

ORGANIZATIONAL RENEWAL UPDATE

The selection process for the Executive Directors and the Executive Medical Directors is now complete and the successful candidates for the five clinical portfolios and the Quality and Patient Safety Office are noted below.

Each portfolio will be co-managed, which will ensure clinical and non-clinical professionals work together to improve access and quality of our services. Co-management is modeled in the reporting structure also as the clinical portfolios and the Quality and Patient Safety Office will report to **Dr. Glen Lowther, Executive Vice-President and Chief Medical Officer** and **Mike Conroy, Executive Vice-President and Chief Operating Officer**.

“We are looking forward to working closely with the new Executive Directors and Executive Medical Directors as we move toward a more fully integrated health system,” said Dr. Lowther.

“The caliber of applicants was impressive and demonstrated the leadership and talent we have in this organization”, notes Mike Conroy. As the co-management model is based on a philosophy of inclusiveness, it will be important for co-leaders to know and understand the environment and ensure that key players have the opportunity to provide meaningful input into planning processes and decision-making.

The successful candidates have now assumed their positions. Each portfolio is responsible for a grouping of programs, services or functions that will be finalized within the next few weeks. An updated organization chart will be available very soon.

The next step in the Renewal Process is the recruitment of the Medical Director and Director positions. Any staff who wish to express an interest in a posting are encouraged to visit www.viha.ca/jobs as of May 25, 2005.

CLINICAL PORTFOLIO

EXECUTIVE DIRECTOR

Catherine Mackay

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Catherine Mackay has over 14 years experience in health care management with an expertise in strategic and operational planning, quality improvement and resource management. As well, she has extensive clinical experience in Emergency and Critical Care. Prior to being appointed Executive Director, Catherine Mackay was Director, Emergency, Surgical and Medical Inpatient Services for the Vancouver Island Health Authority, South Island. She has held a variety of senior positions within VIHA, government and the former Capital Health Region and Greater Victoria Hospital Society, including Manager, Renal Program; and Project Manager, Diagnostic and Treatment Centre.

Catherine Mackay has held an RNABC Practicing Membership since 1982 and has a Master of Science in Nursing.

EXECUTIVE MEDICAL DIRECTOR - Dr. Michael Levis

Dr. Michael Levis has been Area Medical Director for the North Island since the establishment of VIHA, and more recently also assumed the responsibilities of Area Medical Director for the Central Island. His clinical background includes specialty training in Anesthesiology and Emergency Medicine and a sub-specialty qualification in Critical Care Medicine. Dr. Levis has also recently undertaken his Master of Health Science (Clinical Epidemiology) with the University of B.C. He has recently pursued research interests to investigate health service responsiveness and access to care.

** Catherine Mackay and Dr. Michael Levis will be located at Victoria General Hospital.

CLINICAL PORTFOLIO B	CLINICAL PORTFOLIO C
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EXECUTIVE DIRECTOR
Bob Clark

Bob Clark has 25 years experience in health care management and administration with expertise in quality improvement and program integration. Prior to being appointed Executive Director, he was Director, Clinical Support Services, on the South Island. Bob Clark has held a variety of positions within VIHA and its preceding organizations, including Regional Occupancy Coordinator responsible for the transition of programs from the Royal Jubilee Hospital to the new Diagnostic and Treatment Centre; Administrative Director, Medical Imaging Services, Greater Victoria Hospital Society/ Capital Health Region; and Manager, Medical Imaging, Victoria General Hospital.

Bob Clark has a Master of Health Care Administration and is a candidate for Certified Health Care Executive.

EXECUTIVE DIRECTOR
Allison Cutler

Allison Cutler has close to 20 years management experience at senior leadership levels, many of these working in the fields of child, youth and family health and public health. Prior to being appointed Executive Director, she was Area Director, Child Youth Family Program, Vancouver Island Health Authority, Central Island. She has also served as Vice President, Child Youth Family and Mental Health Programs with the Central Vancouver Island Health Region. Allison Cutler was also Regional Coordinator and Chief Program Officer; Public Health Nursing Administrator; and Public Health Nurse for the Central Vancouver Island Health Unit.

