

St. Anthony opens two stand-alone ERs

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Published: January 26th, 2012



St. Anthony Healthplex South at Interstate 44 and S. 134th Street. The building is one of the first two stand-alone emergency care hospitals in Oklahoma. (Brent Fuchs)

OKLAHOMA CITY – Cutting 30 minutes off a trip is pretty good news. But if that trip is to the emergency room, it's terrific.

That's one of the benefits St. Anthony Hospital is counting on to bring patients to Oklahoma's first two stand-alone emergency care hospitals, which opened this year. If all goes according to plan, St. Anthony will be able to develop new patients in underserved, growing parts of Oklahoma City with only a modest capital outlay. They're banking on a growing national trend toward such outpatient-only hospitals and their ability to attract 15,000 patients per year, with an average of one patient per day being admitted to St. Anthony's main hospital in Midtown.

"There are a lot of baby boomers in our market," said St. Anthony Vice President Kyle Nondorf. "We know there is going to be a lot of need for access with a lot of people getting to Medicare age."

Each of the new hospitals, St. Anthony Healthplex East at Interstate 40 and S. Douglas Boulevard and St. Anthony Healthplex South at Interstate 44 and S. 134th Street, are 52,000 square feet on three floors.

St. Anthony's executives struck a deal with developers Darin Miller and David Neff, who raised the \$44 million to build the hospitals. St. Anthony, which invested \$9.5 million in equipment and furnishings, has a 10-year lease for the 35,000 square feet on the first and second floors of each building, leaving the 15,000-square-foot third floor available for the owners to lease to physicians. The space is being managed by CBRE, leaving hospital staff members free to focus solely on health care.

"For the hospital, you've got an exposure to an area at a lower cost," Miller said. "And you've lowered your exposure by using the developer's capital. And with the creditworthiness of a St. Anthony having a secured lease, funding is pretty available, so it's been a good partnership."

At least it all works out if the projections are correct.

"If the projections are incorrect, these are long-term commitments and large investments," Nondorf said. "If the volume doesn't come across, that's where the risk is."

But Nondorf said St. Anthony is already getting an average of 3.4 admissions per day from the outpatient centers, more than three times what they need to be successful.

"We live in a culture where we want things done now and we want them done quickly," said Dr. Chad Borin, St. Anthony's director of emergency medical services. "These are ERs where they can be seen and discharged, or admitted quickly."

The Healthplex sites treat emergency patients quickly, getting patients in and out in an average of 90 minutes. That's much faster than a traditional hospital emergency room where the average turnaround is about four hours. For many of St. Anthony's potential patients, the new hospitals are closer to home, meaning greater convenience and shorter ambulance rides.

When a patient needs immediate surgery, ambulances will go to a traditional emergency room. But for most problems, the bed-less hospitals will be able to do the diagnosis, lab work and treatment on site. If a patient needs to be admitted, he is taken to St. Anthony's main campus, filling a bed there and avoiding service redundancy.

Each hospital also has physicians for outpatient services, so patients will see their doctor there for routine visits, too. Excluding physicians, each of the new hospitals employs 65 people earning an average of \$30 per hour plus benefits.

Twenty-two other states have stand-alone, outpatient emergency care hospitals. Unlike urgent care facilities, which operate like a doctor's office, the hospitals must meet health department requirements and provide standard hospital services 24 hours per day.

Unlike the new, traditional hospitals in Edmond where an Integris hospital opened in the fall and a Mercy facility is under construction, the St. Anthony strategy requires less cash while still providing suburban access points to the main campus.

"We don't have a large campus presence in suburban areas, so the idea was a growth strategy for St. Anthony Hospital," said Nondorfour. "But it's also a strategy for areas we don't think have robust access to emergency medicine."

Miller and Neff are already negotiating a similar project in Tulsa and Albuquerque, N.M., and see further opportunities around the country for partnerships similar to the one they worked out here.

"We're seeing a lot of health care organizations looking at this model because it draws patients in from other areas," Miller said. "We're finding there are a lot of other opportunities around the country to do these."

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