

Fraser Regional Physician Health
& Safety Working Group

Blood or Body Fluid (BBF)
Exposure Follow-up and
Support Project
Final Report

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Blood or Body Fluid (BBF) Exposure Follow-up and Support FINAL REPORT			Date
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1. Glossary

Acronym	Description
BBF	Blood or Body Fluid
CD	Communicable Disease
ED	Emergency Department
FH	Fraser Health
MOA	Memorandum of Agreement
MS	Medical staff (any physician, dentist, nurse practitioner, or midwife that has been credentialed by FH and has privileges at FH site/facility)
MS WHITE.net	Medical staff Workplace Health Indicator Tracking and Evaluation (OH&S database)
PMSEC	Provincial Medical Services Executive Council
PMA	Physician Master Agreement
PWHCC	Provincial Workplace Health Contact Centre
PWHS	Provincial Workplace Health Services
OH&S	Occupational Health & Safety
OHN	Occupational Health Nurse
VCH	Vancouver Coastal Health

2. Executive Summary

Fraser Health (FH) medical staff (any physician, dentist, nurse practitioner, or midwife that has been credentialed by FH and has privileges at FH site/facility) and employees work side by side every day in the same facilities but when it comes to occupational health & safety (OH&S), employees have access to services and supports not currently available to medical staff (MS). In addition, Health Authorities have different legal responsibilities for independent contractors compared to unionized healthcare workers. Until recently, one of the biggest barriers to initiating OH&S services for medical staff was the lack of infrastructure to capture OH&S records and data. Meanwhile, all of the health authorities in BC, along with Providence Health Care, have a version of the WHITE.net (Workplace Health Indicator Tracking and Evaluation) OH&S database for capturing records and data for their employed staff.

With the onset of the COVID-19 pandemic, MS WHITE.net (Medical Staff Workplace Health Indicator Tracking and Evaluation) was established and implemented in July 2020 for data related to lab and respirator fit testing. MS WHITE.net is the first OH&S database for credentialed medical staff in BC and its implementation provided the opportunity for Health Authorities to utilize a centralized system for OH&S data & services for medical staff.

The Fraser Regional Physician Health & Safety Working Group recognized the need for blood or body fluid (BBF) exposure follow-up and support for their medical staff members as a priority and approved the **BBF Exposure Follow-up and Support pilot project**. The project would see FH medical staff integrated into the existing blood or body fluid exposure follow-up and support services provided for health authority employees. The pilot project objectives included services being

delivered by the Provincial Workplace Health Contact Centre - Occupational Health Nurse (PWHCC) (OHN) team to physicians within a timeline of approximately 6 months (Oct 2021- Mar 2022).

Key Findings

- Prior to launch of the BBF exposure services, there was no historical BBF exposure data for FH medical staff.
- Within 4 months of the service launch, **21** FH medical staff members had engaged in the BBF exposure follow-up and support services.
- Manual review of the BBF exposure records for medical staff in MS WHITE demonstrated that the PWHCC-OHNs were able to provide timely follow-up of initial exposure blood work results to medical staff members within 72 hours of the PWHCC being notified of the BBF exposure.
- Evaluation for the project validated 66% of post exposure survey respondents (2 of 3) being “very satisfied” to now be included in the BBF exposure follow-up and support services.

Recommendations

1. Transition from pilot project to a formal service agreement to sustain BBF exposure follow-up and support service for physicians, provided by the PWHCC OHNs.
2. Key stakeholders and Department of Medicine (Medical Affairs), engage in a new Service Agreement with the PWHCC for maintaining the established BBF exposure follow-up and support processes for FH medical staff members.

3. Background

a. Project description

Doctors of BC and each health authority in BC, has a shared commitment to address gaps in services and identify opportunities for initiatives that directly support physicians’ physical and psychological health & safety. As part of the 2019 Physician Master Agreement (PMA), a Memorandum of Agreement (MOA) was established outlining the necessary foundations for regional committees and working groups to be established, and OH&S recommendations to be developed that support this work. The Agreement provides funding for committees and working groups, including the Fraser Regional Physician Health & Safety Working Group, to initiate and implement activities that support physician health and safety.

In March 2019, the Ministry of Health put forth a [mandate](#) that all health authorities were to collect and maintain OH&S data related to vaccine preventable communicable disease for all health care workers, including physicians. This mandate set things into motion to establish a medical staff OH&S system. In January 2020, the Provincial Medical Services Executive Council (PMSEC) established a working group that set out to do a comparison of the Cactus credentialing system and the WHITE.net database. WHITE.net was recommended as the preferred system and PMSEC agreed and endorsed WHITE.net as the OH&S database to be established for medical staff in BC.

As referenced in the [Current State Analysis – OH&S Services for Physicians and Residents – Dec 2020](#), “the absence of formalized Occupational Health & Safety (OH&S) services has been a long-standing issue for physicians in BC.” No formal OH&S service currently existed for medical staff provincially to consult with an Occupational Health Nurse for an exposure risk assessment following a

BBF exposure. After a BBF exposure, medical staff would go to the nearest Emergency Department (ED) for blood work and wait for results to be provided by their family physician or public health. There was no opportunity for physicians to speak with an occupational health nursing professional after their BBF exposure and often times they were left to figure out recommended follow-up and next steps on their own. If medical staff members did reach out to the PWHCC OHNs, they would only be provided with information about risks associated with BBF exposures, as there was no ability for the PWHCC OHNs to document or track exposure details prior to the implementation of MS WHITE.net.

