HEALTH CARE ADVISORY BOARD

Meeting Summary
January 10, 2011

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

STAFF
Sherryn Craig

GUESTS
Rosalyn Foroobar, Health Department
Pat Walters, Inova Health System
Jennifer Siciliano, Inova Health System
Laura Nichols, Northern Virginia Long Term Care Ombudsman Program
Barbara Antley, Department of Family Services

Marlene Blum called the meeting to order at 7:33 p.m.

Approval of the Minutes

The minutes from the December 13, 2010 HCAB meeting were accepted as submitted.

Assisted Listening Systems

Marlene Blum contacted Chairman Bulova and the Facilities Management Department (FMD) to express concern about the Assisted Listening Systems (ALS) available at the Government Center. Chairman Bulova contacted Ms. Blum to let her know that the FMD is in the process of upgrading both the indoor and outdoor systems. The new system, which will have eight microphones each, should be in place by the next HCAB meeting, scheduled for Monday, February 14.

HCAB Staff Coverage

Chris Stevens will be serving as interim staff coordinator to the HCAB while Sherryn Craig is on maternity leave.

Brightview Senior Living

As reported at the December HCAB meeting, McGuire Woods, on behalf of Brightview Senior Living, requested a meeting with HCAB representatives to obtain information on the HCAB's Special Exception Application (SEA) review criteria, including the HCAB's concern about access to care for low income residents.

Brightview Senior Living has submitted an SEA to build an assisted living facility (ALF) in Great Falls and is scheduled to appear before the Planning Commission on March 23. Therefore, the HCAB will convene a Public Hearing at its February 14 meeting to review the applicant's proposal.

Fairfax County Health Reform Task Force

Ms. Blum will be participating as a member of the Fairfax County Health Reform Task Force. A meeting is tentatively scheduled for Wednesday, January 26. She will keep the HCAB informed of any developments.

Meeting with Inova Representatives

Ms. Blum suggested an informal meeting with Inova representatives to discuss its methodology in preparing the annual fiscal plan, including how charity care is defined, the basis for community benefits, state and Internal Revenue Service (IRS) guidelines, etc. The purpose of the meeting is not to reach an agreement on all issues, but rather to have an opportunity to discuss some outstanding details that do not have time to be addressed during the budget review process. This meeting is outside the bounds of what the HCAB normally does and is not required by the County-Inova lease agreement.

HCAB members welcomed the suggestion. Bill Finerfrock requested a copy of Inova's most recent 990 form in advance of the meeting. Jen Siciliano said she would work to provide this information. HCAB members were asked to respond quickly to suggested dates and times, as the preference is to have the meeting before the end of January.

Presentation on Inova's Schedule of Capital Improvements

Pat Walters, Executive Vice President of Strategic Planning and System Development, briefed the HCAB on Inova's Schedule of Capital Improvements. The project notification threshold, using the TURNER Building Cost Index, has decreased 0.25% for construction deflation factors and is valued at $1,939,617 in 2010 dollars.

<u>Lorton HealthPlex</u>
Located at the southeast corner of Lorton and Sanger Roads, the HealthPlex will cover 14.55 acres and will be staggered over several phases.

Phase 1: Two story, 52,000 square foot Building B

- Emergency Room

- Imaging
- Lab
- Medical Office Building (MOB) and possible Surgery Center

Phase 2: Five story, 125,000 square foot MOB

- Emergency Room
- Imaging expansion if needed

Phase 3: Four story, 75,000 square foot Building A

- Ancillary uses may include a MOB, assisted living, or limited service hotel

Inova filed its road network plan with the Virginia Department of Transportation (VDOT) with approval expected in May or June 2011. A site plan was filed with Fairfax County and should be approved concurrently with the VDOT plan. Once the roadwork and site plans are approved, Inova will secure the necessary building permits, probably sometime in August. Construction is tentatively scheduled for fall with a grand opening to follow in November 2012.

Inova has several projects costing more than $1.9 million at both the Inova Fairfax and Mount Vernon campuses.

