, requirements and document registration

Environment and Parks

- **Ministerial Order no. 15/2020** (Environment and Parks) – modifies the deadlines to submit compliance reports and emission reduction plan reports under TIER (March 30, 2020).
 - Note: this Ministerial Order expires June 30, 2020
- **Ministerial Order no. 16/2020** (Environment and Parks) – modifies report submission deadlines under the Renewable Fuels Standard Regulation (March 30, 2020).
 - Note: this Ministerial Order expires June 30, 2020
- **Ministerial Order no. 17/2020** (Environment and Parks) – modifies the reporting requirements under the Environment Protection and Enhancement Act, the *Water Act* and the *Public Lands Act* (March 30, 2020).
 - Suspension of reporting requirements – correspondence to approval holders, registration holders, license holders and disposition holders (March 30, 2020).
 - Temporary amendment of select Air Monitoring Directive requirements (March 31, 2020) expires July 15, 2020.
 - Note: Ministerial Order no. 17/2020 is being repealed and replaced by Ministerial Order no. 32/2020. Reporting requirements will resume on July 15, 2020.



Energy

- **Ministerial Order no. 219/2020** (Energy) – suspends specific legislated reporting requirements for energy companies under the *Coal Conservation Act*, the *Oil and Gas Conservation Act* and the *Oil Sands Conservation Act* (April 6, 2020).
 - Note: **Ministerial Order 219/2020** is being repealed and replaced by **Ministerial Order no. 328/2020**. Reporting requirements will resume on July 15, 2020.

Justice and Solicitor General

- **Ministerial Order no. 25/2020** (Justice and Solicitor General) – extends expiry dates for licenses under the *Security Services and Investigations Act*, during the period of the COVID-19 pandemic (March 27, 2020).

Service Alberta

- **Ministerial Order no. SA: 008/2020** (Service Alberta) – temporarily allows the Land Titles Office to register documents that have been witnessed, sworn or affirmed by Alberta lawyers using two-way video conferencing (April 2, 2020).

Transportation

- **Ministerial Order no. 23/20** (Transportation) – temporarily modifies and suspends parts of the *Traffic Safety Act*, Drivers' Hours of Service Regulation, Commercial Vehicle Dimension and Weight Regulation, Commercial Vehicle Certificate and Insurance Regulation and Vehicle Inspection Regulation (April 2, 2020).
- **Ministerial Order no. 24/20** (Transportation) – temporarily suspends parts of the Railway Regulation, Industrial Railway Regulation, and Heritage Railway Regulation (April 2, 2020).
- **Ministerial Order no. 32/20** (Transportation) – amends Ministerial Order no. 23/2020 and temporarily modifies the deadline under the *Traffic Safety Act* to file applications to the Alberta Transportation Safety Board and to file applications for judicial review of Alberta Transportation Safety Board decision (June 15, 2020).

Chief Medical Officer of Health Orders

Isolation requirements, and measures for airports, including passenger screening

- **CMOH Order 05-2020**: (modified by CMOH Order 28-2020 on July 3, 2020; and clarified on August 27, 2020) – requires any person who is a confirmed case of COVID-19 be in isolation for a minimum of 10 days from the start of their symptoms, or until symptoms resolve, and requires any person entering Alberta after having travelled internationally, or is a close contact of a confirmed case to quarantine for a minimum 14 day period (March 25, 2020).
 - Exemption: Quarantined and isolated persons who require COVID-19 testing or critical care for pre-existing medical conditions or emergency care (April 1, 2020)



- Exemption: Quarantined and isolated persons who have minor children that require medical care (April 13, 2020)
- Exemption: Quarantined and isolated persons who have adult dependents that require medical care (May 14, 2020)
- Exemption: Quarantined and isolated family and support persons for obstetrical patients (June 10, 2020)
- Exemption: Farm workers (July 23, 2020)
- Clarification: Certain circumstances where isolation or quarantine are not required (August 27, 2020)
- Exemption: COVID-19 Border Testing Pilot Program (November 4, 2020)
- **CMOH Order 11-2020** – requires the Calgary Airport Authority and the Edmonton Regional Airports Authority to implement public health measures related to cleaning, disinfecting and physical distancing. It further requires the airport authorities to enable passenger screening of travelers returning from international locations (May 20, 2020).