The Project Lead supporting the Fraser Regional Physician Health & Safety Working Group completed three preliminary project assessments to help the working group decide on potential projects that could be initiated within the Fraser region to support physician health & safety. Upon review of the preliminary assessments for each project (BBF exposure follow-up and support, violent incident reporting and a wellness campaign), the Fraser Regional Physician Health & Safety Working Group recognized the service gap for physician BBF exposure follow-up and support. The BBF exposure support project was also viewed as an introductory step to integrate physicians into the concept of reporting incidents more formally within an OH&S comprehensive program. The intended outcome of “warming up” to formal reporting would promote trust in the system and allow an easier transition to tackle a much larger project of violent incident reporting and support in the future. A pilot project was initiated to integrate FH medical staff into the same BBF post-exposure processes followed by health authority employees. With the implementation of MS WHITE.net in July 2020, there was now appropriate infrastructure in place to document OH&S data and records for physicians. Success of this project would see medical staff integrated into the PWHCC services for BBF exposure follow-up and support, which would provide an opportunity to consult with a PWHCC-OHN following a BBF exposure to get an assessment, guidance for any recommended follow-up, and peace of mind to help reduce potential fear and anxiety related to an occupational BBF exposure.

Establishing a process to integrate medical staff into the existing services accessed by health authority employees is the first step to integrating medical staff into OH&S services and capturing their OH&S records and data into MS WHITE. Standing this project up supports the psychological and physical health and safety of FH medical staff and provides opportunity for FH to identify where relevant exposure prevention activities need to be targeted for physicians.

b. Project objectives

The overall objective of this project was to integrate FH medical staff into the existing BBF exposure follow-up and support processes provided by the PWHCC, and already utilized by health authority staff. The estimated timeline was to initiate, launch, and implement these services within 6-months of the project initiation.

Additional project objectives are listed below:

- A means for FH medical staff to consult with an Occupational Health Nurse following a BBF exposure to get an exposure risk assessment
- Timely follow-up on initial blood work results (PWHCC-OHNS do direct outreach to physicians using contact information in MS WHITE.net as soon as results are received)
- Create awareness among FH medical staff, and medical leadership, of the OH&S services and supports available, and how occupational health data for FH medical staff is collected and used

c. Project scope

The scope of the project was to ensure that FH medical staff have an effective means to consult with a PWHCC-OHN and receive an exposure risk assessment following an occupational BBF exposure in a FH facility. This would include determination and advisement by a PWHCC-OHN of next steps and recommended follow-up actions to be carried out by the medical staff after a BBF exposure.

The following outlines scope inclusions and exclusions for this project:

Scope inclusions:

- All FH “medical staff” included in BBF Exposure Follow-up and Support service, despite MOA funding to support only physicians
- Establish PWHCC-OHN user profiles in MS WHITE
- Provide MS WHITE training PWHCC-OHNs
- [Privacy due diligence summary](#) and [privacy addendum for MS WHITE](#) for collection of relevant FH medical staff BBF exposure data and immunizations
- Revisions to FH [Management of Occupational Exposure to Blood Borne Pathogens – Clinical Protocol](#) for FH medical staff inclusivity (current version written to only reference “employees”)
- Established process steps for FH medical staff to follow after a BBF exposure
- Physician engagement activities to elicit feedback and complete project evaluation
- Other relevant project management activities (establish communication plan, risk analysis, status reports, etc.)

Scope exclusions:

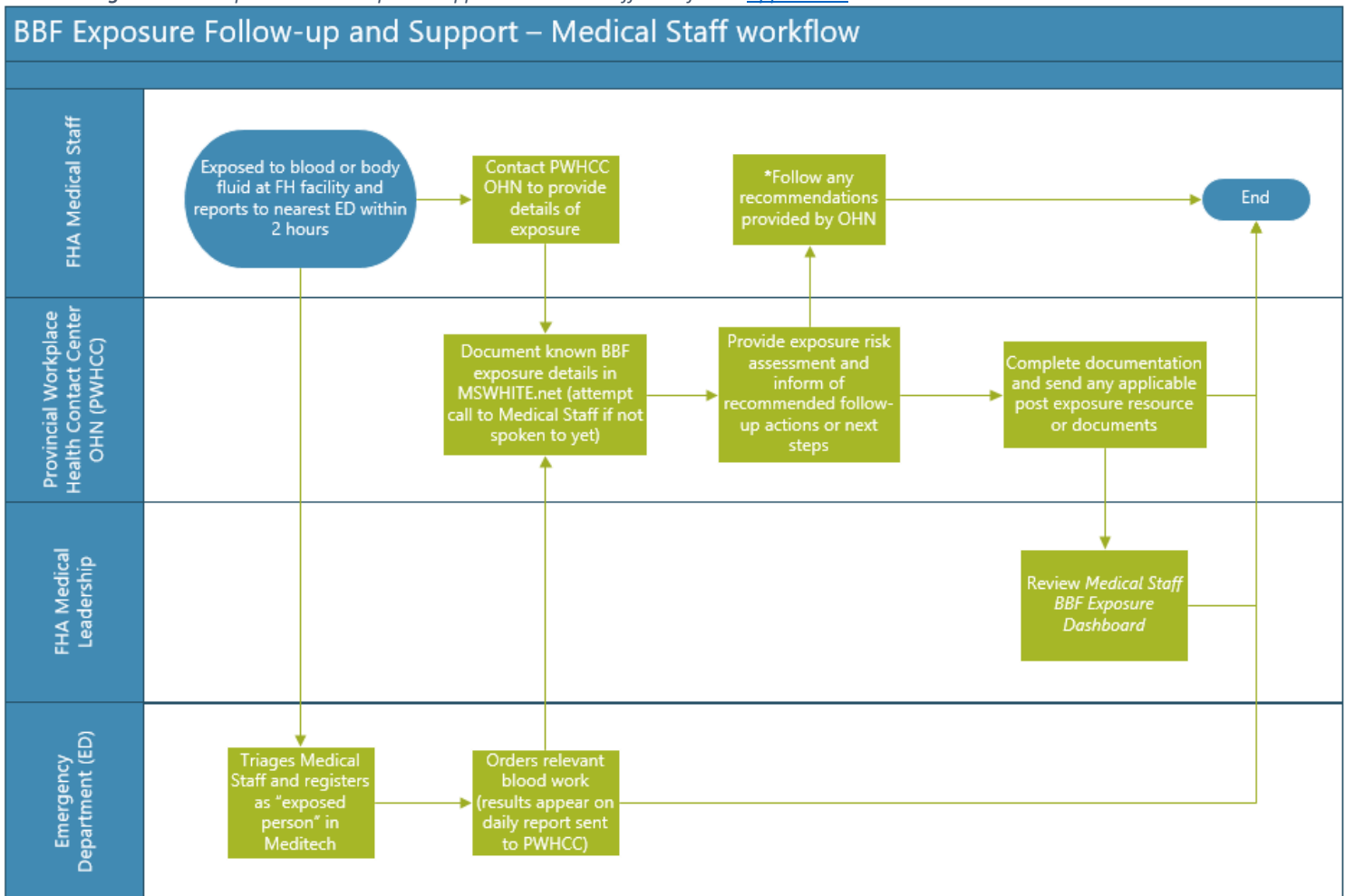
- Incident reporting and incident investigation for BBF exposures
- WSBC claims activities related to occupational blood and body fluid exposure
- PWHCC services for communicable disease exposure management

