


Communicating with Healthcare Workers: the old, the new, the tried... and the untried

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Provincial Infection Control Network of BC

PICNet Educational Conference
March 2016

Why communicate?

- Inform
- Educate
- Remind
- Refresh
- Reassure
- Reinforce
- Respond
- Listen 
- Practices
- Protocols
- Resources
- Reasons
- Changes
- Developments
- News
- Issues
- Questions
- Confusion

Choices, choices!



So which do we use?

→ = dictates



Challenges

- Time
- Resources
- A few of us... a lot of them
- Many other responsibilities
- Communication is a two-way street

More (new?) challenges

- Technology / pace of change
- Information overload
- The morass of misinformation
- Trust



Info Overload: Coming at us from so many directions!



This brings its own challenges...

- These sources can be very insistent
- Expectation to keep up
- How do we make **our** communications successful?

Let's look at communications strategies...

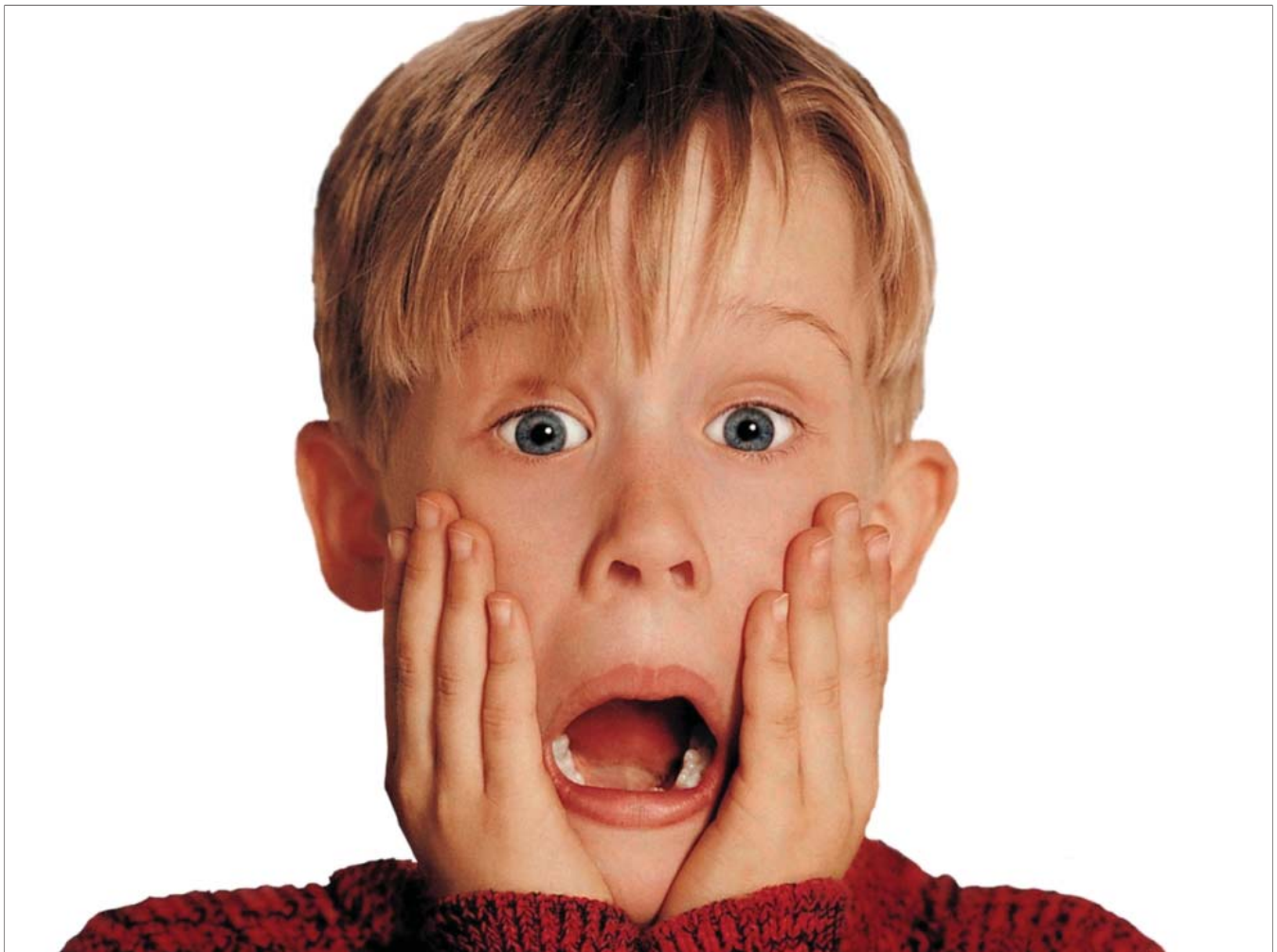
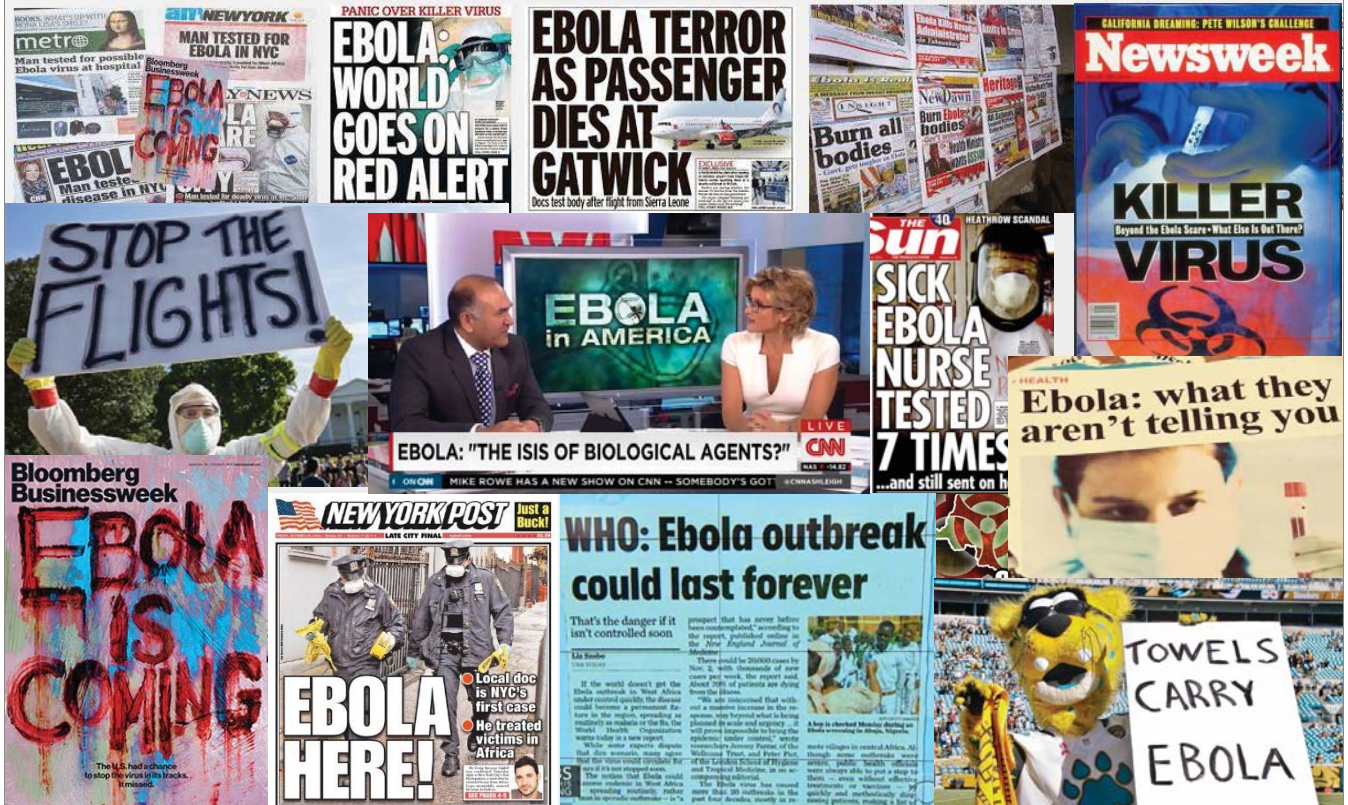
A step back in time: Traditional communications strategies for healthcare organizations



