



Holly Hamilton and Cassandra Louwers practice the use of an overhead lift for patient repositioning as part of the Coaching and Peer Resource Team strategy at Island Health.

Creative training techniques are helping health care workers minimize risks

By Andrew Tzembelicos
and Jesse Marchand

At risk of slips, trips and falls, workplace violence, and musculoskeletal injuries (MSIs), B.C.'s front line health care workers, such as nurses and health care assistants (HCAs), face considerable hazards when caring for their patients. Health care employers are trying to minimize these risks through creative awareness and training methods.

Health care workers interact with people who are in distress. This puts the workers at a high risk for acts of violence. In fact, point-of-care interactions between health care workers and their patients, residents, and clients pose the greatest risk of injury to care providers, as injuries to these workers are often unwittingly committed by the people they care for. In the past decade, more than 40 percent of all injuries that nurse aides, HCAs, and patient services associates claimed with WorkSafeBC were the result of violence in the workplace.

But, being at a high risk for injury does not mean that injury is inevitable. Jacqueline Holmes, WorkSafeBC manager, Prevention Field Services, highlights the fact that the health care industry is no different than any other industry in B.C., in that all employers have the obligation to ensure the health and safety of workers in their workplaces.

"In the health care industry, we have seen injury education and awareness training that includes online, face-to-face training, safety huddles, peer coaching, and supervision. This multifaceted approach encourages open dialogue and facilitates injury prevention in the workplace," says Holmes.

Coaching and the Peer Resource Team at Island Health

Island Health, formerly the Vancouver Island Health Authority (VIHA), includes 19,000 health care practitioners across 150 facilities. With 60 percent of their time-loss claims resulting from performing repositioning, transfers, and other care tasks, and 14 percent resulting from workplace violence, they are always looking for innovative ways to reduce injuries.

One of their solutions has been to address the risks associated with patient handling and workplace violence using in-the-moment coaching and a peer team approach to enhance awareness and subsequent problem solving. This strategy has evolved since its inception in 2009. Island Health prevention team lead Jennifer Wade explains: "At that time, Island Health

was developing its Violence Prevention Curriculum and initiating a train-the-trainer program that trained care providers to deliver violence prevention education to peers within Island Health facilities. At around the same time, the organization also had an opportunity to review the peer coaching model used by Vancouver Coastal Health to address patient handling injuries." By looking at both of these methods, notes Wade, they were able to build on Coastal Health's program to implement the Island Health Coaching and Peer Resource Team approach.

Peer coaching involves teaching front line care providers safe patient-handling techniques, as well as providing them with coaching skills. What makes their method particularly unique is that they use the patient care environment to provide their colleagues with in-the-moment coaching and facilitate problem solving.

Although training their care providers to coach and problem solve with colleagues at the bedside was innovative, Island Health took MSI prevention even further by introducing Peer Resource Teams. "Our site- or unit-based groups support front line coaches and address the challenges associated with providing care safely. They allow a variety of health care disciplines (including health care assistants, nurses, therapists, managers, patient-handling coaches, and even violence prevention facilitators) to contribute to creating a safe work environment," says Wade.

One of the more recent realizations is that while these two systems can be run independently, with violence prevention facilitators addressing violence in the workplace and safe patient handling coaches addressing MSIs incurred during patient handling, injuries are often the result of behaviours that occur simultaneously. For example, "a patient strikes out (a form of violence) while being repositioned in bed," adds Wade.

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As a result, Island Health is moving towards combining safe patient handling and violence prevention training so that participants can begin to view both issues through a “dual lens,” says Tracy Larsen, Island Health prevention team lead.

“Combining education, coaching and the Peer Resource Team approach has instilled a noticeable shift in health care workers’ thinking about providing care safely,” says Larsen. “Our peer coaches are there helping staff to understand that safe patient handling is exactly that — there’s always a safe way to care for patients. Care providers do not have to be at risk or get hurt while doing their jobs.”

As a result of this approach, Island Health is seeing fewer serious incidents, and there is more incident reporting in general. Larsen says this allows Island Health to address concerns, and shows that their staff is starting to understand that injuries should not be part of the job.