Public access to businesses, schools and places of worship

- **CMOH Order 34-2020** – removes restrictions on public access to businesses, schools and places of worship. The following remaining businesses listed in the order must be closed to the public: amusement parks, indoor children’s play centres and nightclubs (September 23, 2020).
 - Note: **CMOH Order 34-2020** amends **CMOH Order 25-2020** by permitting indoor children’s play centres to open.

Visitor restrictions

- **CMOH Order 29-2020** – outlines conditions that must be met to allow visitors to a long-term care, licensed supportive living facility or any residential facility offering hospice services (July 16, 2020).
 - Note: **CMOH Order 29-2020** rescinds **CMOH Order 14-2020** effective July 23, 2020.

Healthcare facility requirements

- **CMOH Order 10-2020** – includes restrictions on movement of staff members for healthcare facilities in Alberta (April 10, 2020).
 - Note: Part 2 was replaced by Order 23-2020 (Appendix A and B, operational and outbreak standards) (effective May 25, 2020).
 - Note: Part 2 was replaced by Order 32-2020 (Appendix A and B, operational and outbreak standards) (effective September 17, 2020).



Physical distancing

- **CMOH Order 26-2020** – outlines the mandatory physical distancing requirement of at least two metres from every other person who is not a member of the same household or cohort (June 26, 2020).

Residential addiction treatment service facilities

- **CMOH Order 27-2020** – outlines updated operational and outbreak standards for residential addiction treatment service facilities (July 3, 2020).
 - Note: this order rescinds Appendix A and Appendix B of Order 13-2020

Mandatory masking in schools

- **CMOH Order 33-2020** – outlines requirement for non-medical mask use for Grade 4 to 12 students, all staff and visitors in indoor spaces including on school buses and shared areas such as hallways (effective August 31, 2020).

CMOH orders which have been rescinded

Note: Effective June 12, 2020, **CMOH Order 25-2020** rescinded the following CMOH Orders: 01, 02, 07, 15, 16, 17, 18, 19, 20 and 24-2020.

Healthcare facility requirements

- **CMOH Order 30-2020** – prohibited Misericordia Community Hospital’s staff members and contracted providers from delivering in-person services at another healthcare facility for the duration of the outbreak of COVID-19 at the Misericordia (July 14, 2020).
 - Note: this order was rescinded by **CMOH Order 31-2020** (August 14, 2020)

Schools, daycares, preschools and day camps

- **CMOH Order 18-2020** – permitted attendance at daycares, out-of-school care and post-secondary institutions, provided persons adhere to public health measures and guidance. This Order applied throughout the province of Alberta, with some exceptions within the cities of Calgary and Brooks (May 14, 2020).
 - Modifications: **CMOH Order 24-2020** – allowed preschool programs to operate, provided public health measures and other guidance are followed (May 27, 2020)
 - Exemption: Operation of day camps operated in recreational or entertainment businesses (May 28, 2020)
- **CMOH Order 19-2020** – permitted attendance at daycares, out-of-school care and post-secondary institutions, provided persons adhere to public health measures and guidance. This Order applied within the cities of Calgary and Brooks (May 14, 2020).
 - Modifications: **CMOH Order 24-2020** – allowed preschool programs to operate, provided public health measures and other guidance are followed (May 27, 2020)



- Exemption: Operation of day camps operated in recreational or entertainment businesses (May 28, 2020)
- **CMOH Order 01-2020** – prohibited attendance at early childhood service programs, daycares, out-of-school care, preschool programs, post-secondary institutions and other educational settings in Alberta (March 16, 2020).

Gatherings and services

- **CMOH Order 18-2020** – permitted attendance at certain locations and places, including retail businesses, restaurants and museums, provided persons adhere to public health measures and guidance. This Order applied throughout the province of Alberta, except within the cities of Calgary and Brooks (May 14, 2020).
- **CMOH Order 19-2020** – permitted attendance at certain locations and places, including retail businesses and museums effective May 14; and restaurants, hair salons and others effective May 25, provided persons adhere to public health measures and guidance. This Order applied within the cities of Calgary and Brooks (May 14, 2020).
- **CMOH Order 20-2020** – permitted attendance of up to 50 people in a group, in an outdoor location, provided persons adhere to public health measures and guidance (May 15, 2020).