<u>Inova Fairfax Hospital</u>

- Replacement of a 1.5 Tesla (T) Magnetic Resonance Imaging (MRI) with a 3.0T MRI: *$3,768,000*
- Construction of a Simulation Center in the Claude Moore Building: *$5,991,000*
- Replacement of one Interventional Radiology Room: *$2,442,000*
- Consolidated pharmacy with automated drug packaging and dispensing systems (e.g. medical carousels, bar coded medicines, etc.) to avoid drug errors. Mr. Walters said that some distributors prepackage their drugs, but others do not, necessitating unit dose packaging and bar codes.
- Trilogy linear accelerator (LINAC) equipment replacement

Several large capital projects were completed:

- Pediatric Post Anesthesia Care Unit – The unit was built adjacent to the Ambulatory Care Unit for pediatric patients and their families.
- Central Laboratory – The laboratory is located on Juniper Street off of Route 29 and allows Inova to handle a large volume of specimens on an automated basis.
- Central Pharmacy – Spread throughout the hospital, the pharmacies were consolidated into one area (off the first level of the parking garage).

<u>Inova Mount Vernon Hospital</u>

- Renovation of the existing Emergency Department (ED) bays and common space, including four new fast track bays and 8 observation bays
- Imaging Center expansion
- Patient Access/First Floor renovations
- Patient Tower and Orthopedic Operating Room (OR) expansion

Mr. Walters stated that from an insurance perspective, many patients are not allowed to be admitted. They must be monitored in an "observation setting," requiring them to stay in the emergency room (ER) for 12-14 hours, and sometimes up to 23 hours. Mr. Walters also indicated that Inova will upgrade its ER, including its resuscitation and isolation rooms, and will take quite a bit of lobby space from the first floor to address increased bed demand.

Inova has completed the replacement and expansion upgrades to the emergency power system.

Inova Fairfax Hospital Expansion and Renovation

The expansion and renovation of Inova Fairfax Hospital is occurring in several phases:

Phase 1 (2009-2012): $183 million

- Existing Tower Building (ETB) infrastructure improvements
- Inova Heart and Vascular Institute (IHVI) helipad
- New South Patient Tower (SPT) groundbreaking: *$161 million*

Phase 2 (2011-2014): $430 million

- Boulevard construction
- Off-site transportation improvements (Gallows and Woodburn Road expansions)
- New Women's Hospital Patient Tower
- Green Garage

Phase 3 (2012-2017): $200 million

- ETB renovations
- Children's Hospital renovations

Auxiliary (2011): $37 million

- Willow Oaks Site and Northern Off Site Work

Inova has completed its upgrades to the ETB, adding air handling, an upgraded fire pump, and expanded emergency power capability. The IHVI helipad has been completed and the SPT is currently under construction. When finished, the 216,000 square foot tower will have 174 private rooms and connect to the ETB on all floors.

Inova has begun Phase 2 of the expansion project with boulevard construction and offsite transportation improvements. Planners are pursuing a Proffered Condition Amendment to construct the Green Garage, which will have a pedestrian bridge to connect it to the hospital. The HCAB will receive more information on the pricing and bidding of the New Women's Hospital Patient Tower at a future meeting.

Inova Mount Vernon Hospital Expansion and Renovation

The Long Range Master Plan for Inova Mount Vernon includes adding 312,000 square feet to the campus, comprised of two ambulatory care centers, a new patient tower (C-pod) with private rooms, and an emergency department expansion (D-pod). A Certificate of Public Need (COPN) has been requested from the State and a Special Exception request has been filed with the County for these projects. Inova is also working with Supervisor Hyland to expand the existing parking structure. Inova expects that the site

plan and building permit approvals will take nine months to one year to obtain, with construction beginning in the summer of 2012.

Mr. Walters indicated that Inova will return to the HCAB in May or June 2011 for project approval. When asked what the HCAB will specifically be asked to consider, Mr. Walters said a comprehensive plan amendment and a special exception will be required for the ambulatory care centers, which include the C-pod, and the expansion of the surgery center. A COPN has been filed for both projects and is currently in process.

