

## **HEALTH CARE ADVISORY BOARD**

Meeting Summary

April 11, 2016

### **MEMBERS PRESENT**

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

### **STAFF**

Sherryn Craig

### **GUESTS**

John Deardorff, Reston Hospital Center  
Ronnie Midgett, Reston Hospital Center  
Tracey White, Reston Hospital Center  
Dr. Raja'a Satouri, Health Department  
Dr. Carmen Gill Bailey, Health Department  
Joanna Hemmat, Health Department  
Michelle Milgrim, Health Department  
Rosalyn Foroobar, Health Department  
John Yetman, Health Department

### **Call to Order**

The meeting was called to order by Marlene Blum at 7:37 pm.

### **March 9, 2016 Meeting Summary**

The meeting summary from March 9, 2016 was approved as submitted.

### **Reston Hospital Expansion**

Reston Hospital Reston Hospital Center's (RHC) John Deardorff, Chief Executive Officer (CEO), Ronnie Midgett, Chief Financial Officer (CFO), and Tracey White, Vice President (VP) of Community and Government Affairs, presented RHC's Certificate of Public Need

application (COPN Request No. VA-8215) in accordance with its zoning proffer (#7) on application (RZ 2009-HM-014/PRC 2009-HM-014/PCA 89-025-05/DPA 89-025-04), approved by the Board of Supervisors on March 9, 2010.

The proffer states:

7. HCAB Review. Until the issuance of the final Non-RUP associated with the Proposed Development, the Applicant shall make arrangements to appear at a regular or special meeting of the HCAB at least once every calendar year to discuss the status of the Proposed Development. In addition, within thirty (30) days following the Applicant's submission of a COPN application to the State Health Commissioner to add new hospital beds within the proposed expansions to the Central Tower and East Tower the Applicant shall send written notice of such application to the clerk of the Fairfax County Health Care Advisory Board ("HCAB") providing a summary of the application and shall arrange to appear before the HCAB at a regularly scheduled or special meeting of the HCAB to present the application in accordance with the normal review policies and procedures established by the HCAB.

RHC's existing ICU was built in 1986 and 2000. With higher volumes of spine, thoracic, vascular, and neurological surgeries, RHC has outgrown its current ICU. Utilization of RHC's ICU beds exceeds the State Medical Facility Plan (SFMP) 65% occupancy standard. Current ICU utilization rates are almost 80%, and the rooms are too small to meet existing standards of care.

RHC's proposal will add 12 new ICU beds to its existing inventory of 16 ICU beds. The space will be designed to the latest standards and will include rooms significantly larger to accommodate the equipment and staff required for state-of-the-art ICU care. The new ICU will be located in a new floor to be built directly above RHC's Emergency Department. Subsequent to construction of the 20,960 square foot, 24-bed ICU, RHC will renovate its existing 3,300 square foot, third floor ICU into a four-bed, specialty ICU. RHC's existing charity care policy will extend to its new ICU beds. RHC's COPN application complies with state charity care requirements.

The HCAB will send a memo to the BOS informing them that RHC has fulfilled its obligation per the proffer by updating the HCAB on its proposed development and the HCAB had the opportunity to ask questions and discuss the plan.

### **School Health Presentation**

Dr. Carmen Gill Bailey, School Health Physician, updated the HCAB on the School Health Program. Since 1956, Fairfax County Public Schools (FCPS) and the Fairfax County Health Department (FCHD) have been working together to minimize the impact of

health conditions and maximize every student's educational potential through a collaborative agreement.

The collaboration between FCHD and FCPS was formalized under a Memorandum of Agreement in 2011. The MOA underscores a commitment to collaborative decision making, considers both the instructional/academic needs along with health/medical needs of the student, and guides the two systems in the healthcare support of students with health needs.

With respect to FCPS, School Health Services are organized under the Office of Operations and Strategic Planning and is supported by a School Health Services Specialist, Manager of School Health Services, and Director of Operations and Strategic Planning. With respect to FCHD, School Health Program and Services is organized under the Division of Patient Care Services and is supported by School Health Aide, Public Health Nurse, School Health Program Managers, Program Coordinator, Assistant Director of Patient Care Services, and School Health Physician.

