

Building Project at CC to Prepare LVHVN for 21st Century

LVHVN'S BOARD OF TRUSTEES LAST WEEK APPROVED THE CONSTRUCTION PROJECT AT CEDAR CREST & I-78 THAT WILL COMPLETE the consolidation of acute inpatient beds and improve how ambulatory testing services are provided.

The board authorized funding for a five-story building that will house obstetrics/gynecology, neonatal and psychiatric beds, intensive care units and ambulatory diagnostic areas. Most patients who are currently admitted for these and related services and treatment go to 17th & Chew.

Consolidating acute inpatient services at Cedar Crest & I-78 will create a concentration of medical specialists and facilities that will result in high-quality, cost-effective care, according to Lou Liebhaber, chief operating officer. LVHVN expects to save almost \$4 million more when consolidation is completed, in addition to the millions of dollars already trimmed through the process, he said. "This plan puts LVHVN ahead of the trends that are transforming our industry. Investment in our community by improving our facilities will enable LVHVN to remain a vigorous provider of care and avoid the fate of local and national businesses that failed to modernize and plan for the future."

"By putting all acute care beds at one site and expanding ambulatory services, we can respond to changing market conditions, as well as to the changing needs of our staff, physicians, patients and the community," Liebhaber said.

The "East Building" project will contain 230,000 square feet of space and 122 acute care beds, bringing the bed total at Cedar Crest to 602.

The projected cost of the new building is about \$52 million. It will be a modified "L-shaped" wing, situated between

the main hospital tower and the 1210 medical office building and will extend into current parking areas for emergency and medical office building patients.

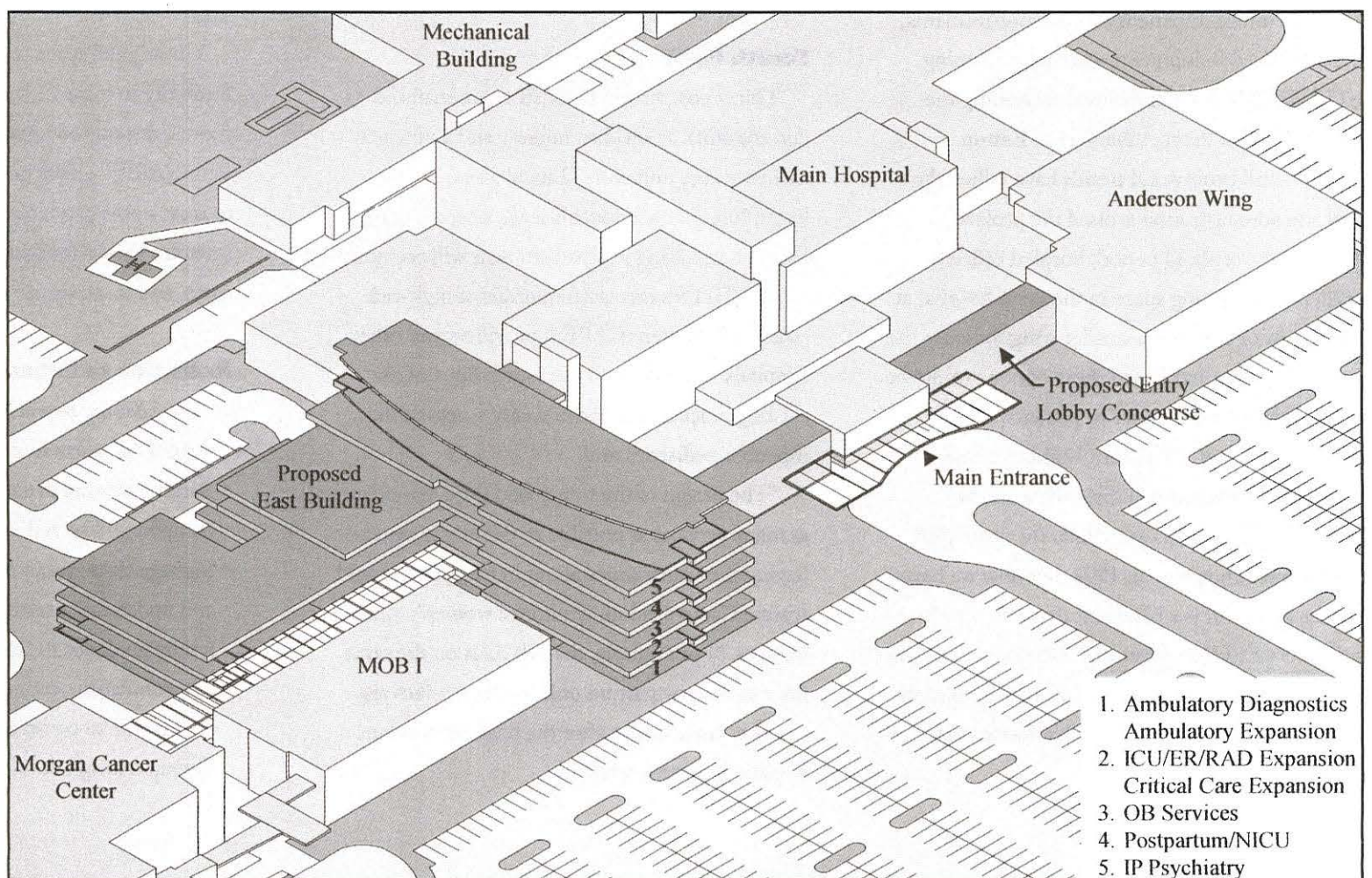
According to Liebhaber, ground breaking is slated for August 1997, pending plan approval by the state and local authorities. A certificate of need was filed last week with the Pennsylvania Department of Health; the review process could take six to nine months, said John Stavros, senior vice president, marketing and planning. The building is scheduled to open in January 2000.

