



**Joint Commission on Health Care**

Tuesday, September 19, 2017 – 10:00 a.m.

Pocahontas Building – Senate Committee Room

**Members Present**

Delegate David L Bulova

Delegate T. Scott Garrett

Delegate Riley E. Ingram

Delegate Christopher K. Peace

Delegate Roslyn C.Tyler

Honorable William A. Hazel, Jr.

Senator George L. Barker

Senator Charles W. Carrico, Sr., Chair

Senator Rosalyn R. Dance, Vice Chair

Senator John S. Edwards

Senator L. Louise Lucas

Senator Glenn H. Sturtevant

Senator David R. Suetterlein

**\*This was a non-electronic meeting\***

**Members Absent**

Delegate Benjamin L. Cline

Delegate Patrick A. Hope

Delegate Kaye Kory

Delegate John M. O’Bannon, III

Delegate Christopher P. Stolle

Senator Siobhan S. Dunnivant

**Staff Present**

Michele Chesser

Agnes Dymora

Paula Margolis

Andrew Mitchell

Stephen Weiss

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**Call to Order**

Senator Carrico called the Joint Commission meeting to order, provided welcoming comments and turned the meeting over to the first presenter.

**Update on Virginia Health Care Foundation**

Debbie Oswald informed the commission about the mission and vision of the VHCF in regards to the medically underserved Virginians. She stated that over 700,000 thousand residents have been helped with an investment return of \$11:1. She stated that the hybrid nature of the public/private partnership of 1500+ organizations is one the VHCF’s biggest strengths but regardless of the success that have accomplished, they are only capable of treating 1/3 needy Virginians due to financial strain.

**Life-Sustaining Treatment Guidelines Workgroup Report**

Andrew Mitchell presented the report of the Life-Sustaining Treatment Guidelines Work Group. The work group, formed by the JCHC via an approved policy option for the 2016 staff study on life-sustaining treatment, focused on three streams of activity to continue its study into issues surrounding the provision of life-sustaining treatment decisions in Virginia. First, literature and evidence on contextual factors surrounding the drivers of disputes between providers and

patients' families over life-sustaining treatment were presented, indicating that while these situations are not uncommon, there are process and other factors that can mitigate or facilitate resolution. Second, data collected from 90% of Virginia's acute care hospitals indicate that most have a formal process to address family-provider conflicts over life-sustaining treatment - although lack of legislative clarity is an impediment to developing a formal process among hospitals that lack one - and that an estimated 40 cases of conflicts over life-sustaining treatment went through a formal process over the last year. Third, a summary of draft revisions was presented related to the section of Virginia Code governing conflicts in life-sustaining treatment (§ 54.1-2990). The revisions focused on: 1) clarifying permissible physician actions related to life-sustaining treatment after a 14-day window to find alternative providers has passed; and 2) adding several process-related safeguards for both patients and providers prior to, during and after the 14-day window. A policy option was provided to amend the Code of Virginia based on the draft revisions produced by the Work Group.

### **Staffing Ratios in Assisted Living**

Paula Margolis presented a report on the Staffing Ratios in Assisted Living. SJR 266 mandated that the Joint Commission on Health Care examine current staff-to-resident ratios in ALFs and make recommendations that would lead to better care and quality. Ten states require specific ratios; the states that do not have laws that are similar to those in Virginia regarding staff levels that meet the needs of residents. ALFs often have individuals with different levels of need in one facility or unit, or across units, that can change frequently; therefore, flexibility in staffing is important. National data indicate that turnover among nursing staff is an issue, as are levels of compensation, with providers migrating to the home environment as individuals 'age in place'. Most ALFs in Virginia serve a majority of, or exclusively, private pay residents. ALF rates paid for residents who meet criteria for public assistance cover approximately one-third of ALF costs and have been relatively stable over the past five years. The Governor recently signed a new regulation package that updated ALF regulations, and the Department of Social Services is developing a new tool to assist ALFs determine person-centered staffing needs. Comments from industry representative, ALF administrators and the DSS agreed that allowing the new regulations and the new staffing tool to be implemented, is preferred over establishing mandated ratios. In addition, DSS data systems require updating in order to better track ALF performance. Options include: 1) take no action; 2) By letter of the JCHC chair, request that DSS determine ratio requirements; 3) Introduce a budget amendment to increase state funding for ALF residents receiving public assistance; 4) By letter of the JCHC chair, request that the Secretary of Health and Human Resources direct the DSS to field a Request for Information from vendors to enhance data reporting capabilities.

### **Interim Report on Quality of Health Care Services in Virginia Jails**

Stephen Weiss provided an interim report on a two year study of the quality of health care in jails and prisons as well as whether to require Community Service Boards to provide mental health services in jails. The studies were approved during the JCHC work plan meeting in May, 2017, based on two resolutions that did not pass, JR 616 by Delegate O'Bannon and HJR 779 by Delegate Holcomb.

The report included a brief update on meetings held with various state agencies and associations as well as tours of CSBs and jails. Included in the report were statistics obtained through a staff survey of the jails as well as operational statistics made available to the public by various state agencies. A list of ongoing studies and work on the health care system in jails and prisons was also provided with the caveat that there were many more activities taking place than what was listed. JCHC was told that a work group meeting will be organized after the November meeting to determine all of the activities currently occurring that involve the health care system in jails and prisons. Preliminary findings from the work thus far indicates a need to clarify HIPPA for the purpose of data sharing between jails, prisons, CSBs and the state; a need for the state to collect vendor health services contracts from jails to make those contracts part of the Board of Corrections jail compliance reviews currently occurring by law; the need for a fatality review program for people in custody to help identify gaps in the jail and prison health care systems; and the creation of a Behavioral Health Advocacy Program within the CSBs to assist people with behavioral health issues while they are in custody.

**Adjournment**

The meeting was adjourned. The next Commission meetings will be held October 17, 2017 at 10 am in the Pocahontas Building.

Electronic Meeting: No  
Prepared by: Agnes Dymora  
Date: 9/20/2017