School Health Aides (SHA) are trained para-professionals who provide care to the sick and injured and administer medication in accordance with established protocols. Public Health Nurses (PHN) are Registered Nurses who provide increasing levels of supervision and implement the school health program. PHN II and IIIs develop care plans for students with health issues and supervise School Health Aides. PHN IVs provide district level supervision and coordinate services. The Assistant Director of Patient Care Services is responsible for planning, resource management and evaluation of program. The School Health Physician is a Public Health Physician assigned by the Health Director to provide medical oversight to the school health program and guides school health procedures and serves as the subject matter expert in pediatric and adolescent health and medicine.

The School Health Program population includes 185,347 students in 196 schools and centers, which includes 139 Elementary Schools, 23 Middle Schools, 25 High Schools, 3 Secondary Schools, and 6 Centers. Program staffing includes 200 School Health Aides, 65 Public Health Nurses, 4 Nurse Managers, 1 School Health coordinator, 1 Assistant Director, and 1 Physician. Approximately 27% of enrolled students have a health condition.

The objectives of the school health program are (1) to maximize the learning potential of school age children/adolescents by caring for the sick and injured, coordinating care for children with a medical condition, and reviewing medically complex students with

1:1 nursing needs (2) promote health with health screenings and Body Mass Index (BMI) surveillance, (3) provide health messaging for school policies and procedures that optimize student and community health, and (4) prevent disease and illness through communicable disease surveillance and response.

Trained School Health Aides deliver care according to standards and regularly updated and reviewed protocols outlined in "School Health Emergencies Temporary Care Guidelines" Manual and if necessary, Emergency First aid and Basic Life Support (CPR). Select FCPS staff also receive emergency care training.

Health Information Forms are submitted annually by every FCPS student and reviewed at least annually by Public Health Nurse to determine and plan for students health needs. A Medical Flag List is generated for each school that lists students with health conditions that could impact the students learning environment or school day. Staff also provide care planning and coordination for students with medical conditions. Protocols and procedures are developed for students with medications, medical procedures, and health conditions that will impact the learning environment. This minimizes the interruption to the school day, and enables safe and effective care for students with health conditions. Care is coordinated with support of the child's physician.

The most common health conditions among students are allergies and asthma.

A multidisciplinary team of FCHD and FCPS staff review the health care needs of students with multiple medical problems and very complex health care needs and makes recommendations about the need for a skilled nurse (1:1) in the classroom. Recommendations are provided to the student's Individual Education Plan (IEP) team.

Health Promotion Specialists encourage students and families to make healthy choices vis-à-vis health messaging, School Health tool kits, and resources for adolescents engaged in unhealthy behaviors. Health Screenings and Surveillance include vision and hearing and BMI surveillance program.

About one-third of FCPS kindergartners are overweight or obese. These percentages are higher among certain FCPS catchment areas and racial and ethnic minorities.

The School Health Program uses the School Illness Monitoring System (SIMS) to monitor absences and prevalence of illness in each school. Suspected outbreaks are investigated by School Public Health Nurse in coordination with Health Department

Communicable Disease and Epidemiology Unit. A wide range of Public Health actions are taken to identify and protect those exposed to prevent illness and further spread of disease. However the primary prevention mechanism is student immunization compliance support and consultation. During School Year 14-15, there were 60 investigations of gastrointestinal illness (GI), 37 vaccine preventable diseases, and 12 streps.

School Health trends include an increasingly diverse and growing student population, an increasing number of students with chronic health conditions, and an increasing complexity of health conditions.

Nurse to student ratios remain a challenge. The current program ratio is 1:3,276. Virginia Code recommends – 1:1,000. Fairfax’s ratio is substantially higher than neighboring jurisdictions. To address these ratios, the program calculates school health acuity for each school to guide allocation of nursing resources and personnel. The program also provides regular education and training of PHNs and SHAs on evidenced based care of commonly encountered health conditions and benchmarks for best practices and program review for improvements in service delivery.

Each year the number of students with a health condition increases. This trend is compounded by the complexity of health conditions and procedures and a worsening nurse to student ratio. To address these challenges, the program provides ongoing care planning and care coordination review and updates to improve quality and efficiency, regular training in both common and complex health conditions, quality improvement analysis, and the creation of the Senior School Health Aide positions to support increasingly complex health needs of students, and to coach, train and provide ongoing quality measures.

