

24/7
EMERGENCY
DEPARTMENT

400
FULL-TIME
DOCTORS,
NURSES, AND
CAREGIVERS



The Plan to restore healthcare to the Westside

Rudin Management Company, Inc.





Rudin Management Company, Inc.

*The Plan to restore
healthcare to the Westside*



Rudin Management Company, Inc.

May 31, 2011

Dear Community Board 2 Member,

On behalf of our respective organizations, we are pleased to provide you with these materials to help inform and justify our proposed plans for a new health facility at the historic O'Toole building and related development. As we proceed into the public approval phase of this project, we hope you find this information to be helpful.

In the past decade, over 14 hospitals have been closed citywide, with over 4,700 beds taken out of the system. No hospital closing was as public or difficult as St. Vincent's Manhattan, a 168-year-old institution whose commitment to this City was historic. We truly commend this community on its efforts to revitalize healthcare in response to St. Vincent's closing—in fact, it is your advocacy, the work of the Community Health Assessment steering committee, that persuaded us to invest the funding and resources necessary to deliver the North Shore-LIJ's Comprehensive Care Center.

As you will see in this briefing book, if approved, our proposal will deliver the healthcare you need, want and deserve. Anchored by a freestanding, 24-hour Emergency Department, this state-of-the-art facility will give local residents around-the-clock access to board-certified emergency physicians, nurses and a workforce of about 400. The complex will feature a full-service imaging center, a specialized ambulatory surgery facility, ambulance transport services and the latest advanced life-support technologies.

Further, if approvals are granted, this project will boost the struggling local economy; add a 563-seat public school; create a new, public park at the St. Vincent's triangle; and reduce overall bulk while maintaining the historic fabric of the Greenwich Village Historic District by preserving five of its most historic structures—including O'Toole.

We are committed to continuing this ongoing dialogue with the community to ensure that all of your needs are considered and that we end up with a project that is realistic and truly adds value to the incredible quality of life in this neighborhood.

Sincerely,

Handwritten signature of Michael J. Dowling in blue ink.

Michael J. Dowling
President & CEO
North Shore-LIJ Health System

Handwritten signature of William C. Rudin in blue ink.

William C. Rudin
CEO
Rudin Management

The Plan to restore healthcare to the Westside

Table of Contents

<i>About North Shore-LIJ.....</i>	<i>4</i>
<i>About Rudin Management.....</i>	<i>5</i>
<i>North Shore-LIJ's Comprehensive Care Center: Overview.....</i>	<i>7</i>
<i>Conditions Treated.....</i>	<i>9</i>
<i>North Shore-LIJ's Letter to Elected Officials.....</i>	<i>10</i>
<i>Clearing the Record.....</i>	<i>20</i>
<i>ACEP Fact Sheet.....</i>	<i>22</i>
<i>Community Concerns Addressed.....</i>	<i>24</i>
<i>What New Yorkers Are Saying.....</i>	<i>25</i>
<i>Editorial Support.....</i>	<i>27</i>

About North Shore-LIJ

The nation's second-largest non-profit, secular healthcare system, North Shore-LIJ delivers world-class clinical care throughout the New York metropolitan area, pioneering research at The Feinstein Institute for Medical Research and a visionary approach to medical education, highlighted by the Hofstra North Shore-LIJ School of Medicine. The winner of the National Quality Forum's 2010 National Quality Healthcare Award, North Shore-LIJ cares for people at every stage of life at 15 hospitals, including nationally renowned children's and psychiatric hospitals, long-term care facilities and more than 200 ambulatory care centers throughout the region. As an integrated, academic health system, North Shore-LIJ's 110 residency and fellowship programs serve as a training ground for more than 1,200 future physicians, many of whom hone their skills at North Shore-LIJ's Patient Safety Institute—the nation's largest patient simulation center. As evidence of its commitment to community health and patient-focused research, Feinstein Institute scientists and North Shore-LIJ physicians enroll more than 1,200 people every year in clinical research studies. North Shore-LIJ's owned hospitals and long-term care facilities house about 5,600 beds, employ more than 10,000 nurses and have affiliations with more than 9,000 physicians. Its workforce of about 42,000 is the largest on Long Island and the ninth-largest in New York City. For more information, go to www.northshorelij.com.