Previous exemptions and modifications to CMOH Orders 18-2020 and 19-2020

- Exemption: Farmer’s market operators (May 15, 2020)
- Exemption: Places of worship (May 15, 2020)
- Modifications: **CMOH Order 21-2020** and **CMOH Order 22-2020** – rescinded section 11 of **CMOH Order 18-2020** and sections 6 and 19 of **CMOH Order 19-2020** for operators to create and post a plan to meet the requirements of the orders (May 15 and 16, 2020)
- Exemption: Operation of indoor firearm gun ranges operated in recreational or entertainment businesses (May 25, 2020)
- Modifications: **CMOH Order 24-2020** – allowed preschool programs to operate provided public health measures and other guidance are followed (May 27, 2020)
- Exemption: Operation of day camps operated in recreational or entertainment businesses (May 28, 2020)
- Exemption: Edmonton Oilers Hockey Club (June 8, 2020)
- Exemption: Calgary Flames Hockey Club (June 8, 2020)



Public recreational facilities, private entertainment facilities, bars, nightclubs, gatherings, restaurants, retail services

- **CMOH Order 02-2020** – prohibited attendance at public recreational facilities, private entertainment facilities, bars and nightclubs, and gatherings of more than 50 people (March 17, 2020).
 - Previous modifications to Order 02:
 - **CMOH Order 15-2020** – removed the prohibition from attending a golf course, for the purpose of playing golf (May 1, 2020)
 - **CMOH Order 17-2020** – removed the prohibition from attending an outdoor shooting range (May 5, 2020)
- **CMOH Order 07-2020** – prohibited gatherings of more than 15 people and new restrictions for close contact businesses, dine-in restaurants and retail services (March 27, 2020).
 - Previous exemptions and clarifications to Order 07:
 - Operators of industrial work camps (March 30, 2020)
 - Operators of shelters and temporary or transitional housing facilities (March 30, 2020)
 - Outdoor places – gatherings by members of the same household (April 4, 2020)
 - Flood response – Regional Municipality of Wood Buffalo (April 28, 2020)
 - Edmonton Oilers Hockey Club (June 8, 2020)
 - Calgary Flames Hockey Club (June 8, 2020)
 - Non-essential health services
 - CMOH Order 16-2020 – amended CMOH Order 07-2020 to allow the resumption of non-essential health services to Albertans (May 3, 2020)

Residential addiction treatment service facilities

- **CMOH Order 13-2020** – outlined updated operational and outbreak standards for residential addiction treatment service facilities (April 28, 2020).
 - Note: this order was replaced by **CMOH Order 27-2020** (July 3, 2020)
 - Note: this order removed residential addiction treatment services facilities from the scope of **CMOH Order 09-2020** and **CMOH Order 10-2020**
 - Exemptions and clarifications: Operators of licensed residential addiction treatment facilities (March 30, 2020)



C Coordination and Decision Making Structures

This Appendix outlines additional information about coordination and decision-making structures during the first wave. This information was provided by the Province and not independently verified by KPMG.

Cabinet Committees

Policy decisions relating to the pandemic response were made by Cabinet Committees and Cabinet. The purpose of the committees was to make timely recommendations and decisions that balance public health and economic considerations and overseeing effective execution necessary to manage the COVID-19 pandemic response. The Emergency Management Cabinet Committee was in place and met from March 2 to June 9. Once EMCC was stood down, the Priorities Implementation Cabinet Committee (PICC) filled the role beginning June 12 and continues to as of the time of this Report.

The Premier chaired both EMCC and PICC, with Deputy Minister of Health and the Chief Medical Officer of Health attending to provide expert advice and information. Other Deputy Ministers were also invited to attend, in order to facilitate responsiveness and timeliness in translating planning and proposals into action.