4. Outcomes

a. Process

In order to successfully integrate FH medical staff into the PWHCC BBF follow-up and support services currently utilized by health authority employees, a new process was established. The [FH Medical Staff website](#), and the relevant FH [Clinical Policy](#) and [Clinical Protocol](#) have all been updated or revised to reflect the process steps outlined in **Figure 1** below for medical staff.

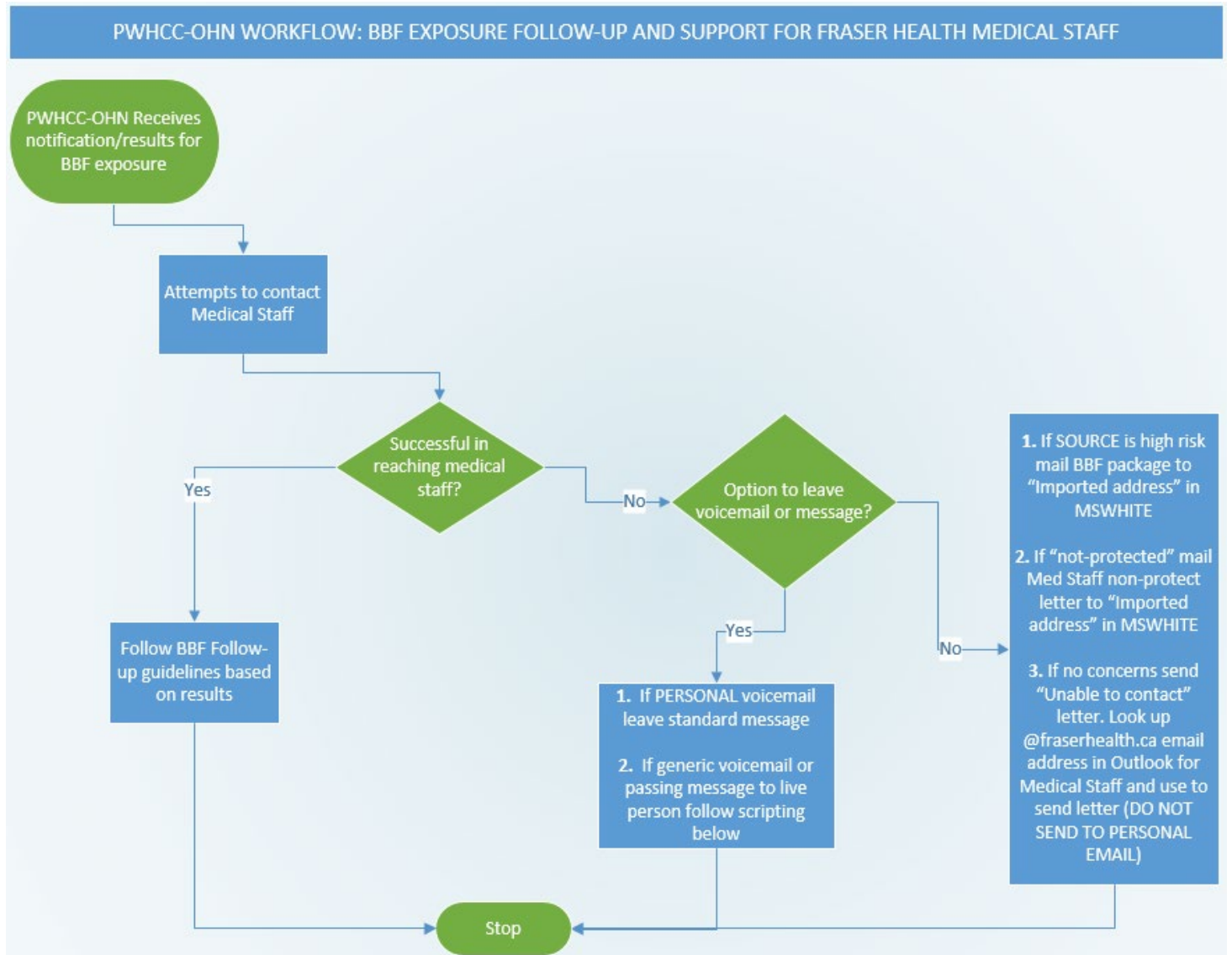
Figure 1: BBF Exposure Follow-Up and Support - Medical Staff Workflow – Appendix D



