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March 27, 2020

VIA EMAIL: (COPN@VDH.Virginia.gov)

Erik Bodin, Director
Division of Certificate of Public Need
9960 Mayland Drive, Suite 401
Henrico, Virginia 23233

**RE: Carilion New River Valley Medical Center
Hospital Licensure Number: H 1838**

**Request for Authorized Bed Capacity Increase in Response to COVID-19
Architecture and Design Temporary Variance Request for Bed Addition**

Dear Mr. Bodin:

Pursuant to Executive Order Fifty-Two (2020) issued on March 20, 2020, Carilion New River Valley Medical Center (the "Hospital") requests the Commissioner's authorization for a licensed bed capacity increase to serve additional patients during the COVID-19 pandemic emergency. This letter supplements the March 23, 2020 letter submitted to your office on behalf of the Hospital to request an increase in licensed bed capacity. This letter restates the March 23, 2020 letter submitted on behalf of the Hospital, and supplements for recent VDH guidance on bed capacity increase requests.

Currently authorized to operate a total of 146 beds, the Hospital requests authorization to operate a total of 189 licensed beds as outlined in greater detail the following table:

Hospital Name	Hospital Address	Current Authorized Beds	Number of Additional Licensed Beds Requested by Type (med/surg, ICU, etc.)	Total Licensed Beds After Bed Addition
Carilion New River Valley Medical Center	2900 Lamb Circle Christiansburg, VA 24073	146	9 ICU 24 PCU/Med/Surg 10 Med/Surg	189

I. Description of Hospital

The Hospital is part of the Carilion Clinic, serving patients in Southwest Virginia. The hospital is a Level III Trauma Center. Presently, the Hospital has 146 beds and is currently operating at over 90% capacity, with the adult census steadily increasing.

II. Licensed Bed Expansion Plan

A. The proposed bed expansion is necessary to respond to an anticipated shortage in bed capacity at the Hospital due to COVID -19.

Due to the influx of patients and increasing bed utilization resulting from the COVID-19 pandemic, the Hospital is now confronting unprecedented operational challenges, including ongoing efforts to maintain proper infection control standards and protocol, in order to care for COVID-19 patients. As a result of the influx of patients resulting from the COVID-19 pandemic, the Hospital is currently operating under incident command management.

The Hospital has already made efforts to increase availability of existing beds at its facility. Prior to the increase in patients attributed to the escalating pandemic, the Hospital was operating at more than 85% adult capacity, partially due to treatment of seasonal flu. In advance of the anticipated additional influx of patients, the Hospital cancelled non-essential procedures and surgeries. At the same time, the Hospital published significant public notices and messaging regarding appropriate use of the Emergency Department (“ED”). Further, regional Emergency Medical Services revised protocols for non-transport of suspected COVID-19 patients. Despite all of these efforts, the Hospital continues to operate at high capacity. Together with the additional constraints of infection control protocols, the Hospital is in need of relief.

Current State of COVID-19 in the Hospital’s community. As of March 26, 2020, six patients in Southwest Region tested positive for COVID-19. Many more patients have been screened for COVID-19 and are waiting for test results. As the number of COVID-19 cases increases, the current surge capacity situation at the Hospital will be further exacerbated. The Hospital anticipates it will have a bed capacity shortage in the immediate future if the proposed bed addition is not approved.

There are no reasonable alternatives to approval of the Hospital’s proposed bed expansion to address the need for greater hospital bed capacity in the community. Nursing homes in Carilion’s primary referral regions report limited available bed capacity. Other hospitals in the area are also anticipating bed capacity shortages in the immediate future. Other types of community housing are limited. Several buildings have been suggested; however, at this time, those sites present significant logistical and care issues. These locations have been discussed with local municipal emergency management officials.

B. Locations of Bed Addition and Life Safety Code Consideration

Location	Proposed Beds Added	Life Safety Code Considerations
Outpatient Surgery Area	19 PCU/Medical/surgical beds will be added to the outpatient surgery area of the Hospital.	This smoke compartment is maintained as existing healthcare occupancy as shown by the life safety plans and the occupancy use is sleeping. See CNRV F-101, Smoke Compartment 1E. ¹ This location meets the requirements of NFPA 101-2012 for a smoke

¹ Illustration included at the end of the request.

