

VIRGINIA DEPARTMENT OF HEALTH
Office of Licensure and Certification
Staff Analysis

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Chesapeake Regional Medical Center (5/1/2020)

Chesapeake Regional Medical Center

Chesapeake, Virginia

Temporarily Add Another 94 Medical/Surgical Beds at RiverCrest Community Center

Hospital

Chesapeake Regional Medical Center (“CRMC”) is a general acute care hospital located in the City of Chesapeake, Virginia. The Chesapeake Hospital Authority, chartered by an Act of the Virginia General Assembly in 1966, is the non-taxable parent company of CRMC. CRMC opened in 1976 and currently provides a comprehensive range of inpatient and outpatient healthcare services. CRMC is located in Planning District (PD) 20, Health Planning Region (HPR) V.

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), CRMC operates an inventory of 310 beds (**Table 1**). CRMC is taking all reasonable efforts to comply with the March 25, 2020 Order of Public Health Emergency 2.

On April 9, 2020, the Commissioner authorized CRMC to temporarily add 123 additional beds, consisting of 40 intensive care unit (ICU) beds and 83 medical/surgical beds, to its inventory in response to the COVID-19 crisis, resulting in 434 beds.

Request

CRMC cites a potential need to expand bed capacity as businesses and recreational facilities in Southeastern Virginia and the Outer Banks of North Carolina begin to open up during the COVID-19 crisis. Specifically, CRMC requests authorization to establish a temporary Alternative Care Site

(ACS) with 94 medical/surgical beds at RiverCrest Community Center (RiverCrest), which is located less than 10 minutes from CRMC’s hospital campus. This request is in addition to the 123 beds, consisting of 40 intensive care unit beds and 83 medical surgical beds that were authorized under EO 52 to be added at CRMC on April 9, 2020. The ACS will take 10 days to establish and CRMC will only do so if existing and surge capacity approved beds are fully utilized and additional capacity is required. These beds will be used to treat stable low acuity non-COVID-19 patients with observational or palliative care to relieve hospitals of patients that do not require acute treatments or who are too ill to benefit from treatment. Transfer of stable low acuity non-COVID-19 patients to the ACS will allow CRMC to provide a greater number of beds at their hospital campus to COVID-19 patients. The resulting bed configuration at CRMC is shown in **Table 1**.

Table 1: CRMC Requested Temporary Bed Inventory

Bed Type	Beds	Additional Beds Authorized 4/9/20	Requested Beds at RiverCrest	Resulting Available Beds
Adult ICU	28	40	0	68
Medical/Surgical	242	83	94	419
Obstetric	32	0	0	32
Pediatric	8	0	0	8
Total	310	123	94	527

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:

On April 23, 2020 Governor Ralph Northam extended the Commonwealth of Virginia Order of Public Health Emergency 2 suspension of elective surgeries to April 30, 2020. That order has now expired and facilities are able to perform elective surgeries. Prior to this, CRMC, in an effort to free up existing capacity, and in compliance with the March 25, 2020 Order of Public Health Emergency 2, had suspended all elective procedures that, if delayed, was not anticipated to cause harm to the patient. Of the 123 beds previously added under Executive Order 52 at CRMC 61 beds were in spaces that had been vacated due in part to the reduction in elective surgical volume and may no longer be readily available.

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

CRMC has made assurances that it has the necessary professional staff to provide care in the additional beds. Staff will be cross-trained and redeployed from the hospital where possible. Additionally, CRMC maintains the Chesapeake Medical Reserve Corps, which is made up of 250 volunteers and retired medical professionals who have expressed interest in working at

RiverCrest. Finally, CRMC participates in mutual aid agreements with local, state, and federal partners through which CRMC potentially could source additional staff if needed.

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

CRMC has made assurances that it has sufficient access to available medical supplies and personal protection equipment (PPE) in the facility. Should the ACS become necessary, needs will be provided to CRMC's incident command on a frequent basis for coordination and delivery from CRMC to RiverCrest. Moreover, CRMC states that the ACS would operate under the clinical practices used for medical and medical observation patients within the hospital. As such, PPE will be addressed by continuing to source products as available and utilizing CDC conservation strategies such as recycling N95 masks as well as through donations. Finally, cloth isolation gowns have been put into circulation and industrial washer and dryers have been purchased to launder at CRMC thus decreasing turnaround time.

