

HEALTH CARE ADVISORY BOARD

Meeting Summary

May 13, 2019

MEMBERS PRESENT

Marlene Blum, Chairman
William Finerock, Vice Chairman
Rose Chu, Vice Chairman
Ellyn Crawford
Philippe Beauchene
Tim Yarboro, MD
Rosanne Rodillo
Ann Zuvekas
Shikha Dixit
Dr. Michael Trahos, DO

STAFF

Lila Vizzard

MEMBERS PARTICIPATING REMOTELY

None

MEMBERS ABSENT

None

GUESTS

Gloria Addo-Ayensu, MD, MPH, Health Director, Health Department
Jessica Werder, Deputy Director for Public Health Operations, Health Department
Lynne Strobel, Walsh, Colucci, Lubeley & Walsh, PC
David Orr, Chairman, Orr Partners
Eric Gardner, Director of Development, Benchmark Senior Living (BSL)
Elizabeth Sampath, Senior Director of Quality Resident Services, BSL
Robert D. Brant, Walsh, Colucci, Lubeley & Walsh, PC
Marcia Price, Chief Executive Officer (CEO), Erickson Living
Scott Sawicki, Director of Corporate Affairs, Erickson Living
Ben Brown, Chief Operating Officer (COO), Reston Hospital
Miah Stutts, Chief Financial Officer (CFO), Reston Hospital
Lee Higginbotham, CEO, Dominion Hospital

Call to Order

The meeting was called to order by Marlene Blum at 7:31 pm.

April 8, 2019 Meeting Summary

There were no additions or corrections. The meeting summary from April 8, 2019 was approved as submitted.

Housekeeping Items:

- Lila Vizzard from the Health Department is substituting for Sherryn Craig tonight as Staff Support.
- Jessica Warder provided a number of administrative updates.
 - Assisted listening devices for the Government Center Conference Center meeting rooms: According to the Conference Center facilities staff, they have a requisition and purchase order for new equipment and the upgrades are pending. There are a number of system compatibility issues they need to address. They request that the HCAB provide specific feedback on the types of challenges being encountered with the current audio-visual system. Ms. Werder asked that members forward their concerns and issues in writing to her and she will direct that information to facilities.
 - Constituent comments regarding the Hunter Mill application: A number of additional comments and supplemental information has been forwarded to staff related to this application since the close of the public comment period. Staff will be compiling this information and providing it to the Planning Commission (via their dedicated email address for receiving public information - plancom@fairfaxcounty.gov) for consideration.
 - The Orr-BSL Hunter Mill application will be presented to the Planning Commission for a public hearing on June 12th. The exact time of the hearing is unknown at this point, but Ms. Werder will provide that information to the HCAB as soon as she hears.
 - Interest has arisen from the HCAB and LTCCC and the Commission on Aging about doing some data analysis on the demographics and need for assisted living services.

Ms. Blum also reported that the County Board of Supervisors has approved the FY 2020 budget. There was an amendment to the Capital improvement Program fund for DPZ and Fire/EMS work together to provide additional updates and reporting regarding proffer funding and the protocol for determining the location of preemptive signal devices.

Deferred Decision on Orr-BSL Hunter Mill, LLC's Special Exception Application SE-2018-HM-024 to develop an Assisted Living Facility

The applicant submitted the requested supplemental information, as well as a large number of Benchmark's Senior Living's Inspection Surveys from their Massachusetts facilities. Given the volume of the inspection reports, Sherryn Craig drafted a summary document to facilitate the board's review and discussion. The Board members have received both of these documents. Based on the information submitted, the Board asked for clarification and additional information from the applicant representatives on a number of items:

Staffing ratios

Administrative and programmatic staff are not counted in ratios and do not carry a caseload of patients. However, the applicant felt it was important to include all staff, including the nursing staff and the living care manager, who provide operational oversight during business hours, in their documentation. BSL also clarified, in response to a question raised at the previous meeting, that the proposal has budgeted for an RN and not an LPN.

BSL noted that the staffing ratios listed are baseline numbers, and they anticipate that the number of staff would increase depending on the needs of the residents. For example, when there are residents with significant end-of-life needs, staffing would increase proportionally. Typically, 1:1 care is not provided in their memory care units.

