



NICHOLAS C. CONTE  
EXECUTIVE VICE PRESIDENT & GENERAL COUNSEL  
TELEPHONE: 540 676-5754  
EMAIL: NCCONTE@CARILIONCLINIC.ORG

March 27, 2020

**VIA EMAIL:** ([COPN@VDH.Virginia.gov](mailto:COPN@VDH.Virginia.gov))

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

**RE: Carilion Stonewall Jackson Hospital - Hospital Licensure Number: H 1906**  
**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 Stonewall Jackson Hospital (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 for recent VDH guidance on bed capacity increase requests.

Currently authorized to operate a total of 25 beds, the Hospital requests authorization to operate a total of 36 licensed beds as outlined in greater detail in 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 Stonewall Jackson Hospital	1 Health Circle Lexington, VA 24450	25	5 PCU 6 Med/Surg	36

**I. Description of Hospital**

The Hospital is part of the Carilion Clinic, serving patients in Southwest Virginia. The Hospital is a critical access hospital (CAH) with 25 beds and is currently operating at over 70% capacity, with the adult census steadily increasing. The Hospital has notified the CMS Regional Office that it intends to operate under a blanket Section 1135 Waiver, which allows CAHs to operate more

than 25 licensed beds and exceed a 96-hour average length of stay during the COVID-19 emergency.

## **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 increased 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. As the number of COVID-19 cases increase in the Hospital's service area, the Hospital anticipates it will experience a shortage in bed capacity in the immediate future.

*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 70% 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 these efforts, the Hospital continues to operate at high capacity. Together with the additional constraints of infection control protocols, the Hospital needs 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, not including West Virginia cases. 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**

<b>Location</b>	<b>Proposed Beds Added</b>	<b>Life Safety Code Considerations</b>
Anesthesia Care Unit (ACU) (2 <sup>nd</sup> Floor; former labor and delivery area)	5 PCU level of care beds will be added to in the ACU area.	<p>There are 5 single rooms with oxygen and suction in the ACU (formally OB Rooms with windows).</p> <p>This smoke compartment and suite are maintained as existing healthcare occupancy as shown by the life safety plans. See CSJH F-102<sup>1</sup>, Smoke Compartment 2A, Suite S3. This location meets the requirements of NFPA 101-2012 for a sleeping suite. The area does not exceed 7500 ft<sup>2</sup>, travel distance does not exceed 100 ft to an exit access or 200 ft to an exit, and CSJH is protected throughout by an approved electrically supervised sprinkler system.</p> <p>Additionally, all locations can be secured from the public or other unauthorized entry while maintaining egress requirements.</p>
Sleep Center (2 <sup>nd</sup> Floor; former labor and delivery area)	2 Med/Surg level of care beds added to the Sleep Center.	<p>There are 2 rooms in the Sleep Center that have oxygen and suction (formally OB treatment rooms with windows).</p> <p>This smoke compartment and suite are maintained as existing healthcare occupancy as shown by the life safety plans. See CSJH F-102<sup>2</sup>, Smoke Compartment 2A, Suite S3. This location meets the requirements of NFPA 101-2012 for a sleeping suite. The area does not exceed 7500 ft<sup>2</sup>, travel distance does not exceed 100 ft to an exit access or 200 ft to an exit, and CSJH is protected throughout by an approved electrically supervised sprinkler system.</p> <p>Additionally, all locations can be secured from the public or other unauthorized entry while maintaining egress requirements.</p>
Med/Surg (2 <sup>nd</sup> Floor)	4 Med/Surg level of care beds added to Med/Surg through the conversion of 4 private rooms to semi-private rooms.	<p>4 medical/surgical beds will be added on the Hospital's med/surg unit by converting 4 private rooms to semi-private rooms.</p> <p>This smoke compartment is maintained as existing healthcare occupancy as shown by the life safety plans and the occupancy use is sleeping. See CSJH F-102, Smoke</p>

<sup>1</sup> Illustration included at the end of the request.

<sup>2</sup> Illustration included at the end of the request.

		<p>Compartment 2C and Smoke Compartment 2A. Note: two (2) of the proposed rooms are located in Smoke Compartment 2A. These locations meet the requirements of NFPA 101-2012 for a smoke compartment with sleeping occupant use. The area does not exceed 22,500 ft<sup>2</sup>, travel distance does not exceed 200 ft to an exit, and CSJH is protected throughout by an approved electrically supervised sprinkler system.</p> <p>Additionally, all locations can be secured from the public or other unauthorized entry while maintaining egress requirements.</p>
--	--	---

**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 additional PCU bed 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 capacity. 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 Clinic 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.

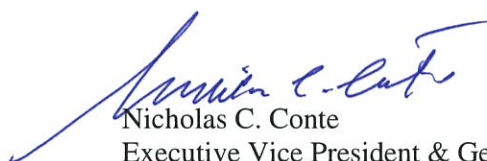
Finally, Hospital incident command and Operations Branch of the Carilion Clinic incident command team, led by Michael Abbott, SVP of CMC, is tasked with ensuring that operational and care management needs are fully addressed.

**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](mailto:pbdavenport@carilionclinic.org).

Very Truly Yours,

A handwritten signature in blue ink, appearing to read "Nicholas C. Conte".

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](mailto:Ruthanne.Risser@vdh.virginia.gov))

# Illustrations