Allison Cutler has a Bachelor of Science in Nursing and a Master of Science in Nursing Administration. She has also worked as a sessional instructor at Malaspina University College.

EXECUTIVE MEDICAL DIRECTOR - Dr. Con Rusnak

Dr. Con Rusnak is a General Surgeon and Chief of the Department of Surgery, South Island. He has served in this capacity for Vancouver Island Health Authority and its preceding organizations, the Greater Victoria Hospital Society and Capital Health Region for over 15 years. He has also been the Medical Program Director for the South Island Surgical Program since the establishment of program management. Dr. Rusnak has supported quality improvement and patient safety activity and has been instrumental in building a comprehensive and world-class tertiary surgical service in Victoria. He has collaborated with external partners, including the British Columbia Cancer Agency and the Island Medical Program.

EXECUTIVE MEDICAL DIRECTOR - Dr. Robert Burns

Dr. Bob Burns is an Emergency Physician from Edmonton, Alberta. Prior to his appointment as Executive Medical Director with the Vancouver Island Health Authority, Dr. Burns was Registrar and Chief Executive Officer of the Alberta College of Physicians and Surgeons, responsible for the regulation of the medical profession in that Province. He also serves as the President of the Federation of Medical Regulatory Authorities of Canada and is former Executive Director of the Alberta Medical Association. Dr. Burns has an extensive background providing professional support and leadership to physicians and other stakeholders.

** Bob Clark and Dr. Con Rusnak
will be located at Royal Jubilee Hospital.

** Alison Cutler and Dr. Bob Burns
will be located at Nanaimo Regional General Hospital.

CLINICAL PORTFOLIO



EXECUTIVE DIRECTOR

Jenny English

Jenny English has 20 years of managerial and administrative leadership experience in a wide variety of health care settings. Prior to being appointed Executive Director, she served as Acting Executive Vice President and Chief Operating Officer for the Vancouver Island Health Authority. Jenny English has also served as Director, Seniors' Care, VIHA, South Island; Manager, Short Term Intervention Primary/Community Care for the Capital Health Region; and Director of Patient and Resident Care at Saanich Peninsula Hospital.

A Registered Nurse by training, Jenny English has served as Director of Nursing Emergency Care and Surgery for the GVHS, and has worked in public health nursing as well as in a variety of general duty nursing positions in the United Kingdom.

EXECUTIVE MEDICAL DIRECTOR - Dr. Richard Crow

Dr. Richard Crow has been a Family Physician on Vancouver Island for over 15 years. He is the Medical Director for Home and Community Care and also for Primary and Community Hospital Care, VIHA South and was the Medical Program Director for Community Health for the Capital Health Region. Dr. Crow has worked extensively in the development of primary health care programs, home care and home support services and palliative care services. Previously, he was Lead Faculty for Curriculum in UBC's Family practice Residency Programs and is a Fellow of the College of Family Physicians of Canada.

** Jenny English will spend the majority of her time in central and north island. The location of her permanent office will be reviewed at a later time. Dr. Richard Crow will be located in Victoria.

CLINICAL PORTFOLIO



EXECUTIVE DIRECTOR

Chuck Schactman

Chuck Schactman has 27 years experience managing and delivering health care services, all in the area of child and maternal health. Prior to being appointed Executive Director, he served as Regional Director, Child/Youth & Family Health for the Vancouver Island Health Authority, responsible for the operation of all child health and maternity services within VIHA. Chuck Schactman has also served as Executive Coordinator, Queen Alexandra Centre for Children's Health and Director, Child Life program, Victoria General Hospital.

Chuck Schactman holds a B.C. Teacher Certification, and has a Bachelor of Science in Psychology and a Master of Arts in Developmental Psychology and Special Education.