Healthcare workers are people too!



EBOLANOIA



Fear feeds fear...

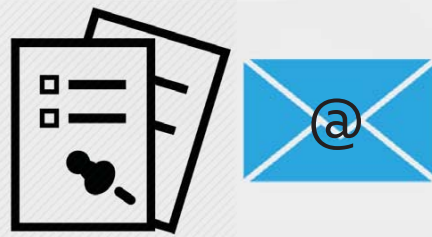
MEDICAL STAFF IN SPAIN ARE REFUSING TO WORK WITH EBOLA PATIENTS



Jackson Lee: Nurses should have 'right to refuse' Ebola cases

up a sign during a one-day strike by airline cabin cleaners dem...
against Ebola. Photograph: Carlo Allegri/Reuters

The old paradigm: no crosstalk!



The information cycle



The panic cycle



Why is Chicken Little running the show?

- Numbers
- Emotion
- Timing
- (Dis)trust



Mass Media influence on HCP:

van Bekkum and Hilton, BMC Family Practice 2013

Of some concern is the finding that **media reports were often cited as primary care nurses' first point of contact with new or controversial health information** due to **time pressure**, **easy access**, and a **lag in dissemination from official channels**.

While participants mentioned that they **did receive information through official channels** ... a common criticism was that this information often came **in response to the media** and **after they had had to deal with concerned patients**

Mass Media influence on HCP:

van Bekkum and Hilton, BMC Family Practice 2013

Participants reported that their **patients were frequently influenced by controversial health stories reported in the media...** [therefore they] had to spend **additional time discussing information and reassuring patients.**

Participants also recalled times in their own careers when media reports had contributed to a **decline in their confidence in current healthcare practices and treatments.**

The challenge of communicating research evidence to patients

van Bekkum and Hilton, BMC Nursing 2013

Health practitioners in this study were **unsure of the level of weight to give second-hand or third-hand accounts of evidence, such as media reports or re-told stories from friends or family** that are often readily available.

All this can take its toll on point-of-care staff

- Inundated with conflicting info
- They have to deal with questions/concerns from patients, so...
- Is their workplace giving them
 - the info they need
 - in the format they need
 - in a timely manner?
- And if we aren't... then will they **trust** what they're getting from us?

Movie break: Let's talk about trust

Advance subtitles:

- Business = think about if/how this might apply to healthcare
 - Sometimes synonymous with “employer”
- Customers = staff, patients
- Products/innovations=
 - New healthcare technologies
 - Policies and procedures
 - Practices

Video clip links:

2015 Edelman Trust Barometer: summary

<https://www.youtube.com/watch?v=09eDlatXIB4&list=PL-icMDI-65xrEi7zAUq3uQlo7QeplHoVP>

2016 Edelman Trust Barometer: summary

<https://www.youtube.com/watch?v=Kfw759dqUkY>

Tapping the Internal Trust Surplus
to Rebuild Credibility

<https://www.youtube.com/watch?v=22KFNYEMMEs>



The magic bullet?



How do we use our communications tools to our best advantage?

- Not a lot of research out there
- And things change quickly
- Sometimes what worked before... doesn't work this time around.



Communications Toolkit

How can we communicate to/with staff?