About Rudin Management

Rudin Management Company was started by Sam Rudin in 1925, who, with his two sons, Jack and Lewis, their children and grandchildren, have, over the last 80 years, helped change the skyline of the city by designing and building high-quality residential and commercial properties, located in both downtown and midtown Manhattan. Following Sam's very simple philosophy of developing only in New York City, near public transportation, providing their customers with hands-on service in response to their needs and requirements, and being responsive to the community that surrounds their buildings, they have established a very unique reputation that continues today.

Currently, Rudin Management owns 36 buildings and over 15 million square feet of residential and commercial office space in the City of New York. Some of the most iconic buildings include 3 Times Square (the Thomson Reuters Building), 55 Broad Street, 32 Avenue of the Americas, 2 Fifth Avenue, 215 East 68th Street and 345 Park Avenue.

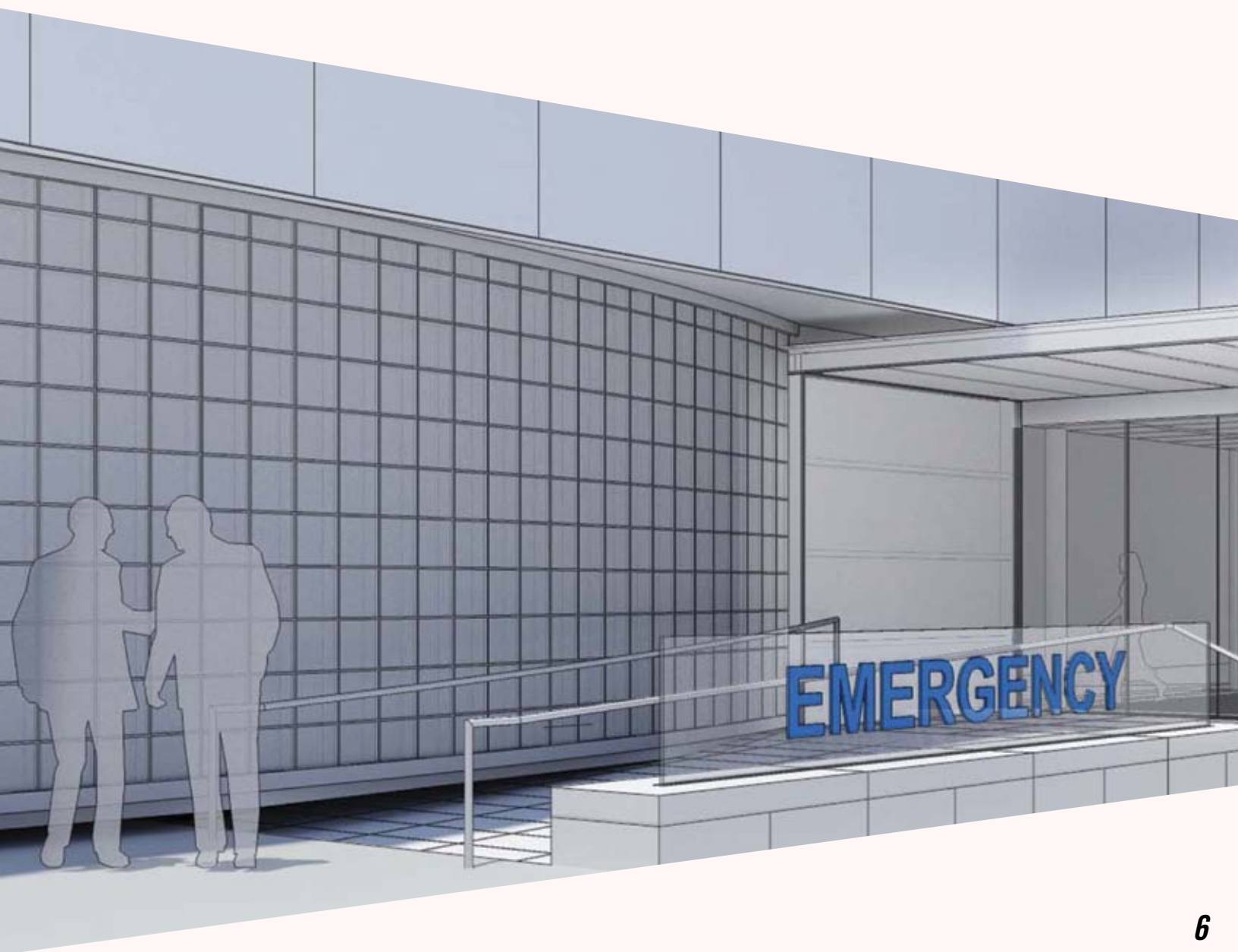
In 2007, the Rudin Family was chosen by St. Vincent's Catholic Medical Centers as their development partner. The plan received New York City Landmarks Preservation Commission approval in July 2009.