EXECUTIVE MEDICAL DIRECTOR - Dr. Richard Stanwick

Dr. Richard Stanwick was appointed Chief Medical Health Officer for the Vancouver Island Health Authority in 2001. Prior to this, Dr. Stanwick was Medical Health Officer for the Capital Regional District (CRD). Dr. Stanwick practiced pediatrics in Manitoba for 15 years and was also Assistant Provincial Epidemiologist and Medical Health Officer in that Province. He was a full professor at the University of Manitoba in both Pediatrics and Community Health Sciences, and has held an Adjunct Associate Professor appointment with the Faculty of Health Information Science at the University of Victoria since 2000.

Dr. Richard Stanwick and the portfolio leadership will be working closely with Dr. Charmaine Enns, Medical Health Officer in the North Island, to help the Women's Health, Aboriginal Health and Wellness/Prevention/Promotion programs achieve success. Dr. Enns experience in the North Island and work with at risk populations will be instrumental in supporting this work.

** Chuck Schactman will be located at Queen Alexandra Centre for Children's Health (Victoria). Dr. Richard Stanwick will be located at his current office in the Fort/Royal Medical Building in Victoria.

EXECUTIVE DIRECTOR

Lesley Moss

Lesley Moss has over 25 years experience in acute clinical practice and leadership focusing on initiatives that promote safe, quality patient care. She demonstrates a commitment to evidence-based standards of care that support ethical decision-making. Prior to being appointed Executive Director, Lesley was Director, Patient Care for the Vancouver Island Health Authority where she was responsible for delivery of clinical service in adult ICUs and Rehabilitation Services. She has held senior positions within the Capital Health Region, responsible for a variety of clinical and support areas. Lesley is a Registered Nurse, and holds a Masters of Arts in Leadership and Training from Royal Roads University.

EXECUTIVE MEDICAL DIRECTOR – Dr. Howard Dyan

Dr. Howard Dyan has been a Medical Director for the Vancouver Island Health Authority since December 2004. Prior to this, he was Medical Director for the Vancouver Island Health Authority, Central Island and its predecessor, the Central Vancouver Island Health Region. Dr. Dyan practices Emergency Medicine at Cowichan District Hospital and has been head of the Division of Emergency Medicine at the hospital. He has also practiced medicine in the Northwest Territories and in Ontario. Dr. Dyan has keen interest in quality, and has served on a variety of local and regional committees aimed at improving patient safety. Details about the new Office of Quality and Patient Safety are outlined in the accompanying article in this edition of Connections^{VI}.

** Lesley Moss and Dr. Dyan will be located at the Victoria General Hospital.

The Office of Quality and Patient Safety has been established after the need for a separate strategic investment in Quality and Patient Safety was identified during VIHA's organizational renewal process. **Lesley Moss, Executive Director**, and **Dr. Howard Dyan, Executive Medical Director**, will lead VIHA's quality agenda forward, supporting Program Quality Councils and coordinating cross-program quality improvement collaboratives.

“Making patient safety a top organizational priority is a special focus for senior management at VIHA,” said **Dr. Glen Lowther, Executive Vice President and Chief Medical Officer** of VIHA. “We are moving forward with plans to provide the best care and services to our patients and to improve quality, safety and access.”

Responsibilities of the new office will include fostering an organizational culture where patient safety is a top priority, establishing policies and procedures and reporting systems, and making recommendations for system improvements.

In their groundbreaking 2004 research, The Canadian Adverse Events Study: the incidence of adverse events in hospital patients in Canada, Drs. Ross Baker and Peter Norton found that 7.5 percent of people hospitalized in Canada experienced an adverse event as a result of their care. The research, jointly funded by the Canadian Institute for Health Information and the Canadian Institute for Health Research, estimated that 185,000 of almost 2.5 million admissions in Canada resulted in an adverse event. An adverse event is defined as an unintended injury or complication resulting in prolonged hospital stay, disability or death caused by health care management rather than the patient's underlying condition.

As Baker and Norton's health care report stated, care in Canadian hospitals is safe for the vast majority of patients. However, there are some patients who experience injuries and complications related to their care that could be prevented. “The good news is, we have a clearer picture of the scope and nature of this issue than ever before, we can better determine why these problems are occurring and we have strategies to address them,” said Lesley Moss.

