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NEWS LEAD STORY

IN URGENT NEED OF URGENT CARE? AND WHERE?

*Geneviève Clavreul, R.N.,
MPA, PhD. resides in
Pasadena. Her biography
may be [read here](#)*

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Imagine if you will an earthquake so violent that it brings down the 210 Freeway, that "man-made boundary" that separates northern Pasadena and Altadena from Huntington Hospital's Emergency Department (ED).

Imagine if you will all the lives that could be lost or inexorably altered all for the lack of quick access to Huntington's ED.

Or so the proponents of EmergencyCareNow.org would have you imagine, thus helping to grow their nascent campaign to reopen the now defunct St. Luke's Hospital, or at the very least locate a much-needed urgent care facility there or in close proximity to this decommissioned hospital.

However, what the proponents of this plan fail to do is first provide more than a simple and lacking of any depth website that except for a petition one can copy, distribute and sign provides little additional details to their grand plan, let alone who "they" are.

And second, and probably even more important, is if we are to believe the scenario of a catastrophic event, such as an earthquake, that would bring down a freeway so completely as to separate the northern most parts of our community then wouldn't this quite possibly have a similar affect on St. Luke's?

Let me remind you that the primary reason Tenet Healthcare cited for closing the hospital was the inability to modernize the hospital and specifically to bring it up to the new more stringent seismic safety codes for hospitals (SB 1953, which required hospitals to ensure that their acute care and emergency rooms were "earthquake proof", signed into law September 1994) that had been established by the State of California.

Caltech then bought St. Luke from Tenet in order to augment their research space, and something tells me that they in all likelihood didn't do anything to modernize the physical plant, let alone were expected to comply with SB 1953 since they had no intentions of operating St. Luke's as a hospital.

For those of us who remember the Northridge Earthquake that struck the Southland in the early morning hours of January 17, 1994 we remember the buckling of several of our major freeways as well as the collapse of several freeway overpasses; but many of us have forgotten that eleven hospitals suffered enough damage as to be structurally unsafe or were left unusable to the community they served.

This widespread and extensive damage required other nearby hospitals that were less affected to take in these patients adding to the burden these hospitals already had to bear.

It was this damage to the hospital safety net in the LA County area that was one of the key reasons the California State legislature enacted SB 1953.

Though the thought of reopening the now-decommissioned St. Luke Hospital is admirable, it can only occur if a buyer or hospital operator with deep enough pockets to finance the purchase of the land and buildings (which would surely be at a steep price), but would also have the financial wherewithal to invest the many millions of dollars to not only bring the hospital up to modern safety codes, but re-equip the hospital and re-staff and meet all the necessary authorizations for re-licensure; and let's not forget once all this has been accomplished the hospital would still have to pass various certifications prior to being allowed to operate.

This would surely be a long-term project that even if all parties worked in unison it still might not guarantee the opening of a fully licensed and functioning hospital, let alone a hospital that has an emergency room.

However another option for Pasadena is opening at least one new urgent care center. T

he prospective opening of just such an urgent care center is a hot topic in Pasadena. Once again many of the same supporters for reopening St. Luke's have also weighed in on the discussion of where a new urgent care center should be located. Once again they are lobbying for a center located around the same vicinity as St. Luke.

Their argument for this placement boils down primarily to drive time. However, it is my professional opinion that drive time should not be the primary factor in deciding the placement of the new urgent care center; instead I would argue that an urgent care center located near to Huntington Hospital is a much better choice.

I come to this conclusion based on the following factors: 1.) If people are using the urgent care center as it is intended to be used then distance is not a key issue so long as it is accessible by at least car and mass transit and 2.) If a patient should suddenly take a severe downward health turn then time becomes a factor in getting that patient to emergency care in the shortest time possible.

It is my belief that those who are so anxious to have an urgent care center located near the old St. Luke Hospital site make the all too common mistake of thinking that urgent care and emergency care are pretty much interchangeable words when it comes to health care, why because to the average person emergency and urgent are often responded to with the same level of "crisis-response".

However, in healthcare these two types of care are distinct and separate. I looked high and low for what I thought was a concise description of these two terms and I found the following (that to Tricare, the Military Health System), which seemed to be the most accurate.

Urgent care conditions are medically necessary services, which are required for an illness or injury that would not result in further disability or death if not treated immediately, but require professional attention and have the potential to develop such a threat if treatment is delayed longer than 24 hours. An urgent care condition could be a sprain, sore throat or rising temperature.

Emergency care conditions are those that threaten your life, limb or eyesight. An emergency as a medical, maternity or psychiatric condition that would lead a "prudent layperson" (someone with average knowledge of health and medicine) to believe that a serious medical condition existed, or the absence of medical attention would result in a threat to his or her life, limb or sight and requires immediate medical treatment or which has painful symptoms requiring immediate attention to relieve suffering.

So why not place an urgent care center north of the freeway? And since there already is an urgent care center located on South Fair Oaks, near Huntington Hospital wouldn't it be a bit of overkill to put yet another urgent care center in the same vicinity?

In my opinion, no, because placing another urgent care clinic near or even on the Huntington Hospital campus would allow for the marshalling and combining of resources that could only serve to benefit both the healthcare providers and the patients.

Is the ED at Huntington Hospital overburdened, without a doubt? On any given day ambulances are diverted to one of seven other hospitals, they are (in no particular order): Verdugo, Glendale Memorial, Glendale Adventist, San Gabriel Community, Alhambra Community, Arcadia Methodist and Kaiser Baldwin Park.

Patients and their families aren't the only ones who are not the biggest fans of diversion, doctors and nurses do not look forward to their hospital being on diversion or being one of the facilities that the patients are being diverted to; however this has become a way of "doing business" far too frequently in most major cities throughout the US.

