

VIRGINIA DEPARTMENT OF HEALTH
Office of Licensure and Certification
Staff Analysis

April 13, 2020

Virginia Hospital Center (4/8/2020)

Arlington, Virginia

Temporarily add 232 Beds at Virginia Hospital Center

Hospital

Virginia Hospital Center is a 501 (c)(3) Virginia non-stock corporation located in Arlington (Arlington County), Virginia. The Hospital is owned and operated by Virginia Hospital Center Arlington Health System, a 501 (c)(3) non-profit organization also located in Arlington. Virginia Hospital Center is located in Planning District (PD) 8, Health Planning Region (HPR) II.

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), Virginia Hospital Center operates an inventory of 394 licensed beds (**Table 1**). Virginia Hospital Center 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

Virginia Hospital Center cites an emergent need to expand bed capacity due to an influx of patients and increased bed utilization resulting from COVID-19 infection. Virginia Hospital Center requests authorization to temporarily add 217 licensed medical/surgical beds, and 15 ICU beds. The requested beds would be added to three buildings on the Virginia Hospital Center campus located at 1701 North George Mason Drive, Arlington, Virginia, including the main hospital, 57

Building and 63 Building. The resulting bed configuration at Virginia Hospital Center is show in Table 1.

Table 1: Virginia Hospital Center Requested Temporary Bed Inventory

Bed Type	Existing Beds	Requested Additional Beds	Resulting Available Beds
Medical/Surgical	231	217	448
Medical Rehabilitation	20	0	20
ICU	32	15	47
Pediatric	13	0	13
Obstetric	58	0	58
Psychiatric	40	0	40
Total	394	232	626

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:

Virginia Hospital Center 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:

Virginia Hospital Center asserts that staffing will be provided by recruiting additional personnel on demand and in phases that coincide with the three implementation phases described below. Existing staff who usually practice in service areas that are now experiencing low utilization (such as surgery) will be redeployed to assist in Virginia Hospital Center's COVID-19 efforts. Physicians and clinicians with outpatient-focused practices will be used for hospital care. Additional personnel will be recruited through customary channels. Virginia Hospital Center does not anticipate any difficulties with recruiting additional staff, particularly given Virginia Hospital Center's affiliations with many training and educational facilities in Northern Virginia and the District of Columbia, although total regional demand for staff may render conventional recruiting efforts inadequate. Reliance on displaced ambulatory staff is a sound staffing strategy.

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

Virginia Hospital Center's contingency plans establish procedures and guidelines for non-routine use of space, equipment, supplies and staff. The main focus of contingency planning

is to reallocate available resources from areas of low priority to areas of high priority. Virginia Hospital Center has already suspended non-urgent procedures that use the same ventilator circuits that are used for critical care. Additionally, Virginia Hospital Center has already implemented measures to manage and allocate personal protective equipment and supplies through the 24/7 operation of its internal command center. The 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:

Virginia Hospital Center has already implemented a range of efforts to maximize clinical operations including; (1) converting all of Virginia Hospital Center's ICU beds to negative pressure rooms; (2) an engineering solution that allowed the conversion of the entire B-side of the hospital bed tower to negative pressure rooms (a total of 88 beds); (3) creating a COVID-19 drive through collection site for coronavirus testing; (4) creating a COVID-19 "tented" assessment area adjacent to Virginia Hospital Center's emergency department; (5) eliminating elective procedures; and (6) temporarily adapting other types of Virginia Hospital Center licensed beds (such as available obstetric and pediatric beds) for use as medical/surgical beds or adult ICU beds as needed.