The Patient Safety Strategic Plan is based on the Patient Safety Framework that focuses on fostering a culture of reporting, developing measurement systems and making system changes to improve systems, structures and processes. “It would be a mistake to focus on the performance of individual health care providers,” says Dr. Howard Dyan. “To reduce the number and likelihood of adverse events, the focus must be to make system-wide changes.”

There are nine preliminary Patient Safety Goals derived from the Patient Safety Framework established for VIHA that are based on the Baker and Norton Model for Error Reduction in their 2002 report to Health Canada.

These goals are:

- Obtain leadership support for patient safety and the Patient Safety Strategic Plan;
- Assign management responsibility and accountability for patient safety;
- Foster a non-punitive culture of reporting;
- Become a learning organization committed to improving patient safety outcomes;
- Establish a full disclosure policy;
- Establish policies and procedures for reporting;
- Establish reporting systems;
- Redesign systems; and
- Apply human factor engineering principles in the redesign of systems.

Patient Safety Goals will be reviewed and evaluated annually to measure performance and outcomes. The Board, CEO and Executives will review the outcomes from the Patient Safety Strategic Plan, make decisions on future strategic initiatives and allocate resources based on priority and assessment of risk.

Within the Office of Quality and Patient Safety, **Heather Shon** has been appointed **Patient Safety Leader** and will report to Lesley Moss and Dr. Dyan. Heather has worked as an expert in the field of patient safety for the British Columbia Ministry of Health Services and with the Patient Safety Task Force. She has a Masters in Public Administration, specializing in health administration and patient safety information systems, and is also a chartered accountant.

For the last few months, Heather has conducted a Patient Safety Culture Survey, to assess the opinions of front-line staff working in units, departments and facilities about procedures for reporting errors and safety hazards, VIHA's priorities and actions towards patient safety, and its reporting culture. To date, the survey has been administered on a number of units, departments and facilities including Pharmacy, Laboratory and Medical Imaging.

The Patient Safety Strategic Plan calls for all units, departments and facilities to be surveyed and for the survey to be repeated to measure and evaluate changes. The findings from the surveys are shared with managers, clinicians and front line staff, enabling all to provide input and feedback aimed at improving patient safety.

“The Patient Safety Culture Survey is a tool to support managers, clinicians and frontline staff in identifying patient safety issues and concerns and to plan future quality improvement initiatives,” says Dr. Dyan.

Lesley Moss adds, “All feedback is important to us. If any member of staff has a concern they would like to talk about or an experience they wish to share I hope that they will contact the Quality and Patient Safety Office.”

PATIENT SAFETY OFFICE

Office: (250) 519-1517
Cell: (250) 744-8934
Fax: (250) 370-8750
Email: ptsafety@viha.ca

VIHA POSTS KEY LEADERSHIP OPPORTUNITIES

In early May, a search for two key leadership positions commenced: the newly titled Chief of Professional Practice and Nursing and the Chief Information Officer.

Earlier this spring, former **Chief Nursing Officer, Anne Cooke** accepted the position of Director, Patient Care Services for Prince George Hospital with the Northern Health Authority, and current **Chief Information Officer, Brian Shorter** will be retiring, effective June 30. We are grateful for the dedication and accomplishments of Anne and Brian in their important roles with the authority, and to **Glenda Mannix** who has filled the role of **Interim Chief Nursing Officer** since Anne's move to Prince George.

Below are descriptions of these exciting key roles, both of which will help to strategically move the organization forward. For more information on either of these postings, visit www.viha.ca/jobs.

CHIEF INFORMATION OFFICER

As leader of this essential function, the Chief Information Officer (CIO) is responsible for the overall management of information technology and telecommunications services for the organization. The CIO will lead development of the Authority's organization-wide planning and systems for information technology and telecommunications, ensuring that these services support and enhance an integrated health service system. A major component of this role will be creating solutions across departments to improve service delivery through the appropriate use of technology. The CIO's leadership will also be integral to fostering and maintaining a positive working environment for the departmental team. A cross-appointment to the University of Victoria may be possible subject to a review of the successful candidate's qualifications by the University.