A number of board members expressed concern about the high ratios, specifically noting the overnight shift ratio of 31:1 listed. BSL indicated that such staffing ratios are in line with their other communities and reiterated that ratios are usually lower based on the needs of specific residents.

Transportation

BSL was asked about their plans for staff transportation given the distance to metro and the absence of bus service along that part of Hunter Mill Road. BSL anticipates that most of the staff will use their personal vehicles for work transportation. However, the community will have a bus available which could be used for shuttle service to and from Metro if the need exists.

Massachusetts Inspection Findings

Two instances of sexual abuse/sexually inappropriate behavior were noted among the inspection findings. BSL indicated that the incidents were not reported and, as a result, the company made changes to the leadership in the community and implemented a stringent correction plan even before receiving guidance from the State. Based on their

internal quality controls, all corrective action items were completed. The community is due for reinspection this year. In the second community, while the allegation was unsubstantiated, documentation was not submitted appropriately or in a timely manner. Corrective actions, including additional training and reviews, were put in place to address this issue.

BSL also commented on numerous findings that emergency and/or event reports were not made within the required 24-hour time period (which is a requirement in Virginia). BSL found that these violations stemmed from a lack of awareness by staff of the types of incidents that required State reporting. They have subsequently updated their training and their most recent survey (last month) showed no deficiencies in this area.

Onsite Septic

Additional information was provided on the septic system by the applicant. HCAB Chairman Marlene Blum spoke with Pieter Sheehan, Director of the Division of Environmental Health, Fairfax County Health Department. As discussed at the last HCAB meeting, the certification process was put on hold while the additional, requested information was being gathered and assessed. Ms. Blum reported that Mr. Sheehan feels that they are on track and will be able to report out to the Planning Commission when they conduct their review.

The applicant provided information indicating that David Orr also spoke with Mr. Sheehan and reiterated that they are taking a number of steps, including actions that are above and beyond the requirements, to ensure adequate risk controls and safety with the proposed septic system (e.g., installing well monitoring systems with quarterly reporting to the Health Department and conducting preliminary site assessments).

Phil Beauchene noted that while the HCAB will be making some form of recommendation tonight, the issue of the septic system will still be outstanding. There are some aspects of the certification process that take place prior to building the facility, while other certifications occur after building is completed. These issues will come before the Planning Commission and to the Board of Supervisors for final determination.

Ellyn Crawford moved that the HCAB recommend approval of the applicant's request to develop an assisted living facility while acknowledging some of the challenges that have been raised. Tim Yarboro seconded the motion. The motion failed 5-5 on a tie.

Discussion was reopened around the issues of concern. Regarding staffing ratios, Rosanne Rodilloso felt deficiencies with incident response and reporting were indicative of inadequate staffing levels. However, Ms. Blum reminded HCAB members that the Virginia Standards for Licensed Assisted Living Facilities' regulations do not mandate or standardize staffing ratios, making it difficult to hold applicants to a threshold that does not exist.

Based on additional discussion and information received, Phil Beauchene moved that the HCAB recommend approval of the applicant's request to develop an assisted living facility. Tim Yarboro seconded the motion. The motion passed 7-3.

Recognizing the need for additional guidance on staffing and the ambiguity of current regulations, Ellyn Crawford moved that the HCAB send a memo advising the Board of Supervisors on the limitations of the current regulations and the challenges of reviewing applications in the absence of clear guidance. It was also noted that the HCAB could participate in the development of the County's legislative program, submitting an initiative to amend the current regulations.

Ann Zuvekas seconded the motion. The motion passed with one abstention.

Public Hearing to review Erickson Living at Braddock Road, LLC's proposal (Zoning Application RZ/FDP 2018-BR-026) to develop a Continuing Care Facility (CCF)

Bill Finerfrock disclosed that he has a relative who is employed by Erickson Senior Living in Florida. Mr. Finerfrock also indicated that he receives no financial benefit through this family relationship.

Marcia Price and Scott Sawicki of Erickson Living began their presentation by providing background information about Erickson Living (hereafter referred to as Erickson) and their other community in the area, Greenspring Village in Springfield.

Erickson operates communities that are much larger than most CCFs. For example, the Greenspring community is home to 1700 residents. Because these communities are so large, they are able to achieve multiple economies of scale and provide specialized supports. For example, each community includes a primary care facility on-site. In addition, Erickson has been afforded its own Medicare managed health care plan by the Centers for Medicaid and Medicare Services (CMS) which has earned a 4 ½ star rating.

