Armed Forces Retirement Home
ADVISORY COUNCIL
MEETING MINUTES
Thursday, April 18, 2024

Council members present (9)

In-person (5)
Mr. Michael Heimall, Chair
Dr. Jason Blaylock
Dr. Alice Bonner
Ms. Hilary Rosado
Ms. Katie Smith-Sloan

Teleconference (4)
Mr. Kent Burns
Ms. Diana Dopp
Dr. Ann Kolanowski
Dr. JoAnne Reifsnyder

Council members absent (3)
Ms. Maria Bentinck
CAPT Randy Bryan
Mr. Leon Caffie

Speakers (7)
Mr. John RisCassi, AFRH Chief Operating Officer
MG Steve Rippe, AFRH Chief Executive Officer
Mr. Travis Smith, AFRH Strategic Advisor
Ms. Lakesia Campbell, AFRH Performance Improvement Officer and Designated Federal Officer
Ms. Nancy Royster, Defense Health Agency representative (teleconference)
Ms. Karen Nowowieski, AFRH Public Affairs Officer
Mr. Justin Seffens, AFRH Corporate Facilities Manager

AFRH staff (7)
In-person (5)
Ms. Donna Smith, AFRH Acting Deputy Chief Operating Officer
Mr. Travis Cook, AFRH Chief Financial Officer
Mr. Joe Pollard, AFRH Chief Counsel
Ms. Stacey Tyley, AFRH Director of Real Estate Development
Ms. Marine Robbins, AFRH Public Affairs Specialist
Teleconference (2)
Mr. Rob McAndrews, AFRH-Washington Administrator
Ms. Sherry Grady, AFRH-Gulfport Administrator

Mr. Heimall called the meeting to order at 10:30 a.m., offered opening remarks and asked everyone to make brief introductions. The meeting then proceeded according to the agenda with AFRH agency leaders Mr. RisCassi and MG Rippe making opening remarks. MG Rippe highlighted AFRH's successes during COVID with no directly attributable resident deaths and a DOD Inspector General investigation which resulted in no open findings or recommendations. He also highlighted the previous lack of funding for critical infrastructure maintenance, however that has recently been reversed with $46 million in funding authorized between 2020-2024 for projects like elevators, electrical, water, new roofs, HVAC, boilers and generators.

Mr. Smith provided a briefing on the AFRH budget, types of funding and how results impact the trust fund balance. He then discussed a soon-to-be released update to the strategic plan which will include refinements and status updates, as well as some changes to metrics primarily in capital investments and admissions. He discussed the recent decision to terminate the solicitation for mixed-use development and current efforts to inventory structures to complete a condition

assessment and reserve study which will inform future capital investment decisions. He discussed the recent award of a $6 million investment from the federal-wide Technology Modernization Fund to upgrade hardware devices and modernize the electronic health record system. AFRH is currently working with the Defense Health Agency to document AFRH needs and requirements, potential issues, costs, and a deployment plan so AFRH leaders can make a decision whether to transition to the federal electronic health record system. Finally, Mr. Smith discussed two legislative proposals pending for fiscal year 2025 including one to transfer unspent funding from DOD accounts to the trust fund, and another to authorize reimbursements from the Defense Health Program for medical care performed at AFRH facilities.

Discussion opened with Dr. Bonner asking about health record system cost and if a vendor had been selected. Mr. Smith stated that the rough estimates AFRH received were about $3 million but that was only an initial estimate and the process occurring now will provide a more detailed figure. He explained joining the federal system offers two paths, either through DOD which is about 95% deployed to its health facilities or VA which is not as far along on its implementation. Both use a product from Cerner (now Oracle). Dr. Bonner asked if Cerner has a long-term care module because it and Epic have more associated with hospitals, with products like PointClickCare and MatrixCare more tailored to long-term care. Mr. Smith agreed and said that although Cerner does now offer a long-term care module, DOD did not purchase it since they do not provide long-term care. The VA has purchased the module but is just beginning implementation, so AFRH may be able to join that contract and benefit from some of the VA's lessons-learned once they are further along, or AFRH could contract for the module directly.

