HEALTH CARE ADVISORY BOARD

Meeting Summary
February 14, 2011

MEMBERS PRESENT
Marlene Blum, Chairman
Bill Finerfrock, Vice Chairman
Rose Chu, Vice Chairman
Francine Jupiter
Dave West
Tim Yarboro
Rosanne Rodilosso
Ann Zuvekas
Susan Conrad

STAFF
Chris Stevens
Robin Mullet

GUESTS
Rosalyn Foroobar, Health Department
Dr. Gloria Addo-Ayensu, Health Department
Keith Morrison, Deputy Chief, Fairfax County Fire and Rescue
Don Feltman
David Gaeliner, Shelter Development Group
Jay Donahue
Greg Riegle, McGuire Woods
Andrew Teeters, Shelter Development Group
John Albert, Executive Director, Tall Oaks Assisted Living Facility, Reston
Lori Greenlief, McGuire Woods

Marlene Blum called the meeting to order at 7:42 p.m.

Approval of the Minutes
The minutes from the January 10, 2011 HCAB meeting were accepted as submitted.

A congratulatory baby card for Sherryn Craig was passed around for everyone to sign.

A mail out from Inova advertising their new primary care offices was passed around for everyone to see.

Public Hearing on the Special Exception Application (SE 2010-DR-030) of Brightview Senior Living to Build an Assisted Living Facility

Applicant Presentation
Andrew Teeters, Development Director for Brightview, provided an overview of the project. Mr. Teeters began by showing pictures of the proposed facility explaining that it would encompass approximately 3.5 acres of land near the Village Center of Great Falls.

The proposed facility includes 90 units, of which 26 units will be for patients with memory disorders. There are currently nineteen (19) Brightview Communities, consisting of 2,500 units, in the mid-Atlantic/Northeast area of the United States. Services for residents at the proposed facility will include a dining facility, computer café', a library, fitness room, spa, and salon. This will be a rental community and 4% of the beds will be designated for Auxiliary Grant recipients. The Great Falls community will be the target population for this facility.

Ms. Blum opened the floor for public comment.

Public Comment
John Albert, Executive Director of Tall Oaks Assisted Living in Reston, provided public comment. Mr. Albert stated that his facility currently has 20 vacancies (out of 160 total beds) and noted that there are currently a lot of assisted living facilities in the area. His research found 940 beds in an eight-mile radius. Mr. Albert stated that his facility employs approximately 100 staff and offers competitive benefits. However, he acknowledged the difficulty in recruiting qualified staff. A new facility will only draw from the same pool of prospective employees. Mr. Albert questioned the need for additional assisted living facilities in this area.

In response to a question, Mr. Albert noted that of the 39 units designated within his facility for memory impaired residents, these are full. Twenty (20) of the 'regular' beds are currently vacant.

Written comments were provided by Mr. Don Feltman. Mr. Feltman was present for the public hearing and noted that he is with the Great Falls Assisted Living Facility (Hunter Mill District) that recently opened. He mentioned that they have many vacancies at their new facility.

Written comments were also provided by Jerry Hopkins, Chairman, Fairfax Long Term Care Coordinating Council.

Questions and Discussion
COST: What are the actual costs of residing within this community? Will it be all-inclusive or will there be a base cost with add-ons? In response, it was stated that the rate will vary dependent on the unit. There will be a base fee (which will include medication management) and levels of care will dictate the add-on fees. The projected rates will range between $4,000 – $6,500.

ROOM SIZE: Will companion suites be offered? Yes. Companion studio suites will be offered and available to non-married couples; this could help minimize the cost for some single adults.

TRANSPORTATION FOR STAFFING: A question regarding staffing, as well as transportation and accessibility of the facility for staff, was raised. In response, the applicant noted that while there is no bus route on Colvin Run, the Fairfax Connector

does travel along Route 7/Leesburg Pike. Staff could use the Fairfax Connector and walk the remainder of the way. Others will most likely use their own cars. At other Brightview communities, the shuttle bus available to residents is used during peak times to pick up staff from near-by bus stops. This could be explored as an option for the Great Falls facility and picking up staff who use the Fairfax Connector. Additionally, metro rail is coming to this area so that is always a possibility for some staff in the future.