In April 2011, following the nearly one year anniversary of St. Vincent's unfortunate closing, the Federal Bankruptcy Court approved the sale of the now-shuttered hospital campus to the Rudin Family and North Shore-LIJ, New York's largest hospital system.

Rudin Management and North Shore-LIJ look forward to presenting this dynamic plan that includes restoration of emergency and other healthcare services, open space, preservation-sensitive design and new education opportunities, all while respecting the significance of the Greenwich Village Historic District.

About

***North Shore-LIJ's
Comprehensive Care Center***



Overview

North Shore-LIJ's new Comprehensive Care Center will restore much-needed emergency and healthcare services and is expected to open in the fall of 2013.

When St. Vincent Catholic Medical Center closed its doors in 2010, the hospital was committed to helping return healthcare to the community it had served for more than 150 years. St. Vincent's has now established a historic partnership with the world-class North Shore-LIJ Health System and the Rudin family to build a state-of-the-art neighborhood medical complex as part of a proposed redevelopment project in the heart of Greenwich Village.

The cornerstone of the facility is a new 24/7 Emergency Department—accessible by ambulance or on a walk-in basis—which will provide the community with access to around-the-clock diagnosis and treatment. The state-of-the-art facility will give patients—whether they have insurance or not—easy access to high-quality healthcare, with significantly shorter wait times than the city's hospital-based emergency rooms.

The new Emergency Department mirrors hospital-based emergency services and will treat a range of illnesses and injuries, including:

- Cardiac Conditions
- Allergic Reactions
- Fractures
- Concussions
- Infectious Diseases
- Motor Vehicle Injuries
- Severe Cuts and Burns
- Early-onset Stroke
- Respiratory Illness
- Abdominal Pain
- Ear Infection
- Influenza (flu)
- Gastrointestinal Illnesses
- Sports Injuries
- Occupational Injuries
- Behavioral Health Issues

In addition to the Emergency Department, which will be staffed around-the-clock by board-certified emergency physicians, nurses and a total workforce of about 400, the health complex will feature a full-service imaging center—including MRI, CT and X-ray services; a specialized ambulatory surgery facility; and ambulance transport services. It will offer the latest advanced life-support technologies, enabling clinicians to treat patients for a wide range of serious injuries and illnesses. Having those critical resources available in the neighborhood could mean the difference between life and death for patients experiencing a medical crisis.

There is currently approximately 50,000 square feet of unprogrammed space at O'Toole. What goes in that space is subject to the conclusion of the Community Health Needs Assessment and other conversations with the community and its elected officials and the New York State Department of Health.

*Healthcare is coming back
to the Westside*



**North
Shore LIJ**

Rudin Management Company, Inc.

North Shore-LIJ Emergency Department will offer emergent care services and diagnostic capabilities:

