WorkSafeBC and IH: Improving safety together

This is who I am
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Surgical Patient Optimization Collaborative
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IN CONVERSATION:  

CEO Susan Brown

In this issue of @IH, CEO Susan Brown talks about the exciting work underway to refresh our IH Vision, Mission, and Values.

@IH: Why is it important to refresh our Vision, Mission, and Values?

Susan: It’s been nearly 20 years since Interior Health was first created. In that time, we have seen incredible changes throughout health care – from technology advances and new care models, to increased partnership and patient / family involvement in decision-making.

We are a much different IH today. And, as our population ages and demographics put pressure on our services, we know we need to continue to find new approaches and solutions.

For that reason, being clear on where we’re going, how we’re doing that, and what we stand for – our Vision, our Mission, and our Values – has never been more important. These statements need to reflect our context, our times, and our aspirations for the future.

Vision, mission, and values are also foundational elements of organizational culture. Reviewing and confirming these statements is a key component of our longer-term commitment to delivering quality care and to strengthening relationships.

@IH: Is broad engagement required to do this refresh work?

Susan: The focus of this work is to engage with the IH “community”, internally and externally, and really open up the conversation.

Offering opportunities to contribute ideas, provide feedback on the existing statements, and share input into defining IH’s shared purpose will generate positive, engaged participation and discussions within and external to IH, creating a foundation for future endeavours.

Organizations that have completed similar processes have noted that the engagement energized relationships and has a lasting impact beyond the consultations – I’m excited about that!

@IH: What are the key milestones and activities for this refresh?

Susan: We were fortunate to kick off the conversation in early October, with a mix of staff, physicians, patient representatives and key partners coming together at a day-long workshop to launch the project and generate ideas.

A key success of the day was the identification of draft statements that reflect our shared commitment and purpose, give clarity to our future direction, and describe our values and what matters most in words which resonate broadly. Although the activities were challenging, I was inspired by the common themes between the draft statements produced by each group.

These draft statements are now being used to inform the broader engagement strategy, which began the last week of October and continues through November, with both online and in-person opportunities to participate.

All information gathered through the engagement will be reviewed by a working group, and used to inform recommendations to the IH Board of Directors for refreshed, Vision, Mission, and Values statements early next year.

@IH: Why do you feel passionate about this refresh work?

Susan: In my visits to sites and communities over the last year, since becoming CEO, I’ve heard that people want to better understand our desired future and how they can contribute to it. I want us to use this opportunity to help people feel more connected to who we are and what we do in IH. Talking about what is important and inspires us is exciting, and it’s important for everyone to feel they can be a part of that – every voice matters.

Although our day-to-day work continues and is essential, I strongly believe that a refresh of our Vision, Mission, and Values will provide inspiration and a common purpose as we move forward.

Learn more about Vision, Mission, and Values engagement opportunities on the InsideNet.
TAKE CONTROL OF YOUR HEALTH

PEOPLE LEADERS
Make sure your staff have everything they need for trouble on the road when travelling for work.

COMMITTEES
Host a Secret Pal draw where each employee does small acts of kindness for their secret pal throughout the month.

INDIVIDUALS
Add inspiration to your surroundings.
For most of her adult life, Chloe Baillie went to work every day with a secret.

It was a secret so monumental that four years ago, it – combined with other unexpected life events – landed her in the McNair Psychiatric Unit at Kelowna General Hospital (KGH).

With the help of counsellors and a psychiatrist, Chloe accepted it was time to stop living a double life, although she knew that wouldn’t be an easy transition.

Chloe, now 47, learned early on speaking her truth could have huge consequences.

“I didn’t have the words, but when I was seven years old, I tried to tell my mom how I was feeling. She knew what I was saying and the fallout was extreme because my parents were very religious. A prayer meeting was arranged at our house that night and all the people in our church came.”

From then on Chloe, who was named Cory at birth, kept her mouth shut and toed the line.

“No one was going to accept that I truly was a girl living in a boy’s body.”

Even keeping that information to herself made no difference to the outside world.

“I didn’t tell people what I knew about myself, but other kids sensed I was different. I was ostracized and things happened that hurt me, so I got very good at pushing my feelings into an ‘emotions bag.’”

