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Seeks Health Summit On Hospital Bed, Staff Shortages

City Council Health Committee Chair Joseph F. Lisa has called on Governor [Mario] Cuomo to convene a special summit conference of city and state health officials, health professionals and legislators to resolve the hospital bed and staff shortage crisis in New York City.

Lisa said a resolution by committee members would be introduced to call for the summit meeting. "Dialogue between the city and state is crucial to address this crisis and an immediate response is essential," Lisa said.

His recommendation was supported by Health and Hospitals Corporation President Dr. Jo Ivey Boufford and the directors of emergency services at three city hospitals who testified at a recent committee hearing.

"I can say that the problems have exploded into crises," said Dr. Lewis Goldfrank, director of emergency services at Bellevue Hospital, "and that solutions are no closer at hand. We who work in emergency services do not use the word crisis lightly. We prepare for and manage crises as part of our routine. Our present crisis is different—there is no end in sight."

Dr. John Gallagher of Bronx Municipal Hospital Center said that "gridlocked stretchers are rearranged like pieces of furniture to accommodate new arrivals." He added that during a patient's time in an emergency department "it is quite possible that your IV will run dry and no one will notice. It is equally plausible that if you have been attached to a cardiac monitor, your leads may become disconnected without anyone noticing."

In a related development, the Queens Chamber of Commerce (QCoC) is urging the city to take, "immediate action to remedy grave, severe circumstances which now threaten our public hospitals with collapse," announced Queens Chamber President Margaret "Peg" Swezey today. "Such problems as the AIDS epidemic, the serious shortage of nurses, drug abuse, and homelessness are placing enormous, unbearable pressure upon the city's Health and Hospitals Corporation (HHC)," Swezey declared. "It is evident that something must be done, and done soon, or countless numbers of people and businesses will undoubtedly suffer."

The QCoC was alerted to the severity of these problems in an emergency meeting between its Public Health & Safety Committee and Lorraine Tregde, executive director of the Queens Hospital Center in Jamaica, and Alan Channing, executive director of the City Hospital at Elmhurst, which recently took place at the Queens Chamber offices in Long Island City.

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Marshall Plan For Queens Hospitals

BY JOHN TOSCANO

What Western Queens needs is a state of the art, substantive facility to address the major reasons for discharges leaving the borough, including cardiology, orthopedics and cancer services. These facilities should provide enough beds to serve this area and may serve as a replacement facility for an existing hospital." Hopes have been expressed that the new facility would be an expansion of or addition to Mount Sinai Hospital in Western Queens.

Queens Borough President Helen Marshall, who has long been critical of the shortage of hospital beds in this borough, as well as the hospitals' poor financial operating conditions in general, yesterday called for broad improvements, including new, comprehensive hospitals in Western Queens and the Rockaways.

Speaking from her office in Borough Hall in Kew Gardens, Marshall warned: "The healthcare delivery system in Queens is not sustainable in the current state."

To rectify the situation, she said, in addition to establishing the two full-fledged hospitals; Queens should be its own health district.

+The Sophie Davis School of Medicine and biomedical education program needs a clinical campus in Queens.

+Specialty physicians should be imported to Queens, rather than patients exported out of the borough.

In proposing better access to health care in Western Queens, Marshall said, "What Western Queens needs is a state of the art, substantive facility to address the major reasons for discharges leaving the borough, including cardiology, orthopedics and cancer services. These facilities should provide enough beds to serve this area and may serve as a replacement facility for an existing hospital." Hopes have been expressed that the new facility would be an expansion of or addition to Mount Sinai Hospital in Western Queens.

Marshall also recommended the establishment of federally qualified health centers and ambulatory care centers in Western Queens.

The clinical campus for the Sophie Davis School of Medicine would correct the condition that no clinical campus where students can learn clinical skills currently exists in Queens.

Marshall has designated the Queens Hospital Center in Jamaica as the ideal location for the Davis School clinical campus.

