Health & Safety: for you and me

Learning from those who use alone
On the spot improvements
Access is key
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If you have story ideas for future issues, please e-mail: IHAcommunications@interiorhealth.ca

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Interm Health
Every person matters
We are undergoing a cultural shift within Interior Health – a shift in how we think about health and safety and our work. Rather than implementing a new “system” or initiative, our goal is to make health and safety part of our work day, indeed, part of who we are as an organization.

So, how do we build health and safety into our everyday work lives? In this month’s issue of @IH, we hear from John Bevanda, Director for Workplace Health & Safety and learn about his plan to shift the way we think about the topic (see page 8). Key to his vision is the implementation of a Health & Safety Management System (HSMS). (You may remember we introduced the HSMS concept in the November 2017 issue of @IH.)

HSMS is a proactive approach to health and safety. The goal is to empower each of us to take responsibility for safety, be mindful of our physical and mental health, and remain engaged and psychologically resilient to the pressures of everyday work and life. Within this framework, health and safety becomes part of our everyday practice – with each one of us taking ownership for it, wherever we are in the organization – because every person matters.

An IH-wide HSMS steering committee with representation from each portfolio and key program areas is leading this shift. Based on safety data, priority areas for the upcoming year have been identified as musculoskeletal injuries (MSI), psychological health and safety in the workplace, and creating a health and safety culture.

An InsideNet page has been created to house tools and resources related to the priority areas. Check it out under Employee Health & Safety > A Safer, Healthier IH – and return often as it will be updated regularly.

This information will be used and referenced in awareness and education campaigns that will run throughout the year ahead, encouraging staff and physicians to learn and get involved. As we become healthier, discover ways to work safer, and share our successes, we will achieve a culture of health and safety throughout IH.

We’ve also included two examples in this issue of @IH that showcase areas where this shift in thinking is already creating positive change – a healthy workplace initiative in Ashcroft (page 10) and the success of Royal Inland Hospital’s Joint Occupational Health & Safety Committee (JOHSC) on page 11.

Embedding a culture of health and safety is a call to action for every one of us. We must all lead, influence, and model safety behaviour. It’s a team effort. Let’s each do our part to keep ourselves and our workplaces healthy and safe. In doing so, we also provide the best care for our patients, clients, and residents. 😊
Well WISE
Wellness wisdom for work

Diversity 101

Interior Health
Every person matters

Watch the *The Business Case for Diversity and Inclusion* LifeSpeak Video to learn more.*

* sign in to the Corporate Account with the ID name: wellness
As our population ages, Interior Health’s commitment to enhancing palliative and end-of-life care is increasingly important. We are seeing more individuals with highly complex, chronic, and life-limiting conditions.

We are currently converting 51 spaces to designated palliative beds in a phased approach between 2015 and 2019; plans for 2018/19 include 18 community hospice beds to be located in residential care facilities and 33 within hospitals.

Many people wish to die at home, but at times the complexity of their care needs make it necessary for them to be admitted to hospital. They may be admitted for short-term care to provide symptom management and stabilization and then be discharged home. In other cases, they may be admitted to hospital or hospice as the chosen location of death.

To meet patient needs, it is important that a designated palliative care bed option be available at what is a critical time for the individuals, care-givers, and loved ones. For those who will die in hospital, privacy and comfort are a priority and access should not depend on whether the patient is in a small town or an urban centre.

The palliative designation means that, while the beds may be used for other patients, priority is given to those individuals requiring palliative or end-of-life care.

For those communities that do not have stand-alone hospice houses, the designated palliative beds we have converted offer additional privacy and comfort. For example, many of the rooms include an adjoining family area where loved ones can gather and share a coffee or snack while sitting vigil. As the beds convert, the implementation teams place a priority on layering in palliative education for all team and care providers.

“Shuswap Lake General Hospital (SLGH) has two designated palliative spaces in our acute site along with three community hospice beds in Bastion Place. The capital improvement for these two beds in SLGH was made possible by donations from the Shuswap Hospital Foundation,” explains Peter Du Toit, Acute Health Service Administrator for IH West. “The palliative spaces have been a great support to patients and families as they offer a spacious, quiet environment during these difficult times. As designated palliative spaces, the beds are prioritized for the acute phase of palliative care.”