Any traumatic event or incident would get stuffed into the bag because that was better than dealing with it. One day, though, that strategy no longer worked and her whole world became too much to bear.

“The cork popped off of everything and I wasn’t able to put it back in the bag.”
An epiphany

Although her mental health crisis was devastating for her and her family, the help that followed showed Chloe she did not have to keep living a lie and that she deserved to be happy.

“I kind of had an epiphany when my counsellor asked me whether, on my death bed, I would be glad that I lived the life that was right for me or regretful because I did what everyone else wanted me to do. Her question resonated with me.”

Up until four years ago, Chloe lived as many men do. She got married, had three children and found a steady job. Her wife left when their children were small and, eventually, Chloe was a single parent and sole support for a daughter and two sons.

Her second marriage also ended after she disclosed her identity.

“She left, but I can’t blame her. It wasn’t what she signed up for.”

The end of the relationship as she was recovering from her breakdown was tough.

“I was trying to hold everything together. It took a long time to get moving on with life.”

She did, however, decide to be herself at home.

“My kids are so great. They accept me for me. When I told them, their response was basically that I was always there for them and they will always be there for me.”

It was addressing her identity at work that caused Chloe the greatest anxiety and so she held back on releasing the secret.

Until 2014, Chloe built signs for a living. It was a job she loved, but had to leave due to a serious back injury.

Continued on p. 8
“WorkSafeBC provided a list of possible options for retraining and the medical device processing course caught my attention because I’ve always liked working with tools, as well as building things.”

Chloe took the six-month course, which included a 400-hour practicum at KGH. Afterwards, she was hired to work at both KGH and Vernon Jubilee Hospital. On her employment papers, she put Cory Baillie, as she had done her whole life.

**Interior Health response**

But every day as Cory became more difficult.

“I had to police my actions and my language. At home, people knew me, but at work, they did not. It was really wearing trying to live two separate lives.”

Her psychiatrist encouraged Chloe to speak to Human Resources, but she was too concerned about the reaction of her employer and colleagues.

“Then he gave me the second piece of advice that hit home. He told me if someone has a problem with who I am, it’s not my problem, it’s their problem.”

One day in 2018, Chloe sent HR Business Partner Cory Burnett an email, asking what policies were in place for employees transitioning genders.

“I was really worried about what was going to happen, but basically, he just responded, ‘let me see what we can do to help move this forward’.”

Cory had never had the question before. “I told her I didn’t think we had a process, but that we probably should have.”

Then Chloe went to Shona O’Connor, her manager in the MDR at Vernon Jubilee.

Without hesitation, Shona asked “how can I support you?”

“Shona was so great,” Chloe recalls. “She really got things moving.”

Meanwhile, Cory had begun working on a plan and, with the support of supervisors and HR Leadership, a consultant specialized in transgender inclusion was brought in. The consultant assisted with the preparation of materials and documents, as well as providing ongoing consultation.

“As a result, this work has also better positioned the organization to support other transgender employees who may need or want similar support and assistance for their own journeys,” Cory said.

“It’s been one of the most satisfying moments that I’ve had in my career – it was such an opportunity to make a real difference in someone’s work life.”

The next step was more terrifying for Chloe. It was time to tell her co-workers and others at the site who interact with her regularly. She used one of the templates provided by the consultant as a foundation for her email.

**Telling her colleagues**

“I was seriously freaked out. I hovered over the send button for a long time. I finally hit it and then waited to see what nasty comments would come back at me. Would I get hate emails?”

Within 17 seconds, the first response arrived. A woman in Purchasing sent a “super positive” email back, along with a graphic of someone cheering.

“By the end of the day, I had a whole page of emails. People told me how proud they were of me for knowing who I was. One person told me it takes guts to know your truth. Some people live their whole lives without knowing.”

Shona says she was particularly proud of her MDR team, especially at their Christmas event when Chloe arrived in feminine attire. At work, everyone basically looks the same in scrubs – no makeup is allowed – so this was a defining moment.

