

April 10, 2020

DELIVERED BY E-MAIL AND U.S. MAIL

M. Norman Oliver, MD, MA
State Health Commissioner
Virginia Health Department
109 Governor Street, 13th floor
Richmond, VA 23219
norm.oliver@vdh.virginia.gov

Erik O. Bodin, III
Director, Division of COPN
Virginia Department of Health
9960 Mayland Drive, Suite 401
Henrico, VA 23223
copn@vdh.virginia.gov

Re: Executive Order 52 Request for Reston Hospital Center
(Reston Hospital Center, LLC)

Dear Dr. Oliver and Mr. Bodin:

Pursuant to Executive Order 52, Reston Hospital Center seeks authorization for additional temporary beds to respond to the increased demand for beds resulting from COVID-19.

- 1. The name and address of the specific facility requesting the additional beds.*
Reston Hospital Center, 1850 Town Center Parkway, Reston, VA 20190.
- 2. How many additional licensed beds are requested.*
Reston is requesting authorization to operate up to 138 additional temporary beds. The hospital has taken a number of steps to increase the availability of existing beds, including suspension of elective procedures that, if delayed, are not anticipated to cause harm to the patient. The hospital has also developed plans to convert telemetry beds to ICU beds. This can be done without increasing the current total of 231 licensed beds at the hospital and is therefore not included in this EO 52 request.
- 3. The breakdown of requested beds by type (e.g., med/surg, ICU, etc.).*
81 of the new beds would be ICU beds, and 57 would be med/surg.
- 4. Specifically where the additional licensed beds will be located and if the proposed space currently meets life safety code requirements for the type of patients or residents expected to occupy the space; and if not, what will be done to meet life safety code requirements for the space.*
55 of the new ICU beds would be located in the PACU and Pre-Op on the ground floor of the hospital, 2 new ICU beds would be located in observation rooms on the fourth floor, and the remaining 24 new ICU beds would be created by making Reston's existing 24 ICU rooms double occupancy. 48 of the new med/surg beds would be created by converting existing

private med/surg rooms to double occupancy on the second (11), fourth (17 beds), and fifth floors (20 beds). The remaining 9 new med/surg beds would be created by converting existing private rehab rooms to double occupancy on the third floor. The new beds would be equipped with oxygen, medical gases, and vacuum capabilities, and the spaces meet applicable life safety code requirements.

5. *The planned use of the additional licensed beds (e.g., used to supplement normal operations due to existing bed occupancy by COVID-19 patients or specifically for COVID-19 patients).* The new beds would, of course, be used as needed, but Reston anticipates that the beds would be used to supplement normal operations due to existing bed occupancy by COVID-19 patients.
6. *The plan for staffing the beds.* HCA Virginia hospitals can utilize team members (both locally and across the state) that have been flexed due to low utilization in other portions of our healthcare system and have developed appropriate education to swiftly repurpose team members into needed areas to help support patient care efforts.

Thank you for considering this request. Please let me know if you would like additional information regarding our request

Sincerely,



John A. Deardorff, FACHE
CEO

cc: Dean Montgomery
hsanv@aol.com
Thomas J. Stallings
tstallings@mcguirewoods.com