HEALTH CARE ADVISORY BOARD

Meeting Summary
May 14, 2007

MEMBERS PRESENT
Marlene Blum, Chairman
Bill Finerfrock, Vice Chairman
Rose Chu, Vice Chairman
Rosanne Rodilosso
John Clark
Edna Cruz

STAFF
Sherryn Craig

GUESTS
Dr. Gloria Addo-Ayensu, Health Department
Rosalyn Foroobar, Health Department
Tom Crow, Health Department
Wes Joins, Lewin Group

The meeting was called to order at 7:42 pm.

Approval of the Minutes

The minutes of the March 19, 2007 HCAB meeting were accepted as submitted.

Update on Zoning of Emergency Care Centers (ECCs)

Sherryn Craig provided a quick update on the draft interpretation for medical care facilities. Leslie Johnson, Assistant Zoning Administrator, submitted the proposed interpretation to Eileen McLane, Director of Planning and Zoning. The interpretation creates a middle tier of medical facilities, known as Emergency Care Centers (ECCs). This terminology was derived from Deputy Chief Snead's draft transport protocol. ECCs are distinguished from other medical facilities in that they (1) have licensed MDs on staff 24-hours a day; (2) have ambulance bays; and (3) have life support equipment and technologies. Bill Finerfrock noted that the definition of ECCs does not include facilities with OR capabilities, blood products, or emergent dialysis. Sherryn will follow up with Deputy Chief Snead and Leslie Johnson on these exclusions.

FY 2008 Budget Update

Marlene Blum provided an update on the County's FY2008 budget. The Board of Supervisors approved the Advertised Budget that was submitted to them by County Executive Tony Griffin. There were no additions made to the budget, however, the BOS may reconsider certain items, such as child care, at Carry Over. Marlene read a

paragraph from the approved budget guidelines that directs agencies to "ramp up" education and deer management to combat the spread of Lyme Disease. The guidelines also allocate $60,000 to Fund 116—Integrated Pest Management Program.

School Health Study Group Update

Rosalyn Foroobar and Bill Finerfrock provided an update on the work of the School Health Study Group. The purpose of the project is to develop a strategic plan for Fairfax County School Health Services through 2015. Representatives from the Fairfax County Public Schools, Medical Society, HCAB, Sheriff's Department, Fire & Rescue, Health Department, and Council of PTAs serve on the steering committee. The study group identified three goals:

(1) Identify the essential role of school health nursing services as part of Fairfax County Public School/Public Health school-based health services.
(2) Analyze the demand for school-based health services (current and projected) and identify gaps in school-based health program capacity.
(3) Develop an internal strategic plan for school-based health services, which include short-term and long-term program strategies, action steps and measurable outcomes as well as a blueprint for resource allocation and deployment decisions related to school health services.

The study group has factored several data inputs into its analysis, including:

- FCPS and School Health budget trends;
- Nurse and Clinic Room Aides (CRA) employment and supply trends;
- Public Health trends;
- School Health Program utilization and quality trends, including regulatory requirements;
- Socio-demographic trends;
- Socio-economic trends;
- Relevant health system trends (access & cost); and
- Science and technology trends.

The socio-demographic trends influencing the plan are well known: Children and young adults in Fairfax County are more racially and ethnically diverse than older adults. The 2000 Census revealed that 41 percent of children (persons under age 20) living in Fairfax County are racial and/or Hispanic minorities and that nearly half of all young adults in their twenties were racial and/or Hispanic minorities. Demographers are projecting that the County's population will continue to diversify. By 2010, it is expected that 45 percent of the population will be racial and/or ethnic minorities, and 39 percent are projected to speak a language other than English at home.

Project managers developed and distributed an informant survey to all Public Health Nurses (PHNs) and School Health Nursing supervisors, all CRAs, and a random sample of guidance counselors (N=180), principals (N=80), social workers (N=70), psychologists (N=70), and administrative staff (N=50).

Important issues and feedback were identified among these cross-cutting stakeholders. Due to the complexity and changing nature of students and families along with the school environment and resource limitations (e.g. personnel), the integration of mandated and traditional school health services with public health goals (e.g. health promotion) has not been fully realized. Moreover, there is wide variation in school/student need across the County in addition to variation in school personnel expectations regarding school support and interaction with PHNs. School health programs and public health services continue to be impacted by limited family resources and limited access to health and medical services. There is also an increasing challenge to provide services to non-English speaking families. In selected schools, the CRA's work days are too short given the demand for clinic room services. Finally, the survey showed variation in employee satisfaction/perception about PHNs' supervision of CRAs. The quality of PHNs' supervisory skills varies, and the structure of the PHNs' jobs (i.e. time, availability, proximity) does not necessarily lend itself to sufficient supervision of staff.