Dr. Reifsnyder asked what projections there are for resident fee increases and the expected impact. MG Rippe explained that annual increases will be tied to cost-of-living adjustments since residents receive most of their income from military retirement and Social Security.

Ms. Smith-Sloan asked how fines and forfeitures are a form of revenue for AFRH. Mr. Smith explained the source of that income is from disciplinary violations in the military, so whenever commanders assess a fine against a servicemember those funds come to AFRH. He explained the history of the reduction in fines and forfeitures occurring around 2015 and the DOD Inspector General's analysis which indicated there was no single cause but a combination of factors including smaller forces with the wind-down in Iraq and Afghanistan, the long and multiple deployments that caused commanders not to assess fines since those often impacted families more than the servicemembers, and the services' opting to dismiss members with disciplinary issues rather than keep them in the service. Ms. Smith-Sloan asked if there a cooperative agreement between the military branches for achieving increase to $1? MG Rippe explained the efforts that had been made a few years ago to get all the services on board with an increase, which was derailed after the principal leader of that effort was suspended and others retired from their positions.

Ms. Royster gave an overview briefing of the Defense Health Agency Deputy Director's statutory role as AFRH Senior Medical Advisor, the schedule of oversight activities DHA conducts, and recommendations and action items.

Ms. Smith-Sloan asked about relation to the CMS survey. Ms. Campbell explained that she'll be touching on that in more detail shortly for the accreditations briefing, but although AFRH does not fall under Medicare rules directly, it does indirectly because many of The Joint Commission's standards are tied to Medicare rules.

Dr. Bonner and Dr. Kolanowski discussed the benefits of working with nursing and medical schools to achieve both modern quality care for residents and contribute to medical profession pipelines. These partnerships help expose new health professionals to the senior and long term care field as well as faculty who may not be as familiar with the field. Ms. Royster mentioned visits by DOD providers and nurses to the AFRH facilities. Mr. Pollard commented that there was more engagement with nursing schools before COVID. Mr. Heimall mentioned DC's "Teaching Nursing Homes Initiative", CUA's growing BSN program, and USUHS residency programs.

Ms. Campbell then provided a briefing on AFRH's two accrediting organizations, The Joint Commission (TJC) and Commission on Accreditation of Rehabilitation Facilities (CARF), the coverage areas, priorities, survey cycles and timelines. She then reviewed TJC's survey matrices which place findings on a two-axis spectrum ranging in severity from low to immediate threat to life, and scope from limited to widespread. Ms. Campbell highlighted one finding identified as a high-risk pattern which had to do with consenting, where a dental provider at the Gulfport facility was getting ahead of the hygienist and ordering before obtaining the patient's formal consent. She stated the finding had been resolved.

Ms. Smith-Sloan asked if anyone asks about the CARF accreditation. Ms. Campbell said less so with the TJC accreditations, the conversation typically stops there. The CARF accreditation has covered more high-level standards like leadership and governance, financial management, but also covered assisted living which, until recently, was not offered by TJC except under the nursing care program. TJC now offers Assisted Living as a distinct program and AFRH recently received accreditations. With the CARF accreditation in place until 2026, AFRH has time to decide whether it makes sense to continue the CARF accreditation or move solely to TJC.

Dr. Kolanowski noted the briefing slides say mental health is a priority, but how do we assist residents with access to mental health professionals and programs? Ms. Campbell mentioned cooperative agreements, such as with Walter Reed who sends a mental health provider to meet with residents. Ms. Smith advised that the Washington facility is in the process of hiring a psychiatric nurse practitioner.

At 11:20 Mr. Heimall recessed for a short break and called the meeting back to order at 11:32.

Ms. Nowowieski provided a briefing on the marketing and admissions program, reviewing the roles and responsibilities of the public affairs office, changes to the eligibility process and resulting reductions in application processing times, changes to marketing strategy focused on storytelling and earned media, and current advertising channels. She then reviewed year-over-year trends in admissions, discharges, and deaths. MG Rippe commented that the changes to eligibility and the chief operating officer's adjustments to defining service-connected disabilities all center around our goal that if we have space available and an eligible veteran is interested, we should find a home for them.