- Abdominal hernia
- Abdominal pain
- Acquired deformities
- Acute and chronic tonsillitis
- Acute bronchitis
- Adjustment disorders
- ■ Alcohol-related disorders
- Allergic reactions
- Anal and rectal conditions
- Anxiety disorders
- Asthma
- Attention-deficit, conduct, and disruptive behavior disorders
- Back pain or problems
- Biliary tract disease
- Blindness and vision defects
- Bone disease and musculoskeletal deformities
- Burns (minor)
- Calculus of urinary tract
- Cardiac and ventricular fibrillation (Cardiac arrest resuscitation)
- Cardiac dysrhythmias
- Chronic obstructive pulmonary disease
- Chronic ulcer of skin
- Complications of pregnancy
- Complications of surgical procedures or medical care
- Conditions associated with dizziness or vertigo
- Connective tissue disease
- Deficiency and other anemia
- Delirium, dementia, and other cognitive disorders
- Diabetes mellitus with and without complications
- Diseases of mouth; excluding dental
- Disorders of teeth and jaw
- Diverticulosis and diverticulitis
- Ear and sense organ disorders
- Epilepsy; convulsions
- Esophageal disorders
- Essential hypertension
- Eye disorders
- Female genital disorders
- Fever of unknown origin
- Fluid and electrolyte disorders
- Fracture of lower limb
- Fracture of upper limb
- Gastritis and duodenitis
- Gastrointestinal disorders
- Gastrointestinal hemorrhage
- Genitourinary symptoms and ill-defined conditions
- Headache; including migraine
- Hemorrhoids
- Hypertension
- Immunizations and screening for infectious disease
- Inflammation; infection of eye
- Inflammatory conditions of male genital organs
- Inflammatory diseases of female pelvic organs
- Influenza
- Injuries and conditions due to external causes
- Intestinal infection
- Intracranial injury
- Joint disorders and dislocations
- Lower respiratory disease
- Lymphadenitis
- Malaise and fatigue
- Male genital disorders
- Medical examination/evaluation
- Menstrual disorders
- Miscellaneous disorders
- Mood disorders
- Mycoses
- Nausea and vomiting
- Nervous system disorders
- Non-traumatic joint disorders
- Noninfectious gastroenteritis
- Nonmalignant breast conditions
- Nonspecific chest pain
- Open wounds of extremities
- Open wounds of head; neck; and trunk
- Osteoarthritis
- Other fractures
- Other infections; including parasitic
- Other inflammatory condition of skin
- Otitis media and related conditions
- Ovarian cyst
- Phlebitis
- Pleurisy
- Pneumonia
- Poisoning by nonmedicinal substances
- Poisoning by other medications and drugs
- Screening for suspected conditions
- Sick cell anemia
- Skin and subcutaneous tissue infections
- Skin disorders
- Skull and face fractures
- Sprains and strains
- Substance-related disorders
- Superficial injury; contusion
- Syncope
- Upper respiratory infections and diseases
- Urinary tract infections
- Varicose veins of lower extremity
- Viral infection



*North Shore-LIJ's
Letter to Elected Officials*



Michael J. Dowling
President and
Chief Executive Officer

145 Community Drive
Great Neck, New York 11021
Tel (516) 465-8003
Fax (516) 465-8035

March 16, 2011

Hon. Christine C. Quinn
Hon. Scott M. Stringer
Hon. Jerrold Nadler
Hon. Thomas K. Duane
Hon. Deborah J. Glick
Hon. Richard N. Gottfried

Dear Elected Officials:

I appreciate the opportunity to respond to your questions and elaborate on the recently announced plans of the North Shore-LIJ Health System to invest more than \$100 million to redevelop St. Vincent's O'Toole Building into the North Shore-LIJ Center for Comprehensive Care. As disclosed last week, the six-story 160,000-square-foot facility would feature:

- The first free-standing, around-the-clock Emergency Department in the New York metropolitan area;
- A full -service Imaging Center featuring digital x-ray, computed tomography (CT), magnetic resonance imaging (MRI) and ultrasound; and
- A specialized ambulatory surgery facility focusing on interventional treatments for the sick, elderly and chronically ill.

The facility, which would employ about 400 full-time permanent workers, would be established as a division of Lenox Hill Hospital, a highly regarded provider of quality medical care in New York for over 150 years.

I recognize that your first priority is to obtain a full-service hospital and emergency department. However, as you're aware, the direction of national health reform, the challenges of funding and operating hospitals within NYS and the availability of excess inpatient beds in New York City make it difficult, if not impossible, to obtain state approval to reopen a full-service hospital. Moreover, since St. Vincent's announced plans in January 2010 to close, other hospitals and health systems—including North Shore-LIJ --have had ample opportunity to formulate and present a plan to open an acute-care hospital serving that area. But, as you know, none have come forward. The reasons are simple: the inability to secure financing and the absence of a need for more hospital beds.

In the wake of St. Vincent's closure, the solution advanced by North Shore-LIJ will address a critical aspect of the healthcare dilemma facing residents of Lower Manhattan, who now have to travel out of their neighborhoods to access emergency and other critical healthcare services. Our plan for a freestanding Emergency Department would help fill that void. It is based on successful models currently employed in Connecticut, Virginia, Colorado, the State of Washington and numerous other states to reduce emergency room waiting times and provide high-quality care (see attached list).