1. FH medical staff member reports to nearest ED within 2 hours of occupational BBF exposure
2. ED triages medical staff member and orders relevant blood work by lab services
3. PWHCC OHN receives medical staff member's blood work results (via daily Meditech report) and attempts to contact individual to discuss blood work results, using preferred contact information in MS WHITE
4. PWHCC OHN provides exposure risk assessment and guidance to medical staff member regarding recommended follow-up actions after an occupational BBF exposure
5. Once PWHCC OHN has spoken with medical staff member to discuss blood work results and provide guidance on recommended follow-up, they will send relevant post exposure documents to the medical staff member via email, or to a preferred mailing address

Figure 2 below outlines the process established within the PWHCC-OHN team for handling FH medical staff BBF exposures.

Figure 2: PWHCC OHN Workflow: BBF Exposure Follow-Up and Support for Fraser Health Medical Staff – [Appendix B](#)



b. Timeline

The following outlines the project timeline:

- **August 2021** – Project approval from Fraser Regional Physician Health & Safety Working Group.
- **August-September 2021** – Project discovery and planning phase.
- **October 19th, 2021** – PWHCC-OHNs receive first BBF exposure notification for FH medical staff member.
- **October 25, 2021** – Official “go live” date. Implementation of BBF Exposure Follow-up and Support service for FH medical staff.
- **October 2021-March 2022** – Monitoring and evaluation phase
- **March 30, 2022** – Project final report review

c. Communications

The following outlines the communications tools and templates used for the project:

(Appendix A)

- Communications Plan (for Stakeholders)
- Communications Strategy
- Communications Schedule
- KYI Blood or Body Fluid Exposure Follow-up and Support for FH Medical Staff
- FHA Physician KYI – Blood or Body Fluid Exposure follow up and support for FH Medical Staff
- Communication #2: Leader’s Corner and Med Staff Bulletin
- Communication #3: Verbal Updates
- Communication #4: More Information and Who to Contact
- Communication #5: Process Launch

d. Budget

The table below provides a breakdown of the approved project budget and actual spent:

Figure 3: Project Expenses

Expenses	Approved	Actual	Notes
Physician Expenses			
Sessionals (Specialists x hours)	Up to \$2,000 for physician engagement	\$0	<ul style="list-style-type: none"> • The project team encountered challenges trying to establish effective means to collect physician input and feedback (e.g. unable to establish focus group, identify physician champion, etc.). Physician engagement was completed via surveys distributed to physicians who had a BBF exposure and engaged with the PWHCC-OHN team
Sessionals (GP x hours)			
BBF Exposure Follow-up and Support Service			
PWHCC – OHN BBF exposure follow-up and support service	PWHCC – OHN BBF exposure follow-up and support service	\$0	<ul style="list-style-type: none"> • PWHCC-OHN time was provided in-kind during the project’s pilot phase. Ongoing service provision by PWHCC will require a signed-off Service Agreement
Total	\$2,000	\$0	

e. Project outcomes

In the months following the official process launch of the FH medical staff BBF Exposure Follow-up and Support pilot project (October 2021 – Mar 2022), the following outcomes occurred:

Figure 4: Project Outcomes and Validation

OUTCOME	VALIDATION
<ul style="list-style-type: none"> Established process - BBF Exposure Follow-up and Support - Medical Staff workflow 	<ul style="list-style-type: none"> Appendix C
<ul style="list-style-type: none"> Engagement by medical staff (utilizing PWHCC service) 	<ul style="list-style-type: none"> Medical Staff BBF Exposure dashboard Oct 2021 – Mar 2022 <ul style="list-style-type: none"> FH MS BBF exposures = 21 Tracking by PWHCC-OHNs (Appendix I) Oct 2021 - Mar 2022 <ul style="list-style-type: none"> Non-FH MS attempted to engage = 8 MS seeking communicable disease (CD) exposure assessment = 3
<ul style="list-style-type: none"> Timely follow-up by PWHCC-OHNs on medical staff blood work results after a BBF exposure 	<ul style="list-style-type: none"> Manual review of MS exposure records in MS WHITE database demonstrate approximate timeframe to be less than 72 hours from time of BBF notification received by PWHCC (or time of initial contact by MS), to when PWHCC-OHN attempts to follow-up with blood results for MS One of 21 exposures, PWHCC-OHNs were unable to connect with MS via telephone. Instead, an email was sent to the MS @fraserhealth.ca email address with instructions on next steps and how to contact the PWHCC-OHNs
<ul style="list-style-type: none"> Increased awareness amongst FH medical staff of OH&S database used for collection of exposure data 	<ul style="list-style-type: none"> PWHCC-OHNs discuss what exposure data is captured in MS WHITE during conversations with MS Project communications to MS included relevant information about MS WHITE database (Appendix A)
<ul style="list-style-type: none"> Supports medical staff psychological and physical health and safety 	<ul style="list-style-type: none"> 2 of 3 (66%) survey responders who had a BBF exposure, reported this service supported their psychological and physical health safety (Appendix E)
<ul style="list-style-type: none"> Collection of aggregate BBF exposure data 	<ul style="list-style-type: none"> Medical Staff BBF Exposure dashboard

