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Treating ER overload

Four expanded emergency departments will open this summer, more on way

Philadelphia Business Journal - by [John George](#) Staff Writer

The downturn in the economy has caused hospitals admissions to drop, as people delay elective procedures, but emergency departments are busier than ever.

Surveys conducted earlier this year by hospital groups in Pennsylvania and New Jersey found their members are expanding and renovating emergency departments, even as they are delaying or forgoing other building projects until the economy recovers.

Four area hospitals are unveiling new or expanded emergency departments. The expansions are part of building projects — started before the recession hit — totaling more than \$450 million.

Cooper University Hospital, which operates one of the busiest emergency departments in South Jersey, is getting ready to open the first phase of its expanded ED on July 1. When the overall project is completed next year, the Camden medical center's ED will grow from about 6,100 square feet to 24,900 square feet and its bed count will increase to 38 from 25.

Also debuting are EDs at **Phoenixville Hospital** and **Paoli Hospital**, both in Chester County, and an expanded ED at **Pennsylvania Hospital** in Philadelphia.

Dr. Michael E. Chansky, chief of emergency medicine at Cooper, said the economy is only partially responsible for emergency room overcrowding.

"There's this misconception EDs are overwhelmed by people who aren't working," Chansky said. "Care for people with no income is subsidized, at least partially, by Medicaid. The issue is the working poor, people who have jobs but make too much money to qualify for Medicaid, but not enough to afford insurance. We are the safety net for those Americans."

Exacerbating the problem, he said, are hospital closures that are leaving fewer EDs available to treat a growing population. In addition, Chansky said, many hospitals — which are required by federal law to care for anybody who shows up at the door regardless of their ability to pay — continue to struggle to efficiently have beds available for patients who are ready to leave the ED and be admitted.

Karen Slutsky, clinical director at Cooper, noted Cooper has tried to address the problem by using space underused in the evenings as a temporary holding area for patients awaiting admission. The hospital also uses hallway space away from the ED. Slutsky said when the hospital reaches capacity, it now sends out alerts to physicians — by means of Blackberrys — urging them to expedite the discharge process for patients ready to go home.

“You have to be creative,” she said.

John Sheridan, Cooper’s CEO, said the hospital’s emergency department was built to serve 25,000 patients a year. Last year, 56,000 people sought emergency treatment at Cooper.

The Joint Commission (the accrediting body for health-care providers) is coming down on hospitals that have to put their emergency departments on divert because they don’t have the capacity to handle more patients, said Mary Ann Holt, a partner with IMA Consulting, which works with hospitals from its base in Chadds Ford. That is a result, Holt said, of hospitals reducing staff levels because of economic pressures. With fewer staffed beds available, many hospitals are more frequently encountering delays in admitting patients from the emergency department.

A change in accreditation status, Holt said, can impair a hospital’s standing with Medicare — a large source of revenue for most hospitals. “Hospitals can’t afford to have that happen,” she said.

Holt agreed issues causing overcrowding are multifaceted, and can’t be fixed by just making EDs bigger. “Patients are deferring care, sometimes waiting to the point of requiring emergency care,” she said. “People are losing their jobs and the health-care insurance, so payment is an issue.”

Phoenixville Hospital’s ED is tripling in size as part of a \$90 million patient tower being built that also includes a new intensive-care unit, medical-surgical unit, telemetry units and cardiac rehabilitation unit.

CEO Stephen Tullman said ED visits have escalated in recent years because of the overall housing growth in the area — especially along the Route 422 corridor.

“We’ve maxed out of our current space,” Tullman said.

Paoli Hospital is getting a new ED, four times larger than its existing one, when its \$145 million patient-care pavilion opens next month.

Last month, the board at Main Line Health, Paoli’s parent, approved plans for Paoli to seek state approval to establish a level-II trauma center within the new ED. Chester County has been without a trauma center since the one at Phoenixville Hospital closed in 2002.

Pennsylvania Hospital expects to complete the final phase of its \$12.5 million ED expansion in August. The medical center is tripling the size of its emergency-care facilities, which will have 29 treatment areas and a new ambulance entrance.

Cooper’s Chansky said one of the top features of Cooper’s expanded ED will separate pediatric waiting room and treatment areas. “Kids won’t even know what’s going on in the rest of the emergency department,” he said. “Most emergency departments don’t have that.”

Slutsky said another improvement is the addition of their own CT scanner, which will mean patients won’t have to be taken to the radiology department in Cooper’s basement for testing.

Also, **Doylestown Hospital** — whose ED visits are up 70 percent to more than 40,000 a year since its last expansion in 1991 — expects to complete a \$63 million expansion project in April 2010. The project also includes a 400-space parking garage and space to add 40 private medical/surgical rooms in the future, if needed.

Pending approval, **Kennedy Memorial Hospitals** is set to begin a \$10 million project this summer that will nearly double the size of the ED at its Cherry Hill campus.

Thomas Jefferson University and Nazareth hospitals completed multimillion-dollar ED expansion projects last year. Jefferson's ED, which increased to 54 from 33 beds, now fills an entire city block.