The clinical campus, said Marshall, is an important way to attract and retain medical talent in the borough. Teaching at borough hospitals would encourage those physicians to keep their patients in the borough, Marshall said.

Marshall's plan to add more hospitals and healthcare facilities in Queens comes 13 days before the state Commission on Health Care Facilities in the 21st century is scheduled to release recommendations for closing many hospitals around the state on November 28.

Marshall has expressed sharp differences with the commission in recent years as proposals for future hospital closures have been reported.

Marshall said she had established a vision for the healthcare delivery system for Queens' 2.3 million residents. Basing her initial vision on an inpatient demand analysis conducted by PriceWaterhouseCoopers, Marshall called upon the leaders of healthcare delivery in her borough to discuss her initial thoughts.

Toward this end, meetings were held with leaders of all the hospitals in the borough, and also with the Queens Medical Society.

Marshall outlined her vision of the future healthcare delivery system in Queens based on the findings of the PriceWaterhouseCoopers report.

Among the key findings of the report, Marshall said, there are not enough beds to serve the healthcare demands of Queens residents. She pointed out, "There is an aging in the population, resulting in an increased demand for inpatient services. Patients over 65 are projected to increase by 9.4 percent from 2000 to 2010."

Because of the lack of beds, Marshall said, "Patients are leaving for higher levels of care, including cardiology, OB/delivery, orthopedics and cancer services." They go to hospitals mainly in the other five boroughs, she said.

Also, Marshall said, the report found, that gaps exist in services provided in Queens. She explained, "There is limited access to high-level tertiary services throughout the borough, but especially in Western Queens. Patients in this region of Queens out-migrate for care at more consistent rates regardless of insurance coverage, indicating a lack of



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access to care in the region."

In Western Queens, Marshall added, the report showed there is a lack of primary care physicians also.

"Overall, patients with choice, Medicare and commercial insurance coverage, are leaving at higher rates than patients without a choice (such as Medicaid or self-paying patients)," Marshall said.

To remedy the situation, Marshall proposes that Queens should become its own health district and as such, Queens hospitals will find it easier to obtain regulatory approval for key services. Under the present setup of health districts, she said, when Queens hospitals apply for major service improvements, they are considered along with hospital requests from throughout New York City. Usually, Queens hospitals do not win approval.

In proposing a new major hospital in Western Queens, where there is presently a lack of service of this kind, Marshall says such a facility will encourage patients to stay in Queens. Importing specialty physicians to Queens would serve the same purpose.

Marshall noted other reasons why patients leave Queens for hospitals in other boroughs, predominantly Manhattan:

In the neighborhoods of Elmhurst, Corona, Jackson Heights, Maspeth and Woodside, 33 percent of adults have no primary care provider, and roughly one-third of this population has no health insurance.

In Northwest Queens-Astoria, Sunnyside and Long Island City-28 percent of adults have no primary care provider, and roughly one-third of this population has no health insurance.

The lack of primary care providers in these areas and the lack of insurance coverage limits access to appropriate care.

Current hospital facilities in this region of Queens are not able to provide the necessary services, or are not easily accessible for patients requiring care.

The report showed that in 2004, patients from Queens who went to hospitals in other boroughs deprived Queens hospitals of \$630 million in income. This contributes to the hospitals' low operating margins which, in turn, make capital investments even more difficult for the hospitals in Queens. They then are prevented from making improvements in service that would attract Queens patients to them.

Marshall said she had discussed her healthcare delivery ideas with officials of Elmhurst Hospital Center, Queens Hospital Center, Jamaica Hospital Medical Center, Flushing Hospital Medical Center, Mount Sinai Hospital of Queens, New York Hospital Medical Center, North Shore-Long Island Jewish Medical Center, Parkway Hospital in Forest Hills, Peninsula Hospital Center, St. John's Episcopal Hospital, South Shore, Wyckoff Hospital, SVCMC St. John's Queens, and Mary Immaculate Hospital.