Of course, it is simple to conclude that if only our country had free healthcare

for all then we'd have plenty of EDs to go around, this would result in reasonable (what ever that means) wait times and hospitals wouldn't have to sacrifice their EDs in order to keep the doors to the rest of the hospital open. The only problem with this line of reasoning is that "free healthcare for all" is not really free, someone pays for it and it is usually "We the People" via taxes; and just because everyone has access to healthcare, like in Canada for example, does not mean shorter wait times in the ED. A Canadian nurse once shared her frustrations on a popular nurse mailing list that Canadians use their EDs as if they are same day clinics (sound familiar?) because they know that coming to the ED will get their health concerns address more quickly then waiting the many weeks to get an appointment to see their physician.

But why can't the City of Pasadena just wave its magic wand and do something about the ED crisis in Pasadena? Doesn't Pasadena have its own health department and if so aren't they the ones with the oversight of the EDs in our city?

However, when it relates to Emergency rooms and emergency transport that responsibility by law lies with the jurisdiction of the County of Los Angeles not with the city.

So, one must ask oneself if adding a City-subsidized urgent care center at the now defunct St. Luke that is a 10 to 15 minute drive from Huntington Hospital is any more sensible than at any one of the other seven hospitals that are within a mandated maximum 20 minutes drive from Huntington Hospital.

But what about diversion? Diversion is a form of emergency room crowd control. When an ED has reached its capacity it can be closed to new admissions, however the law requires that any ED that is on diversion is re-opened each hour, even if they are "full", and the Emergency Medical Treatment and Active Labor Act (EMTALA) which requires that hospitals must treat and stabilize any patient that comes to the ED regardless of ability to pay, citizenship, or legal status.

Any hospital that accepts payment from the Department of Health Services, Centers for Medicare and Medicaid Services must obey EMTALA regulations, or risk severe penalties and fines.

Once an ED is "closed" the ED personnel are required to re-open the following hour for fifteen minutes during which time they reassess and if they are able they can re-open, if not they can close but once again they must reassess after that hour they are closed. Ambulances in our city shoot for this "15-minute window" so they can transport our citizens to Huntington Hospital rather than having to divert them to one of the other seven hospitals.

Whether trauma, emergent, or urgent care is needed, immediate proximity to a hospital, not proximity to a convenient neighborhood urgent care center, is essential to deliver timely and effective care because of greater accessibility to highly trained trauma and ED teams and specialized and costly imaging and other medical equipment.

So in short, geographical proximity is not as important as the proximity in time to the right medical personnel and resources that can make a critical difference to care for your loved ones.

So what should we do, in my opinion, not using valuable human or financial resources in trying to reopen the now decommissioned St. Luke's Hospital would be the wisest move, we also should invest in supporting the opening of a fully functioning urgent care clinic near or within the Huntington Hospital campus as this is the most logical and medically sound decision we can make, and the number one reason for this is quite simple — the paramedics or ambulance will not transport you to urgent care, but it will transport you to the ED and also from an urgent care clinic to an ED.

We also need to invest in clinics, like CHAPS, which can and do provide care for every day aches and pains and do so in a low-cost manner-making healthcare affordable. Finally we need to educate people better on what urgent care is all about and that it can and does offer affordable medical care.

Recently, my daughter, who has been self-pay for many years, had been

complaining of severe pain in her arm. When the pain had continued for more than a week I prevailed upon her to go to the local urgent care clinic, for just a little over \$100.00 she received a thorough exam, several x-rays which were used to rule out a fracture or shoulder separation and several prescriptions for her complaint and even a refill prescription on her asthma medication and the wait time was about 1/4 of what an ED wait time would have been – not to mention one less patient waiting in an already overcrowded ED.

The cost for this visit was far less than what a ED visit would have cost, and if more families were aware of this option then they might be more likely to chose urgent care over emergency care.

In addition more and more insurance plans have begun to recognize urgent care as part of their reimbursable care plans making this an option for those with insurance who know that their concern may not reach the level of an emergency, but that it may not be able to "wait" days to be seen by a physician, nurse practitioner or physician's assistant.

Before people complain about the cost, it is important to note that it cost approximately \$52.00 for the initial assessment/visit, and tests, x-rays, etc., are an additional cost.

However the cost of my daughter's visit on its face may seem high, but it is not when you consider that a family of four can hardly see a movie these days for less then about \$40.00 (and that's without popcorn, snacks or beverages), a Playstation3 game ranges from \$30.00 to \$60.00, and even a pair of decent sneakers from the local discount shoe store can run \$40.00 and up – so all in all the cost for an urgent care visit is not unreasonable, nor unattainable.

Meanwhile, my other daughter who has a health insurance plan that is often referred to as the "Cadillac of Health Insurance" ended up with a \$300.00 bill after insurance for her emergency room visit, no lab work no x-rays just an open wide and say ahh.

In the end the decision of where to place a new urgent care clinic (and we do need a new urgent clinic) should be done with a great deal of thought and an eye to what is practical and sensible, not what is emotionally or politically expedient.

The city should also encourage the development of more health clinics (private or public) that everyone can access. By encouraging the use of health clinics and urgent care clinics for the purposes that they are intended for, then this will in turn help lower the number of people seeking help from the EDs thus bringing the waiting times down and not overloading already limited ED resources.

As for the St. Luke's property, I am the last one who wants to see that beautiful building and land sold to some developer who only wants to build yet one more unaffordable housing or condo development; but re-opening St. Luke's as a hospital is not feasible – but what about opening it as a two-year nursing school? Now that idea in my opinion has potential!

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