Inova Fair Oaks Hospital Expansion and Renovation

The Comprehensive Campus Plan for Fair Oaks Hospital includes:

- New Access to the Campus
- Future Hospital Expansion
- Future MOB 4
- Cancer Center

In November 2010, Inova filed a rezoning and special exception request with the County to expand the hospital and add surface and structured parking. Access to the hospital would be moved to the middle of the campus. A COPN has been granted for the Cancer Center, which will be housed in MOB 4. The Cancer Center will not require new beds; services will be provided on an outpatient basis.

Pending further approvals, the Fair Oaks expansion would add 300,000 square feet over and above what is currently approved: 100,000 square feet for the MOB 4 and 200,000 for the expansion. Construction of the MOB is expected to be completed by 2013 and the hospital expansion and parking structure by 2019.

Mr. Walters felt the timing of the Fair Oaks expansion would coincide with Mount Vernon's. Inova should be ready to present its request to the HCAB by late summer 2011.

Mr. Walters stated that Inova was restricted from building on the back corner of Alder Woods Drive because the area is designated as a storm water retention area.

Ann Zuvekas recommended that given the distance between the parking structure and the facility, Inova consider placing benches or other comfortable seating forms to rest within the adjoining space.

Dr. Lebowitz reminded HCAB members that hospital growth occurs horizontally as a function of construction.

Mr. Finerfrock expressed concern over the road network that will be used to access the main entrance of the Lorton HealthPlex. Given the critical nature of many emergencies, the route appears circuitous. Mr. Walters said that topography and community requirements necessitate the site design. During its discussions with the community, Inova was required to incorporate set backs, green space and tree cover into its design.

The grade of the site also affects the planned road network. Mr. Walters said there has never been an incident of an ambulance striking another parked car when accessing one of its ERs. Mr. Finerfrock suggested that the HCAB ask the Emergency Medical Services (EMS) leadership for feedback.

Ms. Zuvekas moved that per the requirements of the lease agreement, the HCAB should advise the Board of Supervisors that Inova presented an updated schedule of capital projects for the calendar year. Francine Jupiter seconded the motion. The motion carried unanimously.

Long Term Care Ombudsman Program of Northern Virginia

Laura Nichols has been with the Ombudsman Program for 11 years and has served as its director for three. The Program began as a demonstration project in 1972. In 1978, it became a National Program under the Older American's Act amendments, which required that every state have a State Ombudsman Program.

Virginia's Long Term Care Ombudsman Program began as a pilot in 1975; it became statutorily required in 1979 under the Older American's Act. In 1983, the Virginia General Assembly expanded its program responsibilities to include community based services. Home health care services were included in that expansion. However, Ms. Nichols said that the program does not advertise coverage for home health care due to limited staffing.

In 1985, the Virginia Office of the State Ombudsman expanded the program to include 20 local programs, which comprise the Northern Virginia Long Term Care Ombudsman Program (NVLTCOP). The NVLTCOP is a regional agreement serving five jurisdictions: Alexandria, Arlington, Fairfax, Loudoun, and Prince William. The NVLTCOP is Virginia's only regional ombudsman program and the only program set up as part of county government.

The mission of the NVLTCOP is to advocate for persons receiving long term care services to ensure the highest possible quality of life and care for persons residing in nursing facilities and assisted living facilities.

NVLTCOP services are free. The program receives funding through federal, state and local jurisdictions.

According to Ms. Nichols, the Institute of Medicine (IOM) suggests that there be one ombudsman program for every 2,000 licensed beds. The NVLTCOP serves 33 nursing facilities and 80 assisted living facilities for a total of 10,933 licensed beds.

Fairfax County has 58% of the NVLTCOP's facilities and 55% of the licensed beds. There are 16 nursing homes in Fairfax County with 2,167 beds and 50 assisted living facilities with 3,850 licensed beds.

The NVLTCOP has seven paid ombudsman staff, but Ms. Nichols underscored the critical need for volunteers who spend four hours a week in each facility. There are currently 50 volunteers, and Ms. Nichols said a training to recruit additional volunteers is planned for March.

