HEALTH CARE ADVISORY BOARD

Meeting Summary

January 11, 2016

MEMBERS PRESENT

Marlene Blum, Chairman
Bill Finerfrock, Vice Chairman
Rose Chu, Vice Chairman
Ann Zuvekas
Tim Yarboro, MD
Francine Jupiter
Rosanne Rodilosso
Dr. Michael Trahos, DO
Ellyn Crawford

STAFF

Sherryn Craig

GUESTS

Jay Hicks, Senior Vice President, Artis Senior Living
Angelina Rotella, Project and Communications Coordinator, Artis Senior Living
G. Evan Prichard, Walsh, Colucci, Lubeley, & Walsh, PC
Michael Forehand, Inova Health System
Rosalyn Foroobar, Health Department
Arsenio DeGuzman, Health Department
John Silcox, Health Department

Call to Order

The meeting was called to order by Marlene Blum at 7:35 pm.

December 14, 2015 Meeting Summary

The meeting summary from December 14, 2015 was approved as submitted.

Resolution Honoring 25th Anniversary of the Community Health Care Network

The HCAB unanimously approved a resolution honoring the 25th Anniversary of the Community Health Care Network (CHCN).

Public Hearing on Artis Senior Living, LLC's Application SE-2015-MV-032

Jay Hicks, Senior Vice President, Artis Senior Living, presented the application (SE-2015-MV-032) to build an assisted living facility at 8911 Ox Road in Lorton. The entire facility will be dedicated to individuals with Alzheimer's disease and related memory-

disorders. The 80-bed facility will be developed in two phases. The first phase will include 64 beds across a two-story, approximately 36,000 square foot building. A second phase will add 16 beds and approximately 4,000 square feet for a total of about 40,000 square feet.

The property is located between a church and a shopping center. Sunrise Assisted Living originally had the property under contract, and was looking to develop a facility with 100 beds. Artis Senior Living has had meetings with the South County Civic Association, New Hope Housing, and seven homeowners who live directly behind the building location.

Artis Senior Living is a local company with headquarters in McLean. Founded in 2012 by Bainum family members and leading senior care executives, the company has experience owning and managing senior living residences. In 1998, the Bainum family divested itself from ownership and control of Manor Care.

Artis Senior Living has managed facilities in Ohio, Alabama, and Pennsylvania for about a year. With respect to the Pennsylvania facility, Rittenhouse Senior Living of Reading, the facility was sold on November 15 and Artis Senior Living no longer manages the property. Mr. Hicks stated that the Pennsylvania Department of Health's inspection report provided to the HCAB in their meeting packet cited issues that were outside the scope of Artis' management tenure.

Mr. Hicks also shared that Artis Senior Living has one property in Northern Virginia. Effective January 1, Artis Senior Living assumed management of Great Falls Assisted Living, which exclusively provides memory care services. Ms. Blum stated that when an applicant does not have an operational history in Virginia, the HCAB reviews publicly available information from states where a history is established. Given the timing of Artis' acquisition of Great Falls Assisted Living, the HCAB would not be able to use documentation from the Department of Social Services to access the quality of care.

Mr. Hicks stated that Artis Senior Living is aware of the four percent development condition and will participate by setting aside four percent of its units for Auxiliary Grant recipients.

With the applicant's presentation concluded and no community statements, the public hearing was closed.

Mr. Hick's clarified that Artis Senior Living owns and manages one facility in Mason, Ohio, opened less than a year. Artis Senior Living manages two properties, the aforementioned Great Falls Assisted Living and another property in Olney, Maryland. Currently, the company has eight projects under construction. The Lorton location for which Artis Senior Living is seeking a Special Exception will be owned and managed by Artis.

Staff for the Lorton facility will be Artis employees. An Executive Director (ED) will oversee nursing, activities, maintenance, and culinary operations. The ED will report to Artis Senior Management in Tyson's Corner.

Mr. Hicks stated that a cadre of committed caregivers will be hired, and they will be certified as CNAs. Artis will augment staff certifications with internal trainings that comply with state licensure requirements. A Registered Nurse (RN) and a Licensed Practical Nurse (LPN) will be on duty during the first and second shifts with no roving between facilities.