“When she walked in, it was more about trying to get her on their bowling team because she’s a good bowler. The staff members are more concerned about whether people can do their jobs than their gender.”
Changing the system

The IH Employee Experience team embraced the responsibility of ensuring that the people who follow in Chloe’s footsteps will feel safe and supported.

Elisa Brown, IH business partner leading and building diversity and inclusiveness for the organization, reached out to Chloe to find out how the workplace environment could be improved.

She also saw a chance to celebrate what Chloe has done for others in the workplace.

"Telling Chloe’s story is important for other staff members. Hopefully, it will give them comfort in knowing if they come forward that IH will be there to support them."

Her manager, Kim Dedora, said an organization can have a policy, but it also has to work for the employees who need it.

“We have to know where improvements can be made and we also want to know how we can help other employees support their co-workers. We all have degrees of acceptance when it comes to diversity in the workplace.

IH supports equity and diversity, including education for others if they need it as well."

What’s next?

Chloe continues to accept herself.

"I still struggle. When I am in the shower, I don’t like what I see. I can get depressed if I think about it too much.”

She admits she won’t truly feel comfortable in her own skin until a full transition has occurred, but it’s a long process. Starting hormone therapy was relatively easy, but waiting for a second letter from a psychologist, which is required before a surgery date, is delaying progress at the moment.

“You don’t just go to the doctor and say I want to be a woman. For good reasons, there is a process to follow, especially for teenagers.”

“But if I could have done this when I was in my late teens or 20s, my life would have been totally different. I wouldn’t have had all these issues.”

While she waits for her future to really begin, Chloe is thankful she can live authentically at home and at work.

Resources for managers and staff

For more information on transitioning in the workplace or related topics, you are encouraged to contact your HR Business Partner or Employee Experience team for support.

- IH Diversity Policy
- Employee Experience InsideNet page
- Equity, Diversity and Inclusion InsideNet page
MHSU teams honoured
with special IH Quality Award

Dr. Devin Harris (left) and Dr. Harsh Hundal (right) presented an award to Corinne Dolman, Director Substance Use; Dr. Carol Ward, Geriatric Psychiatrist; and Danielle Cameron, Health Service Administrator MHSU, who accepted the award on behalf of all MHSU teams.
This year, IH’s Mental Health and Substance Use (MHSU) teams received a special honour from the IH Quality Award committee, after receiving three quality awards during the course of the year.

Danielle Cameron and Central Okanagan MHSU

Danielle Cameron and the Central Okanagan MHSU team were recognized for improving the MHSU service continuum from community to tertiary care. Key components of this work included:

- implementing a Rapid Process Improvement Workshop (RPIW) at Kelowna General Hospital Emergency Department with MHSU;
- introducing Lean Management into MHSU operations – resulting in nine team members completing Lean training, regular cascading Status Assessment Exchange occurring through MHSU operations, and the creation of the OAT clinic dashboard to inform operations;
- establishing a culture of “Continuous Quality Improvement” into MHSU operations; and
- introducing work focusing on integration between acute and community portfolios.

“Embedding continuous quality improvement throughout all health service delivery supports clinical teams to improve our services,” says Danielle. “We engage with our clinical leaders and clinicians to be involved in identifying challenges and areas of waste, implementing and monitoring corrective action, and studying the results of these actions and resulting improvements.

“Through working with all members of the team, we provide opportunities for front-line staff to identify challenges and complications in their processes. This improves staff engagement and their satisfaction as all members are invited to contribute to and participate in making things better for the patients in our care and those seeking access to care.”

Corinne Dolman and Andrew Kerr, OAT clinic

Corinne Dolman and Andrew Kerr were recognized for their work in enhancing services at the Opioid Agonist Treatment (OAT) clinic at the Community Health and Services Centre in Kelowna. OAT is an evidence-based, first-line treatment that uses prescribed medications to stabilize a person who uses opioids such as heroin and fentanyl. Expansion of OAT services is a key part of Interior Health’s response to the ongoing opioid overdose emergency. The duo established a dashboard to monitor demand and clinic accessibility, inform operations, and help the team adjust service delivery accordingly.

“The work to improve OAT access in Kelowna was very satisfying as we heard first hand from so many clients how it had made a difference in their lives,” says Corinne.