Services provided by the NVLTCOP include:

- Advocate for improving the quality of life and care for persons receiving long term care services, either for the individual or the long term care system.
- Educate the community about long term care issues.
- Visit residents of long term care facilities weekly using the volunteer program.
- Inform consumers about long term care providers to help them make informed decisions.
- Negotiate resident concerns involving long term care issues with providers.
- Investigate concerns against long term care providers.
- Train volunteers and long term care staff.
- Consult with long term care providers.

In response to how the NVLTCOP becomes involved with a resident, Ms. Nichols replied that the source of access is usually from a family member, a resident, or a volunteer within the facility. The NVLTCOP also has an intake line where complaints can be logged. The NVLTCOP encourages complainants to work with their facilities first because negotiations will take a different turn when an outside party begins to investigate.

When program staff does intervene, they have 45 working days to investigate. Complaints are divided into general categories and entered into a complaint log, which is available on the NVLTCOP website. The current complaint log is 41 pages and comprises 12 months of formal case complaints. Facilities are listed alphabetically. Examples of complaints include personal hygiene, care issues, environmental issues, and/or resident rights. The complainant is the only person who determines if the case is resolved. The NVLTCOP sends all formal complaints to the state reporting agency. The program is prohibited from rating facilities and complaints are limited to a 12 month calendar.

In response to when the NVLTCOP notifies the licensing agency, Ms. Nichols replied that the licensing agency is notified at the completion of the formal investigation. Notification of the licensing agency incentivizes the facility to comply with the NVLTCOP's recommendation(s). The facility does not want to be on the wrong side of the licensing agency and the complaint log is considered bad public relations. Facilities do not want unresolved issues on a publicly available database.

The NVLTCOP's volume of cases for the last program year (July 1, 2009 – June 30, 2010) included:

- 99 Formal Complaints (cases)
- 405 Formal Complaint Issues
- 706 Volunteer Complaints
- 890 Volunteer Complaint Issues
- 7,397 Information and Counseling
- 193 Consultations to Providers
- 131 Site Visits by Staff

The Fairfax County's volume of cases for the last program year (July 1, 2009 – June 30, 2010) included:

- 41 Formal Complaints (cases)
- 138 Formal Complaint Issues
- 466 Volunteer Complaints
- 595 Volunteer Complaint Issues
- 3,964 Information and Counseling
- 85 Consultations to Providers
- 70 Site Visits by Staff

During the 2010 program year, the NVLTCOP resolved 98% of the formal issues investigated in Fairfax County. Forty-nine trained Volunteer Ombudsmen visited the residents of 53 different Fairfax County long term care facilities. They dedicated 5,149 hours, valued at $110,466, to advocacy work and made 2,475 visits to long term care facilities.

Ms. Nichols was asked if there were any trends with respect to the type of complaints reported. Ms. Nichols said that when she started with the program 11 years ago, the issues seemed simpler (e.g. food preferences) and were not life threatening. Now, the issues are often more complex and are more likely to pose serious risk and injury to the residents living in these facilities.

When asked to explain this trend, Ms. Nichols replied that hospitals are releasing people more quickly and their acuity levels are more severe. Residents who are now admitted to assisted living facilities are the same ones who would have been sent to nursing homes 11 years ago. Ms. Nichols said there is a grey area between assisted living and nursing home level care.

Ms. Nichols said that the NVLTCOP looks into all issues (e.g. over medication, pressure sores) and consults with a network of medical and legal experts to help in its investigations. The program does not have a dedicated medical director or a legal counsel.

In terms of home health care, the federal mandate does not require the programs to investigate these types of complaints. However, the Virginia General Assembly added this responsibility to the state's ombudsman program. Staffing limitations and code restrictions make it difficult to address these cases. Home health care agencies are not required to work with the ombudsman, and the program has no power to compel their cooperation. Despite these limitations, Ms. Nichols said that no one with a home health care complaint would be turned away by the NVLTCOP. Additionally, complainants can contact the state's Quality Improvement Organization (QIO) if their home health providers receive federal funding (i.e. Medicare and/or Medicaid).