There are three models for school health service delivery. The first provides a nurse for every school. The American Academy of Pediatrics (AAP) and National Association of School Nurses (NASN) endorses this model. All concerns including emergencies addressed on site by RN, but it can be cost prohibitive. An acuity based model uses a school health acuity calculation to enhance RN access for higher need schools and students. A nurse is on site for students with complex needs and a health aide is on site for low acuity schools. The model relies on trained health aide and school staff. The third model is the RN/Trained Para-professional Model which uses a RN and team of Health Aides. RNs cover 2-3 schools in geographic proximity. A Health Aide is located in every school.

Fairfax uses a Blended Model with a trained Health Aide in every school and RN assigned to 3-4 schools. School health acuity is calculated for each school to optimize RN resources. The Kilmer and Key Centers (high acuity centers) have an RN on site with extensive and ongoing training for the School Health Aide and FCPS Staff. The target nurse to student ratio is 1:2000.

Marlene Blum noted that when Dr. Bailey presented this information to the Board of Supervisors, several Board members expressed interest in improving the nurse to student ratio. Dr. Bailey and Joanna Hemmat agreed to keep the HCAB informed about the progress to reduce this ratio. HCAB members also expressed their support for improving this key measure.

Dr. Bailey concluded her presentation with a brief overview of several quality improvement initiatives: school health improvement plan, care plan improvement process, and strategies to address health services demand.

### **Environmental Health Overview**

John Yetman, Environmental Health Supervisor, provided an update on the Health Department Environmental Health programs. Environmental Health has three programmatic areas: Consumer Protection; Onsite Sewage & Water, and Disease Carrying Insects.

Environmental Health promotes voluntary, long term compliance in the regulated community through routine inspections, outreach activities, and education on healthy practices and behaviors. Environmental Health is actively working on succession planning for our Environmental Health Specialists who are highly specialized technical staff.

Environmental Health has been awarded several grants:

- FDA Retail Food Standards Program - \$218,793
- FDA Cooperative 3 year Grant \$130,793 (2015-2017)
- NACCHO Mentorship Program \$72,000 (since 2013, EH has mentored 15 counties)
- 1 Grant each year for \$18,000
- AFDO Retail Standards Program \$16,000
- 2 Grants a year totaling \$5,000 in 2014 & 2015
- 2016 Grants totaling \$6,000

The Consumer Protection division regulates food service establishments. In the past year, the division has conducted 11,726 inspections and permits & complaint investigations. The division also regulates lodging, child care, massage and tattoo parlors and conducted 1,118 inspections and permits & complaint investigations.

Environmental Health has a Nationally Recognized Compliance Incentive Program and recently distributed 14 Carrot Gold Food Facility Excellence Award to 9 restaurants in 2014 and 14 in 2015 that demonstrated 90% Active Managerial Control Compliance. Fifty-seven Food Service Managers have also been recognized by the incentive program.

The Onsite Sewage and Water program oversees 36,464 septic systems and wells. In the past year, the division conducted 8,169 inspections, permits & service requests, 892 Alternative Onsite Sewage Systems, and 5,052 inspections, permits & complaint investigations for Water Recreational Facilities.

The Disease Carrying Insects Program (DCIP) includes mosquito and ticks. In the past year, the division has conducted 76,377 Storm drain larvicide treatments, 6,980 breeding site inspections/collections, tested 86,815 Mosquitos and Ticks, and is planning for Mosquito Control and Zika Virus response.

Future initiatives include updating regulations, such as the Food and Food Handling Code Chapter 43.1 and Individual Sewage Disposal Facilities Code Chapter 68.1 as well as Succession Planning & Cross Training.

### **Other Business**

*Conflict of Interest Act (COIA).* Dr. Michael Trahos, DO asked whether the HCAB needed to comply with the Virginia Conflict of Interest Act (COIA). Rosalyn Foroobar and Sherryn Craig will request guidance from the County Attorney's office.

There being no further business, the meeting adjourned at 9:57 pm.