

## Blog

### Spring Cleaning: Hospitals Are Investing in Emergency Departments to Improve Patient Experience

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By Jodi McCaffrey

Constructing or renovating an emergency department to better fit the growing needs of the community can be a bittersweet experience; it can be a turbulent time of making do with temporary space and cramped quarters, but the upside is a more spacious, patient-friendly, state-of-the-art facility when the dust settles.



#### Upgrading to Serve a Burgeoning Urban Population

Several of our emergency department teams are involved in construction projects this spring. For Mansoor Khan, MD, MHA, site medical director of the emergency department at Richmond University Medical Center in Staten Island, N.Y., the journey is just beginning.

Richmond University Medical Center's ED is currently serving its 70,000 annual patients with only 35 beds in a 15,000-square-foot space. However, construction will begin in August on a new space that will triple the ED's size and increase the bed count to 60. The project also includes four new trauma bays, a dedicated X-Ray scanner, and pediatric, observation and fast track areas to better serve patients.

"We're a level 1 trauma center in a growing community," explained Dr. Khan, who has attended countless planning meetings both internally and externally to shepherd the 18-month construction project. "This new emergency department will be a huge improvement for the community. The patient experience was a consideration along every step of the planning process. We'll be able to provide more efficient care in an environment focused on patients' comfort, privacy and safety."

Patients will benefit from improved privacy through private rooms with doors instead of curtains, and each room will include an iPad to entertain patients and assist with language translation when needed. The project also added a specialized exam room for victims of sexual assault and two negative-pressure isolation rooms in the event the hospital receives a patient with Ebola or a victim of chemical or biological contamination.

The project requires knocking down two buildings, building the new ED and repurposing the old space. It's not expected to negatively impact patients or the clinical staff, since they will just move into the new space once it's completed.

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“The staff is excited, I’m excited... it’s great for everyone. The population at this end of Staten Island is expected to grow exponentially as the area is further developed. We’ll be ready,” Dr. Khan said.

### **Building for a Trauma Designation**

For the ED team at Holy Spirit Hospital in Camp Hill, Pa., adding a trauma unit to the existing emergency department and a new behavioral health suite isn’t just an expansion of the department’s physical footprint – it’s a path to designation as a level 2 trauma center and improving the quality of care for behavioral health patients in central Pennsylvania.



“We’re a growing community hospital looking forward to receiving approval in October to become a level 2 trauma center,” explained James Leaming, MD, site medical director of the John R. Deitz Emergency Center at Holy Spirit – A Geisinger

Affiliate. “When that happens, we’ll be the only accredited level 2 trauma center in Cumberland County and one of two accredited level 2 trauma centers serving the 2.4 million residents of southcentral Pennsylvania.”

With the improved facility, the team will be able to better evaluate and manage higher-acuity patients, particularly those suffering a stroke, cardiovascular disease, sepsis and trauma.

And while the construction hasn’t hampered the team’s ability to provide care to the community, it has kicked off a flurry of education and collaboration to prepare staff to handle level 2 cases, said Dr. Leaming.

“We’re working with our colleagues in surgery, laboratory and anesthesia and the nursing staff to provide training and resources for trauma management,” said Dr. Leaming. “This trauma center – and the designation – is an important step for positioning our hospital for success in the future.”

Construction broke ground on the project in February and will be completed in multiple stages. The first stage includes renovations to some of the rooms in the ED and the nurses’ station. Next stages will include the construction of a new behavioral health suite and the trauma center, while the final stage will include creating patient care space, a waiting area and a clinical decision unit, which will be a multi-use area for observation and clinical interventions that require more time.

### **Serving Seniors in Style**

The ED construction project at Doctors Hospital in Sarasota, Fla., is a recent memory for Brad Hoover, MD, the ED’s medical director. The project was completed in early spring and doubled the size of the department, increasing its capacity from 13 rooms with curtains to 19 private rooms with doors – a huge patient experience win for the facility that sees 70 to 80 percent Medicare patients and experiences a volume shift in the winter when “snowbirds” from northern states flock south.



The project, which was also



completed in three phases, included a new ED ultrasound, a new nursing lounge, larger workstations for charting and more privacy for patients and staff. Phase 1 involved constructing a new unit with eight rooms, Phase 2 renovated half of the existing

ED and Phase 3 renovated the rest of the ED.

“We’re not architects, but with the help of the nursing director, we were able to provide our input and vision for what the space should be and how it should function,” said Dr. Hoover.

He said the project had little impact on patient care, since they were able to use newer sections of the space as they were completed. Triage was down for about 10 days, but the team found ways to adapt. The hospital held an open house complete with barbequed food and kids’ games and attractions in early May to introduce the space to the community.

He said an unintended consequence of the larger space is that it’s been more difficult to communicate with each other and with EMS teams.

“Before, we were all on top of each other. Now we’re so spread out that we can’t hear each other and can’t hear when ambulances arrive,” Dr. Hoover explained. “It’s been a challenge, and our wait times suffered at first, but now we’re using portable phones to communicate information from triage and keep patients moving.”

Dr. Hoover joked that he needed a hover board now to get around the spacious new unit. All laughing aside, he said that early bumps in the transition required the team to focus on patient satisfaction fundamentals, like **Studer Group’s** AIDET system.

“We’ve learned a lot about how to communicate delays and use signage to inform patients,” said Dr. Hoover. “If you build it, they will come. We’ve refocused our efforts and our attitudes, and the community has really embraced the changes we’ve been able to make.”

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