CHIEF OF PROFESSIONAL PRACTICE AND NURSING

Providing leadership for the Authority's Professional Practice Office includes the areas of quality practice environments and excellence in professional practice. As a leader in these areas, this individual will champion initiatives that support excellence in nursing, clinical practice and quality health delivery. The Chief of Professional Practice and Nursing will also bring an

inter-professional approach and leadership to a range of other initiatives, including policy development, health reform, change initiatives, professional development and quality improvement, as well as support and promote evidence-based clinical practice, continuing education in nursing and staff recruitment and retention. Eligible for RN registration in B.C., this individual will lead a team of thirteen as a key influence for client-centred care. A cross-appointment to the University of Victoria may be possible subject to a review of the successful candidate's qualifications by the University.

WELCOME TO ANN BOZOIAN

A warm welcome is extended to **Ann Bozoian**, who has accepted the position of **Director, Office of the President and CEO**, Vancouver Island Health Authority.

As noted in the new organization chart (see: *Connections*^{VI} Issue 2 - www.viha.ca/news), Ann will report directly to Howard Waldner and will be a valued addition to the senior executive team. In her role, she will ensure the effective coordination of work in the CEO's office and that of the executive team, as VIHA moves forward to achieve its vision and mission.

Ann is leaving her post as Executive Director, Corporate Planning and Performance with the Ministry of Management Services. She has extensive senior-level experience within health, the private sector and government agencies.

Ann's first day at VIHA will be May 24.

ON-CALL SCHEDULING

Imagine this scenario: it is late on a Saturday night and a child with a serious eye injury comes into a VIHA emergency ward. She needs to be seen by an ophthalmologist but who is the specialist on call?

In the past, that question would prompt staff to rifle through a sheaf of papers, up to 29-pages thick, listing the various specialties and their call rotations to find the name and contact information of the physician covering the specialty that night. The pages were apt to be full of multiple handwritten additions and deletions scratched over the type to keep the information up-to-date and accurate. Staff at other hospitals had to phone a tape recording to listen to a long list of the names of the doctors on call, then look up the numbers themselves.

“Emergency room staff and the switchboard operators were very adept at quickly finding the right name and number, despite the challenges, but everyone knew the existing system was terribly inefficient and cumbersome, especially in this age of computer technology. Sometimes it took a few calls to sort it out,” says **Dr. Mary Lyn Fyfe, Medical Director of Clinical Informatics and Telehealth**, for VIHA.

Now a computerized on-call scheduling system is being rolled out in VIHA south. It is designed to streamline the process of managing the call rotations of specialty physician groups in VIHA. If funding becomes available, this system will be expanded to include family physician groups and be rolled out across the island. “It is going to really simplify the process of scheduling and contacting on-call doctors for both VIHA staff and for medical office assistants,” said Dr. Fyfe.

Over the last six months, the computerized service, which uses the VIHA intranet, has been piloted in the South Island with Victoria General and Royal Jubilee emergency room staff, switchboard operators and the specialties of cardiology, obstetrics, gastroenterology, psychiatry and intensive care.

After the successful pilot program, now the computerized system is being implemented for all specialties in the South Island. Emergency room staff at the Saanich Peninsula Hospital began using the system about two months ago.

“It is going to really simplify the process of scheduling and contacting on-call doctors for both VIHA staff and for medical office assistants,” said Dr. Fyfe.

“It has saved us a lot of time. It is so much more efficient,” said **Janet Netterfield**, an **ER Clerk** at Saanich Peninsula.

The new intranet system allows doctors and staff to access the schedule with a safe and secure password to make instant updates and even see call rotations for up to a year in advance. Doctors can even access the system from their home computer.

“VIHA physicians up-island will also be able to benefit because they will be able to access the system, too,” said Dr. Fyfe. “A doctor in the north, for example, will be able to sign on and find out who is the neurosurgeon on call in the south if they have a patient with a suspected head injury.”

On Call Scheduling can be accessed from the VIHA Intranet. On the home page, select NAVIGATING VIHA from the listing on the left of the screen. Then select the active link, **Clinical Resources**. From this page, you will be able to enter the On Call Scheduling service.