I'm hopeful that you and other elected leaders will advocate and support our approach once you have had an

opportunity to thoughtfully evaluate the proposal.

I also recognize that like all new ideas, this proposal raises many questions and will be subject to intense and appropriate scrutiny in numerous community, professional and regulatory forums. We are committed to responding and prepared, where possible, to integrate additional ideas into the final plan. We are hopeful that the Community Health Assessment being conducted with all of you and numerous community stakeholders will guide us in this effort.

North Shore-LIJ Capabilities

Some background about North Shore-LIJ's capabilities may be helpful in evaluating its ability to successfully develop this project and operate the Center. North Shore-LIJ's culture of innovation is among the reasons the Health System is considered one of the most successful in the nation. Our goals are always focused around the needs of our patients, as we strive to deliver high quality care efficiently and in a manner that meets the expectations of patients and their families. We measure our performance in all of those areas. Our success in meeting our goals for patient care was a major reason why North Shore-LIJ was recognized with the highly coveted National Quality Forum's 2010 National Healthcare Quality Award- the only provider in the New York metropolitan area to receive this distinction.

North Shore-LIJ owns and manages 14 hospitals that contain more than 5,000 beds, including four tertiary (Lenox Hill Hospital, North Shore University Hospital, Long Island Jewish Medical Center and Staten Island University Hospital), two specialty (Cohen Children's Medical Center and Zucker Hillside Hospital in Queens) and eight community hospitals in New York City and on Long Island. North Shore-LIJ has approximately 2,000 full-time faculty physicians and over 7,000 community physicians on its medical staffs, employs more than 10,000 nurses, and has a total workforce of about 42,000. It is the ninth-largest employer in the City of New York.

Most recently, the Health System partnered with Hofstra University to develop the Hofstra North Shore-LIJ School of Medicine, the first new allopathic medical school in New York in 40 years. The Medical School will welcome its first class this August and has already garnered national attention because of its innovative and visionary approach to medical education.

In addition to its hospitals, North Shore-LIJ possesses a comprehensive continuum of care that includes the largest hospital-based ambulance and emergency management response system in the East, over 200 specialized ambulatory care programs in 110 locations, and a full complement of home care, rehabilitation, long-term care and hospice care services. Those vital programs and related diagnostic, therapeutic and prevention services make North Shore-LIJ particularly well positioned to meet all of our patients' healthcare needs, as well as the needs of the communities we serve throughout Manhattan, Queens, Staten Island and Long Island.

Through Lenox Hill Hospital and its clinical leadership, North Shore-LIJ will oversee and be accountable for all the care and services delivered at the proposed Center for Comprehensive Care. To ensure success, the new Emergency Department will draw on the collective knowledge of North Shore-LIJ's 200 emergency physicians, more than 300 EMS personnel and approximately 2,000 emergency department (ED) staff, who have gained their experience operating 14 EDs that treat more than 600,000 people and transport about 67,000 patients annually.

Responses to Questions Raised in Your Letter

I have responded to your questions below and would be pleased to provide additional details as other issues arise during our discussions with the NYS Department of Health and the Emergency Medical Services Division of FDNY:

- 1. Please explain the similarities and differences between this Emergency Department and others in Manhattan. Please provide as comprehensive a list as is possible of specific services that will be provided at the Emergency Department and of conditions that will or will not be able to be treated.**

Simply put, the proposed Emergency Department would be similar—if not more robust—than a traditional community hospital Emergency Department.

North Shore-LIJ's proposed Center for Comprehensive Care would be a neighborhood medical complex anchored by a freestanding, 24-hour Emergency Department. A first-of-its-kind in the metropolitan area and a new model for emergency care that is being implemented across the country, the Emergency Department would be complemented by a full-service Imaging Center, a specialized ambulatory surgery facility and ambulance transport services.