f. Evaluation

The evaluation for the BBF Exposure Follow-up and Support project gathered data from different sources to appropriately measure project successes and garner feedback. Below lists the category of each source and the relevant data collection methodologies:

i. One-on-one interviews with Physicians

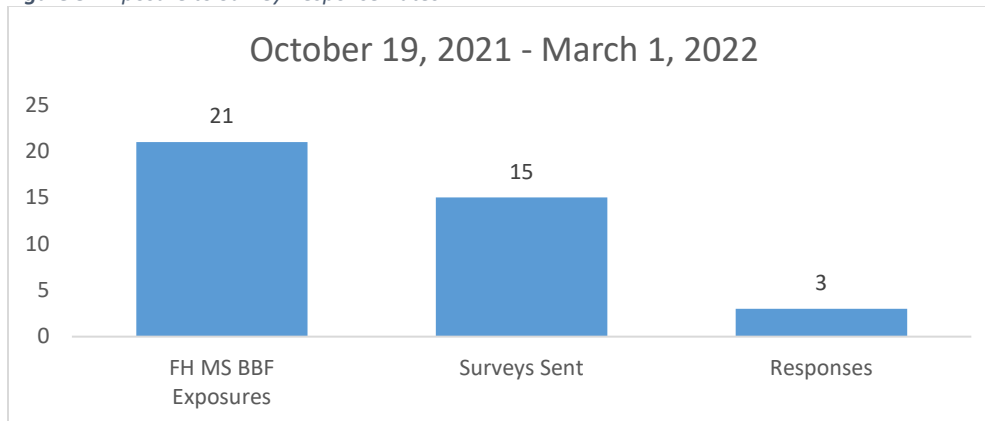
The original intent for gathering physician feedback was to set up brief one-on-one interviews with physicians who had an occupational BBF exposure and engaged in the BBF exposure follow-up and support processes with the PWHCC. However, it was determined after the service launch that the time it would take to set up an interview with the physician (if the physician agreed to participate) would exceed the time it took to conduct the interview. The solution was to instead create a short survey that would be sent to the physician's *@fraserhealth.ca* email address once the project team validated the physician had already been in contact with the PWHCC OHN team.

ii. Post exposure surveys

Recognizing that most medical staff members would likely not want to complete a lengthy questionnaire, an anonymous four-question survey (estimated time: 1 minute) was created to evaluate the overall satisfaction from medical staff about their experience utilizing the BBF exposure follow-up and support service. The survey was created using [Alchemer](#) and consists of three questions utilizing the Likert scale and a fourth requiring selection of an applicable response. Due to limitations imposed by FH Privacy, open-ended questions were excluded from the survey. Invitations to complete the survey were sent to any medical staff who received BBF exposure follow-up and support from the PWHCC-OHNS.

Since the BBF exposure follow-up and support service launched on **October 25, 2021**, the PWHCC-OHNS have been notified of **21** FH medical staff BBF exposures. In **one** of the **21** instances, the PWHCC-OHNS were unable to connect with the medical staff member via telephone. Instead, an email was sent to their *@fraserhealth.ca* email address with instructions on next steps and how to contact the PWHCC-OHNS. Invitations to complete the survey have been forwarded to **15** physicians resulting in **three** survey responses. Invitations to the survey were not sent in instances where the PWHCC-OHNS were unable to connect with the exposed medical staff member, or if a survey invitation had already been sent for a separate BBF exposure.

Figure 5: Exposure to Survey Response Rates



- 1 MS did not have @fraserhealth.ca email address
- 1 MS could not be contacted by PWHCC-OHNS via telephone (email sent)
- 1 MS had 2 BBF exposures throughout project but only received 1 survey
- 3 MS had BBF exposures for which the PWHCC-OHNS hadn't contacted them yet at the time of report writing

Survey Questions/Responses

Question 1: How satisfied are you that medical staff are now included in the post exposure follow-up and support services provided by Occupational Health Nursing professionals?

- 2 of 3 responded "Very Satisfied"
- 1 of 3 responded "Dissatisfied"

Question 2: Did you feel supported through the post-exposure process?

- 1 of 3 responded "Strongly Agree"
- 1 of 3 responded "Agree"
- 1 of 3 responded "Disagree"

Question 3: Does having access to occupational health nursing professionals for assessment and guidance following a BBF exposure help to support your psychological and physical health and safety?

- 2 of 3 responded "Strongly Agree"
- 1 of 3 responded "Disagree"

Question 4: Please select the option below that best describes how you knew what steps to follow after your recent blood or body fluid exposure?

- 1 of 3 responded "I recently received an email about blood or body fluid exposure follow-up and support for medical staff and was familiar with what to expect post exposure"
- 1 of 3 responded "I had a previous blood or body fluid exposure and was already familiar with post exposure steps"
- 1 of 3 responded "I had to ask a colleague/staff member to assist me in figuring out necessary steps after my blood or body fluid exposure because I wasn't familiar"

Overall, the majority of medical staff survey respondents are satisfied with the BBF exposure follow-up and support services offered to them. However, due to the limitations imposed by FH Privacy to exclude open-ended questions, the project team was unable to identify specific aspects of the service that they liked and disliked. All survey invites were sent from the Medstaff@pwhservices.ca and no additional feedback was received directly to that inbox.

iii. Presentations: Regional Emergency Medicine network and FH MSA Presidents’ Council

On Nov 17, 2021 Dr. Dayan Muthayan offered an opportunity to present information about the BBF exposure follow-up and support project at the monthly FH Regional Emergency Medicine network meeting. Amy Gabert (Project Lead) and Eileen Janel (Doctors of BC – Regional Advisor and Advocate) co-presented project information and answered questions specific to the “ED physician” role when medical staff present to the ED after an occupational BBF exposure. Questions from the group were focused on additional steps that ED physicians may need to take to support medical staff through their BBF exposure once they present to the ED.