Membership

Membership of EMCC included Ministers of the following:

- Executive Council
- Municipal Affairs
- Justice and Solicitor General
- Treasury Board and Finance
- Environment and Parks
- Agriculture and Forestry
- Transportation
- Infrastructure
- Community and Social Services
- Health
- Indigenous Relations

Membership of PICC included Ministers of the following:

- Executive Council
- Environment and Parks
- Treasury Board and Finance
- Energy



- Jobs, Economy and Innovation
- Health
- Justice and Solicitor General
- Children’s Services

Health Response

Health Emergency Operations Centre (HEOC)

Under the *Emergency Management Act* and Government Emergency Management Regulation, the Deputy Minister of Health has the authority and responsibility to maintain and implement a plan in crisis situations. The Deputy Minister established the HEOC in late January 2020 to respond to the emerging COVID-19 crisis, and oversaw the department’s response to the pandemic. This involved seeking data and advice from the CMOH, HEOC, and Alberta Health Services’ ECC, and guiding and overseeing the compilation of that information into advice provided to the Minister of Health and Cabinet Committees.

HEOC operates using the Incident Command System (ICS), which uses a standardized organizational structure, language and procedures to enable effective communication and efficient internal decision making. The ICS approach also provides the flexibility to increase or decrease its human resources based on evolving need. HEOC operationalized Alberta Health’s Crisis Management Plan and associated organizational structure to directly coordinate and lead the response.

The HEOC’s work broadly included advising on public health interventions, and engaging with Albertans and businesses to clarify interpretation of public health orders. Specific work included developing public health guidance for Albertans and businesses, working with legal counsel to develop public health orders to implement decisions made by Cabinet Committees, supporting compliance with public health orders, and collaborating with other entities to provide a coordinated approach to the pandemic.

The HEOC provided and interpreted data to support evidence informed decision making, and forecast different scenarios for case growth, health system utilization and usage of resources such as personal protective equipment. This included epidemiology and modeling by a team lead by two PhD epidemiologists focused on mathematical modelling. It collaborated with AHS and the University of Alberta to support forward planning for the COVID-19 response.

Chief Medical Officer of Health (CMOH)

The Chief Medical Officer of Health (CMOH) provides evidence-based public health expertise to support health surveillance, population health and disease control initiatives on issues of public health importance.



The *Public Health Act* establishes the legislative framework that guides the role of the CMOH, who is appointed by the Minister of Health, and reports to the Deputy Minister of Health. Where there is knowledge of or reason to suspect the existence of a communicable disease or a public health emergency in Alberta, the CMOH is empowered to initiate an investigation to determine whether any action is necessary to protect public health and to identify and impose measures to, for example, lessen the impact of a public health emergency such as establishing requirements around isolation or quarantine.

The CMOH’s role includes:

- Monitoring the health of Albertans and making recommendations to the Minister and regional health authority (AHS) on measures to protect and promote the health of the public and to prevent disease and injury.
- Acting as a liaison between the Government and AHS, medical officers of health and executive officers in the administration of the *Public Health Act*.
- Monitoring activities of AHS, medical officers of health and executive officers in the administration of the *Public Health Act*, and
- Giving directions to AHS, medical officers of health and executive officers in the exercise of their powers and the carrying out of their responsibilities under the *Public Health Act*.

The CMOH provides evidence and makes recommendations on public health measures to lessen the impact of the presence of a communicable disease and/or a public health emergency to the relevant person(s) (e.g., Premier, Minister and/or Cabinet) for review in making decisions. CMOH Orders are issued by the CMOH under s. 29(2) or 29(2.1) of the *Public Health Act*.

AHS Emergency Coordination Centre (ECC)

Alberta Health Services (AHS) established the Emergency Coordination Centre (ECC), which operated similarly to the incident command structure of the HEOC. AHS is the regional health authority responsible for delivering health supports and services to Albertans, such as the operation of hospitals. The ECC provides a conduit between the HEOC and AHS on areas such monitoring acute care metrics, redeployment of staff across acute care sites, and identifying operational needs. AHS also supports a network of medical officers of health across the province.

The HEOC and the AHS ECC met frequently (ranging from daily to weekly, depending on level of urgency), to respond to emerging issues and ensure ongoing communication. These meetings also included other key players such as Alberta Labour and Immigration and First Nations and Inuit Health Branch of Indigenous Services Canada.



Other Response Structures

Provincial Response Planning Team (PRPT)

Established on March 14, 2020, PRPT was a temporary structure within the Ministry of Municipal Affairs that was established as part of the province’s COVID-19 response. Its mandate was the coordination of a whole of society Government of Alberta response plan to the COVID-19 pandemic, with a particular focus on non-health issues. The PRPT worked with representatives from every Provincial Ministry and supported collaboration on medium and long-term planning issues in response to COVID-19 and to support relaunch. The PRPT reported to the Deputy Minister of Municipal Affairs.