“The work supported the team to establish a culture of continuous quality improvement in the clinic team which includes administrative support, clinicians, and GP/NP primary care providers who prescribe in the clinic. The tools created support the team to monitor, manage, and respond to changes in accessibility to OAT treatment. When people with opioid use disorders have timely access to these lifesaving medications, they stabilize quickly and are often able to get their lives back.”

Dr. Gareth Manheimmer and Dr. Michael Walsh, Invermere

Dr. Gareth Mannheimer and Dr. Michael Walsh were recognized for their work to bring addiction services to the Invermere community. For many years, the only help available to people in Golden and the Columbia Valley battling opioid addiction required a long trip to Cranbrook. The two to three hour trip was made even more challenging when public transportation to Cranbrook was reduced.

The Invermere emergency department was seeing significant numbers of overdoses.

In response to these challenges, Dr. Manheimmer and Dr. Walsh worked with IH MHSU to bring addiction services to Invermere. Through collaboration and the sharing of resources, the team started an OAT clinic out of the Mental Health Unit in Invermere, making a big difference for those with opioid addiction.

Congratulations to our MHSU teams and thank you to everyone in IH who continues to improve quality on behalf of those in our care.

Annual IH Quality Awards story on p. 12.
Annual IH Quality Awards

Throughout the year – and every year – staff across Interior Health engage in quality improvement initiatives. Each month, the IH Quality Improvement and Patient Safety team recognizes those staff who are making a difference through quality improvement. Each of these recipients is then considered for the annual IH Quality Awards, with individual and team awards.

Individual Award Winner – Dr. Nerine Kleinhans

A physician at Creston Valley Hospital, Dr. Kleinhans and her team worked with collaborative members to form the Youth Service Hub – a medical clinic at Prince Charles Secondary School in Creston.

The Hub opened in Feb. 2018, but Dr. Kleinhans and her team started working on the idea of a Youth Service Hub in 2017 when Principal Scott Cobbe called a meeting to highlight the problems that they were immediately facing in the high school. Scott and his teaching staff were noticing an increase in mental health concerns with their students, and the teachers felt unsupported. At the end of the meeting, planning was well on its way for the Hub.

Today, this collaborative clinic – which runs two mornings per week – is housed at the high school and includes Public Health nurses, Child & Youth Mental Health Substance Use counsellors and a navigator, and local physicians. Read more about the Youth Service Hub in the Loop.

Individual Award Winner – Lesley Thellend

To Pee, or Not to Pee? That is the question – and the title of Registered Nurse Lesley Thellend’s ambitious project to deliver better outcomes for renal patients at Royal Inland Hospital.

As part of the Quality Improvement and Patient Safety (QIPS) Unit Leader Program, Lesley set out on a mission to solve a host of problems identified by renal nurses: their patients were not receiving certain medications, receiving the wrong dosages, receiving too much fluid, or receiving medications at the wrong time. It turned out that medical unit staff did not always know what the medications were for or why they might be important.

Lesley’s efforts have already led to increased confidence among staff who manage medications for renal patients. Read more about Lesley’s project in the Loop.
Team Quality Award Winner – Mobility: Back to Basics Project

Natalie Kulyk, Teressa Allwood, and the 100 Mile House team have received the annual IH Team Quality Award for their project, Mobility: Back to Basics.

The project aimed to increase mobility for hospital patients in 100 Mile House, with a goal to improve quality of care by reducing length of stay and related complications. To do this, the project team incorporated specific mobility plans into care plans, which were discussed daily at huddles and rounds with all team members.

Through the team’s combined efforts, the project has seen positive results – mobilization has become a part of daily routines and patients who may have previously been restrained are now able to walk either independently or with assistance. In addition, the morale and sense of teamwork has improved among staff who now share a sense of pride in their achievements and keep each other accountable for continuing to keep patients out of bed.

The team was also recognized with an Award of Merit for Excellence in Person-Centred Care at the BC Health Care Awards in June.
HAZARD AHEAD!

Reduce your slips and falls this winter by wearing the right outdoor footwear and using caution when entering and exiting your building.
The late summer sun was shining and the downtown sidewalks were already busy as Sheila Lewis walked the short few blocks from her car to her Kelowna office.