Information about the BBF Exposure Follow-up and Support project was also presented by Eileen Janel at the FH MSA Presidents’ Council meetings on Sept 15, 2022 and November 17, 2022 ([Appendix G](#)).

iv. Feedback received from PHWCC OHN team

Figure 6: Feedback from PWHCC OHN Team

Question/inquiry	OHN Feedback/Response
Do you recall any experience with a medical staff member in which you had to answer questions/concerns about the data captured in the MS WHITE database ?	<p>OHN RESPONSE #1</p> <ul style="list-style-type: none"> • Yes - MS wondered what health record and/or immunization records are on file <p>OHN RESPONSE #2</p> <ul style="list-style-type: none"> • No
Do you recall any experience with a medical staff member in which they expressed satisfaction or appreciation related to now being included in the BBF process ?	<p>OHN RESPONSE #1</p> <ul style="list-style-type: none"> • Yes - Multiple interactions with medical staff – <ul style="list-style-type: none"> ○ happy to be included ○ relieved to speak to an OHN post exposure ○ happy with how received guidance after their BBF <p>OHN RESPONSE #2</p> <ul style="list-style-type: none"> • Yes - A new med staff member expressed gratitude for explaining the follow-up process and what is required for her next steps

Question/inquiry	OHN Feedback/Response
Do you recall any experience with a medical staff member in which they weren't satisfied with the steps related to the BBF follow-up processes?	<p>OHN RESPONSE #1</p> <ul style="list-style-type: none"> • Unsure - not that I can remember as there were more satisfaction and appreciated interactions <p>OHN RESPONSE #2</p> <ul style="list-style-type: none"> • No

v. Physician questions and inquiries

Figure 7 below captures the inquiries/questions that were brought forward by physicians throughout the duration of the project:

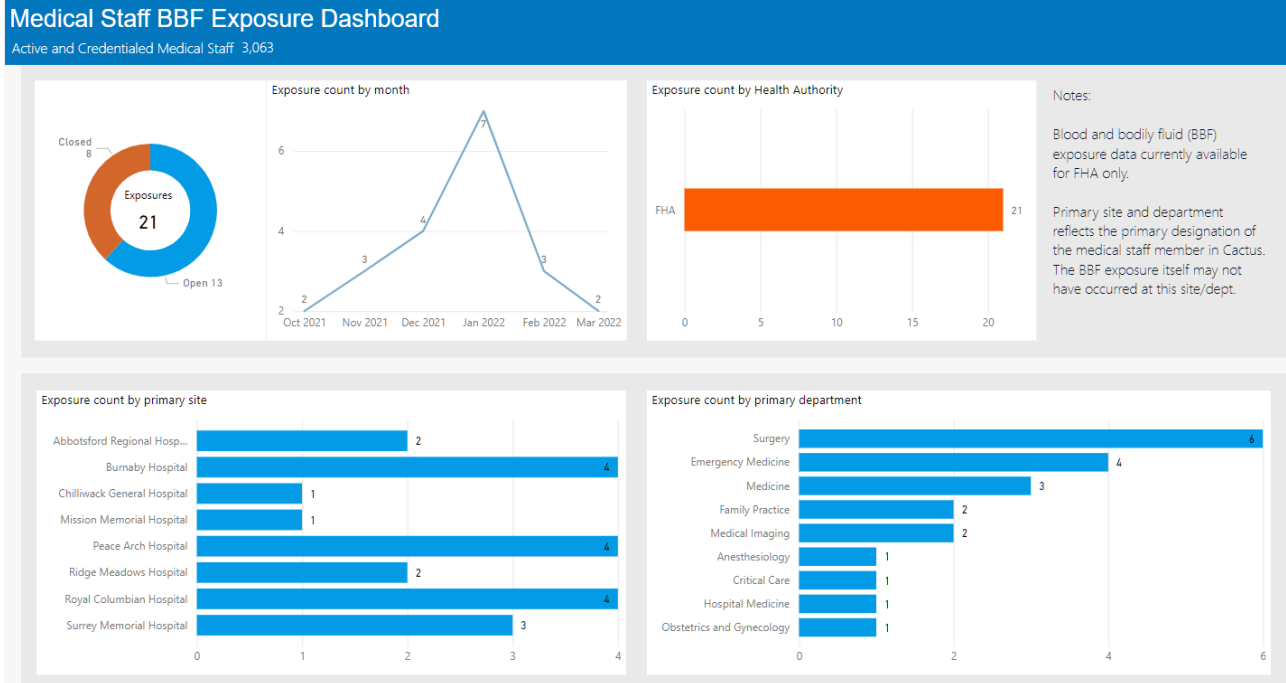
Figure 7: Questions/Inquires from Physicians and High-Level Responses

