

**VIRGINIA DEPARTMENT OF HEALTH**  
**Office of Licensure and Certification**  
**Staff Analysis**

April 10, 2020

**Carilion Stonewall Jackson Hospital (3/27/2020)**

City of Lexington, Virginia

Temporarily add 11 Beds at Carilion Stonewall Jackson Hospital

**Hospital**

Carilion Stonewall Jackson Hospital (“CSJH”) is not-for-profit 501(c)(3) corporation designated by the U.S. Centers for Medicare and Medicaid Services (“CMS”) as a Critical Access Hospital (“CAH”). Carilion Clinic owns 80% of CSJH and SJH Community Foundation owns the remaining 20%; both of these entities are not-for-profit 501(c)(3) corporations. CSJH is located in the Health Planning Region (“HPR”) I, Planning District (“PD”) 6.

**Background**

On March 12, 2020, Governor Ralph Northam declared a state of emergency throughout Virginia in response to the coronavirus pandemic. Subsequent to this declared state of emergency, on March 20, 2020, Governor Northam signed Executive Order 52 (“EO 52”) providing that notwithstanding the provisions of Article 1.1 of Chapter 4 of Title 32.1 of the Code of Virginia the State Health Commissioner (“Commissioner”), at his discretion, may authorize any general hospital or nursing home to increase licensed bed capacity as determined necessary by the Commissioner to respond to increased demand for beds resulting from COVID-19. Such beds authorized by the Commissioner under EO 52 would, notwithstanding Virginia Code § 32.1-132, constitute licensed beds that do not require further approval or the issuance of a new license.

Per the 2018 data provided by Virginia Health Information (“VHI”), CSJH operates an inventory of 25 licensed beds (**Table 1**). CSJH is taking all reasonable efforts to reduce inpatient census to free beds to respond to the COVID-19 crisis, including complying with the March 25, 2020 Order of Public Health Emergency 2.

**Request**

SRMC cites an emergent need to expand bed capacity due to the sudden and overwhelming increase in acute care cases resulting from COVID-19 infection. Specifically, CSJH requests authorization to temporarily add 11 medical surgical beds, including five Progressive Care Unit (“PCU”) beds. The requested beds would be located on the CSJH campus by converting four private medical surgical rooms to semiprivate rooms; by establishing five private inpatient rooms for the PCU beds in the existing anesthesia care unit (“ACU”); and by establishing two private inpatient rooms in the Sleep Center. The resulting bed configuration at CSJH is shown in **Table 1**.

**Table 1: CSJH Requested Temporary Bed Inventory**

<b>Bed Type</b>	<b>Beds</b>	<b>Requested Additional Beds</b>	<b>Resulting Available Beds</b>
ICU	5	0	5
Medical/Surgical	20	11*	31
<b>Total</b>	<b>25</b>	<b>11</b>	<b>36</b>

\*Total includes five PCU beds.

Source: VHI (2018)

### **Considerations**

In determining whether a need exists for the requested additional bed capacity, the Commissioner established the following factors for consideration, when applicable.

**1. Ongoing efforts to increase the availability of existing beds, such as suspension of elective procedures:**

CSJH has made assurances that, in an effort to free up existing capacity, and in compliance with the March 25, 2020 Order of Public Health Emergency 2, it has canceled all non-essential procedures and surgeries, and published significant public notices and messaging regarding appropriate use of the emergency department.

**2. The availability of professional and ancillary staff to provide care in the additional beds:**

CSJH has made assurances that it has in place a plan to make available the necessary professional staff to provide care in the additional beds. CSJH's staffing needs are coordinated through the onsite hospital incident command team and the Carilion Clinic staffing branch incident command team. The Carilion facilities that have low patient volumes have reported their available staffing resources to the teams overseeing staffing needs. Additionally, the Carilion Clinic staffing branch incident command team will provide educational competencies and orientation for staff assigned to the requested additional beds.

**3. The availability of medical supplies and personal protection equipment in the facility:**

CSJH has made assurances that it has sufficient access to available medical supplies and personal protection equipment in the facility and that the Carilion incident command team is supporting supply requirements of CSJH.

**4. The specific plan for increasing bed capacity:**

CSJH intends to add the beds on its campus by converting four private medical surgical rooms to semiprivate rooms; by establishing five private inpatient rooms in the existing ACU; and by establishing two private inpatient rooms in the Sleep Center.

As discussed above, CSJH is a CMS-designated CAH. To receive the CAH designation from CMS, facilities must be located in rural areas more than 35-miles driving distance from another hospital, or 15-miles driving distance from another hospital in mountainous terrain or areas where only secondary roads are available. Additionally, CAHs must maintain no more than 25 inpatient beds and maintain an annual average length of stay of 96 hours or less per patient for acute inpatient care. CSJH has notified the CMS Regional Officer 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 coronavirus pandemic.