When asked if other ombudsman programs are able to actively monitor and investigate home health care agencies, Ms. Nichols replied no.

When asked about licensure for home health care agencies, Ms. Nichols said that if a home health care agency receives Medicare or Medicaid funds, it is licensed by the Department of Health's Office of Licensure and Certification (OLC).

Ms. Nichols concluded by saying that the program has seen an increase in foreign language populations and is working to secure volunteers who are bilingual.

Presentation on the Department of Family Services' (DFS) Adult and Aging Division's Services

Barbara Antley, Director of the Adult and Aging Division, briefed the HCAB on the agency's services.

- **Adult Protective Services** – Protects older adults and incapacitated adults in cases of abuse, neglect, or exploitation.

- **Care management** - Provides assessment, care plan development and care monitoring to eligible residents. Specifically, care managers work with individuals and their families to conduct an assessment and develop a care plan, find appropriate and affordable services, monitor and coordinate services, and adjust the care plan as needed.

- **Caregiver Support** – Provides information, education/training and support to family caregivers of older adults, in addition to older adults who care for a relative's child or an adult with a disability.

- **In-Home Care Servicers** – Purchases in home services for residents who are income and functionally eligible. The division can also assist individuals with finding providers who have been screened by DFS.

- **Health Insurance Counseling** - Provides older adults free confidential insurance counseling about Medicare, Medicare Part D, health plans, Medigap insurance and long-term care insurance.

- **Meals on Wheels** – Provides home delivered lunches and dinners to 450 individuals Monday through Friday.

- **Nursing Home and Assisted Living** – Helps people who need a nursing home or assisted living facility and works to address any concerns regarding the care received in these facilities (e.g. NVLTCOP).

- **Recreation, Transportation, Adult Day Health Care** – Partners with the Fairfax Area's Agency on Aging and the Health Department's Adult Day Health Care Centers to provide recreation, transportation, and adult day healthcare.

Adult Services communicates and provides information through the *Golden Gazette Newspaper*, *Fairfax 50+ E-News*, and the *Caregiver Corner Online*. There are 26,000 subscribers to the *Golden Gazette*; 70-75% of subscribers prefer a hard copy of the newspaper.

Ms. Antley provided additional information on the County's In-Home Care Services.

In-home care refers to services that help an individual stay in his/her home. There are three major categories of in-home care:

- Home health care – includes services provided by nurses, physical therapists, occupational and speech therapists
- Personal care – includes assistance with bathing, dressing, toileting, and walking
- Support services – include assistance with housekeeping, laundry, meal preparation, etc.

The County provides in-home care services to individuals with gross incomes less than $31,000 a year.

According to Ms. Antley, Medicare and Medicaid limit what types of services are provided to whom and for how long. Typically, Medicaid will provide up to 20 hours of in home-services or nursing level care to very low income individuals.

Adult Services also manages the *Companion Aide Registry* where individuals seeking in-home health care can find a provider. County staff interviews these providers, conducts reference and background checks and updates the registry each month. Delegate Plum is looking to replicate this model statewide.

Ms. Antley said that private individuals can provide in home care without a license but the scope of their services is limited. They are not allowed, for example, to provide nursing duties or administer medications. In response to whether these boundaries are crossed, Ms. Antley replied that they probably are but there is little the Division can do, other than remove the provider from the registry once a complaint is received.

When asked if the Division would be held liable if a provider acts in an aberrant way, Ms. Antley said that there is a disclaimer on the registry.

Ms. Antley said that the agency does not have a similar registry for Care Managers.

With respect to salaries, Ms. Antley said that Adult Services contracts with home health care providers and believes the rate is $18/hour. The rate for trained personal care aides is $11.75/hour.

Ms. Antley was asked what trends the division is seeing. She replied that there is an increased need for respite care.

Other Business

There being no further business, the HCAB adjourned at 9:37 pm.