Ms. Smith-Sloan asked why our goal is not 100% occupancy. Ms. Nowowieski explained the desire to leave space in higher levels of care so residents can be assured space will be there when residents need it. Mr. Smith said for independent living we are trying to get as close to 100% as possible, that 90% is a base goal.

Dr. Bonner asked what the occupancy is of the Gulfport campus and Ms. Nowowieski stated 535.

Dr. Kolanowski asked if there is an active plan to avoid filling upper level of care beds, pointing out recent problems at Pennsylvania facilities that had filled beds too aggressively and could not accommodate residents when they eventually needed higher care. How do we ensure residents have a guarantee of aging in place? MG Rippe said the campus administrators have been empowered to manage availability in upper levels of care, so they can now make direct admissions to those levels when they have the space and resources, recognizing that the first priority is to existing residents and so it is an art form not a science. He asked Ms. Grady and Mr. McAndrews to comment. Ms. Grady shared the story of a recent direct admission to a higher level of care and that she is confident in her team's abilities to manage vacancies. Mr. McAndrews echoed Ms. Grady's comments.

A member asked how AFRH maintains residents' health through expiration, in home health, hospice access, etc. Ms. Grady responded that, in addition to the onsite providers and continuum of care

levels in Gulfport, hospice services are available through agreement with external providers. Mr. McAndrews confirmed the same services at the Washington campus.

Ms. Smith-Sloan asked how individuals on the waitlist are supported, such as with home health while waiting for a bed. Ms. Nowowieski responded that there is not much AFRH can do until they are actually admitted to our facility. Mr. Smith added that AFRH applicants are widely distributed geographically unlike typical CCRCs that have a more local applicant pool. Ms. Campbell discussed the independent living level at AFRH is described as similar to home health, for those who need basic assistance with activities of daily living, but that it takes place entirely within AFRH so is dependent on admission to our facility.

Mr. Seffens provided a briefing on the upcoming Sheridan Building renovation at AFRH-Washington, including a brief overview of the building; the comparatively small size of rooms compared with industry and with Gulfport; the scope, cost, and timeline of the project; and the construction management agreement and approvals received to-date. He then discussed the safety protocols planned, including routine inspections by the General Services Administration and their construction management contractor, as well as by AFRH; the design of the building with functionally independent halves including separate electrical, mechanical, and plumbing systems and a two-hour firewall; and air purifiers that will be installed near the firewall.

Ms. Smith-Sloan asked if this is a demolition or a renovation. Mr. Seffens explained it is a renovation, the structure will remain intact, but the interior of each floor will be demolished to entirely empty space.

Ms. Rosado raised concerns from residents: Since the central elevators will be removed from service, what will happen in an emergency egress situation? Mr. Seffens explained that the two south wing elevators will remain available during the first phase, which the engineers have estimated is sufficient to handle the daily population of residents and staff. However, if one of the elevators goes down for maintenance it would not be enough, so for that reason and for emergency egress they are working with the engineers on a plan to provide emergency access paths to one of the central elevators. Ms. Rosado questioned the terminology of “couple’s rooms” and that residents have been told they can request any size room regardless of whether they are single. Mr. Seffens clarified that the correct terminology is “double occupancy” rooms which are approved to accommodate two people, not that it is a requirement that they do.

Ms. Smith-Sloan asked if the solicitation in 10 days is on track. Mr. Seffens said we are, clarifying that this initial solicitation is only for construction management and so is a relatively simple procurement action. Once the construction manager is selected, the next step is soliciting for the general contractor which will be a larger effort requiring site surveys and plans evaluations to make their proposals. We expect that solicitation to occur in July or August with proposals made and an award in the fall to meet the December 2024/January 2025 target for construction start.

With the agenda complete, Mr. Heimall opened general discussion. Dr. Bonner indicated she needed to leave but would follow up on possible connections with healthcare faculty. Mr. Smith asked that if any members have written comments or recommendations they would like to make, to please send them to himself and Lakesia Campbell within about two weeks (May 3, 2024). MG Rippe and Mr. RisCassi thanked everyone for their participation. Mr. Heimall adjourned the meeting at 12:22.