Making education fun

Over in Victoria and Duncan B.C., the We Care Home Health Services agency faces similar issues when it comes to the risks facing their care providers. One of their concerns has been how to get staff engaged with health and safety issues. Their approach has been to examine the way they train their staff, and to try to come up with training exercises that encourage discussion and staff engagement.

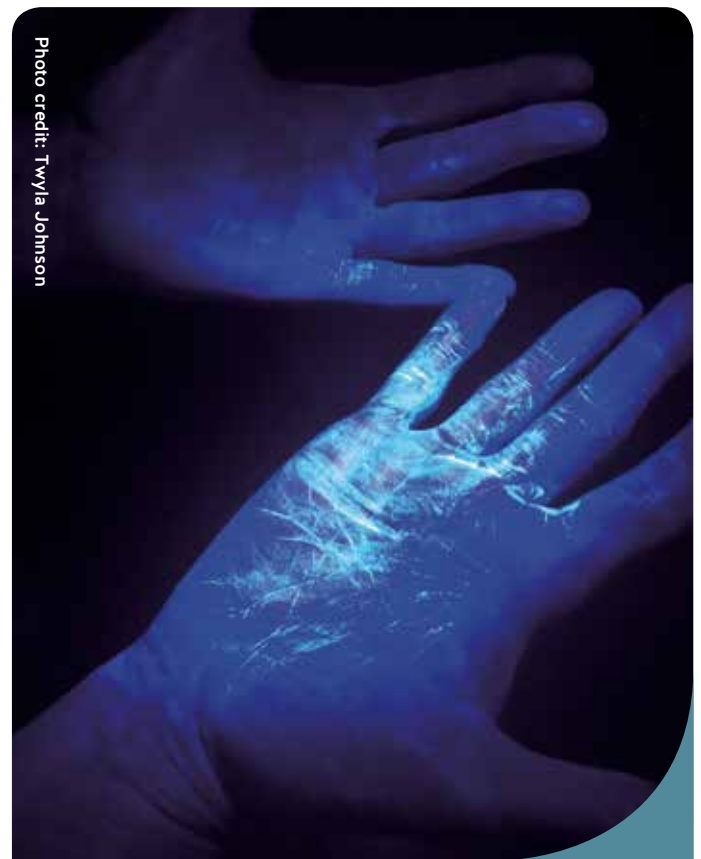
As part of a health care provider that has locations all over Canada, the Vancouver Island locations of We Care Home Health Services have access to an extensive health and safety plan, as well as resources for staff training. What they needed, though, was a way to get their workers engaged in the material, says director of operations, Twyla Johnson.

“Our National Clinical Practice Committee sent out five great, informative PowerPoint presentations a few years ago,” says Johnson. But getting people to attend the presentations was difficult, she says. “Even though I would try and get people engaged with relevant stories, the format was still pretty dry. We have always had a hard time getting staff in for that type of class, and even with scheduling several runs of the same topic in order to allow for their schedule conflicts, we would still get less than ten percent of our staff to show up.”

They also tried creating modules their staff could complete when it was convenient for them. This saw an over 75 percent completion rate, but there was a high cost of time spent encouraging people to submit their responses. More important, though, says Johnson, was that “there was no opportunity for interaction, discussion, or networking.”

What they wanted was something that spoke to their workers more directly. With the goal of “making education fun,” they held a CareGiver Casino Educational Day for field staff this past October.

There were five mandatory in-service stations, each station with a fun game promoting opportunities to discuss potential issues surrounding worker and client safety and risks. For example, a bowling pin game was made to represent fall risks, while an infection-control hand washing station with black lights and glowing germs illustrated the staff’s hand washing efficacy. One of the more popular events was the ethics roulette wheel that landed on an ethics issue that would be



Black lights and glow paint showed staff hand washing efficacy at We Care’s Caregiver Casino Educational Day in Duncan and Victoria, B.C.

Corry Pettigrew facilitates patient handling coach training for Island Health. Coaches will use what they learn to provide in-the-moment coaching to their peers in the field.



acted out by puppets. The staff was then invited to comment on what the puppets could have done better in the ethical situations presented.

The program was a home run, with a 74 percent turnout in Duncan and an 80 percent turnout in Victoria. What made it more effective than their online modules was the ability to get real-time feedback and discussion.