If you have question regarding this service, please contact Jessica Smith-Ugarenko at 370-8111 extension 3273 or Jessica.Smith-ugarenko@VIHA.CA.”

NEW GRAD HIRE INITIATIVE 2005

In March 2005, VIHA announced a commitment to offer full-time opportunities to all newly Registered BScN graduates from the three Vancouver Island nursing schools: University of Victoria, Malaspina University College, and North Island College. VIHA is committed to developing recruitment and retention strategies to support the next generation of RN's who will eventually replace those who will retire across the organization in the next few years. Full-time opportunities provide the new graduate with a regular position with regular hours and a regular income and benefit package to assist with student loans, and provide the experience to consolidate their nursing practice during the transition from student to practitioner. Additional anticipated benefits include an improved quality work environment for all nursing staff by reducing overtime, reduced frequency of working short-staffed, supporting regular staff to take all of their entitled vacation, and increasing the approval rate of short-notice requests for leaves.

The full-time opportunities include regular vacancies as well as a pilot project developed in collaboration with BCNU called the New Grad Hire Initiative. The initiative offers full-time employment with a regular work schedule for up to 1-year and includes an 8-week mentorship program. Following the mentorship period, the new graduates are encouraged to apply for regular employment.

The response to the offer of full time employment opportunities has been very positive. To date, 117 of the 150 students graduating in May/June have submitted applications for employment with VIHA. To date,

- 82 graduates have expressed their interest in the pilot project (70%),
- 29 graduates have chosen casual employment (25%),
- 8 graduates have been successful for regular permanent positions.

An additional 17 will graduate in the fall from Malaspina University College.

Ellen Mahoney, Coordinator, New Grad Hire Initiative, has personally followed-up with all those graduates who have submitted applications to VIHA and discussed employment opportunities and determined the employment preferences of each new graduate. We are currently working to find placements for as many of the new grads as possible.

For further information, please contact Ellen Mahoney, Coordinator of the New Grad Hire Initiative at 250-370-8632 or ellen.mahoney@viha.ca.

CANADA HEALTH DAY & NURSING WEEK LINK TO NIGHTINGALE LEGACY

The 185th anniversary of the birth of Florence Nightingale inspires two key health celebrations this month, Canada Health Day and National Nursing Week. The Victorian-era health reformer is credited with founding modern nursing and with making key contributions to modern public health, particularly with her focus on hygiene and sanitation, hospital organization, and statistical analysis of disease trends.

Canada Health Day was celebrated on May 12th, the actual birthday of the legendary Nightingale. A joint celebration of the Canadian Public Health Association and Canadian Healthcare Association, the day commemorates the importance of public health and public health care in the past and future.

"It's a good opportunity to think about your health: take a walk, forego a donut for a high-fibre muffin, or quit cigarettes for good," That's the advice of **Dr. Richard Stanwick, Chief Medical Health Officer for VIHA.**

Canada Health Day is dedicated to recognizing exciting new developments occurring in public health and public health care fields. In addition to being a time of reflection on past health accomplishments, it is a time of appreciation for the people who deliver health services and a time to consider future health needs and health system capacity. Across Canada, hundreds of community health organizations, public health units, seniors residences, schools, health facilities and

agencies recognize Canada Health day by events such as healthy barbecues, community walks, environmental clean ups, blood donor clinics and health fairs.

National Nursing Week (May 9 – 15) was the nursing profession's annual opportunity to recognize and honour the contribution of nurses in the Canadian health care system. Now in its 20th year, the national week's theme this year was Patient's First: Safety Always.

"Nurses are strong advocates for patient safety and quality care as they have the greatest amount of contact with patients on a daily basis. Nurses are in a prime position to strengthen

the patient safety net," says **Glenda Mannix, Interim Chief Nursing Officer for VIHA.**

"National Nursing Week is an opportunity for nurses to take action to help address the issue of patient safety, which is of tremendous importance not only to the nursing profession, but to our inter-professional colleagues and communities," says Mannix. She notes that registered nurses are involved and contribute significantly at all levels in a variety of ways in making the health system safer and more effective for patients and their families. (See the article on page 4 on new patient safety initiatives in VIHA.)