Inquiries received via: medstaff@pwhservices.ca	High-level response
<ul style="list-style-type: none"> • For ED staff, what do they need enter with the blood work to ensure that the physician's OHN gets the information? • Does this apply to medical residents who are working at a FHA site? • If I am a permanent employee (physician) at RCH, is the process for reporting/managing a needle stick injury for myself, the same as other employees? 	<ul style="list-style-type: none"> • Follow Clinical Protocol • Once BBF protocol is initiated in Meditech logic is already build to auto populate BBF exposure details on daily FH Meditech report received by PWHCC • Medical Residents report BBF exposures to PWHCC as a Vancouver Coastal Health (VCH) "employee" • Process for MS is now essentially the same as FH employees but no "incident report" is captured • Only FH MS included in this pilot project • Expansion to other health authorities is likely but TBD
Inquiries received via: Physician Coordination Centre	High-level response
<ul style="list-style-type: none"> • ED Physician - When a Bodily Fluid Exposure patient arrives do I end up faxing the chart to the Occupational Health Program? 	<ul style="list-style-type: none"> • Follow Clinical Protocol • No additional steps required for ED physician, appropriate logic is set up in Meditech when "order entry" occurs for exposed MS

vi. Dashboard

The BBF exposure dashboard displays aggregate BBF exposure data for FH medical staff who have engaged in the BBF exposure follow-up and support services with the PWHCC. The BBF dashboard is contained within the [Provincial Medical Staff Dashboard](#) (along with COVID-19 vaccinations data, influenza vaccine reporting, fit test data, and data quality). The data for the BBF dashboard populates from MS WHITE.net BBF exposure data after being entered by the PHWCC OHNs.

Figure 8: Medical Staff BBF Exposure Dashboard



The BBF dashboard identifies how many exposures have been reported, and lists the status as “open” or “closed”. An “open” status indicates that the exposed medical staff member will be receiving a phone call to discuss the exposure and next steps, including any bloodwork and level of risk. Meanwhile, a “closed” status indicates that the follow-up is complete and no further contact is required. Exposures counts are broken down by month using a trend line and primary site and department using a bar graph. The primary site and department reflects the “primary” designation of the medical staff member in Cactus. The BBF exposure itself may not have occurred at this site/department. This limitation is because there is currently no ability for the PWHCC-OHN to select the applicable FH facility where the BBF exposure occurred, and the specific department the medical staff member was working for, when they capture details from the medical staff member about their exposure and document them in MS WHITE.net. This limitation will be addressed by further refinement of the internal processes for documenting medical staff BBF exposures, and/or when all versions of WHITE.net (including MS WHITE.net) are redeveloped.

A count by health authority is also included however, for now this service is only available for FH medical staff. As the service expands and other health authorities on-board, they will appear on the dashboard. Filters will be implemented at that time to ensure viewers are only able to see their own health authority BBF exposure data.

5. Summary

a. Lessons Learned

The following outlines lessons learned for each relevant category:

i. Revisions to FH Clinical policy and protocol documents

Connect with the Clinical Policy Office to book a consultation immediately upon project approval to discuss the project and determine the relevant timeline for completing the Clinical Policy and Clinical Protocol documents.

In order to ensure inclusivity of medical staff into the existing relevant FH clinical policy and protocol, a request for document revisions had to be submitted to the Clinical Policy Office. An email inquiry was sent by the Project Lead, to the generic [Clinical Policy Office email address](#) upon project approval to determine what steps needed to be taken for relevant document revisions/updates. There was also a need to partner with the document owner for review and acceptance of requested revisions, in addition to the need to consult with the Clinical Policy Office several times to finalize revisions.

ii. Communications

The Medical Staff Bulletin is an effective communications channel to utilize to get information to FH medical staff.

It was identified at the start of the project that a robust communications strategy was needed to ensure FH medical staff became aware that they were being integrated into the BBF exposure follow-up and support services provided by the PWHCC-OHNS, and what that meant for them. The project team knew it would be a challenge to get medical staff members to read emails that did not pertain specifically to their scope of work. During the COVID-19 pandemic, a Physician Coordination Centre was established within FH and they began putting together monthly Medical Staff Bulletins with content related mostly to COVID-19. The bulletins were a way for medical staff to access updates without having to read an “email”. This communication channel proved to be an efficient way for the project team to share relevant information about the BBF exposure follow-up and support project as it eliminated the need to forward the project communications to Dr. Dayan Muthayan to be shared via email. Instead, submissions were sent directly to the Physician Coordination Centre for review and approval to be added to the next bulletin.

iii. Physician Engagement

- **Medical staff are not very receptive to completing surveys. Utilize as many channels as possible to gather physician feedback (project presentations at monthly meetings, add a section on MS website, [Physician Coordination Centre](#), etc.)**
- **Not all physicians/medical staff have [@fraserhealth.ca](#) email addresses**
- **A physician champion was not necessary for the project success but may be needed for larger scale projects that are “built from scratch” as they could also support communications to other medical staff or physicians.**

The original hope for physician engagement in this project was to conduct one-on-one interviews with physicians/medical staff who had a BBF exposure and utilized the PWHCC BBF follow-up and support service. However, it became clear that the time it would take to arrange one-on-one interviews (if the medical staff member agreed) would exceed the time it took to conduct a short interview. It was decided that one-on-one interviews would not be feasible for this project and instead an anonymous 4-question online survey was developed and sent to all medical staff members who engaged in the

PWHCC BBF follow-up and support processes. Once physicians began to engage in the BBF exposure follow-up and support services it was also discovered that not all FH medical staff have an **@fraserhealth.ca** email address which prevented the project team from sending an a post exposure survey invitation to all medical staff members who engaged in the process.

In addition to the post BBF exposure survey, Fraser Regional Physician Health & Safety Working Group members, Dr. Lawrence Yang and Dr. Dayan Muthayan also attempted to find a BBF physician champion for the project. They inquired through their network of colleagues, but were unsuccessful in all attempts to find a volunteer. Despite having project funds to compensate a physician champion, it was identified that there may be stigmas (associated with working for the health authority) or other factors, such as time commitments, that impacted Dr. Yang and Dr. Muthayan's ability to find a physician champion for the BBF Exposure Follow-up and Support project.

b. Recommendations and Next Steps

The proposed recommendations and next steps below are based on lessons learned throughout the project, key considerations and anticipated benefits to be realized:

1. **Recommendation:** Transition the **BBF Exposure Follow-up and Support project** from a pilot to an ongoing, implemented OH&S "service" for FH medical staff (includes ongoing data communication of the dashboard to the appropriate stakeholders).

