



**Testimony before the New York State Department of Health
Public Health and Health Planning Council
Regarding North Shore-Long Island Jewish Health System's
Proposed Lenox Hill Hospital Center for Comprehensive Care
at 30 Seventh Avenue, Manhattan
(CON #111531)**

September 22, 2011

We are City, State and Federal legislators representing the Primary Service Area of the former St. Vincent's Catholic Medical Center ("St. Vincent's"). Thank you for the opportunity to present testimony before the New York State Department of Health Public Health and Health Planning Council regarding North Shore-Long Island Jewish Health System's ("NS-LIJ") Certificate of Need Application ("CON") for its proposed Lenox Hill Hospital Center for Comprehensive Care ("The Center") to be located at the former hospital's O'Toole Pavilion at 30 Seventh Avenue in Manhattan.

While we have serious concerns about certain details of The Center proposal, we understand that it would provide significant health care services to the Lower West Side and could serve as a front door to health care, something the community has lacked since St. Vincent's Hospital closed. If the concerns raised below are satisfactorily met, we encourage New York State Department of Health ("DOH") to approve the CON application.

For 160 years, St. Vincent's played a central role in the delivery of health care to Manhattan's Lower West Side neighborhoods. The hospital opened its doors to everyone, regardless of ability to pay, and not only provided inpatient care and 24-hour emergency services, but also outpatient surgery, a wide range of specialty services, and culturally sensitive, community based primary care.

The Center is neither a replacement nor a substitute for St. Vincent's. Nothing less than another full service, acute care hospital providing high quality care to all patients who come to its doors would be. We will continue to advocate for such a facility. As this CON application being reviewed notes, the DOH repeatedly signaled that there was a continued need for St. Vincent's up until its closure was announced. Nonetheless, faced with St. Vincent's crushing debt and a challenging health care economy, no experienced health care provider has yet put forth a credible proposal to reestablish a hospital on the site. In the absence of a full service hospital, we recognize that the Center has the potential to fill many gaps in the Lower West Side's health care infrastructure, and it would provide key services for the community that no other provider has proposed to do. Additionally, the Center's existence does not preclude the development of a full service hospital at a later date.

As part of the Lower West Side Community Health Needs Assessment ("Needs Assessment"), which we worked with the local community boards to initiate, the CUNY School of Public Health at Hunter College and Fulton Youth of the Future, in cooperation with the Commission on the Public's Health System, surveyed residents of the communities surrounding St. Vincent's to learn about their health care experiences before and after the hospital closed.

Among their findings, the surveys revealed that since St. Vincent's closed, many residents of its primary service area have had trouble connecting to and accessing appropriate care and have felt insecurity, anxiety, fear or unhappiness about the lack of an emergency room and full service hospital nearby. Access issues included not knowing where to go for care, having to travel too far for care, finding that providers did not accept the patients' insurance, and finding that providers did not have hours outside the regular work day. The surveys also found that people with physical or mental health conditions requiring regular care, who tended to be older, male, Latino and receiving Medicaid, reported worse health care experiences post-closure than others. As the CON application notes, the service area has higher rates of non-institutionalized individuals with sensory, physical, mental and self-care disabilities than Manhattan as a whole. A significant minority of respondents to the Needs Assessment surveys reported difficulty post-closure accessing their medical records from the former St. Vincent's.

The CON application indicates that The Center would greatly increase our community's access to vital health care services. Operating as a hospital division of Lenox Hill Hospital, the facility would include a 24/7 free-standing Emergency Department ("ED") that would be able to treat more than 90% of the conditions seen at the former St. Vincent's emergency room; two medical/surgical beds for short-term observation and treatment of patients; ambulance service for patients who need to be transferred to a general hospital; a multi-specialty ambulatory surgery center; diagnostic radiology services and a clinical laboratory. In addition, NS-LIJ has reserved a portion of the facility for physician practices, for which we expect doctors formerly affiliated with St. Vincent's will be given preference, as well as space which NS-LIJ will consider occupying with services that fill care gaps identified by the Needs Assessment.