		compartment containing patient sleeping rooms. The total area does not exceed 22,500 ft ² , travel distance does not exceed 200 ft to an exit, and CNRVMC is protected throughout by an approved electrically supervised sprinkler system.
PACU Holding	5 PCU/Medical/surgical beds will be added to the PACU holding area.	This smoke compartment is maintained as existing healthcare occupancy as shown by the life safety plans and the occupancy use is sleeping. See CNRVMC F-101, Smoke Compartment 1F. ² This location meets the requirements of NFPA 101-2012 for a smoke compartment. The total area does not exceed 22,500 ft ² , travel distance does not exceed 200 ft to an exit, and CNRVMC is protected throughout by an approved electrically supervised sprinkler system. The proposed beds are located in a single room with direct visual supervision from the nurse's station and the room is separated from the corridor by a smoke barrier.
PACU	6 PCU beds will be added to the PACU area (5 bays and 1 isolation room).	This smoke compartment is maintained as existing healthcare occupancy as shown by the life safety plans and the occupancy use is sleeping. See CNRV F-101, Smoke Compartment 1G. ³ This location meets the requirements of NFPA 101-2012 for a smoke compartment. The total area does not exceed 22,500 ft ² , travel distance does not exceed 200 ft to an exit, and CNRVMC is protected throughout by an approved electrically supervised sprinkler system. The proposed beds are located in a single room with direct visual supervision from the nurse's station and the room is separated from the corridor by at least a smoke partition.
Endoscopy Area	13 beds (3 ICU and 10 medical/surgical) will be added to the endoscopy area.	This smoke compartment is maintained as existing business occupancy as shown by the life safety plans and the occupancy use is treatment. See CNRV F-101, Smoke Compartment 1J. ⁴ This location meets the requirements of NFPA 101-2012, Chapter 19 Existing Health Care Occupancies, for a smoke compartment. The total area does not exceed 22,500 ft ² , travel distance does not exceed 200 ft to an exit, and CNRVMC is protected throughout by an approved

² Illustration included at the end of the request.

³ Illustration included at the end of the request.

⁴ Illustration included at the end of the request.

		electrically supervised sprinkler system. This existing business occupancy is separated from the rest of the building by a 2-hr fire rated barrier.
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C. Planned Use/Management of Additional Licensed Beds

- **Infection Prevention:** The additional licensed beds are necessary to further isolation precaution processes at the Hospital and to accommodate any growing census.
- **Managing PCU and Med/Surg level of care capacity and creating ICU, PCU, Medical Surgical capacity:** The Hospital will operationalize priorities for patient care. The Hospital has implemented isolation precautions for patients under investigation (PUI). The requested additional licensed beds will allow the Hospital to continue to optimize throughput and avoid capacity constraints caused by lack of PCU Med/Surg acuity bed space. The requested additional licensed beds will allow for continuance of infection prevention and isolation protocols.
- **Managing overall bed capacity:** The Hospital uses real-time capacity management processes and tools to monitor capacity and throughput. Tele-tracking software technology is tracking our capacity (COVID-19 and non-COVID-19). The Carilion Transfer and Communications Center (CTAC) is a state-of-the-art Operations Center and has situational awareness of hospital-wide bed capacity, as well as system-wide bed capacity. Internationally recognized for operational management of hospitals/system. CTaC is a Certified Command Operations Center.

D. Availability of Professional and Ancillary Staff to provide care in the Additional Beds

Staffing for the additional licensed beds is being coordinated and directed by onsite Hospital incident command team and the Carilion System Staffing Branch incident command team (ICT), led by the Chief Nursing Officer. The Hospital and Carilion Departments that have experienced low or no patient volumes have reported their staffing resources to the staffing branch. Educational competencies and orientations to staff in the new licensed bed area will be addressed by this staffing branch and Hospital incident command. These areas will also have access to the code blue and staff assistance team.

Finally, Hospital incident command and Operations Branch of the Carilion Clinic incident command team, led by Michael Abbott, SVP of CMC, is tasked with ensuring that operational and care management needs are fully addressed.

E. Availability of Medical Supplies and Personal Protective Equipment (“PPE”) in the Hospital.

All PPE and supply logistics are being monitored and routinely communicated with ICT from the logistics branch of Carilion ICT, led by Tom Hill, SVP support services. This branch is supporting supply requirements of the Hospital.

If you require additional information or have any questions regarding this notice, please contact Paul Davenport, VP, Hospital Operations at 540-981-9448 or pbdavenport@carilionclinic.org, or me.

Very Truly Yours,



Nicholas C. Conte

Executive Vice President & General Counsel

cc: Ruthanne Risser, Director, Acute Care Division, Virginia Department of Health
(Via email: Ruthanne.Risser@vdh.virginia.gov)

Illustrations