PRPT led cross-Ministry planning on a mass COVID-19 outbreak plan for people experiencing homelessness; was engaged in the distribution of face coverings to Albertans; and supported AHS in developing a contingency plan to augment existing HEOC plans to increase hospital bed capacity across Alberta if demand for acute care beds exceed baseline supply.

The PRPT also provided operational support to HEOC, POC and AHS, as well as engagement with municipalities to implement the Relaunch Strategy and other initiatives. PRPT was involved in identifying viable locations and issuing pre-qualified resources (PQRs) for isolation hotels and transportation for individuals unable to isolate at home. PRPT also facilitated regular calls with Alberta Urban Municipalities Association, Rural Municipalities Association, Chief Administrative Officers of municipalities, the City of Edmonton and the City of Calgary for relaunch of the province, and calls on specific issues, such as overcrowding on public beaches in the Sylvan Lake, Chestermere and Alberta Beach areas.

Alberta Emergency Management Agency (AEMA)

The Alberta Emergency Management Agency (AEMA) is a permanent agency of the Ministry of Municipal Affairs and operates under the authority of the *Emergency Management Act*. The AEMA leads the coordination and cooperation of all organizations involved in emergencies and disasters. This includes emergency and disaster prevention, preparedness, response, and recovery. The AEMA maintains the Government of Alberta’s Business Continuity Plan, guidelines for emergency responses such as Municipal Wildfire Assistance Guidelines, Alberta Homeowner Tenant and Small Business Disaster Assistance Guidelines, and the Alberta Public Sector Disaster Assistance Guidelines.

Provincial Operations Centre (POC)

The POC is a centre within the AEMA and operates as Alberta’s communication and response coordination centre. It is staffed 24 hours a day, 7 days a week throughout the year monitoring for potential emergency situations anywhere in the province. The POC serves as a central point for the collection, evaluation and dissemination of information



across and between levels of government and to communities, industries and mutual aid partners.

The POC has four levels of activation; as levels are escalated, it enables the POC to draw in more staff and resources. At levels three and four of activation, the POC works closely with Communications and Public Engagement to form the Joint Information Centre, which develops unified messages for the Government of Alberta. POC produces ongoing situation reports to provide common situational awareness across stakeholders and short-term planning support (up to two weeks). In multi-emergency events, the POC coordinates the response, such as evacuations due to localized flooding in Wood Buffalo Region and Mackenzie County that occurred in the spring of 2020.

The POC begin deescalating in May 2020, in order to reset its focus on all hazard readiness (e.g., monitoring wildfires and flood events) and potential future emergency responses. Any ongoing functions for the COVID-19 response transitioned to PRPT, including stakeholder communication and management, development of a pandemic response plans, and other tasks.

The POC’s major roles within the pandemic were to liaise with municipalities, local communities, and businesses to build situational awareness, notify of public health orders, identify operational issues, receive and distribute PPE to small non-AHS healthcare facilities (e.g., community pharmacies, day cares, etc.).

Provincial Emergency Social Services Emergency Coordination Centre (PESS ECC)