As a Practice Lead with Mental Health and Substance Use, her mind was busy with thoughts about the work day ahead – a day booked with meetings about harm reduction and engagement with IH’s Aboriginal communities.

As she rounded the corner at Bernard Avenue and St. Paul Street, she came upon a young woman lying on the sidewalk. A bystander had stopped and was trying to revive her, but the woman was unresponsive. With a background in MHSU outreach, Sheila was all too familiar with the signs of overdose.

“I have done naloxone training and always carry a kit. I have had four instances where I’ve had to administer naloxone before. When I rounded that corner, I thought ‘Okay, I have my kit on me,’” Sheila says.

Naloxone is a medication that quickly reverses the effects of an opioid overdose. It is widely available in B.C. without a prescription.

Sheila administered the naloxone. At that point members of the City of Kelowna’s Downtown On Call staff arrived to take over the response.

Confident that the situation was in hand, she made her way to the office, reflecting on how busy that particular corner was.

“She looked like she had been there for quite a while. Her feet were uncovered, she had no shoes,” says Sheila. “I’ve resolved that whenever I see someone in distress, to go and check whether someone has called 911. Naloxone is perfectly safe, so even if the person has not experienced an opioid overdose, you’ve ruled that out and there is no harm done.”

“I have training, and after years of doing early morning outreach, I am comfortable checking on people. But nothing can prepare you for being face to face with someone whose life is in distress,” Sheila continues. I encourage people to take the training and after that, practice is good to have. I advocate for a debrief after these events too.”

After coming into work that morning, Sheila shared her experience with the MHSU “pod” she works closely with, and they all decided to get the naloxone training. These days they carry kits and are prepared to respond in the event of an overdose, recognizing it can happen anywhere, anytime.

To learn more about naloxone and how you can help save a life, visit www.towardtheheart.com.
THE
Surgical Patient Optimization
COLLABORATIVE
The day of surgery is inherently dramatic. The cast of characters – surgeon, anesthetist, and nurses – converge around the central protagonist, the patient, in what is aptly termed the operating theatre.

Comparatively, the lead up to surgery is rather ho-hum. Yet a good performance the day of surgery depends on pre-operative preparation. The Surgical Patient Optimization Collaborative, or SPOC, aims to make that wait time much more engaging.

An initiative of the Specialist Services Committee of the Doctors of BC and the Ministry of Health, SPOC brings together 15 teams from all of the province’s health authorities to share ideas on improving patients’ readiness for surgery. Four of the teams are from Interior Health sites: Kootenay Boundary Regional Hospital in Trail (KBRH), Royal Inland Hospital in Kamloops (RIH), Kelowna General Hospital (KGH), and Penticton Regional Hospital (PRH).

Each team focuses on one or more of 13 optimization components: alcohol and drug usage, cardiac disease, frail elderly, glucose control, physical activity, pain management, nutrition, smoking cessation, social supports, deep vein thrombosis (DVT) prophylaxis, anemia, sleep apnea, and mental health. If patients at risk for certain components can be effectively screened and optimized before surgery – for example, if they stop smoking for even a few weeks before surgery – they will experience better outcomes and less complications, such as surgical site infections.

The collaborative, which runs until September 2020, provides the IH teams with funding support, access to content experts on the various components, and data collection guidelines in order to implement patient optimization.

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Each site approaches the optimization process in a slightly different way, though they share commonalities: engagement, particularly of primary care providers and the patients themselves; early optimization; and sustainability.

**Engaging General Practitioners**

Without optimization, a GP may refer a patient for surgery and then not see or hear from that patient until after the surgery. SPOC aims to bring GPs further into the loop.

At PRH, the ten-member SPOC team is tackling three components: glycemic control, smoking cessation, and deep vein thrombosis (DVT). Kathleen Jagger, Project Manager, had already been working with GPs on the glycemic pathway. Glycemic, or glucose control, has become a major issue with the rise of type 2 diabetes. A person may come to surgery unaware that she has prediabetes. Hyperglycemia is known to impair immunity, and with the added stress of surgery, the risk of surgical site infections increases. Getting an A1C blood test well in advance of surgery is crucial. If the result is worrisome, the GP can then refer the patient to the diabetic clinic or internal medicine to manage glucose levels.