MORE THAN 1500 WORKERS NOMINATED IN VIHA'S FIRST CELEBRATION OF EXCELLENCE

Staff response to the new authority-wide recognition program was very enthusiastic. We received a total of 139 individual nominations and 67 team nominations. (The team nominations represent a total of 1,482 individuals.) Congratulations to all those individuals and teams nominated and kudos to their colleagues who took the time to nominate them.

Nominations came from all across the Island – from Sooke to Port Hardy – in every category, service or care area. Here are some comments from nomination forms representative of the calibre of professionalism and dedication shown by staff to deliver excellent care and service in the Vancouver Island Health Authority every day:*

HR staff and the program steering committee will now begin planning the June recognition event. Look for more information in an upcoming edition of Connections^{VI}, or check out the Value and Recognition web site at:

www.viha.ca/recognition.

"[She] does EVERYTHING and when she takes a day off, we are like a ship without a rudder. She has the knowledge of everything that goes on in an office of this size (35 employees) with a commitment that we all envy. From the fax to the furnace, the clients to the carpet, [she] takes pride in our workplace...[She] is the hub that keeps this office going."

"[She] is, and always will be, one of those nurses who stand out in your mind as being the quintessential Registered Nurse. She is compassionate, caring, knowledgeable, creative, an advocate for patients, and respected by all."

"She is a dynamic person who comes to work with a smile and a 'let's do it' attitude each morning. She brings a sense of humour to work every day and applies it liberally to smooth the rough edges of our days. Daily she is interrupted repeatedly to answer questions from hospital staff, doctors and the public. Each enquiry is met with a smile...[She] is the co-worker I wish everyone could have because she contributes so much to making work pleasurable every day."

* Names have been omitted to respect the privacy of individuals.

WELLNESS & SAFETY TEAM HELP VIHA STAFF STAY SAFE ON THE JOB

Safe worksites and healthy staff are key contributors to supporting VIHA's mission to foster health and wellness across the region. The commitment to workplace health and safety extends to the highest levels of senior management in the organization.

"Accountability for wellness and safety in the workplace is a fundamental responsibility for all VIHA leaders and forms part of their performance plan," says **John Johnston, Vice President of Human Resources for VIHA.**

Helping managers to ensure VIHA employees stay healthy and safe while caring for the health needs of others is the key role of VIHA's Wellness & Safety team, a group of occupational health and safety professionals who provide assistance across the authority.

VIHA's Wellness & Safety team promotes injury awareness and establishes programs to prevent work-related injuries and exposures to infectious agents. They conduct risk assessments and work with managers, employees, the WCB, Healthcare Benefit Trust, Great West Life, and unions to assist with claims, manage absences, and return employees to work safely and effectively.

"While we continue to have a strong focus on preventing injuries and exposures, we are aiming to increase the focus on healthy workplace initiatives and rehabilitation," said **Bob Marsh**, the new **Director of Wellness & Safety**, who took on the position in mid-March.

W&S department is undergoing restructuring to provide managers and staff with more effective service under two sections, Prevention & Safety Services, and Workplace Wellness & Rehabilitation Services. The new structure will create more opportunities to provide a greater focus on injury prevention and wellness, Marsh said.

Several research and prevention initiatives are now underway to reduce health workplace injuries and their associated costs. VIHA has embarked on an extensive campaign to reduce and potentially eliminate the incidence of blood and body fluid

exposures, particularly needlestick injuries, through the **SharpsCARE** program under the leadership of Ken Kamsteeg of Injury Prevention & Safety services.

An extensive education package has been created and funding has been approved to convert conventional sharps to safety-designed technology in which the needle automatically retracts after use. The **SharpsCARE** Program was kicked off in Campbell River Hospital on April 5th, and a detailed roll out is scheduled for all sites in the North Island throughout April. The conversion to the new technology will then roll out throughout Central and South Island by the end of 2005.