1. In-person
2. Work “sends”
3. Intranet
4. In-house experts
5. Video
6. External website
7. Social media
8. Mainstream media



Mainstream media: Fight fire with fire

- Important to get in there quickly
- Can be a numbers game

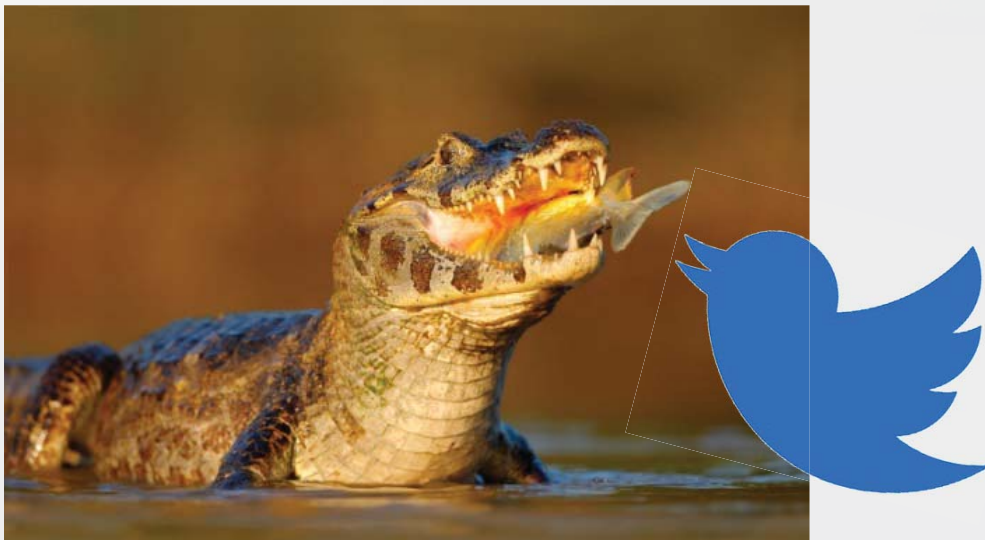


Pitching a story

- WHAT is the issue?
- WHAT's happening (and how fast) ?
- HOW BIG a concern is it ?
- WHAT are the facts ?
- WHAT is the mis-information ?
- WHAT do people need to know/do?
- WHO can speak to this? (expert in the field)
- WHAT is being done? (by HA, etc.)

Is traditional media “better”?

- Credibility
- Reach
- It feeds the monster!



External website and social media

- Pros
 - It's public
 - Reach many audiences
 - Chance to give them the right info
 - Now your HCWs have the right words
 - Very visual
 - Can track 'reach'
 - Silence is suspicious
 - Transparency = TRUST
- Cons
 - It's public
 - Have to think carefully, word carefully
 - Need to monitor it (comments, questions)

Why do we wear • PPE in a hospital but not at home?



PPE protects healthcare workers and helps prevent the transfer of germs from one patient to another. In a hospital, patients share close space with each other. Their immune systems are stressed from surgery or illness; they have invasive lines; they are often on antibiotics; and they are cared for by healthcare workers who go from patient to patient. At home, these factors no longer exist.

Social media

- Pros
 - Can schedule many posts
 - Bite-sized info... with links
 - Re-posts, retweets
 - You can share existing info
 - Your audiences are there anyway!
 - Comms contact person
 - Listen to the chatter
 - Data mining
- Cons
 - Blink, you miss it
 - Not much text
 - The wingnuts
 - No time for another task

Social media IS a two-way street

- Your Comms person can track and report back on the chatter



THIS IS COOL JOEY.
DOES IT COME WITH APPS?

Call to action

- Your staff are your potential ambassadors
- Use your experts!
- Call to action words:
 - Visit
 - Share
 - Tell your friends and family
 - Tell us
 - Find out more
 - Take our quiz
 - Join me in congratulating



Engage your staff from the beginning

- Ask them for:
 - Their take-aways
 - How to simplify the language
 - What questions (still) need answered
 - Inspiration for catchy wording
 - Ideas, suggestions
 - Photos
- ...feed this INTO your communications!

Staff Ambassadors

Teaching is the highest form of understanding.
— Aristotle

If you can't explain it simply, you don't
understand it well enough.
— Albert Einstein (maybe)



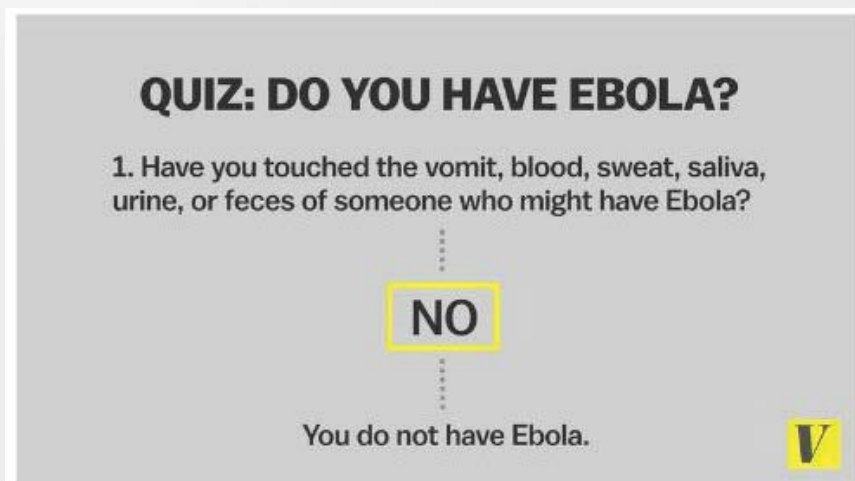
A word on post-it notes

- They're Twitter-sized *and* privacy-friendly!



Social media 'cheats'

- Just grab their attention, then include link
- Twitter has built-in URL shortener
- Still can't fit your text into 140 characters?
Write more, post a photo of it!