**5. Where the beds will be located and the life safety code considerations of the location:**

CSJH intendeds locate the requested beds in three areas in the hospital: the ACU, the medical surgical floor and the Sleep Center. The 5 PCU beds that will be established in the ACU area and the 2 medical surgical beds to be added in the Sleep Center are all single rooms with oxygen, suction and windows. The locations meet the requirements of NFPA 101-2012 for a sleeping suite; the location does not exceed 7,500 square feet; and travel distance does not exceed 100 feet to an exit access or 200 square feet to an exit. The proposed locations of the 4 medical surgical beds on the medical surgical floor meet the requirements of NFPA 101-2012 for smoke compartments with sleeping occupant use; the location does not exceed 22,500 square feet; and travel distance does not exceed 200 feet to an exit. Additionally, all locations can be secured from the public or other unauthorized entry while maintaining egress requirements. Finally, CSJH is protected throughout by an approved electrically supervised sprinkler system. As all of these locations are already in use for patient care, the space meets life safety code requirements for the type of patients or residents expected to occupy the space. To the extent that the proposed bed addition does not strictly comply with the architectural and design requirements in 12VAC5-410-650, CSJH requests a temporary variance in accordance with 12VAC5-410-30.

**6. The availability of beds at other community hospitals and nursing homes in the community:**

Per the 2018 data provided by VHI, there are 526 licensed inpatient beds in PD 6, of which 373 are medical surgical beds and 37 are intensive care unit beds. The overall bed capacity data does not inherently take into account the extent to which, due to the rapid rate of infection of COVID-19, how many new cases may arise, and thereby overwhelm CSJH's and the area's capacity to treat patients, thereby jeopardizing the quality of care for residents of PD 6. CSJH's proposal increases its bed capacity by 44% and increases PD 6's bed capacity by 2.1%.

**7. Other alternatives to adding bed capacity:**

As discussed, given that CSJH has already provided assurances that it has suspended all of elective procedures, as well as the difficulty in anticipating how many cases of COVID-19 may arise in PD 6, the addition of beds in space that has been freed up as a result of the cancelation of all non-essential procedures and surgeries represents in an existing medical care facility represents the best option.

#### **8. The current state of COVID-19 in the community:**

At the time of this writing, the Virginia Department of Health reports that Virginia has 4,509 positive cases of COVID-19, the illness caused by the virus, and 121 deaths.<sup>1</sup> To date, the Centers for Disease Control and Prevention has confirmed 427,460 cases in the United States, with 14,696 deaths.<sup>2</sup> Central Shenandoah Health District currently reports 119 COVID-19 patients, with 66 more patients in the surrounding jurisdictions.

#### **Findings and Conclusions**

CSJH requests authorization to temporarily add 11 medical surgical beds, including five PCU beds. The requested beds will be located in the ACU, the medical surgical floor and the Sleep Center of the hospital. DCOPN finds that, due to the sudden and overwhelming increase in acute care cases resulting from COVID-19 infection throughout the Commonwealth, CSJH has an immediate need to temporarily add 10 ICU beds. Furthermore, DCOPN finds that CSJH's plan for training and shifting staff is a reasonable solution for staffing the requested beds. Additionally, DCOPN concludes that CSJH's plan and ability to obtain equipment and supplies is reasonable within the confines of the current crisis. Moreover, DCOPN finds that CSJH's plan to expand bed capacity in existing hospital space assures patient safety is maintained from a fire and life safety code perspective. DCOPN finds that in the absence of a temporary increase to bed capacity in the PD, it is conceivable that the continued rise of COVID-19 cases could overwhelm the hospital's capacity to treat patients, thereby jeopardizing the quality of care for residents of PD 6, and limit the ability of health care providers adequately treat and limit the spread of the virus.

#### **Staff Recommendations**

The Division of Certificate of Public Need recommends the **approval** of Carilion Stonewall Jackson Hospital's request to temporarily add 11 beds on its campus. This staff recommendation is based on the following findings.

1. CSJH I has demonstrated that, due to the reasonable expectation of a sudden and overwhelming increase in acute care patients resulting from COVID-19 infection, CSJH has an immediate need to temporarily add 11 licensed inpatient beds.

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<sup>1</sup> <http://www.vdh.virginia.gov/coronavirus/>

<sup>2</sup> [https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-in-us.html](https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-in-us.html)

2. CSJH's plan for training and shifting available staff is a reasonable solution for staffing the additional beds.
3. CSJH's plan and ability to obtain equipment and supplies is reasonable within the confines of the current crisis.
4. CSJH's plan to expand bed capacity in existing hospital space throughout the facility, while seeking variance in accordance with 12VAC5-410-30 where necessary, assures patient safety is maintained from a fire and life safety code perspective.