To involve more health-care providers, the PRH team hosted a Continuing Medical Education (CME) presentation on optimization in early October for 47 people, including 17 GPs, as well as specialists and IH staff and managers. The GPs were then given a questionnaire asking if they would participate in trialing the team’s glycemic pathway.

Similarly, the KGH SPOC team has developed a process to engage GPs. They are focused on four components: glucose control and anemia to start, followed by sleep apnea and cardiac disease. The screening algorithms for these components have been added to the standard pre-surgical screening telephone questionnaire. The Pre-Surgical Screening Nurse (PSSN) scores the patient and sends the results to the patient’s GP. If the patient is deemed to be at risk, the PSSN can also order blood work and have the results sent along, as well. The GP and patient can then work together to optimize for surgery.

On the KBRH SPOC team, Dr. Sue Benzer, who represents family practitioners, has been a strong advocate for family doctors to get involved in the optimization process. As President of the Medical Staff Association and President of the Kootenay Boundary Physicians Association, and having run a family practice for 20 years, she understands that family doctors want to optimize their patients but that they don’t always have the capacity to do all the optimization they would like. Yet she sees the current transformation of primary care changing this situation.

“Primary Care Networks (PCNs) hold a lot of promise,” says Dr. Benzer. “With physicians, allied health, nurses, physiotherapists, social workers working as a team, they’ll have more capacity to work on optimization.”

However, for some surgeries with wait times of weeks rather than months, patients may not be able to access their primary care provider soon enough. This is the case for the RIH SPOC team that is focusing on colorectal patients with short intervals of about four to six weeks between booking and actual surgery. Therefore, the team created a Nurse Navigator position.

“The Nurse Navigator serves as a quarterback for patients throughout their surgical journey,” says Dr. Tom Wallace, General Surgeon and NSQIP Surgeon Champion.

Their plan is for the screening to be initiated in the surgeon’s office, including for smoking cessation and nutrition components. The Nurse Navigator will then review
the screening tool scores and determine interventions. At the pre-surgical screening appointment, the Nurse Navigator and patient go over these interventions, and the patient has their anesthesia consult at the same appointment. Finally, the Nurse Navigator will call the patient just prior to surgery to discuss how the patient is doing.

**Engaging Patients**

Whether a GP or Nurse Navigator is providing interventions to optimize patients, the patients themselves must be "activated" for optimization to be successful. Patient activation is the phrase used by the Collaborative to measure patients' knowledge, skills, and confidence necessary to manage their health. In effect, at the highest level of activation, patients are their own advocates. While they may still struggle with the stress of surgery, they have also cultivated resilience.

One way the SPOC teams will activate patients is through a Surgical Optimization Patient Passport. Adapted from the Campbell River Hospital patient passport, it has space for patients to write in the contact information of their care team, important dates, and other notes. It also provides information and resources for nutrition, exercise, smoking cessation and, if required, anemia management.

"Our hope is that even patients who don’t screen positive for interventions will still optimize themselves," says Dr. Wallace at RIH.

Like RIH, the KBRH SPOC team plans to implement the Surgical Optimization Patient Passport, with work they've already done. KBRH recently received a Quality Improvement Award for their progress in eliminating surgical site infections (SSI) – see [A True Quality Mindset](#) in the Summer 2019 issue of our @InteriorHealth magazine.

"The seven steps we developed to reduce SSIs dovetails really well with SPOC," says Cindy Ferguson. "It really is optimization. That is, how can we help patients get themselves ready for surgery earlier?"

Not only will this lead to better outcomes for patients, Cindy also points out that optimization leads to fewer postponements as patients do show up for surgery healthier. That is a win for wait times.

**Next Steps**

On September 23, all 15 SPOC teams from across the province met in Richmond for a face-to-face learning session. According to evaluations, 92 per cent of the attendees agreed with the statement: "I predict patients from our site will have a better experience as a result of this work." They are now motivated to implement their ideas and continue to engage others in their community.

