



**GENERAL BOARD MEETING
WEDNESDAY, May 27, 2009
QUESTIONS & ANSWERS**

Submitted by: Lyne England, Chair, Regional Family Advisory Committee

Q VIHA has recently agreed that a better job could be done with 'communication'. What specific steps have been taken by the VIHA to reach this laudable goal as far as responding to families who ask questions of facility Managers in whose care their loved ones reside?

A The VIHA Communications and Community Relations Review was released in February 2009. The Review and its recommendations are available on VIHA's website at www.viha.ca/about_viha/news/publications/. The recommendations in this Review were broad reaching and high level, and did not include the level of detail to which you refer in your question. Having said that, there are many ways for family members to interact with care providers, including facility managers, when they have questions about the care of a family member. Families are always encouraged to discuss care issues first with the direct care provider for their loved one and/or the Clinical Coordinator of the Unit. Should the family member still have questions, they are welcome to speak to the facility manager who is generally available on site during regular business hours. Family members can also write or call to the manager with their questions. It should be noted that care providers, including the manager, may not be able to provide an answer to a question right away. Depending on the complexity of the question being asked, more research may be required.

If a family member still feels their question has not been addressed, we would encourage them to contact the Patient Care Quality Office. Contact information and the PCQO process are detailed at www.viha.ca/patientcarequalityoffice.

Q Rumours are circulating that there are plans to combine the Health Authorities making them even bigger and thereby less accessible and accountable to those making inquiries. Is there any truth to these rumours and if so which of the Health Authorities are being considered for amalgamation? Please explain the rationale for this move.

A We are unable to respond to a question that deals in 'rumours.' This question is more appropriately directed to the Provincial Government, which has the mandate to oversee the structure of health care delivery in BC.

Submitted by: Lyne England, Health Care Consumer, Tax Payer & Advocate

Q It has been noted that some of the VIHA Facilities have promoted Social Workers to Management positions. What are the qualifications required to be a Manager in a VIHA Residential Care Facility?

A The Manager of Residential Services in a VIHA owned and operated facility is responsible for all aspects of planning, organizing and directing the delivery of residential care. Sought after educational qualifications include: A level of education, training and experience equivalent to a Bachelor of Science in Nursing or a

degree in a relevant health discipline. Masters degree preferred. Seven (7) years' health care experience including supervisory experience, preferably in residential services. Other qualifications include: ability to integrate administrative, professional and operational aspects of the program in an effective and efficient manner; ability to develop an environment where quality improvement principles are embraced and used on a continuous basis; ability to lead and manage, to motivate, delegate and operate in both structured and unstructured situations; strong planning skills, strategic and operational; ability to work with delegates to provide program services at multiple sites in a regional setting.

Q When this occurs to whom are they ultimately accountable?

A Managers of VIHA owned and operated residential care facilities report directly to the Director, Residential VIHA-Operated Services. The Director in turn reports to the Executive Director, Continuing Health Services, who reports to the Chief Operating Officer. Ultimately, all parts of the organization are accountable to the President & CEO.

Q Are the two positions Social Worker and Manager completely separate and if not please explain the specific differences.

A Facility based social workers function directly within the scope of practice for social workers and focus on residents and families as part of an integrated interdisciplinary care team. The social worker reports to a facility's manager, who is, as stated above, responsible for all aspects of planning, organizing and directing the delivery of residential care, including the services and support provided by Social Workers.

Q Does the Manager/Social Worker have limitations of accountability to his professional association?

A Staff with professional designations, such as nursing or social work, are members of professional organizations (e.g. College of Registered Nurses of BC, Board of Registration for Social Workers (BRSW)) and as a regulatory body, they establish practice standards for their members.

Q If they are only accountable to their employer VIHA for certain things, what is the justification for this?

A VIHA employees, regardless of their professional capacity or job function, are accountable to their employer for all aspects of their job performance, including the adherence to applicable legislation, regulations and standards. At the same time, they are responsible to their professional body to adhere to practice standards and code of ethics, should they belong to one.

Q Please explain how a credentialed Social Worker's obligations differ from that of a Manager of a Residential Care Facility.

A This question has been answered above, but in summary, a facility-based social worker is responsible for working with clients and their families to develop and implement care plans and work with clients and families on specific care issues that may arise with their scope of practice. The facility social worker reports

to the facility manager, who is responsible for overall planning, organization and directing the delivery of care at the facility.

Submitted by: David Ridley, Sointula, BC

Q The Hepatitis/AIDS scare in Nevada caused by the misuse of surgical equipment has resulted in a class action lawsuit. Does VIHA reuse any equipment such as cautery elements, endoscope accessories etc., which were manufactured for single use only?

A Please be assured that VIHA does not reuse items designated for single use, other than items that are reprocessed by a third-party preprocessor, licensed under Health Canada and FDA guidelines. This does not include the equipment referred to above.

Submitted by: Aynes deLaat, Owner, Soul Comfort Sheepskin & Sheepwool

Q We are all interested in quality patient care, especially the patients and their families. Since cost-effective sheepskin and sheepwool fabrics are well known to alleviate skin conditions related to pressure wounds and bedsores for long-term and palliative care patients, would VIHA approve the use of natural sheepskin and sheepwool fabrics (unlike their imitation counter-parts which aggravate these conditions) in at least one hospital or care centre to provide this exceptional curative/preventative care? If not, why not?

A While VIHA recognizes the comfort sheepwool products may provide to some residents and clients, this product is not one of the standard products provided to individuals in residential care or palliative care settings. However, residents or family members in care settings who have a preference for a product or brand name that is not the standard one provided, can always opt to purchase and use an upgraded or non-standard product, where it is clinically appropriate to do so. Under VIHA's Fair Business Policy, any contract for products used in our care settings would be subject to a Request for Proposal process.