Interior Health’s palliative care strategy includes extensive staff and physician education, interprofessional cross-portfolio collaboration, and engagement with Aboriginal communities. Involving partners, such as the hospice societies, and using collaborative tools, such as community rounding (patient rounds with community-based care providers), are critical components of the strategy to ensure the needs of the individual and family come first.

To learn more about palliative care in Interior Health, visit the Palliative and End-Of-Life pages under Your Care on the public website or contact Ruth Shirley.
ARE YOU PREPARED?

Know your site's emergency response plan, know who to contact in the event of a site evacuation, make an emergency plan, build an emergency kit.

Interior Health
Every person matters
Anyone who watched the television police drama *Hill Street Blues* will remember Sgt. Phil Esterhaus’s caution to officers at the end of every morning roll call. “Hey,” he says, “let’s be careful out there.”

John Bevanda, Interior Health’s Corporate Director, Workplace Health & Safety, has a similar dream for IH employees and leaders. His plan to develop a culture where safety is always top of mind will take a little more effort than a simple warning, but not much more.

The model he wants to introduce across IH is straightforward and steeped in common sense.

John also passionately believes if people unite behind the mindset that safety comes first “for you and for me,” every workplace will benefit.

In fact, he has seen it succeed at other health-care sites. During a trip to an aging residential facility in Saskatchewan where both the equipment and building were dated, John discovered there had been zero injuries in three years.

“I was blown away at that. How was this possible at such a busy site where they didn’t even have ceiling lifts?”

Well, the employer had implemented a Health & Safety Management System (HSMS) – a model that embeds health and safety into everyday practice.

“I thought why can’t we do this at our sites?” John recalls. “It’s really just a proactive system of looking out for each other and prioritizing an organization’s safety concerns and goals.”

At the Saskatchewan facility, people embraced the concept of treating each other like family and finding ways to support their teams so they avoided the perils and hazards of day-to-day work.

John Bevanda, Interior Health’s Corporate Director, Workplace Health & Safety, is eager to start implementing a health and safety culture at IH that has everyone looking out for each other.
They put in place 10-15 minute safety huddles during which staff members reviewed safety priorities on a whiteboard, advised each other of the dangers and hazards the shift before had observed, and then went about their daily work.

“The supervisor is a huge factor in their safety successes. She is hands on, regularly going out on the unit to connect with staff, and help them in whatever way is needed, even giving them a quick hand with something physical,” John says.

This approach can be a way of practice in Interior Health as well, he adds. The safety and violence prevention training, which took place across IH last year as part of WorkSafeBC requirements, has us well positioned to move beyond basic health and safety compliance.

“We are ready to ask our managers and staff to also endorse a culture of health and safety so it becomes just part of the way we do our daily work.”

A steering committee formed to oversee the implementation of the Health & Safety Management System reviewed data to see where people in IH are getting injured at work and how to best prevent these injuries. From that work, they identified three priority areas for 2018/19:

- musculoskeletal injuries
- psychological health and safety
- creating a health and safety culture

John knows people will be concerned that this is more work being added to a busy day. That’s why tools have been developed to help managers, including ways to start the conversations about safety topics and methods to support local Joint Occupational Health & Safety committees.

“This model is about integrating health and safety into day-to-day activities, not adding something new.”

Managers won’t be left on their own to figure things out. For example, John says, the Workplace Health & Safety team will review incident reports so they can help develop a plan that will help mitigate repetitive injuries.

“If 90 per cent of injuries are equipment related, then we would suggest ways to address the cause. Are people using lifts incorrectly? Then we will help site managers with a strategy for training.”

John takes the implementation of the HSMS personally because he is so confident it will change lives and that it can be executed easily and without becoming a burden.

“I am excited about this. We’ve done a tremendous amount of work to get to this point and we are ready to share health and safety with front-line staff and managers on the ground. I see it as a vehicle for engagement because there is such a benefit to all.”