4. The specific plan for increasing bed capacity:

CRMC has requested authorization to temporarily add 94 medical/surgical beds at RiverCrest. Of the requested beds 76 will be placed in the gym area. The remaining beds will be placed at three additional rooms, each containing six beds, located within RiverCrest¹.

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

CRMC has provided assurances RiverCrest will meet current life safety code requirements. The building maintains appropriate smoke detectors and fire alarms. Additionally, the building has a full sprinkler system. Finally, the city of Chesapeake has installed the necessary emergency generators. Should the proposed ACS be required, CRMC has provided assurances that they will install portable medical gasses appropriately secured to the floor. The City of Chesapeake Fire Marshall has reviewed the plans for the ACS and pledged staff and resources to assure that the RiverCrest building meets applicable life safety code requirements. A Virginia Department of Health Office of Licensure and Certification Life Safety Code Inspector assessed the proposed ACS on May 11, 2020 and determined that the facility would comply with all necessary fire and 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 2,838 licensed inpatient beds in PD 20, of which 1,932 are medical/surgical beds and 343 are intensive care unit beds. An additional 1,204 additional beds have already been authorized in PD 20 under the authority of Executive Order 52. The overall bed capacity data does not inherently take into account the extent to which,

¹ Diagram of RiverCrest ACS proposed layout located in Chesapeake Regional Medical Center Supplemental Information (4-30-2020) p. 7.

due to the rapid rate of infection of COVID-19, how many new cases may arise, and thereby overwhelm CRMC's, and the area's, capacity to treat patients, thereby jeopardizing the quality of care for residents of PD 20. CRMC's proposal increases their normal bed capacity by 30.3% and is a 3.3% increase in the standing bed capacity in the planning district.

7. Other alternatives to adding bed capacity:

As discussed, given that CRMC has already provided assurances that the proposed site will only be activated if existing and surge capacity approved beds are fully utilized and additional capacity is required, as well as the difficulty in anticipating how many cases of COVID-19 may arise in PD 20, the creation of an ACS to house stable low acuity non-COVID-19 patients to make beds at the hospital available to COVID-19 patients 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 25,800 cases of COVID-19, the illness caused by the virus, and 891 deaths.² To date, the Centers for Disease Control and Prevention has confirmed 1,324,488 current cases in the United States, with 79,756 deaths.³ The Chesapeake Health District currently reports 343 confirmed cases of patients with COVID-19 with another 1,257 patients in the surrounding Virginia jurisdictions.

Findings and Conclusions

CRMC proposes to temporarily add 94 more medical/surgical beds at RiverCrest. Of the requested beds 76 will be placed in the gym area. The remaining beds will be placed at three additional rooms, each containing six beds, located within RiverCrest. Due to the potential for a sudden and overwhelming increase in acute care cases resulting from COVID-19 infection throughout the Commonwealth, CRMC has a potential need to temporarily add 94 more beds. CRMC has demonstrated that the rapid rise in COVID-19 cases has created a potential need for a temporary increase in bed capacity. These beds will be established at RiverCrest only if existing and added surge capacity approved beds are fully utilized and additional capacity is required. 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 20, and limit the ability of health care providers adequately treat and limit the spread of the virus.

² <http://www.vdh.virginia.gov/coronavirus/>

³ 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

Staff Recommendations

The staff recommends the **approval** of Chesapeake Regional Medical Center's request to temporarily add 94 more medical/surgical beds at RiverCrest Community Center. The staff's recommendation is based on the following findings.

1. CRMC has demonstrated that, due to the reasonable expectation of a sudden and overwhelming increase in acute care patients resulting from COVID-19 infection, CRMC has a need to receive authorization to temporarily add 94 intensive care unit beds at RiverCrest.
2. The Alternative Care Site at RiverCrest will be established only if existing and surge capacity approved beds at CRMC are fully utilized and additional capacity is required.
3. CRMC's plan for training and shifting repurposed staff is a reasonable solution for staffing the additional beds.
4. CRMC's plan and ability to obtain equipment and supplies is reasonable within the confines of the current crisis.
5. CRMC's plan to expand bed capacity in existing hospital space assures patient safety is maintained from a fire and life safety code perspective.