A LPN will be on duty during the third (overnight) shift. Using a 64-resident model, the overnight shift will include a total of 6 staff: one caregiver per neighborhood, one roving caregiver, and one LPN. Artis has systems in place that require caregivers to make visual contact upon the hour with each resident. These contacts are charted in a log. So while it may be possible for residents to access other rooms, existing protocols should minimize its potential.

With respect to meal preparation, 2.7 FTE staff will prepare the meals. Caregivers will help those who need assistance with feeding. The central kitchen will prepare meals for all four wings/neighborhoods in the facility. The meals are bussed from the kitchen and served restaurant style by CNAs to residents. Mr. Hicks acknowledged that some modifications in meal preparation/serving may be required. Meals may need to be served in residents' rooms, but socialization will be encouraged.

While Artis' materials do not indicate any overlap in staffing between shift changes, Mr. Hick's indicated that staff overlaps will occur.

HCAB members noted that working with dementia residents requires additional training. Mr. Hicks said that Artis Senior Living meets the state requirements and will work to exceed them. The Artis training model is a minimum of 12 but up to 24 hours of in-service and continuing education in addition to 8 hours of onboarding orientation. The minimum training requirement, according to state regulations, is 12 hours.

With respect to architectural requirements, Artis Senior Living stated in its written materials that per the International Building Code and ADA guidelines, eight accessible resident rooms and bathrooms (10% of the total resident rooms) are planned. The HCAB expressed concern and felt that given the population, most, if not all of the rooms, should be accessible.

All units are planned for single occupancy. There are no kitchens. Bathrooms are designed with showers. While visitors can sit comfortably in the rooms, permanent double residency is not an option.

The facility will have elevators. The facility's front door, as well as doors leading into the residential neighborhoods, will be secured. An eight foot perimeter fence will surround the outdoor courtyard. Walking paths are planned and residents are encouraged to move freely, both inside and outside the facility.

Artis Senior Living will externally contract for physical therapy (PT) and occupational therapy (OT) services. Residents will also have the opportunity to hire additional care/private duty services should their needs require it. The HCAB asked for additional clarification on what services would be provided and at what threshold residents may no longer be served adequately by the facility. The HCAB asked if Artis staff have procedures to assess residents who may require a skilled nursing facility.

Residents' private physicians will have access to their patients, although Artis will also have a contractual relationship with one or more physicians to visit residents if that's more convenient.

The HCAB expressed concerns about the market study that Artis Senior Living included in its written materials, specifically how the applicant defined the market and what providers are included in it, including the vacancy rates of other facilities. The HCAB was also interested in the demographics of the target population Artis plans to serve.

Furthermore, given that compensation levels for ALF direct care staff are not comparable with the cost of living in Fairfax County, HCAB members requested additional information about Artis' retention strategies and transportation/commuting (i.e., lack of public transportation options).

Mr. Hicks explained that Artis is exploring two pricing methods – a monthly fee versus a tiered approach. As additional research is gathered, they may offer a hybrid of these models.

Medication will be dispensed by a licensed nurse or licensed medication technician. Medicines will be locked and secured at all times, and where necessary, refrigerated at the nursing station.

Artis Senior Living's performance evaluation process includes a review six months after the initial hire, followed annually thereafter. A performance plan can be put in place for employees with poor reviews.

Francine Jupiter moved that the HCAB defer its recommendation on Artis Senior Living's request to build an assisted living facility until it receives a more detailed response, in writing, to questions and concerns identified by HCAB members. Bill Finerfrock, Dr. Trahos, and Ann Zuvekas all seconded. The motion carried.

Inova Health System 2016 Capital Improvement Plan

Marlene Blum shared that Mike Forehand will be leaving Inova and that the January HCAB meeting will be his last. The HCAB thanked him for his service to the HCAB and wished well in his new position as Vice President of Government Relations and Counsel at the Northern Virginia Chamber of Commerce.

Mike Forehand presented Inova's Capital Improvement Plan with update of the project notification threshold. Using the TURNER Building Cost Index, the project notification threshold has increased 1.6% because of increased private sector development and investment as well as material price increases and is valued at $2,126,642 in 2015 dollars.

Ongoing capital improvement projects for Inova Fairfax Hospital (IFH) costing $2 million or more include the expansion of the existing campus.