"This project will make major improvements in the way women, babies, mental health and ambulatory diagnostic patients are treated in the Lehigh Valley in the 21st century," Liebhaber said. "Through this plan, we will use the community's resources in a responsible way to continue our mission of providing high-quality, cost-effective medical care to patients regardless of their ability to pay."

The project is part of LVHVN's five-year, multi-phase functional and facilities "vision" authorized by the trustees in 1994. The design makes 17th & Chew a hub of ambulatory services, community-based programs, primary care and the base for the new seniors program

THE EAST BUILDING AT A GLANCE

- **5th floor**
PSYCHIATRY
- **4th floor**
POSTPARTUM, NICU, NEWBORN NURSERY
- **3rd floor**
LDR, HIGH-RISK PREGNANCIES, CESAREAN
- **2nd floor**
MICU, SICU, SCU, ER, RADIOLOGY SPACE
- **1st floor**
VASCULAR LAB, HEART STATION,
NUCLEAR MEDICINE,
NEURODIAGNOSTICS LAB, PT



The planned, five-floor East Building (viewed here from the north) will be located between the main hospital and the 1210 medical office building.

slated to kick off next year. The transitional skilled unit, emergency services, inpatient hospice beds, outpatient surgery, diagnostics and testing, and ambulatory medical practices will stay at this urban Allentown site. “LVHHN remains committed to providing vital programs and services at 17th & Chew,” Liebhaber said. “The exciting part of planning for this site is that we have engaged our community in the process.”

A team led by Mark Young, M.D., chair of community health and health studies, has gathered input and tested ideas for 17th & Chew with a series of groups including government leaders, businesses, educators, neighboring hospitals, social service providers, city residents and LVHHN clinical leadership. Innovative options being explored include expanding geriatric services, creating a medical mall of health-related retail stores and improving parking, signage and the front entrance. “Since we have at least two years to develop new programs for this site, we can be sure they will be current with the needs of the community,” Liebhaber added.

Liebhaber noted that the functional plan was designed with built-in flexibility to allow for changes in the health care environment. He announced in April that the planning of the building was being re-evaluated.

“We delayed the project in the spring because of regional market conditions, our financial performance and managed care trends. We now believe that moving forward with the project is the right way to prepare for the future,” he said.

