HEALTH CARE ADVISORY BOARD

Meeting Summary
October 21, 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
John Clark

STAFF
Sherryn Craig

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
Jennifer Siciliano, Inova Health System

The meeting was called to order by Marlene Blum at 7:42 p.m.

Approval of the Minutes

The minutes from the September 14, 2009 HCAB meeting were accepted as submitted.

Deferred Decision on Reston Hospital Rezoning Application

Sherryn Craig clarified the staff report submitted with the meeting packet. "Table 1" should be changed to "Table 2" to avoid confusion with the *Northern Virginia Hospital Capacity and Use 2006* chart referenced on page 5 of the HSANV's April 2, 2008 Staff Report on Reston Hospital's Certificate of Public Need (COPN) 7529. Second, because the Health Department does not have a Virginia Health Information database license, HSANV data was used to compile the staff report.

Marlene Blum explained that the HCAB had deferred decision on Reston Hospital Center (RHC's) rezoning application. Having reviewed the information that was requested of Reston Hospital, Ms. Blum asked HCAB members if there were any additional questions.

Dr. Yarboro clarified that Reston Hospital is not a trauma center. Bill Adams, Reston Hospital's CEO, stated that Reston's Emergency Room (ER) Director is also the Medical Director for Dulles Airport. In the event of a minor medical emergency (e.g. broken bone), the patient would be transported to Reston Hospital. Larger-scale events are coordinated regionally. Dr. Yarboro asked if Reston's heliport was used to transport patients away from the hospital. Mr. Adams responded that the majority of transports are outgoing and mostly for newborns.

Discussion returned to Reston's square footage requests. Mark Looney, counsel to Reston Hospital, stated that RHC had removed the bed count from its rezoning application. Instead, the plan focused exclusively on square footage. Mr. Looney contended this change was made in response to comments from DPZ staff. However, the timeline for forwarding RHC's response to the HCAB occurred before the changes were submitted to DPZ, which is why the HCAB materials still include bed counts.

Bill Finerfrock acknowledged the change, but pointed out that the HCAB's concerns were the same. If the HCAB approved RHC's request, the hospital could use the space to allocate new beds and services without the HCAB's input. Mr. Looney reminded the HCAB that in its proffers, RHC would return to the HCAB before moving forward with the Certificate of Public Need (COPN) process. Mr. Looney countered that if the HCAB's reservations in granting approval were centered on need, the zoning entitlement process would not address those concerns anyway; the COPN would demonstrate need.

Marlene Blum said that while it is true that health care issues are not usually part of the rezoning process, the HCAB's recommendation has always been taken into consideration by the Board of Supervisors.

Mr. Finerfrock said that he was not comfortable approving RHC's requested square footage and by *de facto*, its bed count.

Ms. Blum noted that RHC's occupancy rate was low in 2008. Even during a time of growth in population throughout Fairfax County, and especially in Reston, RHC's occupancy rate had not grown in concordance with its demographics.

Dr. Lebowitz said that there is no correlation between population and acute hospital beds.

Ellyn Crawford stated that she appreciated all the work that was put into Reston's Master Plan. However she felt that the timing and needs of the institution were out of sync with those of the community and moved that the HCAB recommend that the BOS not approve RHC's application.

Bill Finerfrock seconded the motion, adding that he was not voting against RHC's ability to expand, but rather voting that there was not enough information available to the HCAB to make that decision. He encouraged Reston to come back to the HCAB at a more appropriate time.

Susan Conrad asked RHC representatives how much of the square footage being requested would be used for the 14 obstetric beds for which a COPN had been approved.

Dr. Lebowitz noted that in spite of the 60 additional beds that were added to RHC, its occupancy rate remained unchanged. He said that this was not a criticism of the hospital, but more a reality of changing practice—fewer inpatient procedures and shorter lengths of stays.

Susan Conrad moved an amendment that the BOS approve construction of additional square footage to accommodate Reston's OB beds, which the Virginia State Health Commissioner approved in 2008 as part of the COPN process.

Francine Jupiter seconded the amendment.

Mr. Adams asked if he could interject before the HCAB made a decision and outline the hospital's immediate needs. In the near term, Mr. Adams said that RHC needed additional operating room (OR) and emergency department capacity (ED). He said that RHC's operating rooms are 125% above capacity based on the state's Medical Facilities Plan. He said additional cellar space was needed, and if the OB beds were built out, it would make more sense to complete the other half of the hallway.

The amendment was changed to recommend approval of the construction/square footage necessary to accommodate the 14 approved OB beds, the beds to round out the completion of the unit/hallway, and space to expand the ER and OR.