> Women's & Children's Hospital: $431 million –The Women's and Children's Hospital, adjacent to the South Patient Tower, is complete and under budget. Patients will transition to the new hospital January 23-26. The 660,000 square foot, ten-story building will house 192 private rooms for women's services, 118 beds for pediatric services, a 108 bassinet NICU, eight operating rooms, six C-section rooms, and 33 labor and delivery rooms.

Existing Tower Building (ETB) – Renovation of the ETB to convert semiprivate patient rooms to private ones is complete and occupied.

Green Garage: $35.6 million – The 1,250 space, eight-level free standing parking garage that will service the new Women's and Children's hospital is complete and open.

MRI Replacement – Installation of a new 3T MRI and improvements to the MRI suite are complete.

Ongoing capital improvement projects costing $2 million or more include the Inova Center for Personalized Health (ICPH). The Inova Center for Personalized Health will provide translational research and individualized treatments to better understand, predict, prevent, and eliminate cancer. The ICPH will house a diverse team of providers, including holistic team researchers, clinicians, researchers, genetic counselors, nutritionists, navigators, and wellness coaches.

To that end, the Inova Comprehensive Cancer and Research Institute (ICCRI) has been renamed the Inova Dwight and Martha Schar Cancer Institute (ISCI) and relocated from the Inova Fairfax Medical Campus to the Inova Center for Personalized Health (ICPH) campus (formerly the Exxon-Mobil campus purchased by Inova in late 2015). ISCI will house radiation, oncology, imaging, and women's cancer services.

Drawings were submitted to the Department of Planning and Zoning for permitting review. Construction and renovation are expected to begin March 2016 with occupancy projected in the third quarter of 2018. The ISCI will be located in Tower 2, Building A. A four story structure will be added behind the ISCI for a lead-lined vault to allow radiology/oncology operations.

Ongoing capital improvement projects for Inova Mount Vernon Hospital (IMVH) costing $2 million or more include:

Emergency Department (ED) –The new 35 bay, 20,000 square foot ED, adjacent to the current ED location, is expected to improve patient throughput and meet current code requirements. Target completion is scheduled for the fourth quarter of 2016, after which the existing ED space will be repurposed.

Miscellaneous Infrastructure – Inova is making repairs and replacing the roof with target completion scheduled for the second quarter of 2016.

Sterile Processing Department Renovation – The hospital's Sterile Processing Department Renovation is completed.

MRI Equipment – plans to replace and renovate the MRI Suite are scheduled for completion in the second quarter of 2016.

Ongoing capital improvement projects for Inova Fair Oaks Hospital (IFOH) costing $2 million or more include:

Surgery Expansion – This two-story expansion, 15,500 square feet of new construction will expand the surgery program by a net additional two operating rooms, relocate two existing ORs, and provide supporting rooms (e.g., sterile processing unit) and other staff areas. The steel structure is complete with plumbing and electrical work to be completed by the second quarter of 2017.

Homeless Medical Respite Program

Michelle Milgrim, Director of Patient Care Services, presented on the Health Department Homeless Medical Respite Program (MRP). The presentation began with the story of a MRP client, Marcos.

The Fairfax County Medical Respite Program (MRP) was implemented in October 2006. Respite care was defined as "recuperative or convalescent services needed by homeless persons with medical problems – in essence providing sick or injured homeless persons a respite from the dangers of living on the street.

The Health Care Advisory Board was tasked by the Board of Supervisors to examine the medically frail homeless population and recommend alternatives for meeting their medical needs. While the Health Department and the Department of Family Services (DFS) jointly administer this program, DFS assumes lead responsibility for the MRP. The Embry Rucker Community Shelter in Reston houses the program: there are five beds - four beds are dedicated to male patients and one for females. To serve as many acutely vulnerable adults as possible, care is limited to 30 days.

Eighty percent of the individuals screened and admitted into the program are men; twenty percent are women. The average age of MRP clients is 50 years-old. Compared to FY 2014, clients are older at MRP enrollment. Clients are racially and ethnically diverse (White = 32, Black = 24, and Asian =1), although the majority of individuals admitted in FY 2015 were non-Hispanic whites (Hispanic = 9/Non-Hispanic = 48). With

few exceptions, MRP staff are admitting only those clients who can be stabilized and treated within the 30 day window. At 27 days, clients' average length of stay is below the program target.