As a division of the Lenox Hill Hospital Emergency Department, the emergency services delivered at the O'Toole Building would be subject to the same high standards adhered to by all community hospitals in New York. The center will provide emergency medical care that is efficient, readily accessible and linked to a continuum of care to anyone, regardless of insurance status. Patients and the community will also benefit from:

- 24-hour access to board-certified emergency physicians, as well as about 30 specially trained nurses and other staff experienced in treating a wide range of symptoms and conditions;
- 24-hour access to specialist consultations through the network of North Shore-LIJ physicians to provide additional clinical resources to determine the best course of treatment;
- Access to a 24-hour observation and clinical decision unit that provides clinicians the ability to follow patients for an extended period of time, ensuring that their condition is properly evaluated and that safe, informed judgments are made before they are treated and discharged;
- When indicated, rapid transfer to an appropriate local physician or hospital chosen by the patient;
- The ability for patients to actively participate in their care and decide which doctors or hospitals they will go to for follow-up care;
- The presence of on-site imaging, diagnostic and laboratory testing capabilities, which will enable North Shore-LIJ staff to respond more rapidly in caring for their patients and reduce waiting times;
- A picture archiving and communication system (PACS) that will transmit images to North Shore-LIJ radiologists, who will quickly interpret results;
- Coordinated follow-up care to either the patient's physician, a neighboring primary care provider or a range of specialists;
- For those returning home who require in-home assistance, access to the home care provider of their choice or services provided through the North Shore-LIJ Home Care Network;
- Follow-up referrals to manage a patient's chronic conditions or other medical issues discovered during the course of treatment;
- Referrals to preventative care or education and support programs that will help avoid illnesses or injuries from worsening;
- An interoperable electronic medical record accessible to all providers in our network who provide post-visit care to the patient; and
- An emergency care center that is accountable and meets all the same regulatory standards as traditional on-site hospital emergency departments (The Joint Commission Accreditation, NYS Article 28 and US Centers for Medicare and Medicaid Services).

With few exceptions described below, the North Shore-LIJ Emergency Department will offer emergent care services and diagnostic capabilities similar to that of a community hospital, including advanced life support services. Our emergency clinicians will be able to treat a full range of illnesses and injuries, including-but not limited to-the following:

- Chest pain and other cardiac symptoms
- Early-onset stroke

- Shortness of breath
- Respiratory illnesses (asthma, pneumonia, chronic bronchitis and emphysema)
- Concussions
- Fractures and joint injuries
- Motor vehicle injuries
- Severe cuts and burns
- Abdominal pain
- Allergic reactions
- Ear infections
- Gastrointestinal illnesses
- Influenza (flu)
- Occupational injuries
- Sports injuries
- Behavioral health issues

Freestanding Emergency Departments are similar to hospital-based emergency departments in terms of staff and services. Like most other community hospitals that do not accommodate trauma patients or provide cardiac interventional services, there are limitations to the types of patients who can be treated in these facilities. Generally, as established through protocols basic to the training of all FDNY and private EMT's, any patients requiring an ambulance transport to a specialized center would not be brought to a community hospital or a freestanding Emergency Department if their clinical conditions indicate the need for care at a trauma center or immediate surgical intervention. This includes patients with severe trauma (gunshot wounds, major motor vehicle accidents, open fractures), and those requiring immediate surgical or cardiac interventions. However, if patients presenting at the Emergency Department suffer an apparent heart attack or stroke, its advanced life support technologies would enable staff to successfully evaluate and stabilize patients, and then prepare them for transport to a hospital.

As indicated above, most other community hospitals do not accommodate severe trauma patients, provide interventional cardiac services, or complex neurosurgical and orthopedic procedures. On the other hand, some community hospitals are unable to staff their emergency departments entirely with board-certified emergency physicians, as proposed for this Emergency Department. The emergency departments at many hospitals are undersized, which often contributes to delays in evaluating and caring for patients. Highlighted below are some of the significant similarities and differences between the North Shore-LIJ Emergency Department and community hospitals:

- The North Shore-LIJ Emergency Department is designed to accommodate 30,000 emergency patient visits annually. The facility will occupy approximately 19,000 square feet, which is larger than the Emergency Department previously operated by St. Vincent's.
- The North Shore-LIJ Emergency Department will serve as a 911 receiving facility and possess the expertise, facilities and equipment to provide care to the majority of patients seen at most community hospitals without a trauma center.
- Like many other community hospitals, the North Shore-LIJ Center for Comprehensive Care will also contain full-service imaging capabilities, including digital x-ray, computed tomography (CT), magnetic resonance imaging (MRI) and ultrasound.
- North Shore-LIJ will work closely with FDNY Emergency Medical Services to develop protocols based on the capabilities and limitations of the Emergency Department. These protocols will serve to guide medical control decisions about when to bring a patient to the Center or another facility.
- North Shore-LIJ provides ambulance coverage in Manhattan and elsewhere in New York in conjunction with FDNY EMS, and is entering into discussions with EMS to assume responsibility for additional posts in lower Manhattan. When manning EMS posts, dispatch of our ambulances is similarly controlled by the NYC 911 system. In addition,

