

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

April 16, 2020

**HCA Health Services of Virginia, Inc. (4/13/2020)**

Retreat Doctors' Hospital

Richmond, Virginia

Temporarily add 14 medical/surgical beds at Retreat Doctors' Hospital

**Hospital**

Retreat Doctors' Hospital (RDH) is located in Richmond, Virginia, Health Planning Region (HPR) IV, Planning District (PD) 15.

**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.

According to the 2018 data provided by Virginia Health Information (VHI), RDH operates an inventory of 227 licensed inpatient beds (**Table 1**). RDH 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**

RDH cites an emergent need to expand bed capacity due to an influx of patients and increased bed utilization resulting from COVID-19 infection. RDH requests authorization to temporarily add 14 licensed medical/surgical beds. The requested beds would be added on the RDH campus located at 2621 Grove Avenue, Richmond, Virginia in existing post-anesthesia care unit (PACU) and pre-op areas on the third floor of the hospital. The resulting bed configuration at RDH is shown in **Table 1**.

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

<b>Bed Type</b>	<b>Existing Beds</b>	<b>Requested Additional Beds</b>	<b>Resulting Available Beds</b>
ICU	6	0	6
Medical/Surgical	201	14	215
Psychiatric	20	0	20
<b>Total</b>	<b>227</b>	<b>14</b>	<b>241</b>

**Considerations**

In determining whether a need exists for the requested additional bed capacity, the State Health 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:**

RDH 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 temporarily postponed all surgical cases to the extent possible.

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

RDH asserts that staffing will be provided by utilizing team members, both locally and across the state, that have been flexed due to low utilization in other portions of the healthcare system. RDH asserts that the staff members utilized will have developed the appropriate education needed to help support patient care efforts.

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

RDH has not made assurances that it has sufficient access to available medical supplies and personal protection equipment (PPE) in the facility. Given that the availability of PPE is both a state and national concern, RDH contends that their supply chain professionals are working around the clock and will have access to PPE commensurate with that of other acute care hospitals. The Virginia Disaster Medical Advisory Committee (VDMAC) has suggested moving toward the adoption of a crisis standards of care to, in part, preserve available supplies.

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

RDH will add the requested beds on its campus in existing PACU and pre-op areas on the third floor of the hospital. Additionally, the hospital has developed plans to convert progressive care beds to intensive care unit (ICU) beds. RDH assures that this can be done without increasing the

current licensed inventory of 227 beds at the hospital and is therefore not included in this EO 52 request. The 14 additional medical/surgical beds will be used to supplement normal operations.

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

As previously discussed, RDH will locate the requested beds in existing space in the facility's PACU and pre-op units of the hospital. The new beds will be equipped with oxygen, medical gases, and vacuum capabilities, satisfying all life safety code requirements.

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

Per the 2018 data provided by VHI, there are 3,448 licensed inpatient beds in PD 15, of which 368 are ICU beds and 2,081 are medical/surgical 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 RDH's, and the area's, capacity to treat patients, thereby jeopardizing the quality of care for residents of PD 15. RDH's proposal increases its bed capacity by 6% and increases PD 15's bed capacity by less than 1%.

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

As discussed, given that RDH has already provided assurances that it has suspended all elective procedures, and the anticipated bed capacity shortages at other facilities in PD 15, as well as the difficulty in anticipating how many cases of COVID-19 may arise in PD 15, there are no alternatives to the requested temporary addition of bed capacity. RDH is part of a hospital system and the addition of licensed bed capacity is a part of the system's overall response to the need for additional capacity.

**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 6,889 cases of COVID-19, the illness caused by the virus, and 208 deaths.<sup>1</sup> To date, the Centers for Disease Control and Prevention has confirmed 605,390 cases in the United States, with 24,582 deaths.<sup>2</sup> Richmond City Health District currently has 188 confirmed cases, with an additional 764 cases in the surrounding jurisdictions

**Findings and Conclusions**

RDH proposes to temporarily add 14 medical/surgical beds to its existing inventory. The Division of Certificate of Public Need (DCOPN) finds that, due to the sudden and overwhelming increase in acute care cases resulting from COVID-19 infection throughout the Commonwealth, RDH has an immediate need to temporarily add the requested 14 beds. RDH has demonstrated that the rapid rise in COVID-19 cases has created an emergent need for a temporary increase in

<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)

bed capacity. In the absence of a temporary increase to bed capacity in the planning district, 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 15, and limit the ability of health care providers to adequately treat and limit the spread of the virus.

### **Staff Recommendation**

This staff report recommends the **approval** of Retreat Doctors' Hospital's request to temporarily add 14 licensed medical/surgical beds on its campus. This recommendation is based on the following findings.

1. RDH has demonstrated that, due to the reasonable expectation of a sudden and overwhelming increase in acute care patients resulting from COVID-19 infection, RDH has an immediate need to temporarily add 14 medical/surgical beds.
2. RDH's plan for shifting available staff throughout the area and the state is a reasonable solution for staffing the additional beds.
3. RDH's plan to expand bed capacity in existing hospital space assures patient safety is maintained from a fire and life safety code perspective.