We are particularly pleased by NS-LIJ's clear statements in the CON application that "The Center will accept all patients for care, regardless of ability to pay," and "all services will be made available to patients without regard to insurance status and, for those without insurance, financial assistance will be offered by North Shore-LIJ on a sliding fee scale for those households with income up to 500% of the federal poverty limit." One of the characteristics of services provided by St. Vincent's was that all people were served with a single standard of care no matter what their economic, social or any other-defining status in their or their families' lives, and we would expect no less from NS-LIJ's new facility.

NS-LIJ is promoting the Center as "a new front door for communities to access healthcare," and is embracing the critical function "to triage community residents to the most appropriate level of care and enhance the ability of all providers to better meet the healthcare needs of the community." Any emergency department, free-standing or otherwise, attracts patients in non-emergent situations who go there for immediate attention when they should instead be seeking regular primary or specialty care. NS-LIJ is prepared to facilitate patients' access to the

continuum of health care services and to work with the community's federally qualified health centers, diagnostic and treatment centers, mental health providers, and office-based practitioners to facilitate that care. As the CON application notes, this is a role that St. Vincent's previously assumed. The Needs Assessment indicates that this role urgently needs to be filled.

We are encouraged by NS-LIJ's investments in health information technology and its ability to make patients' medical information available digitally to patients' other providers. As the Needs Assessment found, accessing health records from the former St. Vincent's has been a tremendous challenge for most patients who have sought them. NS-LIJ's portable electronic health records will not fix that problem, but nonetheless would be welcome for our community's future.

There have been many reports since St. Vincent's closed of overcrowding at other hospital Emergency Departments, and in particular at Beth Israel, Bellevue and New York Downtown, that have had to absorb the patient load. NS-LIJ's CON application suggests that "The Center would play a crucial role in mitigating overcrowding in neighboring Emergency Departments generated by service area residents." If DOH agrees this is likely to be true, this would certainly be a welcome outcome.

While we see great promise in the proposed Center, we have concerns as well. Some in the community have raised questions about whether the neighborhood would be better off without a healthcare facility at this site if it is anything less than a full service general hospital. Some have suggested that people who have one of the life-threatening conditions the freestanding ED is not equipped to treat could be worse off for having chosen to go there rather than across town or uptown to an acute care hospital. Some have asserted that the time that would be lost while NS-LIJ's emergency department staff evaluate, stabilize and prepare patients for transport to a general hospital in the ambulance stationed outside the facility could cost lives. We call upon DOH to formally address this issue, including performing a thorough professional review of all peer reviewed literature on ambulance diversion and its impact on mortality as well as short- and long-term health outcomes. DOH must not approve this application if the facility will put lives in jeopardy.

We are especially concerned that the Fire Department of New York Emergency Medical Service's ("EMS") patient delivery criteria and transfer protocols have yet to be announced. The CON states "North Shore-LIJ has initiated contact with FDNY EMS and begun to familiarize staff with the proposed model of care in anticipation of the development of triage criteria approved by DOH." DOH must not approve this CON application until and unless NS-LIJ and EMS, in collaboration with DOH, have established ambulance protocols, based upon the ED's capabilities, which all parties agree are sound.

The CON application notes that in some communities, "Freestanding Emergency Departments are so successful in filling a critical void in the care continuum that they establish the need and facilitate the construction of a new hospital in the communities where they are located or they replace access to essential care following the closure of a hospital." A new full service hospital remains our goal. If the Center is approved, we will continue to urge in the strongest possible way that NS-LIJ or another provider build upon the services it offers. In the meantime, we want to ensure that our communities have access to as many essential health care services as possible.

If the serious concerns we raised above are satisfactorily addressed, we would support this application's approval. Thank you for allowing us to submit testimony today and for your consideration of our recommendations.


Sincerely,



Christine C. Quinn
Speaker
New York City Council



Jerrold Nadler
Member of Congress
8th Congressional District,



Thomas K. Duane
State Senator
29th Senate District



Deborah J. Glick
Assembly Member
66th Assembly District



Richard N. Gottfried
Chair
Assembly Committee on Health