North Shore-LIJ operates the largest hospital-based inter-facility ambulance transport service in the metropolitan region. An ambulance will be stationed at the Emergency Department to provide for the rapid transport of patients to a higher level of care.

- The North Shore-LIJ Emergency Department is designed to accommodate patients with behavioral health conditions and will coordinate aftercare with community-based mental health providers. Many community hospitals lack the specialized facilities to treat patients who present with behavioral health problems.
- The North Shore-LIJ Emergency Department will be exclusively staffed by physicians who are board-certified in either adult or pediatric emergency medicine. Not all community hospitals are able to provide this level of experience and training in their emergency departments.
- Similar to other community hospitals in NYC, patients at the North Shore-LIJ Emergency Department requiring diagnostic or interventional cardiac catheterization, electrophysiology studies, cardiac bypass surgery, complex neurosurgery, or major orthopedic or microsurgery will be evaluated, stabilized and then transferred to another hospital.
- Many community hospitals affiliate with larger healthcare systems to provide access to specialists and cutting-edge technology not available at the hospital. Most common among these is access to regional bum centers and trauma centers.
- The North Shore-LIJ Emergency Department will be able to access the clinical expertise at Lenox Hill Hospital and the resources available throughout North Shore-LIJ Health System.
- From a patient safety and quality standpoint, a major differentiator of the Emergency Department is its inclusion in North Shore-LIJ's \$400 million investment in an Electronic Health Record system that automates inpatient and outpatient records in all medical settings, including North Shore-LIJ's 14 hospitals, all outpatient setting and the offices of up to 9,000 affiliated physicians. It represents the nation's largest deployment of an Electronic Health Record system. The technology allows all entities and providers to access patient records electronically, which is critically important for coordinating care and communication among providers.
- In addition to the commitment of resources and expertise from Lenox Hill Hospital, North Shore-LIJ will develop transfer relationships with Bellevue Hospital for major trauma, New York Presbyterian Hospital and Staten Island University Hospital for bum patients and Beth Israel Medical Center for other services.

2. What is the plan to ensure that the underserved and uninsured receive services at the Emergency Department? Will everyone be served with a single standard of care regardless of ability to pay and will all insurances be accepted?

Like all providers of emergency services in the nation, North Shore-LIJ must comply with all the provisions of the Emergency Medical Treatment and Active Labor Act, also referred to as EMT ALA. This regulation requires that any patient who comes to an emergency department requesting examination or treatment for a medical condition be provided with an appropriate medical screening examination to determine if he/she is suffering from an emergency medical condition. If that is the case, then all providers are obligated to either provide treatment until the patient is stable to either return home, admitted for further treatment or transferred to another hospital.

The North Shore-LIJ Emergency Department will accept all patients for care, regardless of ability to pay. North Shore-LIJ maintains contracts with all major private and public insurers.

Further, North Shore-LIJ has pioneered one of the most progressive financial assistance programs available in New York for underinsured and uninsured patients, subsidizing care for patients with household incomes up to five times the federal poverty level. In monetary terms, that means a family of four with a household income of \$110,000 qualifies for financial help. In the event patients are uninsured and do not qualify for public health insurance such as Medicaid, Child Health Plus or Family Health Plus, they may be able to reduce their hospital and medical bills based upon family size and income. Our financial assistance policy and practices are recognized as a national

model policy and have been adopted by other providers.

3. What will the relationship of the Emergency Department be to the NYC Emergency System, including emergency transport of patients to the facility? Is it your expectation that 911 will dispatch ambulances to this facility?

A large part of the success of the proposed Emergency Department depends on the relationship with local EMS staff. All successful freestanding centers have earned the trust and support of EMS staff by including them in planning patient delivery criteria and transfer protocols.