"The beauty of SPOC is that it brings together physicians through Doctors of BC and all the province’s health authorities to share ideas and practices," says Sarah McLeod, Project Manager, Site Surgical Initiatives.

Geoff Schierbeck, Specialist Services Committee Liaison and SPOC Lead, applauds the IH teams.

"Interior Health sites are making major contributions to the collaborative. They are leaders in many areas.”
An injury can happen at any moment, when you least expect it, to you or someone in your care.

Picture this: A woman living in long-term care is lying on her bed, waiting for transfer assistance to her wheelchair. A care aide enters, begins to lift the resident and hurts his back. What was it that caused this injury? And, what can be done to ensure it doesn’t happen again?

“I see injury reports like this often – and most, if not all, are preventable,” says Jeff Betker, Long-term Care Health Service Administrator for the East Kootenay.

To reduce worker injury in long-term care – the health-care area most prone to injuries – Interior Health partnered with WorkSafeBC to develop injury-prevention initiatives and enhance workplace safety.
These were Noric House in Vernon; Kimberley Special Care Home; and Overlander Long Term Care in Kamloops.

The project team included the long-term care managers from the selected sites, Workplace Health and Safety team members, and WorkSafeBC consultant Stephen Symon.

During a series of face-to-face meetings, worker interviews, site visits, and surveys, the project team identified what was working well and what was not. Data was then compiled and analyzed by the project team then ranked into areas of improvement.

“We looked at the current safety practices at each site, then compared them with current best practices in the industry,” says Stephen. “From here, we developed a list of opportunities for improvement and then prioritized this list by what was easy or hard to do, and if it had a low or high impact.”

At the end of the process, four key areas of opportunity were identified:
- Joint Occupational Health & Safety (JOHS) committee improvements;
- worker awareness of health and safety expectations;
- regular safety audits as part of normal business; and
- consistent communication of incident information to injured workers and staff.

Each of the site managers began implementing new processes and making improvements to safety practices by early 2019. Since then, all have seen success.

**Kimberley Special Care Home**

Managers Tracy Bathory and Kim Gordon spearheaded improvements at Kimberley Special Care Home.

“One of the first things we did was reorient our staff in regards to expectations on performance, quality of care, and worker safety,” says Kim. “For example, with care plans that required two to three person care, we created partner systems to ensure worker safety and highlighted that working alone was not acceptable.”

With WorkSafeBC as a support, the Kimberley team created new auditing tools to identify and correct or remove unsafe work practices and ensure adequate and appropriate tools and equipment were available, such as slings to assist with patient transfers.

“We are already seeing the shift to a safety culture,” says Tracy. “Our employees are watching out for each other – if they see someone using improper body mechanics, they say something and educate one another – this is helping to avoid and reduce the risk of MSI.”

Since embarking on these safety changes, the Kimberley site has seen less injuries than in previous years.

*Continued on p. 22.*
"A reduction in injuries is great, but what I am most proud of is the conscientious efforts of our staff to be safe at work – in their actions and in their heads,” adds Tracy. “This is the milestone that will take us into an injury-free worksite.”

**Noric House**

At Noric house in Vernon, long-term care manager Victor Skrinnikoff says that the greatest impact he’s seen after implementing a series of safety changes is the overall awareness of safety amongst staff.

“People are talking about safety and how it fits into their day-to-day roles,” says Victor. “Staff are thinking about scenarios where safety may be compromised and taking corrective actions to eliminate a hazard before an injury occurs.”

Victor adds that Noric House safety advocate Trent Wruth has been instrumental in delivering safety messages to front-line staff.

“As a JOHS committee member and practicing care aide, Trent understands what safety means and how it should be implemented when caring for residents. He is able to deliver safety processes by speaking the language of the frontline, which is having a greater impact.”

**Overlander Long Term Care**

Matt Renfrew, Long-term Care Manager at Overlander in Kamloops also sees an increase in staff awareness and credits consistent safety messaging during safety huddles, on their ‘did you know’ board, and through safety email updates.

“We do regular safety audits and, during the start-of-shift safety huddles, the audit reports are reviewed with the team and they can identify any unsafe trends,” says Matt. “This is one important way we are coming together as a group to emphasize and prioritize safety.”

