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## City Hospitals Reinvent Role of Emergency

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The New York City emergency room — overcrowded, exhausting, sometimes terrifying — has long been a legendary circle of medical hell.

But now hospitals — public and private, large and small — are spending hundreds of millions of dollars renovating, rebuilding and expanding their emergency rooms. They are dividing them into treatment areas for the sickest patients with the most dire injuries and using quieter corners for the growing number of patients using emergency rooms for routine medical care.

And an increasing number are taking steps to bring civility and even hospitality to the emergency room, in part because, for all their turmoil, they remain vital points of entry for paying patients whose eventual admission accounts for needed revenue.

Montefiore Medical Center in the Bronx, the city's busiest emergency department, has in recent years built two new emergency rooms, one of them for children, and renovated another. In August, the hospital announced that it was adding another 7,000 square feet, more doctors and nurses, and "comfort rounds," which feature customer service representatives who offer patients extra pillows, free snacks and child care.

At St. Vincent's Hospital Manhattan, officials recently spent \$7.6 million to create what they call a "fast-track" option to speed the treatment of patients with more minor injuries. St. Luke's-Roosevelt Hospital Center recently embarked on a \$15 million proj-



Briana Hertz, a child care specialist at Montefiore Medical Center, playing with Lelahni and Natahija Quinn, right.

ect to double its capacity at the Roosevelt campus.

And the city's public hospital system is projecting that it will have spent more than \$100 million by 2011 to upgrade emergency rooms at six of its 11 hospitals.

"The amount of emergency room use in New York has always been a source of criticism," said Kenneth E. Raske, president of the Greater New York Hospital Association, an industry group. "But you can't say to eight million people, 'Don't do this anymore.'"

The familiar root causes of the crisis for the city's emergency rooms have only worsened: the flood of uninsured patients, rapid population growth in the neighborhoods where the centers are located, a crippling shortage of primary care doctors and bankrupt hospitals closing their emergency rooms.

The situation is not exclusive to New York. Hospitals in cities from Sacramento to Minneapolis to Boston are starting their own efforts to meet the problem, with the

national rate of emergency room visits soaring.

Governors and lawmakers from a number of states are also trying to find ways to get capital construction dollars for bigger hospitals and emergency rooms, even as the nation's hospitals brace for potentially stinging cuts to their financial mainstays, Medicare and Medicaid, contained in President Bush's 2008 proposed budget.

But the efforts in New York City — often termed the nation's hospital capital — are striking, as officials rush to keep pace with demand, squeezing capital out of overstretched budgets and appealing for more private donations.

"We are all seeing enormous pressure at the emergency room door," said Alan D. Aviles, president of the city's Health and Hospitals Corporation, which operates 11 public hospitals with two million visits to the emergency rooms annually.

Mr. Aviles said that even with the planned upgrades for the city

hospitals, he feared "we still cannot meet all the need."

All told, emergency rooms in New York City handled more than 3.6 million visits in 2005, an increase of 6 percent over 2000. The rising number of visits — the city-wide data from 2005 are the most recent available — have been strangling some of the hardest-struck hospitals.

More recent hospital records from St. Luke's-Roosevelt Hospital Center on Manhattan's West Side, for example, show that there were 105,000 visits to the emergency room last year, up from 59,000 in 1999. "I can't foresee how we can keep up that pace," said Dr. Dan E. Wiener, chairman of the hospital's department of emergency medicine. "The overcrowding is just there — it's the background noise of life. Some days things are

O.K., it's tolerable. Some days it's over the top."

Many New York hospitals are also contending with yet another new influx of patients who nor-

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mally would have sought care at nearby hospitals that have closed, merged with other hospitals or will soon close. A state commission in 2006 ordered almost two dozen mergers or closings in an effort to shrink the state's enormous hospital industry, because beds at some of them were going unused.

Other hospitals across the nation, sustaining big losses in their emergency rooms and depleting their charity care funding for the uninsured, have shut down their emergency rooms or even closed completely.

And so the city's remaining hospitals are milking every inch of coveted real estate to expand and rebuild their emergency rooms. For instance, New York Downtown Hospital, a small hospital near Wall Street that handled more than 1,500 injured victims on Sept. 11, recently spent about \$25 million to build a new emergency room with twice the capacity.

Beyond expansions and renovations, hospitals across the city are also trying to reorganize their emergency departments, with the intention of turning the mayhem into, at minimum, a more organized kind of chaos.

To that end, some hospitals have added private rooms with flat-screen televisions; others have actually retained art therapists to entertain and comfort the children waiting in their rooms.

Some hospitals now have "navigators," staff members assigned solely to the uninsured to handle the cumbersome paperwork required for registering them. And an increasing number have also instituted the fast-track systems, which Beth Israel Medical Center in Manhattan — now constructing an emergency room that will be twice the size of its current one — is calling "fast-food McDonald's-type in-and-out service."

The fast-track systems divide emergency rooms into areas for patients with minor injuries for



Dr. Gregg Husk, right, and Chuck Labins, the project manager, at Beth Israel Medical Center's new emergency room.

those with more acute problems, so that someone with a sprained ankle is not lumped together with a patient who is bleeding profusely from the head.

But if one were to identify a hospital living out every aspect of the reimagining of the troubled New York emergency room, it might well be at Montefiore, which statistics show has the city's busiest emergency department. Visits there have increased by 30 percent in the last five years to more than 211,000 in 2007. That has meant that the emergency room often operates between 50 and 100 percent above capacity, with stretchers filling almost every square foot of space on most days.

"We are overwhelmed without a doubt," said Dr. Peter Semczuk, vice president for clinical services at Montefiore.

So far, Montefiore has added 25 new beds, for a total of 100, falling far short of what is needed. Still, some of the work going on is actually aimed at what might seem a counterproductive goal: increasing the flow of patients to the emergency room.

While hospitals typically lose money on emergency room visits, largely because of the rising numbers of uninsured patients, the insured patients who do come through the same doors and who

wind up being admitted for surgery and other care are their economic lifeblood. In fact, a majority of inpatient admissions at New York hospitals come through the emergency room.

So, many hospitals are now aggressively marketing the virtues of their remodeled and expanded emergency rooms. Some are conducting expensive direct mail campaigns; others are beginning advertising campaigns trumpeting their faster service and new amenities like private rooms, telephones and flat-screen televisions.

"It's about putting yourself in the patient's shoes," said Carleigh Gustafson, director of emergency nursing at Lenox Hill Hospital, which recently expanded its emergency room and added individual flat-screen televisions and telephones for patients. "It's making sure that we're communicating very well — it's both an art and a skill."

Dr. Semczuk of Montefiore said, "We want to become the Ritz-Carlton of emergency rooms."

Montefiore may not feel much like a five-star hotel, but patients there said they were pleasantly surprised by some of the new services, which include a child care specialist who plays with the children, handing out stickers, apple

juice, Teddy Grahams, Play-Doh and coloring books.

An art therapist is on call as well, helping children express their fears in drawings and paintings, and the child care staff also engages in "medical play," helping to explain procedures to young patients and sending them off to see the doctor with a "day surgery buddy doll" to accompany them for potentially scary treatments.

"I've been here before for 12 or 13 hours, and I couldn't even get a cup of water," said Edwin Flores, a construction worker who recently took his 9-year-old son, who was having severe abdominal pain, to the emergency room. "This surprised the heck out of me."

As Mr. Flores and his family were served lunch from the hospital cafeteria in a private room, one of Montefiore's customer service representatives, Enid Diaz, stopped by.

"Hello! I'm Mrs. Diaz," she said. "Can I help you with something?"