He wants people to know that when they see information about HSMS, it’s much more than an acronym – it’s about ensuring when they go to work each day, they will be going to a work site that puts everyone’s mental and physical health and safety first.

For more information, please visit the InsideNet > Employee Health & Safety > A Healthier, Safer IH.  

See The importance of a healthy and safe workplace, page 10.
Do you know why it’s important to have a healthy workplace? Many studies, including those by the Government of BC, show that healthy work environments improve productivity and reduce absenteeism, worker turnover, and medical and disability claims. That’s great for employers, but what does this mean for workers? It means millions of health-care dollars aren’t needlessly wasted on these issues. Instead, these resources can be spent on important health-care needs like staff and equipment!

At the Ashcroft Hospital and Health Centre, we are working towards a vision of a healthy worksite. Hospital Employees’ Union (HEU) member Barb Clark spearheaded a five-week “Whole Health Challenge” and invited everyone at our site to participate. The challenge came with weekly prizes and email updates on who won the loot each week. The HEU and BC Nurses Union (BCNU) donated many fantastic incentives including gift cards, sturdy water bottles, and many other goodies!

How did the challenge work? Well, a big, colorful challenge poster is displayed in the site cafeteria for all to see. Each week of the challenge, there are five, healthy “to do” items. Once you have completed a task, you choose a cheerful sticker and add it beside that task under your name.

I’m happy to announce that I won a fabulous prize for my participation and I’m enjoying my nice water bottle and drinking more water because of it. I got to spend my $25 gift certificate at the local Nature’s Gifts health store and picked up more great stuff for some additional pampering!

Some of the challenges were interesting, like “write a love letter to yourself.” One challenge that really made me give my head a scratch was “ending a toxic relationship.” I couldn’t think of any human relationships that fit this description, so I broke up with holiday chocolate. (You know those decadent little mini eggs and mini Halloween chocolate bars – they are out!)

Another challenge was to write a thank you note. That challenge inspired me to write this article as a shout out and thank you to Barb Clark and all of the staff at the Ashcroft site who are working to make ours a healthy workplace. I challenge the @IH readers to ponder how you can make yourself and your site healthier, too.
Joint Occupational Health & Safety Committees (JOHSCs) play a key role in improving day-to-day site safety. The JOHSC at Royal Inland Hospital is a health and safety success story.

“We have worked very hard over the past year and a half to improve our working relationships as a committee,” says Donna Lineker, RIH JOHSC Chair. “The committee is now seeing the rewards of its hard work.”

The majority of committee members have completed a two-day JOHSC training session and committee effectiveness training offered through the B.C. Federation of Labour. This training has helped the group better handle investigations and safety inspections, improve follow up on safety concerns, and raise those concerns through the proper channels.

They are using their TeamSite page to improve JOHSC communication and organize all of their documentation electronically. This includes storing, scheduling, and evaluating inspections; reviewing incident investigations; discussing and tracking issues; and sending follow up to managers.

“Our Administrative Assistant Lindsay Milton has been instrumental in organizing the TeamSite for us, as well as our minutes and agendas,” says Donna. “We would not be as far along in our journey as a committee without her assistance.”

Guests are invited to JOHSC to update the committee on Violence Risk Assessments (VRAs) and new procedures. Representatives from administration also attend meetings, as they are able, to support recommendations.

IH Workplace Health & Safety recently visited the RIH JOSHOC and was impressed by the collaboration and organization of this committee.

“They are paying a great deal of attention to detail, and managers and staff formally recognize the need to work collaboratively to help protect everyone,” says WHS Lead Shannon Campbell.
New Password Requirements

Minimum eight (8) characters in length including: lower/upper case letters, numbers, and/or special characters.

Username:

Password:

Cancel

Login

See the User Identification and Password Policy to learn more.
Meet Mike, a 34-year-old man who recently moved to Kelowna and works in construction. Mike hurt his back on the job a month ago and has been taking prescribed pain medication since. The pain isn’t getting any better, though, and at a recent party with some of his friends he decided to try “something new.” Since then, Mike has been experimenting with increasingly dangerous illegal drugs. He mostly uses at home, though occasionally with friends.