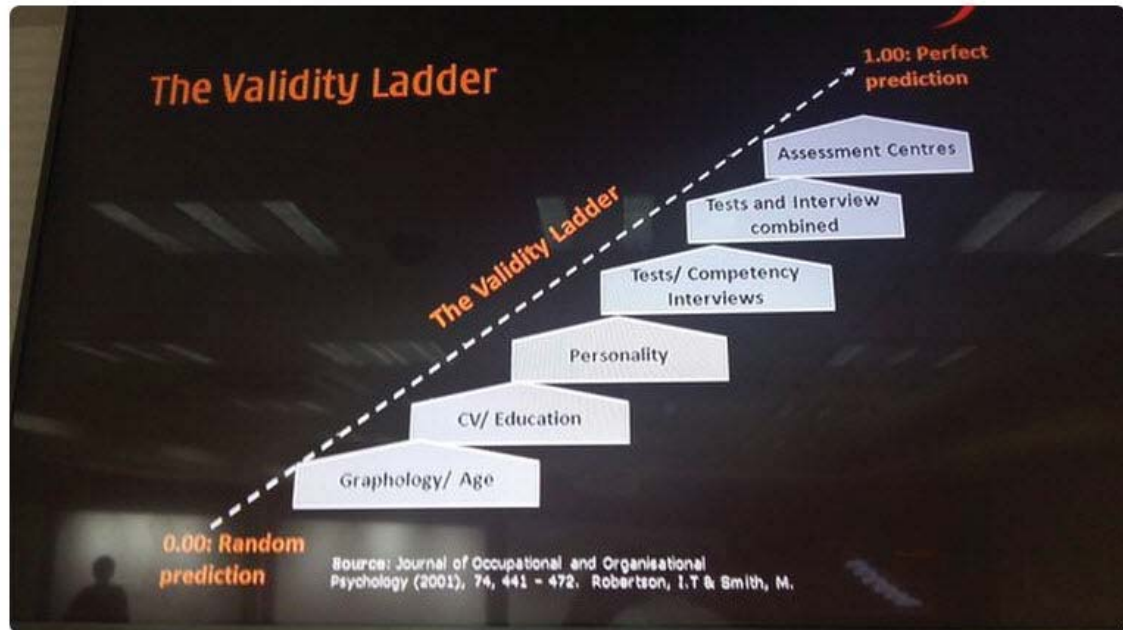


Post highlights from education sessions



VCHClinicalEducation @VCHClinicalEd · Dec 12

RT @GautamGhosh: The validity ladder that predicts performance on the job #shrj



Pitfalls of Social Media

- Do we want to draw attention to HAIs?
- Issues that don't seem suited to social media
- Privacy issues
- We have to be careful with humour



QUIZ: DO YOU HAVE EBOLA?

1. Have you touched the vomit, blood, sweat, saliva, urine, or feces of someone who might have Ebola?

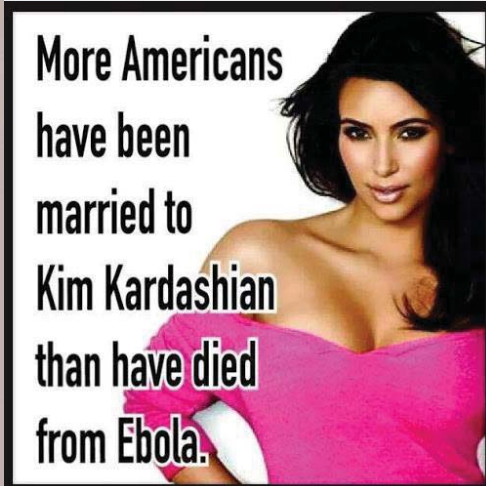
NO

You do not have Ebola.

2. Do you watch FOX News?

YES

You have Ebola.



graphic by MTA / @ddiamond

Feeling sick?

- Did you recently return from Africa?
- Have you exchanged bodily fluids with Ebola patients?
- Did you inexplicably lick the subway poles that Dr. Craig Spencer used?

Did you answer "no" to those three questions?

Then you probably don't have Ebola.

Take care.

Vox EBOLA

Don't panic over Ebola in America

Updated by Ezra Klein on September 30, 2014, 7:03 p.m. ET [@ezraklein](#)

The first thing to do is to calm down.

Ebola is terrifying. But it's not likely to kill you, or to spread widely in the United States. What's scary — and hyped — about Ebola isn't what makes it dangerous.

Ebola is a hemorrhagic fever. It kills about half of those who contract it. It sometimes, though not always, leads to uncontrollable bleeding. But it's **difficult to contract**. The only way to catch Ebola is to have direct contact with the bodily fluids — vomit, sweat, blood, feces, urine or saliva — of someone who has Ebola and has begun showing symptoms.

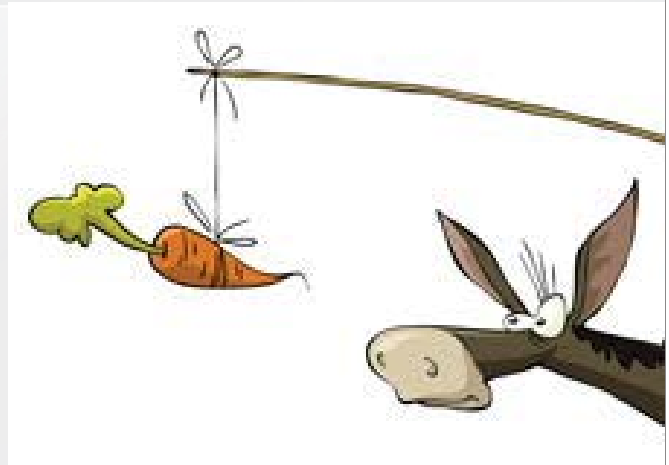
Is Ebola Scaring You? 5 Reasons You Don't Have to Worry

