

# Cooper University Cape Regional

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has provided tele-neurology and physician advisory services to Cape Regional for many years.

“Cooper is really the leading academic medical center in South Jersey,” Carrocino said.

About 70 percent of patient transfers from Cape Regional go to Cooper, she said, noting that is by choice. There is no requirement that Cape Regional patients transfer to Cooper, Carrocino said.

“We always honor patient choice,” she said.

Physician recruitment has been a challenge for Cape Regional. There is a national shortage of physicians, but the rural nature and location of the medical center makes recruitment more challenging, according to Carrocino.

Cooper has a physician recruitment pipeline that will help bring new doctors to Cape May County.

“Specifically, Cooper has a medical school at Rowan University and currently has 450 medical students that are training to become doctors,” she said. “In addition, they have 456 residents and fellows, so these are doctors that completed medical school that are now specializing in one of

many areas.”

Cape Regional also chose a merger with Cooper due to its MD Anderson Cancer Center, which is number one in the nation for cancer care, she said. Cooper has had a 10-year relationship with MD Anderson.

“We want to bring MD Anderson to Cape Regional, so cancer patients do not have to travel for services,” Carrocino said.

Cape Regional began its relationship with MD Anderson last December and now all treatment plans are reviewed by MD Anderson at Cooper, meeting their state-of-the-art protocols.

“Patients since December are getting an automatic second opinion by MD Anderson without having to travel to Camden or Houston, where MD Anderson is based,” she said.

Another reason for the merger is Cape Regional’s computer systems must be replaced by the end of the year. Carrocino said Cooper is investing \$25 million in a new system.

The new system known as Epic, which is used by 90 percent of teaching hospitals in the nation, will provide an app to store medical records for patients, provide test results and allow the scheduling of appointments. The goal is for

the new system to go live by Oct. 1, she said.

“The Cooper Board of Trustees and the senior leadership team have a major commitment to grow, invest in Cape Regional and expand to serve this community, and that’s exactly what we wanted,” Carrocino said.

Cooper has also committed to spending \$30 million over the next five years, which covers replacement of equipment and growth and expansion.

She said Cooper has more than 75 specialties to which Cape Regional patients will have access.

“We’ve identified the need for 33 new providers, which are physicians, nurse practitioners and PAs (physician assistants), and that’s the shortage in this community,” Carrocino said. “Out of those 33, we have already recruited eight that will be coming in the next six months — five are primary care, we have two gastroenterologists and we have one female GYN physician.”

Piratzky said the Thomas and Claire Brodesser Cancer Center was made possible by more than \$5 million in donations from the community.

A \$3.5 million capital campaign renovated ev-



PIRATZKY



CARROCINO

ery patient room in Cape Regional and the intensive care unit was upgraded by raising \$2.5 million, he said.

More than \$8 million was raised for the Claire C. Brodesser Surgery Center with a lead gift of \$2 million from Tom Brodesser.

“Right now, we are in the middle of a \$10 million to \$12 million capital campaign to expand our radiology department as well as our emergency department,” Piratzky said.

Cape Regional had space available at its former same-day surgery location, which is now a new state-of-the-art radiology department, he said.

“We will be putting nine additional patient bays into the new emergency section of our expansion,” he said. “We currently have 33 bays.”

The nine new bays can become negative pressure in case of a pandemic to isolate the air flow. The entire unit can become negative pressure if needed, he said.

So far, \$6 million has been raised for the emergency section expansion. Carrocino said the emergency department is being expanded by 15,000 square feet plus adding a satellite radiology department within the emergency room.

She said about 90 percent of emergency room patients need some type of radiology.

Within the emergency room, a general X-ray room, ultrasound and a second CAT scanner will be added by the end of the year, so patients will not have to leave the emergen-

cy department for X-ray services.

Cape Regional has an addiction recovery center.

“We have a very high addiction rate in our county, and we have a program called CARES (Cape Addiction Recovery Services),” Piratzky said.

He said when someone enters the hospital with a drug overdose, they meet with a recovery specialist within 30 minutes to talk about enrolling in a program.

“There’s just so much addiction in our community, and part of it has to do with our winters here with many of our locals unemployed. They have a lot of time on their hands, and sometimes it ends up in some very negative behavior,” he said.

During public comment, a member of the public asked if Cape Regional would reopen a maternity section. Carrocino said when she came to work at Cape Regional 20 years ago, the hospital had four OB/GYN physicians but now has just one.

“It’s a complex issue,” she said. “There’s no immediate plans to bring maternity back, but Cooper is committed to evaluating the feasibility of it.”

Carrocino said Cape May County’s birth rate is very low, noting Cape Regional delivered only 250 babies per year when its maternity department was operating, while one to two deliveries per day was ideal.

Currently, there is national shortage of 9,000 OB/GYN physicians, she said, adding that is expected to double in the next decade.

Piratzky said a situation

not unique to Cape Regional is trying to get young people to live in Cape May County.

“It’s very expensive to own a home, and it’s not just us. We’re seeing it in the school systems, we’re seeing it in the police force. It’s just very expensive for a young person today to live in Cape May County and it’s hurt us in many areas,” he said.

Based on a community health needs assessment, young people are not living in the county and if they work here, they may live in another county and commute, Piratzky said, adding that contributes to the low birth rate here.

“I can’t tell you how many people we’ve recruited, they’ve accepted and then they call us before they start and say they can’t find housing — it’s huge,” Carrocino said.

Since the announcement of the merger with Cooper, there has been a lot more interest in working at Cape Regional, she said.

A local resident asked if they could continue to see their doctors after the merger.

Carrocino said nothing would change and patients could continue seeing their doctor/provider.

“We’re just bringing more choice to the area with new physicians and nurse practitioners down the road, but nobody has to make any changes whatsoever,” she said.

COVID changed health care, according to Piratzky, with many doctors and nurses leaving the profession nationally after the pandemic.

“We had a very large volume of patients at our hospital. It was a very stressful time for a lot of our staff and I will say I was never more proud of an organization,” he said.

Carrocino said COVID is still present, noting there were four COVID patients in Cape Regional the day of the meeting.

The pandemic was another factor in seeking a merger with a larger health system, she said.

“Our goal here is to provide the best possible health care and we can do that much better being part of the Cooper system,” Carrocino said.

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