HEALTH CARE ADVISORY BOARD

Meeting Summary
September 14, 2009

MEMBERS PRESENT
Marlene Blum, Chairman
Bill Finerfrock, Vice Chairman
Rose Chu, Vice Chairman
J. Martin Lebowitz, MD
Timothy Yarboro, MD
Dave West
Ellyn Crawford
Rosanne Rodilosso
Francine Jupiter
Susan Conrad

STAFF
Sherryn Craig

MEMBERS ABSENT
John Clark

GUESTS
Gloria Addo-Ayensu, MD, MPH, Health Department
Rosalyn Foroobar, Health Department
Bill Adams, CEO, Reston Hospital
Tracy White, Reston Hospital
Mark Looney, Cooley Godward Kronish
Shane Murphy, Cooley Godward Kronish
Joe Richie, Reston Resident
Jennifer Siciliano, Inova Health System

The meeting was called to order by Marlene Blum at 7:40 p.m.

Approval of the Minutes

The minutes from the June 8, 2009 HCAB meeting were accepted as submitted.

HCAB-Invoa Budget Meeting

The HCAB met with senior Inova staff on July 30 to review FY 09 midyear financial results and FY 10 budget forecasts. Ms. Blum directed members' attention to the July 30 meeting summary.

Reston Hospital Rezoning Application Review

Marlene Blum reviewed the HCAB's public hearing procedures, and noted that the HCAB's review is limited to medical care facilities.

Two letters in support of the proposal, one from Reston Interfaith, Inc. and the other from Reston Association—were entered into the public record.

Bill Adams presented Reston's rezoning application. Mr. Adams reported that Reston Hospital is working with the Department of Planning and Zoning (DPZ) to develop a revised master plan. This plan seeks to increase the available square footage for hospital and non-hospital services by constructing additional patient rooms within the existing hospital building's footprint, a new medical office building adjacent to the existing facility, and associated structured parking facilities. Referring to the state's Certificate of Public Need Process (COPN), Mr. Adams acknowledged that the hospital did not have all of the approvals required to move forward with the expansion. However, he emphasized the "multi-prong" nature of Reston's approach.

Mark Looney, counsel to Reston Hospital, expanded on Mr. Adams remarks. A review of the facility's current and future infrastructure needs revealed some major building constraints, including utility easements and a finite land area. Rather than build out, the hospital would build up, adding floors and height to existing buildings. Mr. Looney submitted that additional COPNs would be required to move forward with the plan, but offered to return annually to the HCAB to update the Board on its activities and objectives.

Joe Richie provided testimony in support of Reston Hospital's rezoning application. Mr. Richie is a 16-year resident of the Oak Park Condominiums, which are located directly across the street from the hospital. He also works in the commercial real estate market and serves on numerous community boards.

Mr. Richie stated that he was the last surviving Reston Team member and underscored the town's tradition of comprehensive development planning. He maintained that current and projected growth within the Dulles corridor justified the hospital's proposed expansion. Additional capacity, he argued, would also be needed in the event of a regional emergency. Mr. Richie concluded his remarks by sharing his personal experience as a patient of Reston Hospital and his treatment for a life-threatening emergency.

The HCAB thanked Mr. Richie for his testimony and moved forward with the question and discussion portion of the hearing. Rose Chu asked Mr. Adams to clarify the additional bed space required for the hospital's expansion. Mr. Adams replied that expansion would first focus on the physicians' office space and the 14 beds for the obstetrics ward. However, as part of the master plan, the hospital proposed additional square footage for anticipated growth.

Ms. Blum reviewed the additions pertinent to HCAB review:

- Expand Surgery Center (5,200 ft^2)
- West Tower – 32 bed expansion – add one level and mechanical penthouse (21,900 ft^2)
- Central Tower – 72-bed expansion – two levels (41,800 ft^2)
- East Tower – 48 bed expansion – add two levels (41,000 ft^2)
- Emergency Department expansion (6,500 ft^2)

Based on the list, 152 additional beds would be required; the square footage proposed for the surgery center and the emergency department was not translated into bed space. Mr. Adams

replied that the COPN would determine how the hospital implemented additional square footage. When asked about expanding the ER, Mr. Adams said that the hospital currently has 31 ER beds; adding a floor would double the bed space to about 62.
Mr. Adams was asked about Reston's current occupancy rate to which he answered that it was around 65%. Mr. Adams was asked about utilization over the next five years. He said that it was anticipated to grow 2-3% annually.

A question was asked about the proposed hospital at Stoneridge in Loudoun County and how this may affect patient volume. While this hospital is also expected to serve the Dulles corridor, Mr. Looney indicated that it will have little to no effect on Reston Hospital's patient volume.

Mr. Looney reminded the HCAB that the application would consolidate the hospital's zoning district and that appearing before the HCAB was a way station to the Planning Commission's approval of its master plan. Focusing on occupancy and utilization rates, it was suggested, precluded the HCAB from a broader, more comprehensive view of the application. Ms. Blum explained that the HCAB reviews applications with shorter time frames and more immediate needs, but it has also reviewed long-term, multi-phased proposals, the most recent being Inova Fairfax Hospital. The HCAB did not consider it unreasonable to request information on occupancy levels, utilization rates, surgical procedures, etc. An evidence base must exist to justify additional capacity.

Ms. Blum referenced the Virginia Department of Health's State Medical Facilities Plan which requires institutions to demonstrate an average occupancy rate of 70% for additional acute care beds. Mr. Looney said that as part of the rezoning process, it had an opportunity to increase the square footage of the campus. The list of improvements represented an architectural and engineering conceptualization of the space.

Ellyn Crawford mentioned the dot-com bubble of the late 1990s and asked if Reston had included any risk assessment methodology in its analysis. Mr. Looney replied that it had not.

Several HCAB members noted the inherent conflict between the HCAB's criteria, which presume immediate impact, with a master plan, which projects future impact. The Health Department was directed to seek additional guidance from DPZ staff.

Bill Finerfrock made a motion that the HCAB defer its decision on Reston Hospital's rezoning application until the October HCAB meeting, at which time, Reston will provide the information requested in the HCAB's Review Criteria. Susan Conrad seconded the motion. The motion carried unanimously.

Ms. Blum emphasized that the public hearing on the application was concluded. The October meeting would specifically deal with the HCAB's deferred recommendation.

Dr. Lebowitz requested that Reston trend out its occupancy and utilization rates over a five year period for each service line it proposed to expand. Dr. Yarboro suggested that Reston include some comparative analysis in its report to account for regional and market changes. Moreover, population projections could be easily obtained from the Census Bureau.

Other Business

Sherryn Craig will e-mail HCAB members a list of suggested dates and times for the October HCAB meeting.

There being no further business, the meeting adjourned at 9:25 pm.