MARKET RESEARCH: In response to a question about Brightview's market research, and their target population, the applicant noted that their primary market will be Great Falls. Their research indicates that within 3-5 miles of the facility, there are over 5,000 seniors ages 75 and older. They also looked at the number of adult children in the Great Falls area who may bring their aging parents back to the area in order to be closer to them. Their rates will be competitive, but they do not believe they will be at the top.

ANTICIPATED OPENING: If approved, they anticipate opening the facility in approximately 2.5 years.

AUXILIARY GRANT BEDS: In response to a question about their commitment to serve 4% Auxiliary Grant residents, they noted that they will be flexible. If someone is in their assisted living facility and needs to be moved to the memory impaired residences (Wellsprings), if that person needs auxiliary grant monies they will be allowed to move. While they anticipate that their auxiliary grant beds will be in the assisted living facility, and <u>not</u> in the impaired memory facility, they acknowledged that they will be flexible and not totally rule-out using auxiliary grant monies for the memory impaired units.

DEMAND: During discussion, it was noted that there are currently no waiting lists for assisted living beds within a 10 mile radius of the facility.

STAFFING LEVELS: A question about staffing was raised. In response, the applicant stated that while their brochure mentions a nurse being available 24 hours/day – a nurse may not always be in the facility. Rather, a nurse is available, either in the facility or by phone, 24 hours/day. The staffing shifts will be 7:00 a.m. – 3:00 p.m.; 3:00 p.m. – 11:00 p.m.; and 11:00 p.m. – 7:00 a.m. The Nurse Director will likely be an R.N. It was stated that the Alzheimer's Director may not necessarily be an R.N. Rather, the person could have a background in Social Work, Nursing, Programming, etc. Brightview offers training, and a nurse from their corporate office provides oversight to this position.

ACTIVITIES FOR RESIDENTS: A question was asked regarding the types of activities that will be offered to residents, as it was acknowledged that boredom and lack of activity leads to a steady decline in health. The applicant reported that the activities offered will be tailored to the interests of the residents. Typical activities include: physical exercise, educational programs (history classes, guest lectures, etc.), art, music, and civic engagement. Brightview employs a Corporate Director of Vibrant Living, and within each community, there are a number of associates that are responsible for programming. It was stated that a "major responsibility of Brightview is to engage residents."

OVER-NIGHT STAFFING: In response to a question, it was reported that there are typically seven staff on duty each night, this includes one security person. Thus, if the facility is full, six direct care staff will be on duty during the over-night hours. It was also noted that someone who is certified will be available during the evening hours to manage medications.

MEDICATION MANAGEMENT: It was noted that the Brightview facility in Staunton, Virginia, has been cited for having issues with medication management during the over-night hours. It is the hope of the HCAB that similar issues will not be found at the Brightview Great Falls facility once opened.

APPLICANT EXPECTATIONS: The applicant was asked about their expectation regarding filling their beds. It was noted that Brightview will be investing millions of dollars in this facility and does not take this lightly. If they didn't believe that they could fill the facility, they would not have made a business decision to open in this area. They expect go be fully leased two years after opening.

MONITORING PATIENT NEEDS: The issue of patients needing a higher level of care but kept in assisted living units too long was raised. The question, 'how will this be monitored?' was added. The applicant stated that they share this concern. They stated that they will not care for someone if they are not able to do so adequately.

HCAB Recommendation
A motion was made and seconded to recommend approval of the Special Exception Application of Brightview Senior Living to Build an Assisted Living Facility.

Discussion followed that focused on staffing issues and quality of care.

During discussion, it was noted by the applicant that they would have concerns with specifically identifying the qualifications of each position. They stated that their objective is to hire the most qualified for person for the job. An LPN could be the most qualified, so they would prefer not to be tied down to hiring only an RN. They also stated that while their objective will be to have an LPN or RN on-site at all times, that may not always be possible.

An amendment was offered suggesting that the HCAB note in their memo to the Board of Supervisor's their concerns about adequate staffing and their hope that the level of staffing will exceed the minimum requirements as outlined by the State's regulations.

The amendment was seconded. During discussion, it was suggested that in addition to the concerns as outlined in the new amendment, the memo to the Board should also mention the HCAB's strong support and appreciation for the applicant's agreement to set aside 4% of their beds for Auxiliary Grant recipients.

A vote on the amendment was approved by a vote of eight yeas' and one no (Tim Yarboro).