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

Depending on the timing and nature of surging patient demand, Virginia Hospital Center plans to implement the additional beds in phases and use the additional beds to support normal hospital operations as COVID-19 patients are treated in existing hospital space and treat COVID-19 patients. Phase one of the implementation of the proposed beds will focus on utilizing ICU beds in the Neonatal Intensive Care Unit (NICU) space on the second floor of the 57 Building to accommodate 10 ICU beds, and the Post-Anesthesia Care Unit (PACU) space located on the second floor of the main hospital tower to accommodate five ICU beds. Phase two of the implementation of the proposed beds will focus on existing observational space located on the first floor of the 57 Building, which will be used to accommodate 24 medical/surgical beds, and an existing private bed unit located on the fourth floor of the east wing of the 63 Building, which will be converted to semi-private rooms to accommodate 28 medical surgical beds. The third and final phase of the implementation of the proposed beds will consist of the existing private medical/surgical units on the fourth, fifth, sixth, seventh and eighth floors of the main hospital. The conversion of all medical/surgical units on these floors will allow for the addition of 179 medical/surgical beds.

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

Per the 2018 data provided by VHI, there are 3,209 licensed inpatient beds in PD 8, of which 300 are adult intensive care unit beds, 26 are pediatric intensive care unit beds and 1,749 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 Virginia Hospital Center's, and the area's, capacity to treat patients, thereby jeopardizing the quality of care for residents of PD 8. Virginia Hospital Center's proposal increases its bed capacity by 62% and increases PD 8's bed capacity by 8%.

7. Other alternatives to adding bed capacity:

As discussed, given that Virginia Hospital Center has already provided assurances that it has suspended all elective procedures, and the anticipated bed capacity shortages at other facilities in PD 8, as well as the difficulty in anticipating how many cases of COVID-19 may arise in PD 8, the addition of beds in an existing medical care facility space 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 5,747 cases of COVID-19, the illness caused by the virus, and 149 deaths.¹ To date, the Centers for Disease Control and Prevention has confirmed 525,704 cases in the United States, with 20,486 deaths.² At the time of this writing there were 390 cases of COVID-19 positive patients in the Arlington Health District, with an additional 1,399 patients in the surrounding jurisdictions.

Recommendation of the Health Systems Agency of Northern Virginia

The Health Systems Agency of Northern Virginia (HSANV) recommended approval of Virginia Hospital Center's request and noted that the request appears thoughtful and prudent. Among other considerations, the initiatives described:

1. Relate to, and comply with, the objectives and provisions of Executive Order 52. The request is for temporary increases in adult medical-surgical and intensive care beds. It contains the information specified in the Commissioner of Health's March 24, 2020 letter providing guidance to Virginia hospitals seeking temporary bed increases.
2. Outline a rational stepwise three-phase approach to adding capacity as evolving circumstances dictate. This is practical and consistent with the prudent steps VHC has taken to date (e.g., creating negative pressure patient rooms, drive thru test collection, adding an external emergency tent patient assessment area, internal bed assessment and reallocation among services) to respond to community concerns and medical needs.

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

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

3. Take advantage of space and related service capabilities at VHC as the hospital undertakes a major campus modernization and expansion program. The series and sequence of the steps outlined are logical and contingent in nature.
4. Represent an important next step in responding to local medical care needs likely to arise over the next few months.

Findings and Conclusions

Virginia Hospital Center requests authorization to temporarily add 231 licensed medical/surgical beds, and 15 ICU beds. The requested beds would be added to three buildings on the Virginia Hospital Center campus located at 1701 North George Mason Drive Arlington, Virginia, including the main hospital, 57 Building and 63 Building. Virginia Hospital Center has demonstrated that the rapid rise in COVID-19 cases has created an emergent need for a temporary increase in 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 8, 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 Virginia Hospital Center's request to temporarily add 232 licensed beds on its campus. DCOPN's recommendation is based on the following findings.

1. Virginia Hospital Center has demonstrated that, due to the reasonable expectation of a sudden and overwhelming increase in acute care patients resulting from COVID-19 infection, Virginia Hospital Center has an immediate need to temporarily add 232 licensed inpatient beds.
2. Virginia Hospital Center's plan for training and shifting ambulatory staff is a reasonable solution for staffing the additional beds.
3. Virginia Hospital Center's plan and ability to obtain equipment and supplies is reasonable within the confines of the current crisis.
4. Virginia Hospital Center'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.
5. The Health Systems Agency of Northern Virginia recommends approval of the request.