The amendment passed with ten votes yes and one abstention.

The main motion carried 10-1.

H1N1 Update

Dr. Gloria briefed the HCAB on the County's response to the H1N1 pandemic. The 2009 H1N1 influenza virus is the predominant influenza virus in circulation. Virginia is one of 41 states reporting widespread H1N1 activity. Fairfax ER daily counts of Influenza-Like-Illness (ILI) are well above baseline levels. Younger age groups continue to dominate the ER visits.

A question was asked about the cost of the test used to confirm H1N1. Dr. Gloria believed the cost to be around $100 per person.

Hospitalization rates among adults and children for influenza and the proportion of deaths attributed to pneumonia and influenza are higher than expected for this time of year. Circulating isolates similar to the virus selected for the vaccine appear to be susceptible to Tamiflu. However, the potential severity of the virus remains uncertain.

Four vaccines have been licensed and approved by the Food and Drug Administration (FDA). One dose of the vaccine is recommended for individuals over 10-years of age; two doses are recommended for 10-years-and-under. The vaccine is available as an inactivated virus (i.e. flu shot) or a live attenuated virus (i.e. nasal spray).

The Centers for Disease Control and Prevention (CDC) have developed Target Groups based on who has been most impacted by the H1N1 influenza. These groups include:

- Pregnant women
- Household and caregivers of children less than 6-months of age
- Health Care and EMS workers
- Persons 6-months to 4-years of age
- Persons 5-18 years-old with chronic medical conditions
- Persons 25-64 years-old with chronic medical conditions

Teens and young adults appear to be disproportionately affected; cases among the elderly (65-years-and older) are few.

The first shipment of H1N1 vaccine arrived at the Fairfax County Health Department on October 6 and was used to vaccinate health care workers and EMS personnel. Additional doses are expected weekly, however there has been a delay in vaccine production. The Health Department had expected 120,000 doses of the vaccine, but only 11,000 have been shipped. Dr. Gloria explained that vaccine distribution is not uniform. Fairfax County has 1/12 of what it projected, but other jurisdictions may have one-fifth or one-fourth. Therefore, the way that each region uses its supply will differ.

Due to the delay in distribution, the Health Department's original plan to conduct a school-based mass vaccination clinic on October 24-25 has been revised. The current plan is to conduct targeted dispensing on October 24 at the Government Center to children ages 6 to 36 months and pregnant women.

Several HCAB members underscored the need to modernize vaccine production.

Homeless Discharge Planning

Lori McLean, Nurse Practitioner with the Homeless Medical Services Program, briefed the HCAB on the Office to End Homelessness' Discharge Planning Task Group.

The Office to End Homelessness, through its Housing Opportunities Support Team (HOST) Task Groups, created a workgroup dedicated specifically to discharge planning because many of the homeless individuals in Fairfax County, and in other places, have become homeless or are at risk of becoming homeless due to an ongoing medical and/or behavioral illness, or from becoming incarcerated. When these individuals are released from an institution, a plan for accessing services is often missing.

In order to tackle the different institutional classes, the workgroup broke up into 3 subgroups—one focused on medical, another on mental health, and another on corrections. The 3 workgroups were tasked with reviewing current discharge plans and mandates to see what was working well and what was not. The group then identified a process for identifying individuals who are currently homeless or at risk of becoming homeless, and a mechanism for referring them

to the HOST. The workgroup also developed a training program to ensure institutional continuity.

There were many similarities across the 3 subgroups. Most notably, no one had a good way of identifying people who are homeless or at risk of becoming homeless. Currently, clients (patient, resident, and inmate) are asked to provide an address. If an address is provided, they are excluded from further assessment.

Discharge policies are in place at each institution, but not everyone benefits from them. Individuals who access the emergency room or who are briefly detained at the Adult Detention Center (ADC) do not receive formal discharge planning. Additionally, staff turnover has made establishing consistent policies and procedures a challenge.

The workgroup formulated triage questions to identify homeless or at risk of becoming homeless individuals. Workgroup stakeholders have integrated these questions into their electronic and paper systems. A referral to the HOST Team is generated only after those individuals flagged in the triage process consent to further assistance. Representatives from the participating institutions have formalized these procedures in written policies, which can be reviewed in the workgroup's final report.

To sustain these efforts, workgroup members have also developed a training module, which is under review by the Training and Change Management Workgroup. The Office to End Homelessness expects to finalize the training component soon.

Lori concluded her presentation and there were no questions.

Other Business

The school health update was postponed to the November meeting.

There being no further business, the meeting adjourned at 9:40 pm.