Further discussion was held. It was noted that demand is also a concern, however, in five years time, there may be a greater demand for assisted living beds then there currently are now. Additionally, it was suggested that there are many reasons why vacancies exist, demand is only one indicator, but there are others (cost, location, facility reputation, etc.) The HCAB can only assume that due diligence was done by the applicant if investing millions for this project.

A vote on the main motion was called. The motion was approved by a vote of eight yeas and one no (Rose Chu).

Presentation on Emergency Medical Services (EMS)

Deputy Chief Keith Morrison provided a hand-out. Deputy Chief Morrison indicated that his status report would focus on EMS redesign, EMS Administration, the position of Operational Medical Director (OMD); and the department's recent receipt of the IAMS Award.

EMS Redesign

Phased implementation of the 2009 EMS redesign plan has continued. Advanced Life Support (ALS) first responder capability has been added to six additional rescue squads. This means that the unit has been equipped with an approved ALS inventory and when at least one ALS-certified provider is assigned to that unit, the Dispatcher will recognize it as an ALS First Responder. If no ALS-certified personnel are assigned, it will be recognized as a BLS unit. Basically, this enhances EMS capabilities. There are 37 engine companies. All 37 now have an ALS transport – this change allows non-transport units to be ALS responders.

EMS Administration

Deputy Christine Louder retired in September 2010 and Deputy Chief Keith Morrison was selected to run the EMS Division. Battalion Chief Philip Pommerening, with more than 20 years of paramedic service within Fairfax County, has also re-joined the EMS Division.

Operational Medical Director (OMD)

Dr. Scott Weir, who has served the department as OMD since 2002, will now be working full time.

Award

Dr. Scott Weir and Beth Adams, Quality Manager, both members of the multi-disciplinary Inova Cardiology Performance Improvement committee, were recognized by receipt of the 2010 Inova IAMS gold Award. The IAMS Award recognizes performance improvements initiatives that improve clinical care and service delivery across the Inova Health System.

2010 Cardiac Data
Deputy Chief Morrison provided a hand out with cardiac arrest data from 2010. During 2010, there were a total of 373 medical and traumatic arrests where resuscitation was attempted. Type of arrest, gender distribution, age distribution, location of cardiac arrest, witnessed arrests, bystander initiated CPR, and initial rhythms are all included on the hand out. Overall, hospital feedback has improved. In response to a question, Deputy Chief Morrison noted that Automatic External Defibrillators (AED) in public buildings has been positive. The HCAB asked that in the future, data on whether or not an AED was on the scene would be an interesting statistic to include. Additional data that the HCAB would be interested in are number of falls and strokes, as well as outcome data.

Deputy Chief Morrison also mentioned, in response to a question, that EKG's are not electronically transferrable and that a hard copy is still being handed over in the Emergency Room.

Deputy Chief Morrison will check to see how many people with disabilities have signed up with the emergency management system.

The question of response times has always been of interest to the HCAB. The following data is available for 2010:

AED	58% within 5 minutes
ALS	83% within 9 minutes
Fire Engine	41% within 5 minutes
Fire personnel (15)	80% within 9 minutes

There have been improvements in response times.

During 2010, there were 65,898 EMS incidents and 47,228 transfers.

In response to a question, Deputy Chief Morrison stated that they have a very good working relationship with Inova and all area hospitals.

County Health Rankings
Rosalyn Foroobar and Dr. Gloria Addo-Ayensu provided a hand-out on the County Health Rankings. One hundred and thirty two (132) localities (including Fairfax and the cities of Fairfax and Falls Church) in the state of Virginia were ranked. The health rankings provide a measure of the overall health and the factors that influence our health. The rankings also allow us to see how our health compares to that of other localities. Fairfax County ranked #1 in overall health outcomes. While some of the data is questionable, it gives a broad view of health measurements and helps focus discussion on where improvements can be made.

Other Business
The Human Services Council budget calendar was distributed. The HCAB will be holding a committee of the whole to review the FY 2012 budget on March 7 and a full HCAB meeting on Wednesday, March 16. It is imperative that there be a quorum at the meeting on March 16.

The meeting summary from the January 31, 2011 meeting with Inova was included in the meeting package for tonight. Responses to specific questions of Inova are still needed.

Ms. Blum provided a brief overview of the January 26, 2011 Health Care Reform meeting.

There being no further business, the meeting was adjourned at 9:52 p.m.