Mike isn’t real, but the scenario is all too common for men in Kelowna who are overdosing and dying alone at an alarming rate.

Kelowna has one of the highest overdose rates in the province and men between the ages of 24 and 38 are most at risk, which is why Interior Health’s (IH) Population Health department launched a new website, www.usesafe.ca, hoping to reach these men, their friends, families and supporters.

The website offers people the option to take a survey, be interviewed by phone or meet in person. The team wants to learn from those who use drugs alone, to better understand what can be done to reduce the risk of overdose.

“My little brother died of an overdose,” says Jason Wills. “He was an amazing brother, son and friend. We loved him and his drug use killed him. I’m speaking out because I don’t want other parents and families to go through what we have gone through. For me, it’s not about a message of don’t do drugs, it’s a message about staying alive, being safer with your use, and knowing there are supports available.”

“I lost my son to a fentanyl-related overdose three years ago,” says Arlene Howe. “Losing a child is unimaginable and devastating, the deep loss and pain is ever present. He was a charismatic, funny, hardworking man.”

Through this engagement project, local residents like Jason and Arlene are bringing their voices and perspectives to the opioid crisis playing out in Kelowna and other communities throughout the IH region.

No personal information is asked or collected, and all interviews are confidential. The community feedback collected through this project will help update IH’s strategy on harm reduction measures that can then be used in the short and medium term.

IH’s Public Health Overdose Emergency webpage is a good source for additional information; the page is updated regularly.
As we all know, hand hygiene is key to reducing health care-associated infection rates. With that in mind, IH Infection Prevention and Control (IPC) has enlisted university students to help with a number of hand hygiene projects across IH facilities. The partnership offers students valuable “real world” experience while the IPC team receives welcome assistance with special projects.

"While hand hygiene observations are currently performed quarterly, we thought having more frequent feedback on hand hygiene compliance would give staff additional opportunities to improve," says Val Wood, IH Director of Infection Prevention & Control. This is where the idea of on the spot feedback was born. "If we can use a missed hand hygiene opportunity to educate rather than simply record data, hand hygiene rates and patient safety are more likely to improve.

"The students have been working on some great initiatives to help us move forward in our hand hygiene program,” Val continues.

During their time with IH, they reviewed alternative auditing software that works on a variety of mobile devices, allowing observers to record hand hygiene compliance rates and barriers to hand hygiene not captured with our current system. The students also studied the effectiveness of auditing in residential care across several B.C. health authorities. For geographically remote areas with fewer personnel, audits can empower hand hygiene champions to conduct their own observations and use the reports for improving the quality of resident care.

The observers also check in with floor managers to discuss the observations, so they can bring specific opportunities for improvement to staff huddles and safety meetings. Students record their observations on a phone app called Canvas.

About the student observers
Erin Flanagan studies neurobiology and cognitive psychology at the University of Victoria. She plans to pursue a career in health care after graduation. Erin grew up in Kamloops and has enjoyed working in her home community again. Jeanne Roux is a health science major at Simon Fraser University. She is considering a career in public health. Working in Cranbrook helped Jeanne develop her researching and teamwork skills. As a biology student at Thompson Rivers University, Colton Stephens studies wildlife and pathogens.

Keep an eye out for the new student observers starting this month. Cole Hanson (Thompson Rivers University) will be working at Royal Inland Hospital; Simon Fraser University student Emma McFarlane will be in Kelowna; and Allison Griffiths (University of Victoria) will be observing in Trail.

Hand Hygiene Working Group Lead Andrea Neil (second from left) and Val Wood (right) meet with the students during an IH-wide IPC meeting. Students are (L-R) Erin, Emma, Cole, Jeanne, Colton, and Allison.
Look for IH Board Chair Dr. Doug Cochrane “standing up” for hand hygiene at some of our sites and join us in recognizing

STOP! Clean Your Hands Day
May 4, 2018
What is your Foundation's focus or mission? Why is what you do important?