Posted: 10/10/2014 5:55 pm EDT | Updated: 10/10/2014 5:59 pm EDT



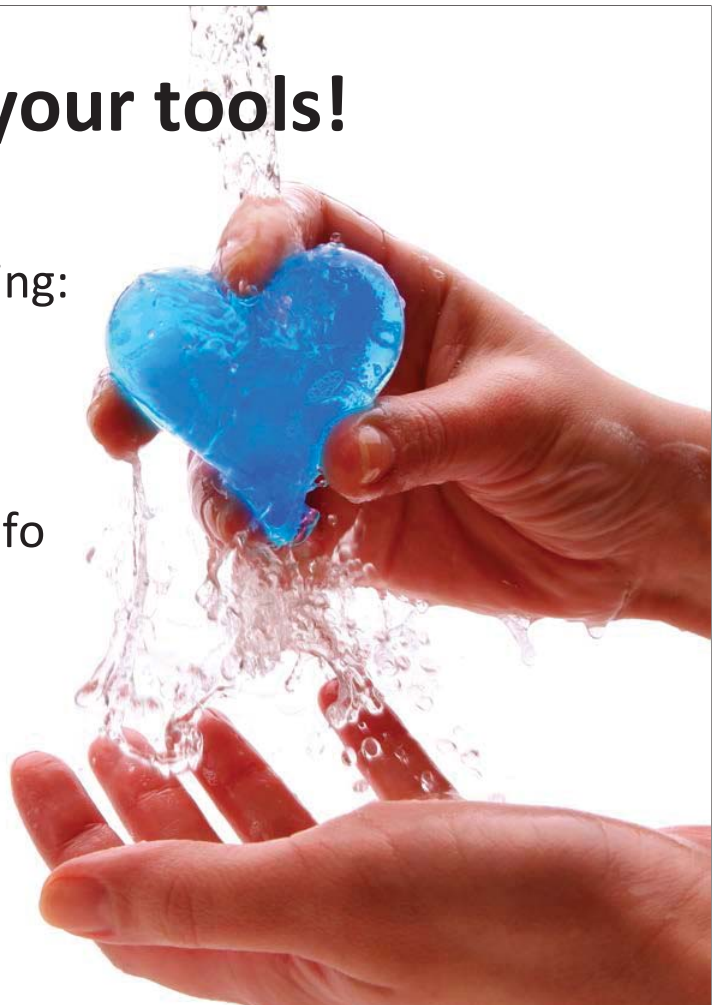
Use all your tools!

- Emails
 - A hook
 - A visual
 - Key messages
 - Link to main article/
more resources
- Intranet posts
 - Word it in their language
 - Provide links to resources
 - Invite questions
 - Track the replies



Use all your tools!

- Posters / Brochures
 - Make them eye-catching:
 - Colour
 - Photos/diagrams
 - Key messages
 - Where to find more info

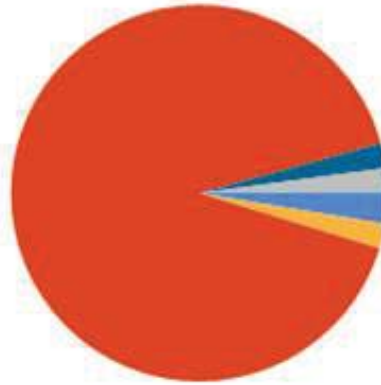


More tools

- Website
- Intranet
- Blog
- Polls
- Video

We want to know...

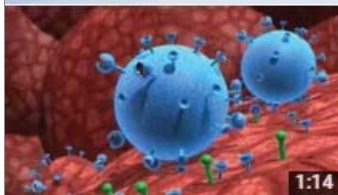
Which is NOT one of the four key moments for hand hygiene in health-care settings:



- BEFORE initial patient / patient environment contact (17)
- BEFORE aseptic procedure (14)
- BEFORE using the washroom (595)
- AFTER body fluid exposure risk (14)
- AFTER patient / patient environment contact (14)

Poll Hint: Learn more about the 4 Moments for Hand Hygiene.

YouTube is a treasure trove



Fighting flu

ubcpublicaffairs
3 years ago • 45,624 views
This video illustrates how the flu virus virus first uses a protein, called hemaggl

1:14



How Flu Viruses Attack National C

maia86magnoly
6 years ago • 201,952 views
swine virus.

3:48



How Your Immune System Works

KidsHealth.org
1 year ago • 296,496 views
When you get sick, your immune system movie for kids.

CC

7:26



Striking MRSA Where It Hides

Genentech
1 week ago • 78,021 views
We've all heard about the growing thre "superbugs" – and it's pretty scary.

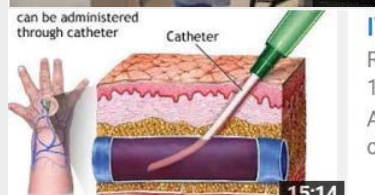
4:01



Donning and Doff

Kristen Leonard
1 year ago • 35,259

13:22



IV Cannulation Techn

can be administered through catheter
Catheter
Raghavendra G
1 year ago • 162,609 vie

IV Cannulation Techn

A vieo showing how to in contraindications. A mus

15:14



Hand Hygiene - "It's

mem01615
4 years ago • 3,298 vie
This video shows how cleaned versus simply

2:02



CNA Essential Skills - (4:30)

R Mayer
3 years ago • 268,319 vie
How to don and remove g to pass this skills for the s

4:30

For ALL your tools...