There were 57 admissions for 50 unduplicated clients in FY 2015, an increase of 12 percent from FY 2014. Five clients were admitted twice while one was admitted three times. MRP had 218 referrals to the program in FY 15. Despite the increase in client enrollment, some clients do not meet the program's eligibility requirements. Some clients were ineligible because they were not Fairfax County residents (n=21); they were not homeless (n=14); or they did not require respite care or their level of care exceeded the program's length of stay requirement (30 days) (n=67). Others refused to enter the program because they did not want to relocate to Reston or because they did not want to go into a shelter.

A small percentage (4%) of clients were waitlisted, having qualified for the program but having no bed available. More often, clients were waitlisted because something prevented them from entering the program (e.g., surgery postponed, stayed in the hospital, or were banned from the shelter) or an alternative placement was identified. In the latter case, clients decided to stay with friends or family, went to a nursing home or sought placement at a regular shelter. In some cases, while clients were transitioning between an inpatient hospital bed and a MRP placement, they would leave the hospital against medical advice (AMA or hospital case managers did not follow up).

Patients presented with complex pathologies, often suffering from more than one problem. But clients made remarkable progress during their stay in the MRP. With the exception of a few clients, everyone experienced improvement in one or more of their conditions: 77% of clients' conditions improved; 20% of clients' conditions remained stable; and 3% of clients' conditions did not improve.

Key to helping patients recover and maintain their overall health is access to routine medical care, vis-à-vis a medical home. Upon exit from the program, the majority (n=54) of our clients were enrolled in a medical home with access to primary care.

Upon discharge from the MRP, nearly one-half of the clients continue to stay in an emergency shelter. The remaining clients are precariously housed or unsheltered. Individuals discharged receive a continuum of care, including medical care and case management.

The Medical Respite Program continues to serve medically fragile clients with acute health care needs, but the need for chronic care and skilled nursing care services continues. Approximately 30% of all patients who applied had chronic or high-level care needs that excluded them from entry into MRP.

MRP post-discharge data also suggests a continued need for temporary and permanent housing. Without a safe place to live, many clients will continue to cycle in and out of the county's safety net services. The Health Department and the Department of Family Services look forward to working with its partners to end homelessness, while continuing to provide a safety net for the medically vulnerable still without a home.

The Fairfax County 50+ Action Plan 2014 includes an initiative to create emergency housing for older homeless adults and those at risk of becoming homeless. Older adults who are homeless are likely to have health conditions that worsen without safe housing. Other communities across the country offer emergency shelter programs targeting older adults.

The ERC currently house families with children, single men and women and is providing day and evening drop in services, and a no turn away winter overflow which makes the design and management of these cases challenging. Space limitations, outdated bathroom and laundry facilities and frequent out of service handicap entrance doors add to the limitations.

Nursing care during MRC hours ensures that medical needs are met, however during the evening and overnight and weekend hours, shelter staff need to respond to a clients needs.

Once a MRP client leaves the program and enters the regular shelter program, there is an increased burden on case managers providing support and triage for rapid re-housing.

These issues are no different than the issues identified at the onset of the program, however this may be the time to bring together a planning group to look at the existing program with new eyes – now that Embry Rucker and Bailey's Shelter are being renovated and potentially expanded.

Discussion of George Mason University's Center for Applied Proteomics and Molecular Medicine

At the conclusion of the December 14 HCAB meeting, the HCAB agreed to send a memo to the Board of Supervisors informing them of George Mason University's (GMU) Center for Applied Proteomics and Molecular Medicine's (CAPMM) current and future research initiatives. Subsequent to the HCAB's meeting, Governor Terry McAullife announced a strategic partnership between Inova and GMU to conduct translational research and share resources. As a result, the memo was revised to include information on this collaboration.

Upon discussion, it was suggested that the Aspiring Scientists Summer Internship Program be qualified to include underserved Fairfax County Public Schools (FCPS) students.

Ann Zuvekas moved that the HCAB send the revised memo to the BOS. Bill Finerfrock seconded. The motion passed unanimously.

Other Business

The Health Department is monitoring the spate of legislation around Certificate of Public Need (COPN) process.

The 2016 Lines of Business schedule has been posted. The Health Department is scheduled for February 5 at 2:30 pm.

Sherryn Craig will send a list of potential meeting dates for March.

There being no further business, the meeting adjourned at 9:58 pm.