Stavros noted that several promising indicators helped put the project back on track: “The past few months have brought much more optimism about LVHHN’s future. Inpatient census improvements, PennCARESM developments—including signing the U.S. Healthcare contract and expanding the network through the membership of Easton Hospital—and positive OI trends have rallied the board and administration around the project.”

During the on-hold period, hospital officials considered renovating space in the main hospital at Cedar Crest or building a smaller wing to house the relocated services, but found these options would be too expensive and disruptive to patients, visitors, physicians and staff. “The East Building project is truly the option that will meet these needs,” Liebhaber said. “This is essentially the same plan that was first announced in 1994, but now we have all of the details. It is a blueprint that will significantly affect LVHHN’s future.” Extensive input was provided throughout the design process by clinical and administrative staff from each affected area, Liebhaber added.

The following is a floor-by-floor description of the new wing:

Fifth Floor

The top floor will house 44 beds for adult and adolescent psychiatric patients in private and semi-private rooms. This total is 12 fewer beds than the current number at 17th & Chew because of the demonstrated effectiveness of ambulatory mental health programs in decreasing the need for inpatient care.

“*This plan puts LVHHN ahead of the trends that are transforming our industry.*”
— Lou Liebhaber

According to Michael Kaufmann, M.D., chair of psychiatry, the design of the psychiatric units will enhance the short-term acute mental health care provided there, and the close proximity of the units to the main hospital will better meet the medical needs of the inpatients. “Likewise, the new location will facilitate access to these services for medical inpatients who may require mental health intervention,” he added.

Fourth Floor

Thirty postpartum beds (six more than the current unit), a newborn nursery and a neonatal intensive care unit with 32 incubators, or “isolettes,” are planned for this level. According to Liebhaber, adding postpartum beds will accommodate LVHHN’s increased referrals of high-risk patients from PennCARESM providers and other hospitals. A walkway to the fourth floor of the existing hospital will provide easy access to the inpatient pediatrics unit.

“The design of the fourth and third floors brings as many services as possible to the family instead of having the family move about in the system,” said Jeanne Camara, administrator of women’s inpatient services. “For example, the NICU is on the same floor as the postpartum unit so that families are closer to their babies after the birth of an infant needing intensive care.”

Third Floor

This floor will have 10 labor-delivery-recovery suites, two rooms for Cesarean deliveries and 10 beds for women with high-risk pregnancies.

Second Floor

The hospital’s medical and surgical intensive care and special care units will be moved from the main hospital to the second floor so the units can be enlarged and modernized. This level will connect to the second floor of the main hospital, providing access to the operating rooms, emergency department, shock-trauma unit and radiology department, as well as the MRI center to the east of the new building. The new units will contain a total of 30 beds, two more than the current number.

The second floor will also provide space to enlarge the emergency and radiology departments located adjacent to the new wing.

First Floor

Often-used outpatient testing and treatment programs now located in hard-to-find places in the main hospital will be moved to the first floor and redesigned for patient convenience. These include the vascular lab, heart station, nuclear medicine, neurodiagnostics (EEG) lab and physical therapy, and all will share a common patient registration and waiting area.

A two-story, glass-enclosed lobby concourse will link the first floor to the medical office buildings and Morgan Cancer Center to the east and the main lobbies of the hospital and Anderson Wing to the west. This feature will improve the movement of patients and visitors throughout the Cedar Crest site.

Unassigned space on each floor will provide flexibility to increase the number of private patient rooms, respond to inpatient growth resulting from PennCARESM alliances and adapt patient care units to treat sicker patients, including the addition of isolation rooms for patients with infectious diseases, and to maximize safety precautions.

Activities to Enhance the Site

The following improvements will be made at Cedar Crest & I-78 independent of the building project:

- Parking lots north and south of the building complex will be redesigned and renovated.
- Signage throughout the campus will be reviewed and updated as necessary to enhance patient and family guidance to their destinations.
- An ambulatory surgery suite with four operating rooms will be constructed on the second floor of the main hospital. ■