- Keep the wording as brief as possible
 - Or split into smaller messages/posts
 - Easier to assimilate and reiterate
- Post the resources to one central place
 - ...and link, link, link!
- Invite comments
- Ask people to share
- As eye-catching as possible
- Visuals that are **fun** or **thought-provoking**
 - But a stock visual is better than no visual
- Proofread
- Loop in your Comms person

Remember the 3 R's

If you've already written something about it before:

repurpose, reuse, recycle



(and occasionally translate)

Concerted Communications



**References and
additional resources**

References: must-reads!

Primary care nurses' experiences of how the mass media influence frontline healthcare in the UK

Jennifer E van Bekkum and Shona Hilton
BMC Family Practice 2013, 14:178

The challenges of communicating research evidence in practice: perspectives from UK health visitors and practice nurses

Jennifer E van Bekkum and Shona Hilton
BMC Nursing 2013, 12:17

Generation Y in Healthcare: Leading Millennials in an Era of Reform

Llewellyn E. Piper, PhD, FACHE
Frontiers of Health Service Management

Communicating with the Twitter generation

Teresa Chinn
Practice Nursing 2013, Vol 24, No 12

Mass Media influence on HCP:

van Bekkum and Hilton, BMC Family Practice 2013

Three themes emerged from the data:

1. Participants reported that their **patients were frequently influenced by controversial health stories reported in the media**, which affected their perceptions of, and decisions about, care. This, in turn, impinged upon participants' workloads as they had to spend **additional time discussing information and reassuring patients**.
2. Participants also recalled times in their own careers when media reports had contributed to a **decline in their confidence in current healthcare practices and treatments**.
3. Participants suggested a real need for additional resources to support and **expand their own media literacy skills**, which could be shared with patients.

The challenge of communicating research evidence to patients

Participants spoke of a wider cultural change in their relationship with patients, which involved patients becoming more proactive in assessing evidence themselves and less accepting of 'blanket', 'one size fits all' health advice.

"There is a kind of new era ... our parents' generation wouldn't have questioned us as health professionals, but now more and more people are becoming questioning"

Participants raised issues about:

1. increasingly **critically-minded patients who would question and dispute best evidence**;
2. the **detrimental effect** that these patients with increasing knowledge and healthcare expectations were having on their **professional confidence**;
3. the **complex and dynamic nature of evidence**.

Health practitioners in this study were **unsure of the level of weight to give second-hand or third-hand accounts of evidence, such as media reports or re-told stories from friends or family** that are often readily available. Tools to assist health practitioners to discuss the merits and pitfalls of such sources of evidence may be a useful resource.

Our findings indicate that health practitioners would benefit from more clarity and support about what counts as evidence.

van Bekkum and Hilton, BMC Nursing 2013

Generation Y as Ambassadors

When forming a collaboration, leaders cannot overlook the **abilities and willingness** of generation Y-ers. They want to:

- Be **present for the discussions**.
- **contribute** ideas to the solution.
- **represent the perspectives of their work group** or their generation.
- They **regard collaboration as not only fun but also fulfilling**, as it **connects them to people** with whom they would otherwise not associate and allows them to achieve a greater objective than what their everyday tasks require.

By welcoming generation Yers to join a collaboration ... leaders are also opening the door for **fresh insights, innovative approaches, untapped resources**, and even **questions that have never been posed** by seasoned members of the team for fear of sounding too naïve.

Generation Y in Healthcare: Leading Millennials in an Era of Reform
Piper, Frontiers of Health Services Management, 2012, Volume 29, Issue 1

Privacy

- Close monitoring of content is a necessity because of the delicate nature of private health information. Each individual involved in the organization's social media strategy should be trained on the privacy and security of health information. **Organizational expectations on social media behavior and compliance guidelines need to be clearly communicated to all employees from the beginning and reiterated periodically.** Employees must understand that their words and actions on social media sites directly reflect on the organization.

The Great Divide: Social Media's Role in Bridging Healthcare's Generational Shift
Sarringhaus, Meredith M. Journal of Healthcare Management 56.4 (Jul/Aug 2011): 235-44.

The danger of silence

- The basis for social media is that it is an interactive and engaging conversation. **Not responding to feedback simply communicates to users that the organization is not open to criticism and does not value input from various stakeholders.**
- Prematurely discontinuing social media use in the face of adversity is unwise, as "a string of abandoned or infrequently tended social media accounts **hurts credibility**" (McNab 2009, 1)

The Great Divide: Social Media's Role in Bridging Healthcare's Generational Shift
Sarringhaus, Meredith M. Journal of Healthcare Management 56.4 (Jul/Aug 2011): 235-44.

Edelman Trust Barometer

Edelman Trust Barometer 2013: Life Sciences and Trust
Lynn Hanessian, online article, April 2013

<http://www.edelman.com/post/life-sciences-and-trust/>

2015 Edelman Trust Barometer website:

<http://www.edelman.com/insights/intellectual-property/2015-edelman-trust-barometer/>

Published on 4 Mar 2015

Building Trust in Calgary video clip

<https://www.youtube.com/watch?v=pollZhhEyO8>

Edelman Calgary convened thought leaders from the business, media, government and non-profit sectors to discuss the importance of trust and steps organizations in Calgary and across Canada can take to build trusting relationships with stakeholders

