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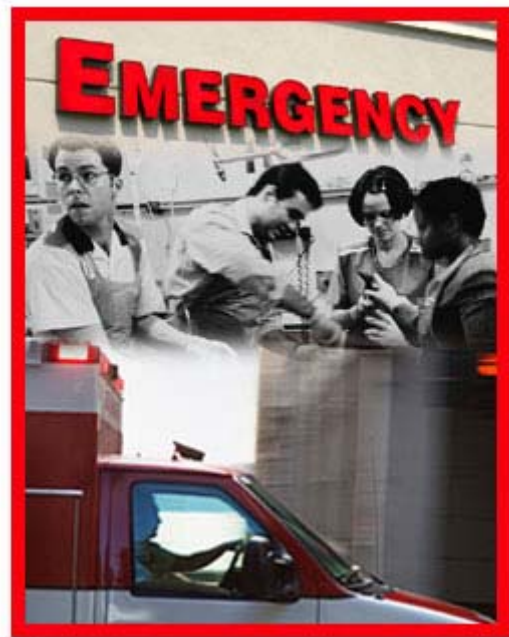
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Freestanding Emergency Service Centers Meet Increasing Demand and Generate Incremental Revenue

An emerging initiative that is showing promising signs for relieving overcrowded emergency departments is the development of freestanding emergency centers. Although a relatively new concept, 15 states have one or more freestanding emergency centers, with many more centers currently under development. Successful freestanding emergency centers can mitigate over-utilization of hospital-based emergency departments, generate referrals to the main hospital, and contribute a positive margin. Representatives from freestanding emergency centers generally state that they have met or exceeded volume projections and financial performance targets.



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Meeting the Challenge

The number of emergency departments in the United States is estimated to have decreased by 10 percent over the past 10 years, while the number of visits to emergency departments increased by more than 25 percent. To break the gridlock being experienced in EDs across the country, hospitals have targeted reductions in lengths of stay for both emergency department patients and inpatients, and enforced more rigorous discharge policies, with the ultimate goal of caring for more patients and reducing the occurrences and amount of time on divert

status. Inevitably, however, emergency services providers are overwhelmed and often incapable of meeting demand with the desired standards for service and quality.

Freestanding Emergency Centers: The Rationale

The rationale for developing a freestanding emergency center is similar to the rationale that hospitals rely upon for development of ambulatory care centers:

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California

- Enhance access to care and meet increasing demand for emergency and ancillary services
- Develop sites/services that differentiate the organization from competitors
- Tap into new markets and increase market share
- Serve as a referral source for affiliated physicians
- Generate incremental utilization of hospital-based services
- Mitigate competitive threats

Freestanding emergency centers generally must meet the same requirements as hospital-based emergency centers. Most operate 24 hours per day, 7 days per week. Assuming the center is under the same provider license, reimbursement is typically the same at the freestanding center as it is in the main hospital. Most freestanding emergency centers are located within 10 miles of the main hospital campus, although in rural or underserved areas, the freestanding centers are sometimes located as far as 30 miles away from the main hospital campus. Existing freestanding emergency centers report that they typically transfer 6 to 10 percent of patients to the main hospital for care.

Keys to Successful Development of a Freestanding Emergency Center

- Attractive location and a comprehensive array of services
- Board-certified emergency medicine physicians and specialists for coverage
- Strong relationships with local EMS; EMS engaged early in the planning process
- Collocation of the freestanding emergency center with other complementary ambulatory services (imaging, surgery, physician offices, and other outpatient services)
- Well-defined transfer system in place, including commitment from the host hospital medical staff to accept transfer patients and preferential access to services at receiving hospitals
- Synergies and cross-referrals between freestanding emergency centers and other ambulatory services on the same campus (e.g., primary care and specialty physicians, radiology, laboratory, and other ancillary services)
- Ability to accept basic life support/advanced life support patients, many of whom walk in rather than arrive by ambulance
- Nurses with advanced cardiac life support/pediatric advanced life support training or emergency center/critical care background

- Cross-trained staff for evening shifts
- Low length-of-stay

Pre-Opening Marketing Strategies

Marketing of both the freestanding emergency center and its location is essential. The community should be notified via education sessions, speaking engagements, and advertisements. The hospital should also reach out to referring physicians to make them aware of the services that will be offered and the likely impact on their practices. For some practices, the freestanding center may serve to relieve the after-hours burden for provision of care. The relationship between the freestanding emergency services provider and local EMS should be developed and cultivated; and local EMS should be involved in the planning process. Contracts should be in place with commercial insurers well in advance of opening. Signage is also critical for recognition.

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WakeMed Freestanding Emergency Center

WakeMed Health & Hospitals, a Raleigh, North Carolina-based health system, opened a freestanding emergency center about 18 months ago to meet the needs of a growing population by bringing emergency services closer to where citizens live.



Months in Operation 18

Distance from Hospital (Miles) 12

Visits per Day 60-70

% of Patients Admitted 8%

Number of Beds 14

Barriers/Challenges

- Conservative volume projections at outset caused bottlenecks in operations when center opened; additional staffing was required
- Difficulty in organizing specialty call coverage and pool/back-up staff

Keys to Success

- Engaged EMS early in the planning process
- One physician group is contracted to cover all three WakeMed Emergency Department sites

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WakeMed overcame early challenges with volume projections and staffing, and now plans to develop a second freestanding emergency center.

Development of freestanding emergency centers is an innovative strategy that can enhance access to emergency care and help health care organizations reach new markets and be viewed as regional players, increase utilization of hospital-based services, and strengthen referral relationships.

For more information on freestanding emergency service centers, contact [Bob Hill](#) or call 215-636-3500.



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