Our mission is to help provide ways to better health care by raising funds that will enable access to improved equipment and facilities. Over the past 30 years, the Foundation, through a generous Salmon Arm and area community, has raised more than $4 million to improve health care locally at Shuswap Lake General Hospital by funding such items as a CT scanner, portable X-ray units, infant incubators, ECG machines, etc. We have also been able to fund the renovation of the Intensive Care Unit and the chemotherapy unit, as well as renovation to the community clinic in Sorrento and the Sicamous lab. It is important to be able to ensure that people can access as much locally so that they don’t have to travel to other centres such as Kamloops or Kelowna.

What are some of your past favourite campaigns?

We love our annual radiothons, where we set out to raise $25,000 in one day for a specific piece of equipment for child care. Each year, rain or shine, it seems to all come together and we are lucky enough to reach our target of $25,000. Our annual golf tournament has also become a huge success. We started in 2015, raising $47,000, and it has been so very well supported each year. In 2016 we raised $80,000, and last year we raised $115,000.

Tell us of one of your Foundation’s proudest moments.

Our Foundation was certainly very proud of the fundraising that was done for the CT scanner. There was a two-year plan to raise $1.6 million for this project. It was accomplished in less than a year! The scanner was installed in 2009, and has since received an upgrade – a further $205,000 was raised in short order to accomplish this.

Is there a particular donation over the years that stands out in your mind – an unusual situation or donation itself?

We receive donations for a variety of reasons but the main thread that seems to run through all the “back stories” is that people have received great care and attention in our medical facilities. They are so thankful for the access to much-needed equipment here in Salmon Arm, without the need to travel to cities far away. There are donors who would like to assist in ensuring that everyone can continue to have access to the best equipment and facilities possible. There are many stories. A family whose father was in the hospital for end-of-life care asked him if there was anything he needed them to do for him. He told them that he was receiving such good care that he would like them to make a donation on his behalf. A couple who had experienced heart issues make a major donation annually to cardiac care. The chemotherapy renovation was supported by many donors who had experienced chemotherapy and wanted to help upgrade this area.

What is your current campaign or major project? Why is it important?

Our major project this year is to raise funds to support the purchase of a Fibroscan Liver Scanner. The cost of this equipment is $140,000 and this will be the goal for our 2018 Charity Open Golf Tournament. There is a liver clinic at the hospital three days a week and this will provide a non-invasive method to diagnose a variety of liver diseases, including cancer and hepatitis C.

Any parting words?

I feel very privileged to be able to work at the Shuswap Hospital Foundation. I really enjoy connecting with our community and working to strengthen the awareness of our organization. We have an excellent board of 12 hard-working board members and a group of more than 60 volunteers who work enthusiastically at a number of projects throughout the year. To be able to be a part of bringing the best possible patient care and comfort to our local area is exciting and the amazing generosity of our Shuswap residents has enabled the significant support needed to continue to bring excellent health care to our communities. Together we are all able to make a difference to each and every life.
The Shuswap Hospital Foundation’s Fiona Harris (R), Director of Development, works hand in hand with the SHF’s Board, including Rob Marshall, President, to help raise funds for health-care initiatives in Salmon Arm. Missing from photo is Diana McFarlane, Administrative Assistant.

$212k
Total foundation donations to IH (2016/17)

$4m
Total donations to IH

Some recent funding by the Foundation ...

$1.6m
CT scanner

$64,000
Chemotherapy area renovation

$107,000
Two palliative care rooms

$205,000
CT scanner upgrade

$72,000
ICU renovation

Find more information at www.shuswaphospitalfoundation.org.
Where we live & work.
Visit Facebook to see more of the faces in IH.
Gender-Based Violence: We All Can Help

This online learning series for health sector workers is a collaboration between the Ministry of Health, BC Women’s Hospital + Health Centre, and the Ending Violence Association of BC.

Residential school survivor Janet Longclaws says Canadians who say “just get over it” should consider empathy and learn their history.

Your Four Moments of Hand Hygiene

In clinical settings, practising these four moments can save lives — before touching a patient, before a procedure, after a procedure or body fluid exposure, and after touching a patient.
2018 Rural Health Services Research Conference

building intersections

Developing Intercultural Connections and Practical Solutions for Improving Health: Health Science and Community Partnering

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