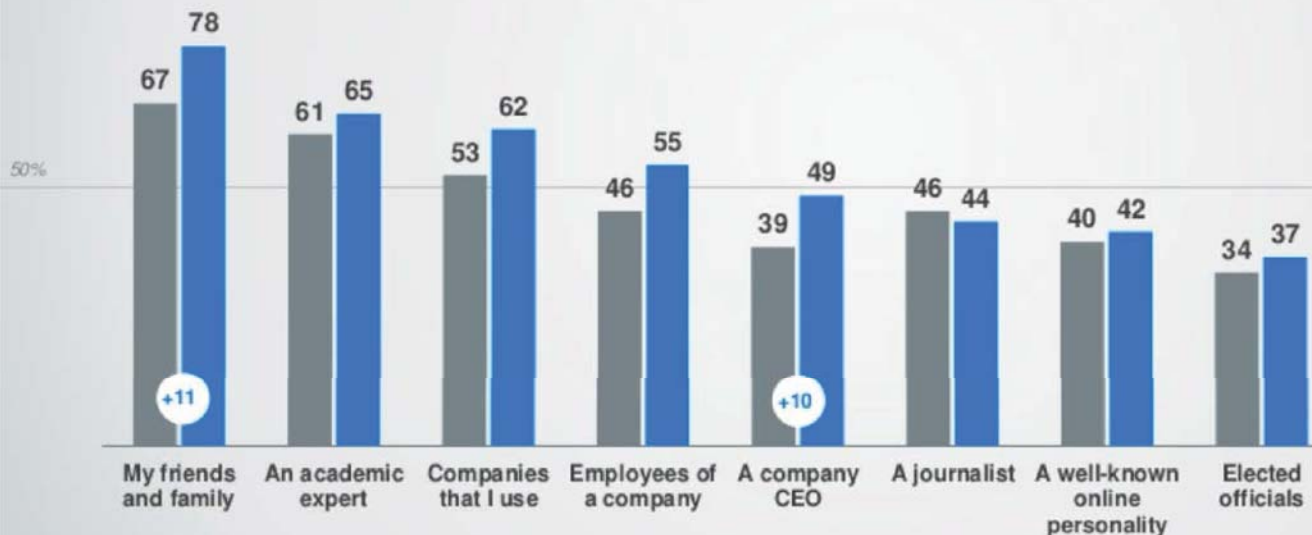
2016 Edelman Trust Barometer website:

<http://www.edelman.com/insights/intellectual-property/2016-edelman-trust-barometer/global-results/>

Edelman Trust Barometer: Credibility on social media (*why we need ambassadors!*)

Every Voice Matters

Percent who trust information created by each author on social networking sites, content sharing sites and online-only information sources, 2015 vs. 2016



'Reassuring' articles

A good example:

Vox: Don't panic over Ebola in America

<http://www.vox.com/2014/9/30/6875459/calm-down-youre-not-going-to-get-ebola>

NHS inform
Health information you can trust
0800 22 44 88

Scotland's health information service
NHS inform provides a co-ordinated, single source of quality assured health and care information for the people of Scotland.


Search this site
Entire Site
[Search Help](#)

BEHIND THE HEADLINES


- Cancer
- Diabetes
- Diet and nutrition
- Drugs and vaccines
- Genetics/stem cells
- Heart/lungs
- Lifestyle and environment
- Medical practice
- Mental health
- Neurology and dementia
- Obesity and weight loss
- Older people and aging
- Pregnancy/child
- Special reports
- Topical questions and answers

Behind the headlines
Unbiased and evidence-based analysis of health stories


Evidence of link between Zika virus and birth defect boosted
19 Feb 2016
"Brazilian study boosts theory that Zika causes birth defect," The Guardian reports.
[Read more](#)



Link between indigestion drugs and dementia 'inconclusive'
17 Feb 2016
"Indigestion pills taken by millions 'could raise the risk of dementia by 50%'," reports the Daily Mail.
[Read more](#)



Alzheimer's disease 'wonder drug' claims are premature
16 Feb 2016
"Millions could be offered wonder drug to prevent Alzheimer's before symptoms appear," is the overhyped headline in the Daily Express.
[Read more](#)



NEWS
What is behind the headlines?

Evidence of link between Zika virus and birth defect boosted

19 February 2016

"Brazilian study boosts theory that Zika causes birth defect," The Guardian reports.

"Brazilian study boosts theory that Zika causes birth defect," The Guardian reports.

Researchers have detected the virus in amniotic fluid surrounding two unborn babies known to have abnormally small heads (microcephaly).



The Zika virus is spread by mosquitoes

There had been speculation that other infections may be causing the birth defect, but no other type of infection was found.

The news comes from a case study of two women in Brazil who had clinical symptoms of the Zika virus in the first or second trimester of pregnancy. The women's babies were later diagnosed with microcephaly.

The researchers analysed samples of amniotic fluid – the fluid that surrounds and supports the baby – taken at 28 weeks, and detected the Zika virus. This suggests unborn babies are exposed to the virus while still in the womb.

They also found the DNA of the Brazilian Zika virus is very similar to those isolated during an outbreak in French Polynesia in 2013, as well as outbreaks in North and South America, southeast Asia, and the Pacific region.

But this research cannot prove Zika causes unborn babies to develop microcephaly – it can only show an association.

That said, this is arguably currently the strongest piece of circumstantial evidence that Zika is directly responsible for the alarming increase in the number of microcephaly cases in Brazil.

Advice for pregnant women

If you're pregnant or planning to become pregnant and are about to visit a part of the world known to be affected by the Zika virus, you should discuss your travel plans with your doctor.

Public Health England provides regular [updates about the current spread of the disease](#).

Following sub-sections:

Where did the story come from?

What kind of research was this?

What did the research involve?

What were the basic results?

How did the researchers interpret the results?

Conclusion

Links to the headlines

What is Behind the Headlines?

Our behind the headlines articles provide you with an unbiased and evidence-based analysis of health stories that are in the news. Taking analysis performed by independent researchers into account, we offer you a look at the facts behind the headlines.