The study group is considering several planning issues and questions:

- What are the future service mission and priorities of the school health program (e.g. clinic health vs. public health)?
- What are the management expectations of key school system stakeholders about mission and services, including their scope and limitations?
- Program accountability and resource efficiency are important goals, but there is inadequate data/information to support program management and planning, and the personnel system presents some limitations.
- Student health related issues impact the education mission of schools on a broad range of needs/issues.
- School staff seem to assume that having a PHN in the clinic may mean more direct care options for students, but what additional benefits would having a nurse in clinic bring and is having that access consistent with the mission focus of the school health program?
- PHN staffing ratios are not effective for contemporary program management; training and staffing combined are not enough to resolve the identified challenges of the program.
- In the future, there will be a greater need to support data-driven program management and decision-making.

Based on this analysis, the steering committee is considering four strategic options:

Option 1: Match deployment of school health program resources to needs to improve efficiencies and effectiveness in the delivery of school health program services.

- In order to implement this strategy, the Health Department will need to enhance the data collection infrastructure for the school health program to be inclusive of program utilization and student/school data. A strong data infrastructure will inform deployment of resources based on need/workload, thereby enhancing program accountability and reporting/evaluation. The agency will also be able to prioritize deployment of PHNs based on school health service intensity rating (to be developed upon FCPS consistent factors such as student demographics, number of Title I students, etc.)
- The program should establish a prioritization plan for a medical flag list and student health plans based on medical needs/urgency, Individuals with Disabilities Education Act (IDEA)/504 status.
- Performance targets and program outcome measures should be revised to accurately reflect services provided and the labor intensive activities of CRAs and PHNs (i.e. case management and care plan development and monitoring).

Option 2: Refine school health program mission and scope; align service delivery to support school health program mission areas.

- Health services should be provided in school.
- Student health care plans must be developed and monitored in order to support a safe learning environment for students with special health needs.
- Health education and health promotion functions must be provided
- The agency will serve as a referral source to direct care services for children lacking access to health care services.
- PHN job descriptions should be revised to include responsibility for health promotion and emergency preparedness.
- The names of “Clinic Room Aide” and “School Clinic” should be changed to “Health Room Aide” and “Health Room” to reflect the purpose and limited scope of services provided. This name change will reflect priority mission of the School Health Program: to ensure that students are healthy and ready to learn.
- New performance measures and data collection for priority school health services/functions, including health promotion priorities, must be developed.

Option 3: Strengthen the partnership between FCPS and FCHD to optimize service delivery and coordination of school based health and social services.

- Interdisciplinary school health teams will be implemented for each school pyramid (comprised of PHNs, social workers, psychologists, etc.) to support school relevant planning and care coordination.
- Adequate PHN office space should be provided in selected schools, commensurate with staffing (especially in high need/intensity schools) to ensure

availability of physical facilities needed by PHNs to provide school-based services and increase on-site presence.

Option 4: Enhance management of the School Health Program

- Transfer of selected CRA supervision duties to centralized health department PHN staff or existing District Office Nursing Supervisors should be evaluated.
- PHN job descriptions should be changed to differentiate administrative supervision provided by centralized or district office supervisors from day-to-day clinical oversight provided by PHNs deployed to the schools.
- Paperwork and reporting requirements for CRA timesheets should be streamlined.
- The expansion of the CRA workday to 8 hour days in selected schools should be considered based on need.
- A quality improvement program should be established to engage interdisciplinary team(s) with knowledge of statistical process controls and other methods to investigate targeted endemic/priority issues, identify root cause, and targeted blame-free solutions to improve system performance (i.e. access to/availability of PHNs).
- Supervisory training for school health PHNs should be provided.

Marlene Blum asked for the timeline of the Study Group's final report. Rosalyn said that the group would be seeking the HCAB's feedback by September. Marlene also asked if the recommendations would include cost estimates. Rosalyn said that short-run cost allocations would be included in the recommendations. Marlene suggested that Rosalyn develop a 2-3 page document that outlines the School Health Program and the services it provides. This document should be provided to all HCAB members.

Given the late hour, Marlene asked Tom Crow if the HCAB could defer his presentation until the June 11, 2007 meeting. In addition to presenting on specific subject areas in June, Tom will also provide an overview of the Environmental Health Department and its program of work.

The meeting was adjourned at 9:18 pm.