

VIRGINIA DEPARTMENT OF HEALTH

Office of Licensure and Certification

Staff Analysis

April 10, 2020

Mary Washington Healthcare (4/8/2020)

Stafford Hospital

Stafford, Virginia

Temporarily add 10 ICU Beds at Stafford Hospital

Hospital

Stafford Hospital is owned and operated by Mary Washington Healthcare, a 501 (c)(3) Virginia not-for-profit, non-stock corporation located in the city of Fredericksburg, Virginia. Stafford Hospital is located in Health Planning Region (“HPR”) I, Planning District (“PD”) 16.

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”), Stafford Hospital operates an inventory of 100 beds (**Table 1**). Stafford Hospital 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

Stafford Hospital 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, Stafford Hospital requests authorization to temporarily add 10 intensive care unit (“ICU”) beds. The requested beds will be located within the existing hospital in the Same Day Surgery Unit (“SDS”). The resulting bed configuration at Stafford Hospital is shown in Table 1.

Table 1: Stafford Hospital’s Requested Temporary Bed Inventory

Bed Classification	Licensed Beds	Requested Additional Beds	Resulting Available Beds
Adult ICU	6	10	16
Med/Surg	84	0	84
Obstetric	10	0	10
Total	100	10	110

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:

Stafford Hospital 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, they have suspended all non-essential procedures and surgeries.

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

Stafford Hospital has made assurances that it has the necessary professional staff to provide care in the additional beds. Staffing requirements for the additional ICU beds will be met by redeploying the current ICU-trained nursing staff across the adult ICU and SDS areas to assure nurses with the appropriate competency and skill sets are covering the adult ICU and SDS units. The ICU-trained nursing staff will be supplemented by cross-training and redeploying existing nursing from the Operating Room, Post Anesthesia Care Unit, and other appropriate locations.

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

Stafford Hospital has made assurances that it has sufficient access to available medical supplies and personal protection equipment (“PPE”) in the facility. Stafford Hospital contends that it has implemented two key supply chain strategies in order to support demand for PPE. Sourcing plans include daily monitoring of prime distributor allocations to ensure Stafford Hospital is ordering and receiving the full allocation of each PPE items. The sourcing team is transacting with “non-traditional” vendors after proper vetting of both the vendor and their PPE product offerings. Operationally, the supply chain has been secured and all PPE inventory is being monitored by the individual transaction; both on receipt and upon issue to the end user. PPE is being cycle counted daily and reported to senior

leadership to assist in making changes in clinical PPE practice changes when necessary. On hand inventory is adequate to meet current and project PPE needs; subject to disruption by increased demand and/or product availability from vendor community. The Virginia Disaster Medical Advisory Committee (“VDMAC”) has suggested moving toward the adoption of crisis standards of care to, in part, preserve available supplies.

4. The specific plan for increasing bed capacity:

Stafford Hospital requests authorization to temporarily add 10 ICU beds. The requested beds will be located within the existing hospital in the SDS. The additional ICU beds will be used to supplement normal operations to care for non-COVID-19 patients, thereby enabling the existing six ICU beds to be used to care for the most severe level of COVID-19 patients. Stafford Hospital has already temporarily postponed surgical cases when possible.

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

Stafford Hospital intends to locate the requested beds within the existing hospital in the SDS. The ICU beds will be located in an existing part of Stafford Hospital that is already in use for patient care, therefore the space meets life safety code requirements for the type of patients or residents expected to occupy the space.

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

Per the 2018 data provided by VHI, there are 742 licensed inpatient beds in PD 16 of which 466 are medical surgical beds and 56 are ICU 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 Stafford Hospital’s and the area’s capacity to treat patients, thereby jeopardizing the quality of care for residents of PD 16. Stafford Hospital’s proposal increases their bed capacity by 10%, and is a 1.3% increase in bed capacity in the PD.

7. Other alternatives to adding bed capacity:

As discussed, given that Stafford Hospital has already provided assurances that they have suspended all of elective procedures, as well as the difficulty in anticipating how many cases of COVID-19 may arise in PD 16, 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 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.¹ To date, the

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

Centers for Disease Control and Prevention has confirmed 427,460 cases in the United States, with 14,696 deaths.² Rappahannock Health District currently reports 133 COVID-19 patients, with another 443 patients in the surrounding jurisdictions.

DCOPN Findings and Conclusions

Stafford Hospital proposes to temporarily add 10 ICU beds. The requested beds will be added within the existing hospital in the SDS. DCOPN finds that, due to the sudden and overwhelming increase in acute care cases resulting from COVID-19 infection throughout the Commonwealth, Stafford Hospital has an immediate need to temporarily add 10 ICU beds. Furthermore, DCOPN finds that Stafford Hospital's plan for training and shifting staff is a reasonable solution for staffing the requested beds. Additionally, DCOPN concludes that Stafford Hospital's plan and ability to obtain equipment and supplies is reasonable within the confines of the current crisis. Moreover, DCOPN finds that Stafford Hospital'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 16, and limit the ability of health care providers adequately treat and limit the spread of the virus.

DCOPN Staff Recommendations

The Division of Certificate of Public Need recommends the **approval** of Mary Washington Healthcare's request to temporarily add 10 ICU beds at Stafford Hospital. DCOPN's recommendation is based on the following findings.

1. Stafford Hospital has demonstrated that, due to the reasonable expectation of a sudden and overwhelming increase in acute care patients resulting from COVID-19 infection, Stafford Hospital has an immediate need to temporarily add 10 ICU beds.
2. Stafford Hospital's plan for training and shifting ambulatory staff is a reasonable solution for staffing the additional beds.
3. Stafford Hospital's plan and ability to obtain equipment and supplies is reasonable within the confines of the current crisis.
4. Stafford Hospital's plan to expand bed capacity in existing hospital space throughout the campus assures patient safety is maintained from a fire and life safety code perspective.

² 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