Bob Brant of Walsh, Colucci, Lubeley & Walsh, PC walked through a slide deck documenting area demographics and details about the proposed site. Because Erickson provides a full continuum of services for their residents – from independent living through skilled nursing care – they typically are not in competition with other providers for assisted living or skilled nursing care. Their focus is to market their communities to those residents interested in independent living who may later need to transition to alternative care options.

Currently, Greenspring is 100% occupied with more than 1200 people on the waitlist. Ashby Ponds, while still under development, already has a wait list of over 900. These waitlists speak to the ongoing demand for services in this area.

The Braddock Road community will include 1050 independent living units and 175 assisted living, memory care, and skilled nursing spaces. The assisted living and skilled nursing units are not anticipated to be completed until 2026. In addition, the community will include facilities for Affordable Age-Restricted Units and a community recreation center.

Scott Sawicki discussed the project milestones established in developing the application. There was heavy community engagement in the process through a taskforce established by Supervisor Cook. In addition, the establishment of the use definition for continuing care facilities in the zoning ordinance passed in December informed their development process as well.

Erickson Health Medical Group was awarded a demonstration project to establish an integrated Electronic Medical Record (EMR) and has made significant strides in reducing hospital readmission rates.

Erickson Senior Living will meet the Comprehensive Plan's affordability requirements by providing 4.5 acres of land at no cost to a private affordable housing developer to facilitate the development of approximately 80 units of age-restricted affordable housing on the Braddock campus. Erickson will perform the site work necessary to prepare the land area for construction, with the anticipated value of donated land plus improvements equivalent to \$3 per square foot of the proposed CCF.

Erickson's application is scheduled for review by the Planning Commission on June 19, 2019 and by the Board of Supervisors on July 15, 2019. There were no public speakers for the hearing and no comments were submitted in writing. The applicant then responded to questions from HCAB members.

Erickson builds their CCFs for their own residents, so the timing of construction is contingent on the needs within their communities. Their approach is to help residents maintain their independence as long as possible by creating a safety net around those in independent living to stay in their units as long as possible with augmented care supports as a necessary safety net. These services may include in-home support and certified home health care to residents in independent living. Through their previous projects, Erickson has found that construction on assisted living and skilled nursing units is most efficiently begun approximate 3-4 years following the initial opening of a community.

The Braddock Road community is proposed as a phased development. Erickson plans to initially begin construction to fill several hundred independent living units. Once there are a sufficient number of residents in independent living to fill and sustain the assisted living, memory care, and skilled nursing units, they would begin construction on those facilities.

According to demographic data, there are more than 153 seniors in the area. In response to what percentage of Fairfax seniors can afford to live in an Erickson community, the applicant stated that their communities are not inexpensive, but they are also not the most expensive option. Mr. Sawicki described Erickson's communities as a "value proposition" because their size and their ability to achieve economies of scale result in their communities actually being considered fairly affordable. For example, the cost of living at Greenspring is in line with someone who has retired from the county, sold their home, and are paying the monthly fees akin to paying rent.

Erickson also operates a Type C contract. If a resident has fallen on hard times, they have the option to spend down the admission fee. If they reach the end of their spend down, they would be eligible for charity and Erickson would cover the costs. No one will be asked to leave based on their inability to pay. Furthermore, there is no difference in the care those individuals receive compared to any other resident.

With respect to those residents who will live in the affordable care units, Erickson stated that these units will be subcontracted to and managed by another organization and will not be a part of the Erickson community. Access to Erickson amenities will not be extended to these residents.

The applicant also expanded on staffing ratios and shift coverage. Erickson employs full-time aides in home health support, rehabilitation centers, and across their continuum of services. In skilled nursing, ratios average around 1:10 to 1:15 for

overnight shifts. While nighttime shifts have lower staffing, there are always RNs in the facilities. If Erickson determines through the individual assessment that a resident tends to be awake at night, they adjust staffing to meet those kinds of needs.

Erickson's assisted living and skilled nursing units (health units) are available to independent living residents within the community rather than the general public. Ann Zuvekas believed that this had changed and that, in order to fill the acute beds, providers had to start admitting residents from the general public.