If you would like to know more about a headline we haven't covered within behind the headlines, then you could follow the guidance below to examine the information yourself:

- **Consider whether the article support its claims with scientific research**
If it does not, then treat the advice with caution.
- **Consider whether the article is based on a conference abstract**
If it has taken its information from a conference abstract, the research is probably in its early stages and will not have gone through the same amount of scrutiny as it will when fully completed. You will also probably be unable to look in any detail at how the research has been carried out.
- **Consider whether the research involved humans**
Some research will be conducted on animals or cells in the first instance, and may seem to have promising results. However, once the product or theory is tested on humans the results are sometimes not so promising. If you find an article where the research has not yet been tested on humans, treat the information with caution as it might not work in humans.
- **Consider whether the study had a control group**
Control groups allow comparisons to be made. For example, when testing a new treatment, one group would be given the new treatment and the second group may be given the normal treatment or none at all. Comparing the results/outcomes between the groups helps support the research. Keep in mind that the larger the group being studied, the better the results are at representing the group. It is also important the participants match as near as possible the relevant groups that will be using the treatment.
- **Consider who paid for and conducted the research**
There could be a potential for conflict of interest if an organisation that has funded the research has a vested interest in the outcome so keep this in mind.
- **Links to the headlines**
At the bottom of each article you will find "Links to the Headlines". This provides you with links to online versions of the headline that is being assessed so you can read it for yourself.
- **Links to the science**
You will also find "Links to the science" at the bottom of each article. This provides you with links to the original research papers so you can review them yourself.

NHSinform – Behind the Headlines

Home page:

<http://nhsinform.co.uk/behind-the-headlines/>

What is Behind the Headlines?

<http://nhsinform.co.uk/behind-the-headlines/what-is-behind-the-headlines/>

Social Media Active Monthly Users 2016



1.55 Billion

If FB was a country it would be the most populated in the world, ahead of China and India



1 Billion

If YouTube was a country it would be the 3rd most populated country behind China, India and ahead of the US



540 Million

4th Most populated behind YouTube and ahead of the US which has 322 Million people



400 Million

5th Most populated behind Google+ and still ahead of the US



320 Million

7th most populated in the World behind the US



200 Million

10th most populated behind Indonesia, Brazil and followed by Pakistan



100 Million

Joint 18th most populated behind Mexico and Philippines



100 Million

Joint 18th most populated ahead of Ethiopia and Vietnam

Sources:

- thesocialmediahat.com/active-users
- en.wikipedia.org/wiki/list_of_countries_and_dependencies_by_population
- pewinternet.org/fact-sheets/social-networking-fact-sheet

In Healthcare ... one channel rises



“Twitter is the 800lb gorilla in the healthcare discussion on social media... it’s really become the channel of choice. It doesn’t matter if the discussion is happening on Facebook or LinkedIn; if it’s significant, it’s going to end up on Twitter, if it’s not there already.”

– Tom Lee, Co - founder, Symplur LLC

Online presentation for NHS Transformathon: Transforming Healthcare Through Social Media, Jan 2016

<http://theedge.nhsiq.nhs.uk/sessions/transforming-healthcare-social-media/>

Predicted trends in Social Media

Excerpt from **5 Trends That Will Change How Companies Use Social Media In 2016**

<http://www.fastcompany.com/3054347/the-future-of-work/5-trends-that-will-change-how-companies-use-social-media-in-2016>

1. Social networks storm the workplace*

For years now, we’ve been promised that a new generation of internal social networks—for use within companies by employees—will put a swift death to email. No more hunting through your inbox for information. No more endless reply-all threads from hell. And yet email has lumbered on. Haven’t noticed the exponential increase in ads on your social media feeds? That probably means they’re working. But maybe not for long. Slack has proven a game-changer. Its intuitive interface, built around themed chat rooms and searchable archives, has propelled it to more than 1.25 million active business users in just two years’ time, from the team at NASA to the team at your local coffee shop.

2. Companies turn to employees for amplification

Nearly 80% of businesses now have a dedicated social media team. But many still struggle to reach an audience. **2016 will see companies turn increasingly to an underused resource in the effort to get the word out: their own employees. Employee social advocacy programs, which encourage staff to share updates about the business on their own social media accounts, have grown by 191% since 2013 and are due to take off in the year ahead.**

5. Social video eats the world

In case you missed it, social video is exploding. Last year, Facebook more than doubled its daily video views to 8 billion, reportedly overtaking YouTube. Twitter launched native video of its own in 2015, while Snapchat now reports 6 billion daily video views in its own right. In total, adult users now consume a total of 66 minutes of online video each and every day

*Keep in mind that the major social networking sites are US companies, so we have to make sure our communications activities adhere to Canadian privacy laws (as well as our own Health Authority guidelines).

Comms Tools Inventory for HAs

	Fraser	Interior	Island	Northern	VCH	Providence	PHSA	PICNet
Newsletter/ eNewsletter	Weekly	Weekly	Weekly	Weekly	Weekly	Weekly	Weekly	Monthly
Twitter	Yes	Yes	Yes	Yes	Yes, and VCH Clinical Education has their own Twitter feed	Yes	Yes	Can post to PHSA's twitter feed
Videos	post on YouTube as unlisted, and then share on their websites or intranet	post on YouTube as unlisted, and then share on their websites or intranet	use Vimeo and then embed	Internal videos posted on YouTube as unlisted, and then shared via the intranet. External videos posted on YouTube as listed, and then shared via the Northern Health BC channel	Post on YouTube as unlisted, and then share on their websites or intranet	Post on YouTube as unlisted, and then share on their websites or intranet	Can post videos to the PHSA intranet, and can embed Vimeo videos	Post to Vimeo and then embed
Facebook	Yes	Yes	Yes	Yes	Yes; also have a page for Careers	Yes; also have a page for Careers	No	Has one but don't use it regularly; however we do have the ability to use it more
Instagram	Yes					Yes		
Flickr			Yes		Yes	Yes		
Pinterest				Yes (to share photos)				
Blog	FH Newsroom		No blog per se, but newsletters are posted online and people can comment	Yes	Yes		BC Patient Safety & Learning System (BC-PSLS) has an external blog; PHSA intranet has a Leader's blog	

Email helen.evans@phsa.ca if you would like to see the full document

IT'S A QUESTION PARTY!



Contact

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