Models and Best Practices
Emergency Hospitals - Oklahoma, Minnesota and Georgia

Overall Description
Emergency Hospitals are facilities that operate with limited or no inpatient beds. They provide emergency treatment and stabilization services on a twenty-four (24) hour basis.

OKLAHOMA MODEL

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General Description
Oklahoma has established Emergency Hospitals through statute. This statute has been in place since 2003. The statute was put in place in hopes of securing a CMS demonstration project. However, that did not materialize. Technically, there would be no inpatients, just observation/stabilization beds. There are not currently any Emergency Hospitals operating in Oklahoma. Since the payment structure for Medicare is the same as CAH, there is no advantage to this 24/7 care center over a CAH. The Oklahoma Statutes are listed below.

310:667-40-1. General
An emergency hospital (EH) is a hospital that provides emergency treatment and stabilization services on a twenty four (24) hour basis that has the ability to admit and treat patients for short periods of time. The EH shall be the sole provider of hospital services in the community and is to allow the provision of emergency and stabilizing care in a community that is unable to support a general medical surgical or critical access hospital. The EH shall only provide emergency medical services and limited inpatient stabilization or observational care. Non-emergent surgical, scheduled obstetrical deliveries, and invasive diagnostic services requiring anesthesia or sedation shall not be provided. The EH shall be limited to no more than ten (10) inpatient stabilization and observational beds.

310:667-40-3. Stabilization or observational admissions
The EH shall establish inpatient stabilization and observational admission criteria appropriate to treat patients that require short periods of extended care that cannot be provided in an emergency room setting. The criteria may be based on diagnosis and patient acuity established by the medical and professional staff or the EH may use diagnosis related groups (DRGs). Such admission criteria shall not in any way be based on payer source. The criteria shall be established and revised as necessary by the medical and professional staff and approved by the governing body. Stabilizing emergency treatment services provided shall not be restricted by inpatient admission criteria.
MINNESOTA MODEL

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**General Description**
There has been some activity in Minnesota relative to Emergency Hospitals. A hospital in Minnesota that desire to build a new facility or add new beds must get legislative approval. Therefore, some urban hospitals have decided to take a different approach to providing care in growing suburban or even remote urban regions. These hospitals have built what is really a standalone emergency room. These facilities take all patient-payor types (Medicaid, Medicare, uninsured). They are facilities that operate twenty-four (24) hours per day, seven days per week. They also have attached clinics that have expanded hours as well as urgent care hours. A key factor in the success of these facilities is the presence of the clinic practice.

Patients that arrive at the Emergency Hospital as triaged. If it is not a true emergency and the clinic or urgent care facility is open, they are sent to that part of the facility. If it is an emergent situation, they are sent to the ER department. The ER will provide treatment and stabilization. If overnight stay or observation is needed, the patients are transferred to the sister urban care hospital.

The facilities are not technically hospitals under Minnesota statutes. They are beefed up clinics. As such, they are not regulated as a hospital. Also, EMTALA does not apply. They have enhanced diagnostic equipment including CT, MRI and lab.

These facilities are primarily designed as referral centers. The main hospitals state that these are profitable, but data is inconclusive as to whether they are truly self-sustaining.
GEORGIA MODEL

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General Description
Georgia has recently enacted legislation to provide for Rural Free Standing Emergency Departments. A license for one of these facilities is only available if the general hospital as closed within the past year or is on the verge of closing. Other requirements include:

- located in a rural county
- located no more than 35 miles from a licensed general hospitals
- open 7 days a week, 24 hours a day
- provides treatment and procedures for periods less than 24 hours for:
  - non-elective emergencies
  - elective, out-patient surgery
  - basic obstetrics and gynecology
- may provide elective endoscopy or other elective treatment and procedures which are not performed in an operating room environment

Principles Addressed:
- Improve Health - no
- Provide Access - yes
- Encourage Collaboration – yes
- Pursue Quality - no
- Promote Efficiencies and Value - no
- Embrace Technology - no
- Reimbursed Fairly - no

Likes:
- Might be an option for those ready to close.
- Could be tied to telemedicine support like Avera.
- Supports a regional system.
- Less regulatory burden

Barriers:

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