Erickson confirmed that there was a period of time when this was the case, but it occurred only temporarily based on a nursing home timing issue. Erickson had to come back to the county to request permission to open a community to the public to achieve some volume because they had created more skilled beds than they needed. Greenspring is still considered to be in an open enrollment period, but they are converting a number of these beds to memory care, so they won't need to fill as many skilled beds.

There was a request for more details about the information referenced on page 4 of the application regarding a "separate, secure environment for memory care." Erickson communities are equipped with a Wander Management System that offers safety and security for residents who have been assessed to be prone to exploring their environment or seeking to exit the facility, including residents with memory or cognitive impairments. Residents assessed at higher risk can be provided a wrist or ankle bracelet that communicates with the wander management system. Exits and/or elevator lobbies are monitored with sensors that have the ability to alarm and/or engage magnetic locks in the event that a resident with a bracelet tag enters the monitored zone. The alarm or locking mechanism requires that a staff member enter a code on a keypad to reset the system with the exception of a fire in which case the system is tied into the fire alarm to automatically disengage any locking mechanisms to allow free egress. In addition to the alarm and locking feature, the system is also integrated with our nurse call system and notification that an area has been breached is sent to computer screens in charting areas and to wireless devices carried by the care associates who are notified of the resident and location. Notification is also configured to escalate to other staff – typically supervisory staff – so they can assist or to make them aware of longer response times.

In addition, a focus of Erickson's approach involves working to understand each resident's circumstances and to determine what may be triggering their need to leave. While the installation of the electronic monitoring is critical, they also recognize that are also individualized support needs that inform their procedures and practices.

Secure outdoor areas are planned as well. For the Braddock Road community, they will develop an enclosed garden just for the memory care program. Temporary rehabilitation and respite care services will also be available at the Braddock Road location.

In response to Erickson's residents' access to Inova's in-network care, the applicant stated that the Erickson Medicare Advantage Program has a relationship with Inova as a Medicare Managed Care Provider. Scott Sawicki said that he will check to make sure they are considered in-network at Inova. Fairfax Hospital is the current identified hospital for residents at the new community. When residents are hospitalized, Erickson physicians will provide their care and not the hospitalists.

A question was raised about payment for private health aides. Erickson has struggled with coordinating their care planning with residents who bring in their own health aides which has resulted in violations in the past. As a result, they have established requirements that these individuals must follow Erickson medical oversight and clinical guidance protocols.

Ann Zuvekas moved that the HCAB recommend that the BOS approve Erickson Senior Living's proposal to develop a CCF located at Braddock Road. Dr. Trahos seconded the motion. The voted passed unanimously.

Reston Hospital Community Report

Representatives from HCA Reston presenting to the HCAB included: Ben Brown, COO for Reston Hospital; Miah Stutts, CFO for Reston Hospital; Lee Higginbotham, CEO of Dominion Hospital.

Reston has been expanding capacity over the past year. They had 127 beds last year, now have 223 beds and anticipate further expanding to 230 beds by next year. HCA Reston is a full-service medical hospital and Level II trauma center. They presented the following statistics:

- 1,200 skilled and dedicated workers and 1,160 privileged providers including 992 physician and 168 mid-levels
- In 2018 served 112,577 patients in their hospital, surgery centers, and outpatient centers.
- 43,695 emergency room visits, 566 trauma cases, and delivered 3,388 babies of which 337 went to the NICU.

In 2018, HCA Reston invested 11.5 million dollars back into the community in state and local taxes and delivered more than 23.6 million dollars in uncompensated care at cost (not based on charges) to those most in need.

Since the last update, Reston hospital has opened a new ICU, inpatient rehabilitation unit, cardiac catheterization lab, and expanded obstetric and NICU services. In addition, the hospital has expanded square footage for some common spaces, lobbies, and offices, as well as opened a new dining and service area. Reston is nearing completion of a new parking garage which will add over 400 parking spaces. The next phase will include work on renovating the main entrance and further expanding the obstetrics department.

Reston's new, 18-bed inpatient rehabilitation unit has seen very high demand since it opened in December. To date, they have treated 112 patients and reached capacity last week for the first time. Reston is very happy to be providing this service to the community. The presenters also noted a number of awards and accolades.

Miah Stutts reported on Reston's community engagement and charity care work for HCA. Reston works closely with Healthworks of Northern Virginia, and provides charity care for lab, imaging, and other in-kind services. Other partners include Cornerstones, the Leukemia and Lymphoma Society, and the Alzheimer's Association.