“The level of engagement in our ethics puppet show alone was beyond my wildest dreams,” says Johnson. “It was wonderful to see several workers in a room building off each other’s ideas; learning about how to deal with something like a fire, or other safety or ethical issue, from not just us but from each other.”

In the future, the We Care offices on Vancouver Island plan to take a multi-faceted training approach. “Of course, in the end there is no one perfect format, but this is definitely going to be a permanent part of our strategy along with our online, take-away modules, and class trainings,” says Johnson.

Getting health care assistants in the same room

The multi-faceted training approach at We Care, and the Coaching and Peer Resource Team at Island Health both deal with direct training for their employees. While these individual employers are working on

innovative ways to train and engage their staff, it’s also important to give workers from different workplaces space to come together to learn, grow, and support each other. In Esquimalt, it was this desire to provide a space specifically for health care assistants that brought 160 HCAs together in early October for B.C.’s first-ever conference specifically for HCAs, called Celebrate & Educate Hearts and Hands.

HCAs have the highest number of accepted time-loss claims of any occupation in the province with more than 15,000 injuries in the past five years. The largest number of injuries occurs in residential care, followed by home care and hospitals.

“We’ve seen a 38 percent increase, from 2,400 time-loss claims in 2011 to more than 3,300 claims in 2015. The injuries we’re seeing are preventable. We believe self-care education along with improved safe work practices will reduce injuries,” says Stephen Symon, manager, Industry and Labour Services, WorkSafeBC.

It’s a side of caregiver work often overlooked, says Heather Middleton, an industry specialist with WorkSafeBC, and key conference organizer. “Health care assistants are the unsung heroes of health care,” she says. “They do a very, very difficult job.”

HCAs often don’t get as much access to professional development as other workers in their field. The goal

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—**Jacqueline Holmes**, WorkSafeBC manager, Field Prevention Services

of this conference was to “to raise their profile, and offer them training and support,” says Middleton.

The conference resulted from a unique partnership involving HCA employers, educators, and WorkSafeBC, and its goal was to both celebrate the role HCAs play in our lives, and to teach them how they can take better care of themselves.

One session at the day-long conference included working safely with people who have dementia. With more than 40 years in the field, Elizabeth Causton delivered a session workshop entitled “Baggage and Boundaries.” In her talk, she underscored that front line caregivers are more prone to injuries when the emotional side of their work takes its toll.

“I have great admiration for the essential and compassionate care these workers provide every day. I want each registrant at the conference to take to heart, care for self, care for each other, and care for patients and families — in that order,” says Causton.

Given the conference’s success, more events are already being planned. Phase two will see Hearts and Hands double to two conferences next October; one on Vancouver Island, the other in the Lower Mainland. The third phase anticipates three events in 2018, in these same locations and Northern B.C. or the Interior.

What’s next?

Building a better overall understanding of the issues and work practices takes time. A three-year engagement between WorkSafeBC and provincial health authorities is leading to revised violence prevention training material and additional funding for worker education and training. Additional funding from all parties means that approximately one-third of all B.C. staff at a high risk for injury have started or completed training related to workplace violence. Another 6,000 will be trained in 2016 and 2017.

For her part, Larsen at Island Health sees improved awareness as critical. “Collectively, we now realize that violence is not part of the job. We can refuse, take a step back, and come up with a plan to keep people safe.” What’s more, she adds, when an incident does occur, the immediate response needs to be, “What’s the best fit for the area? So we can come together as colleagues, support each other as a team, and protect each other.” ☺

Violence in the workplace

Each year WorkSafeBC selects an area to highlight within *WorkSafeBC Statistics*. For 2015, the feature story is workplace violence, which is notably pervasive in health care and social services. The feature article reviews the differences between acts of violence, force, and the trends and causal factors that may be attributed to some of the outcomes. It also provides a detailed statistical breakdown for the health care and social services subsectors, as well as an explanation of the support available to workers, their families, and co-workers. It can be found by searching “Statistics 2015” on worksafebc.com.

WorkSafeBC also offers a suite of materials at worksafebc.com to support those working in health care, including videos, discussion guides, pamphlets and bulletins on handling patients safely, fall prevention, reducing the risk of workplace violence, best practices for handling patients with dementia, and other topics.