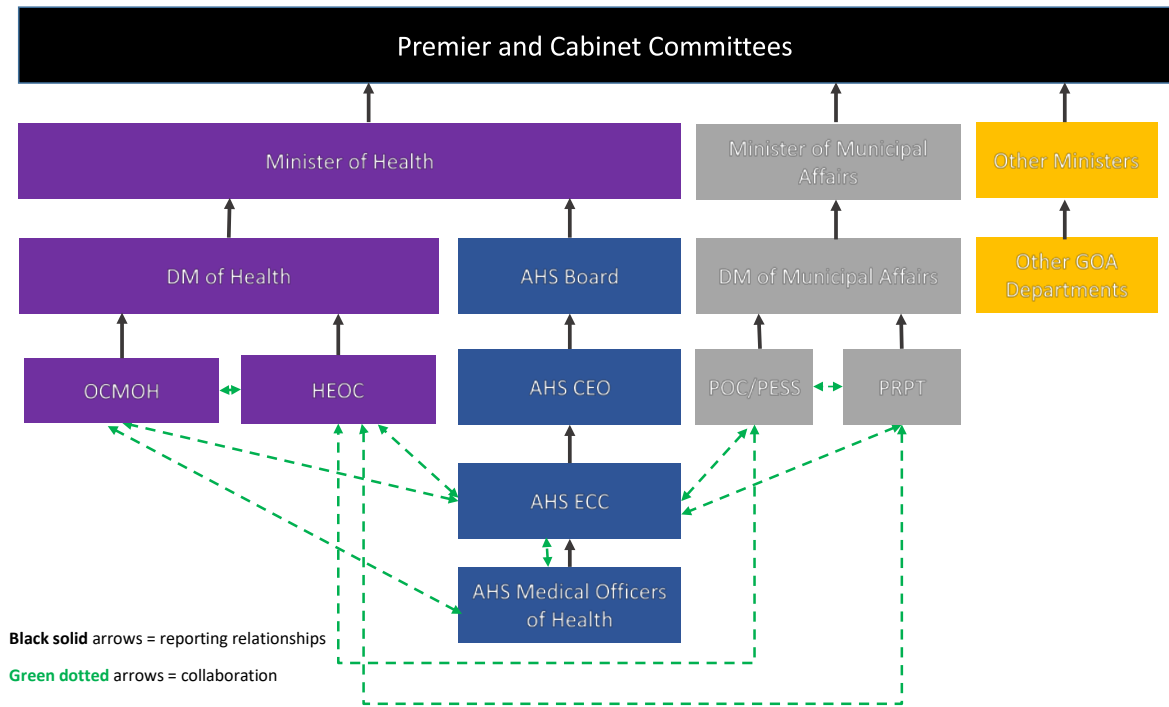
Integrated within POC, PESS leads the coordination of social services emergency planning, assistance and support to municipal, regional and First Nations and Metis Settlement authorities. The PESS ECC works with Provincial, Federal and private sector emergency social services stakeholders and partners to ensure the emergency social services-specific needs of Albertans and their communities are met (such as evacuation assistance, emergency accommodation, food, clothing, etc.).

Within the COVID-19 pandemic response, PESS ECC coordinated personal protective equipment (PPE) logistics requirements for non-healthcare needs in Alberta’s communities, including first responders, critical care workers and essential local authority staff (e.g., water treatment plant workers). PESS ECC also assisted with the development of emergency shelter accommodations for vulnerable populations in major urban centres (Edmonton, Calgary and Lethbridge). This included coordination with the NGO Council of Alberta to establish emergency feeding capability for a number of vulnerable population shelters in Edmonton. PESS ECC roles focus on immediate needs (up to 72 hours).



Government of Alberta – Review of Alberta’s COVID-19 Pandemic Response
Final Report – January 2021

Summary of Reporting Relationships and Coordination



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This Report has been prepared by KPMG LLP (“KPMG”) for the Government of Alberta (the “Province”) pursuant to the terms of our engagement agreement with the Province dated August 21, 2020 (the “Engagement Agreement”). KPMG neither warrants nor represents that the information contained in this Report is accurate, complete, sufficient or appropriate for use by any person or entity other than the Province or for any purpose other than set out in the Engagement Agreement. This Report may not be relied upon by any person or entity other than the Province, and KPMG hereby expressly disclaims any and all responsibility or liability to any person or entity other than the Province in connection with their use of this Report.

KPMG’s role in this review was to: outline certain matters that came to our attention during engagement with stakeholders and document reviews; and offer our comments and recommendations for the Province’s consideration. These comments, by their nature, largely relate to opportunities for change or enhancement and do not fully capture the many strong features of the Province’s activities and undertakings, nor those of participating stakeholders.

We have relied on information provided to us by the Province. We have not audited or otherwise validated the data. The procedures we carried out do not constitute an audit, and as such, the content of this document should not be considered as providing the same level of assurance as an audit.

KPMG accepts no responsibility for loss or damages to any party as a result of decisions based on the information presented. Parties using this information assume all responsibility for any decisions made based on the information.

Through normal processes, the Province will be responsible for the:

- Assessment of observations
- The decision to implement any recommendations, and
- Consideration of impacts that may result from the implementation of recommendations.

Implementation will require the Province to plan and evaluate any changes to make sure that satisfactory results are realized