Headquartered in Nashville, TN, HCA recently expanded the charity care provided by all of its facilities, including:

- 100% discount available for individuals with earnings under 200% of the Federal Poverty Line (FPL)
- In 2017, expanded discounting for individuals up to 400% FPL. For individuals at 200% to 300% percent, costs are capped at 3%. For individuals at 400% FPL, costs are capped at 4% of their income.
- Higher earners who are uninsured/underinsured receive discount of 88% of charges.

Mr. Higginbotham of Dominion Hospital, HCA's mental healthcare facility, shared information about their services to children and adults with various disorders.

Dominion had 2200 outpatient visits in 2018 for the various behavioral health services provided. In January of last year, they opened up a second adolescent program. In June 2018, Dominion replaced their telecommunications system to allow staff to more quickly respond to referrals and more efficiently allocate beds across the facility.

Dominion has added a school refusal track to their partial hospitalization program and will be adding a second track to their location in Chantilly. Partial hospitalization is a day program that runs Monday through Friday from 8:30 a.m. to 3:30 p.m. It is a step-down program from the inpatient setting but is still structured to include services such as group and individual therapy. Individuals participate in services during the day but do not remain in the facility as inpatients. The school refusal track is for children and adolescents who are not attending school to determine the reasons for school refusal and address those issues through targeted therapies.

Dominion also renovated and expanded Reflections, their eating disorder treatment center which meets needs from clients up and down the east coast. Additional facility and physical plant updates are ongoing.

Dominion is a recognized leader in inclusion of LGBTQ staff and patients and serves as a hub for community education and resources. They work closely and in partnership with a variety of organizations including the National Alliance for Mental Illness (NAMI) and Healthy Minds Fairfax. May is Mental Health Awareness Month and they are actively promoting services through the area.

A question was raised about how Reston deals with balance billing. When working with any specialty practices that are non-participating in managed care, balance billing can occur. Reston works closely with their providers to make sure they accept local plans and refrain from balance billing. They understand the importance of this issue and how difficult it is for community members to negotiate such payments. Reston has a number of financial counselors on staff who can help patients maneuver these issues. They are also exploring legislative efforts to “take the patient out of the equation” – essentially to hold patients harmless to pay only what they would for an in-network provider. Proposed bills did not succeed this year, but they will continue to pursue changes.

With respect to cultural competence, HCA representatives stated that the system promotes diversity and inclusion. Some of the LGBTQ work at Dominion speaks to that commitment. HCA has been named as one of the most ethical organizations by Ethisphere Institute. HCA provides a code of conduct for new employees, refresher training for all employees, and a variety of educational information on inclusion.

While HCA does not have a designated equity officer, the expectation is that everyone in the organization strives to be inclusive. On an annual basis, HCA reviews local demographics in their communities and tailors what they do based on that information,

such as making changes to the food service and menu choices to reflect the needs and preferences of patients from different backgrounds.

Each HCA organization has an ethics compliance officer who is responsible for administering these programs throughout the organization. At Dominion, there are more than 50 countries represented in the workforce. They feel that they are a microcosm of society and how they support their workforce speaks to this approach for supporting local communities.

In regards to threats of violence and staff, patient, and public safety, HCA stated that there are emergency preparedness groups in every hospital. To address active shooter scenarios, for example, these groups work with each unit to discuss their plans during an emergency and provide information on the "run, hide, fight" response approach. Through tabletop drills, staff work through scenarios to understand the roles played by different staff. In addition, HCA partners with the local first responder community to better understand how they respond during these incidents and work with them to ensure a coordinated approach.

The HCAB observed that HCA Reston appears to be expanding the number of beds which seems to go contrary to market trends towards shorter stays and more community-based support services. HCA responded that beds with greater demand are in subspecialty, high acuity surgical services and rehabilitation; fewer beds are needed for less medical and lower end surgical services that can be handled through an outpatient facility. In addition, the hospital's trauma program is also driving the need for more beds which is fairly new.

Marlene Blum thanked Reston Hospital for its community update and moved that the HCAB send a memo to the Board of Supervisors describing the presentation. The motion was seconded and passed unanimously.

One Fairfax

Due to the late hour, the One Fairfax Presentation will be rescheduled for the June 10 HCAB meeting.

There being no further business, the meeting adjourned at 9:58 pm.