In addition, **EPINET** (a Blood & Body Fluid Exposure tracking system) has been adopted to capture incident data and provide tracking mechanisms that will help VIHA evaluate its progress in reducing BBF exposures.

During the past year, Wellness & Safety staff have worked together with the Occupational Health & Safety Agency for Health Care (OHSAH) in BC to implement another database, called **WHITE** (Workplace Health Indicator and Tracking Evaluation.) Following entry of data on injuries, illnesses and BBF exposures, this software application can provide reports, trends and claim information for W&S staff and managers to more effectively manage injury prevention, claims and absences.

Reducing musculo-skeletal injuries (MSI) is another prime focus in VIHA. More than 60 per cent of WCB claim costs in VIHA are due to MSI, many of them incurred by lifting or moving patients. Reducing the toll from these costly and often debilitating injuries is a high priority of the wellness & safety team, managers, unions and employees themselves.

Since 2001, more than 500 overhead lift systems have been installed in VIHA facilities. Overhead lifts, in conjunction with training in safe transfer techniques, effectively reduce injury risks involved in patient transferring. Although data on injury rates is still being studied, MSI's appear to be on the decline, showing both patients and staff are benefiting from the advanced lift technology and the specialized training to use them.

Another successful strategy implemented by managers and staff, with support from the Wellness & Safety team, is the **Peer Champion** Model, where key hospital-based workers are trained in “ergonomically-safe” practices and procedures that they can then review with co-workers. The Peer Champion model is established in Central and North Island and is currently being implemented in Seniors sites throughout South Island.

The **PEARS** program – Prevention and Early Active Return-to-work Safely – is an initiative piloted in 2003, which has since been expanded due to its success with staff. PEARS is a program aimed at reducing the impact of musculo-skeletal injuries through prevention, early recognition, and treatment of the often cumulative or repetitive nature of the injury. Under PEARS, Physio/OT treatment is provided to staff on-site. The program is currently available to all staff in North

and South Island, and the plan is to expand to Central Island during 2005.

An extensive VIHA-wide program for **Prevention of Violence in the Workplace** has been developed and it is anticipated that it will be signed-off by May 15th. In conjunction with the finalization of the VWP policies and programs, VIHA Wellness & Safety staff will facilitate the process of conducting island-wide VWP risk assessments at any VIHA facilities lacking current assessments. Staff training is an important component of this program and occurs both at New Employee Orientation and on-site visits.

Visit the Wellness & Safety section of the VIHA website for more information about projects and initiatives to keep VIHA employees safe and injury-free.

TACKLING THE PROBLEM OF SOCIAL SOURCES OF TOBACCO FOR YOUTH

Approximately 45,000 Canadians die from tobacco related illness each year. This makes tobacco the number cause of preventable death in Canada. The death toll is equivalent to two fully loaded jumbo jets crashing each week. With statistics like this why do many of us still give youth tobacco?

Most long-term tobacco users start before the age of 18, that's why we have legislation that makes it illegal to sell or provide tobacco to youth under 19 years of age. Current youth access laws have helped reduce tobacco sales to minors at retail but in any given community there are far more social sources than commercial sources of tobacco.

Leading up to World No Tobacco Day, May 31, 2005 the VIHA Tobacco Control staff will be raising public awareness of the social sourcing issue by placing posters at retail outlets that sell tobacco across the island. There will also be brief surveys of the public at the beginning and end of the

campaign. The youth inspired message of the poster “Do You See A Difference?... They Both Kill” was adapted from the 2004 provincial winning entry of the “Behind the Smokescreen” video contest sponsored by Health Canada. The poster compares giving tobacco to youth to the act of handing them a loaded gun. It is a well known fact that 1 out of every 2 long-term tobacco users will eventually die from its use.

“We recognize that social exchange of tobacco is influenced by community norms and that interventions also need to target family, friends and strangers who continue to provide tobacco to minors”, states **Dianne Stevenson, Regional Manager of Tobacco Control**. Tackling the problem of social sources of tobacco for youth is the responsibility of the community. By working together to discourage social exchanges of this product we create an environment that will help eliminate this serious public health problem.