Matt is also focused on keeping staff job-attached around an injury, adjusting their tasks to light-work duties before an MSI injury escalates to a complete disability. The light-work duties also help staff return to full duty as soon as possible.

“We’ve set up light-duty tasks that are an option for anyone who is suddenly injured and cannot continue with their regular duties,” says Matt. “This may provide staff with an option to be at work while injured, rather than on an extended leave of absence.”

**Next Steps**

Now at the conclusion of this project, all three sites are seeing decreased MSI injuries compared to this time last year.

“This experience has really made a difference to safety at our sites,” says Jeff. “We now have effective processes to share information and communicate regularly with staff about identified hazards and subsequent improvements safety. And, we have empowered our people to educate safety amongst their peers, emphasizing to everyone that personal safety comes first.”

The key areas identified and actions implemented at these three sites will help to develop the Health & Safety Management System that will be rolled out to the other long-term care sites in IH. Once long-term care is complete, the same process will be applied to develop safety action plans for acute and community – contributing, overall, to a healthier, safer IH.
1. Stay home if you are feeling unwell.
2. Get the influenza (flu) shot.
3. Wear a mask, located at facility front entrances, if you have not been immunized against influenza.
4. Cover your cough or sneeze with a tissue or your elbow.
5. Wash your hands frequently with soap or hand sanitizer.

Children and individuals over 65 years of age are particularly vulnerable.

Who will you protect?

Please remember to self-report your influenza immunization or decision to mask at https://influenzareporting.org.
An interview with Jean Perog, President, Nicola Valley Health Care Endowment Foundation

**Tell us about the focus of the Foundation and why what you do is important.**
The Nicola Valley Health Care Endowment Foundation is a charitable society that was incorporated in 1984. We are dedicated to provide funding to support and benefit patients and their health-care needs, such as lifesaving equipment, medical education, emergency room care, and special programs unique to the Nicola Valley. Our goal is to see that Interior Health and other community partners are able to provide the finest care possible now and in the future.

**Do you have any favourite fundraising campaigns?**
Our major campaign fundraisers come to mind: Gillis House, Berta Fraser Adult Day Centre, and the upgrade to the Emergency Department at the hospital.

All three projects were essential for improved health care and meeting the needs of the residents and visitors of the Nicola Valley.

**What’s one of the Foundation’s proudest moments?**
It always overwhelms me on how supportive and generous our community is to any fundraising campaign we have had.

**Is there a particular donation over the years that stands out in your mind?**
An elderly couple would personally bring a donation to us every year – the amount varied but it was always all they could afford – they would insist on giving it to me and would apologize every year that it was not more. It was very touching.

I learned that every donation, no matter the amount, is important and deserves the same attention.

**Any parting words?**
The success of our Foundation is because of the support from our community and the dedication of our Board. The generosity of our community inspires us to continue to ensure the very best is available in equipment and health care for our community.
Jean Perog, Foundation President, speaks at the celebration for the completion of the emergency room expansion project on June 12, 2019. Minister of Health Adrian Dix was on site for the ribbon-cutting ceremony, along with other valued partners.
Where we live & work

Williams Lake
Submitted by: Charlene Smythe
Cranbrook
Submitted by: Sjaane Beattie

Nakusp
Submitted by: Emily Larochelle

Kelowna
Submitted by: Tina Leibel
Remembering Louis Riel

On the 175th anniversary of the birth of Louis Riel, the Métis National Council looks at how he became Founder of Manitoba and Leader of the Métis Nation.

YouTube > MNCinfo > Remembering Louis Riel

Transgender Healthcare

This informative video is based on themes from focus groups and interviews with 13 participants of varying ages, gender identities and stages of transition from LGBT Youth, Scotland.

Youtube > My Generation > Transgender Healthcare

Why Get Vaccinated?

Get immunity for your community! Community members from across IH share their reasons for getting the flu shot this season.

Facebook > Interior Health > Flu Video
DURING THIS Season of Giving

DON’T FORGET YOUR LOCAL HOSPITAL Foundation! or Auxiliary.