Next steps

- Key stakeholders and Department of Medicine (Medical Affairs) engage in a new Service Agreement with the PWHCC for maintaining the established BBF exposure follow-up and support processes for FH medical staff members.
 - Relevant project hand off activities to FH (i.e. provision of workflows, dashboard links, PWHCC leadership contact information, etc.)
2. **Recommendation:** Due to the challenges garnering feedback from physicians (minimal survey responses), it is recommended that a standing physician/medical staff OH&S focus group is established, or a small contingent of OH&S physician champions with representation from each department, for future projects that require physician engagement.

Potential Next steps

- Fraser Regional Physician Health & Safety Working Group to discuss further and brainstorm ways to "incentivize" physician engagement in OH&S
 - Advertise the need for physician OH&S focus group
 - Utilize FH medical staff website or medical staff bulletins issued by the Physician Coordination Centre
 - Utilize Doctors of BC website
 - Develop a "Physician Voices" section within the FH medical staff website or Doctors of BC website where physicians can provide input about topics
3. **Recommendation:** Based on the scalability of this pilot project in the Fraser region, it is recommend that this OH&S services be expanded and spread provincially to all health authorities. Many FH medical staff members hold privileges to practice within other health authorities and will not have a consistent experience if they have a BBF exposure while working for a non-FH health authority. A total of eight non-FH medical staff members attempted to

engage with the PWHCC-OHNs as part of the BBF Exposure Follow-up and Support for medical staff, which demonstrates the need for expansion to other health authorities.

Potential Next Steps

- Share final report, and successes of BBF Exposure Follow-up and Support project with relevant counterparts in other health authorities
- Health authority representatives interested in onboarding their physicians/medical staff into the BBF Exposure Follow-up and Support service contact angela.isreal@pwhservices.ca Leader, OH&S Physician Services

4. **Recommendation:** For future projects that may require revisions to a FH Clinical Policy or Clinical Protocol it is recommended the Project Lead connect with the Clinical Policy Office prior to project approval in order to determine an appropriate timeline for completing relevant project document revisions. Any delays by the Clinical Policy Office could affect project timelines.

Potential Next steps

- Connect with Clinical Policy Office as soon as possible. *Only applicable if there is a clinical policy or clinical protocol related to any project/initiative of interest to the Fraser Regional Physician Health & Safety Working Group.*

Appendices

Appendix A: Communications

BBF Project – Communications Plan



Appendix A - BBF
Project - Communic

Reviewed Comms. Strategy – FHA MPPHS BBF Exposure Process Project



Appendix A -
REVIEWED Comms. :

FHA MPPHS BBF Project – Communications Schedule



Appendix A - FHA
MPPHS BBF Project -

KYI – Blood or Body Fluid Exposure Follow-up and Support For FH Med Staff



Appendix A - KYI -
Blood or Body Fluid

FHA Physician KYI – Blood or Body Fluid Exposure Follow- up and Support



Appendix A - FHA
Physician KYI - Bloo

Communication #2 – Leader’s Corner and Med Staff Bulletin



Appendix A -
Communication 2 - I

Communication #3 – Verbal Updates



Appendix A -
Communication 3 - I

Communication #4 – More Information and Who to Contact



Appendix A -
Communication 4 - I

Communication #5 – Process Launch



Appendix A -
Communication 5 - I

Appendix B: Risk Analysis

FHA MPPHS Working Group – Risk Analysis



Appendix B - FHA
MPPHS Working Gro

Appendix C: Process Workflow

BBF Follow-Up and Support Process – Fraser Health Medical Staff Workflow



Appendix C -
PWHCC-OHN Workf

PWHCC-OHN Workflow – BBF Exposure Follow-Up and Support for FH Med Staff



Appendix C - BBF
Follow-up and Supp

Appendix D: User Engagement

Feedback Requested: FH Med Staff Blood or Body Fluid Exposure Follow-up and Support Email



Appendix D -
Feedback Requested

Appendix E: Survey Responses

Fraser Health Med Staff Blood and Body Fluid Exposure Follow-Up and Support – Survey Responses



Appendix E - FH
Med Staff Blood or I

Appendix F: Due Diligence Summary and Privacy Addendum

Provincial Workplace Health Services – OH&S Physician Services



Appendix F -
Provincial Workplac

Privacy Addendum



Appendix F - Privacy
Addendum BBF Pilo

Appendix G: Presentation to Regional Emergency Medicine Network

Nov 17, 21 – FHA BBF Exposure Follow-Up Support – Regional Emergency Medicine Power Point



Appendix G -
2021-11-17 FHA BBF

Appendix H: Management of Occupational Exposure to Blood Borne Pathogens

Clinical Protocol



Appendix H -
Clinical Protocol-Mana

Clinical Policy



Appendix H -
Clinical Policy-Mana

Appendix I: Tracking of Medical Staff Engagement

PWHCC Tracking



Appendix I -
Tracking of Medical

Appendix J: Ministry of Health – Letter to HA CEOs

MoH letter to HA CEOs – HCW

Immunization



Appendix J - MoH
Letter to Health Autl

Appendix K: Current State Analysis – OH&S Services for Physicians and Residents

Please email MedStaff@PWHServices.ca to request a copy of this report.