In collaboration with the NYS Department of Health, EMS will create policies that triage appropriate patients to the Emergency Department and redirect patients who might require specialized care and tertiary inpatient admission to nearby hospitals. As part of the planning process, North Shore-LIJ staff plans to meet with representatives of FDNY-EMS to review the proposed program, facilities and procedures. An important part of this process is determining appropriate criteria that EMS will adopt for transporting patients to the North Shore-LIJ Emergency Department or nearby hospitals.

4. Will North Shore-LIJ have ambulance service at the proposed facility?

Yes, the North Shore-LIJ Center for Emergency Medical Services (CEMS), which operates an ambulance service in the five boroughs of New York City and on Long Island, is committed to having transport service available at the Emergency Department for patients in need of a higher level of care. If appropriate, we could also provide patient transports of patients in the neighborhood to the North Shore-LIJ Emergency Department. CEMS provides a paramedic level of care and has extensive experience in the City of New York.

5. What category of certification under Public Health Law Article 28 will be sought for this facility?

The facility will comply with Article 28 of the Public Health Law and we are in discussions with the NYS Department of Health (DOH) on this matter. Our preliminary understanding is that the Emergency Department will be licensed as a hospital division and thus adhere to the requirements for emergency care with respect to Sections 405 and 712 of the Code. The DOH recently adopted the national architectural guidelines for the design and construction standards for off-site emergency departments and these standards will be incorporated into the development of North Shore-LIJ's proposed facility.

6. Can you provide us with a list of locations where stand-alone Emergency Departments exist? Has this type of facility been successful in other locations?

In recent years, a number of hospital providers across the country have established freestanding emergency centers such as the one proposed by North Shore-LIJ. There are now over 220 community-based emergency centers operating in at least 16 states. According to the American Hospital Association, 191 of those emergency centers are sponsored or affiliated with a hospital, offering emergency care services that are typically available in the emergency department of a community hospital. Many of those have also been accredited by The Joint Commission through their affiliated hospitals. No freestanding emergency centers accept severe head or major trauma. Those patients are directed by EMS to a regional trauma center.

The growth in these types of facilities has been primarily in response to increased overcrowding in hospital-based emergency departments, such as those in New York City. Freestanding emergency centers have been also used to bridge the healthcare needs of communities experiencing barriers to inpatient treatment.

The US Center for Medicare and Medicaid Services (CMS) has issued rules and standards for freestanding emergency departments, and the national architectural guidelines for the design and construction of these facilities have already been adopted by the NYS Department of Health.

However, there is still general confusion between the type of licensed and state-regulated emergency services that North Shore-LIJ is proposing and those which may not be an operating division of licensed full-service hospitals.

These centers may be privately owned by physicians and more similar to urgent care centers, but they do not accept all patients regardless of their ability to pay, do not comply with EMT ALA regulations and are not subject to the same rigorous standards that the North Shore-LIJ Emergency Department will have to meet. Invariably, uninformed individuals surfing the web will find these centers and draw erroneously comparisons and conclusions with respect to the project being proposed by North Shore-LIJ.

Attached is a list of facilities that operate in a similar manner to the proposed North Shore-LIJ Emergency Department.

7. How many Emergency Department patients can be served at this new facility and how does that compare to the numbers that were served by St. Vincent's before it closed?

Residents living in the service area defined by the Community Health Assessment Steering Committee comprised only about 22% of all "treat and release" emergency visits at St. Vincent's. That equates to about 20,000 visits.

In projecting the volume for the North Shore-LIJ Emergency Department, we are planning to accommodate 100% of the 20,000 "treat and release" visits previously seen at St. Vincent's from the service area. In addition, we would provide capacity for another 7,000 visits for patients who reside outside of the service area, assume approximately 1,700 patients who will require admission and incorporate a 3% compounded annual growth factor for five years. This results in the projection of 30,000 visits that we anticipate at the proposed Center.

The post-closure analysis indicates that there was a 30% decline in emergency utilization in the primary service area and virtually no decline in secondary service area. From May through July 2010, during the three-month period immediately after St. Vincent's was closed, most of the demand for emergency care was accommodated among several hospitals -- Beth Israel, NY Downtown, Bellevue and NYU.

EMS personnel will bring those patients requiring immediate surgical intervention to other facilities. As a result, patients at the North Shore-LIJ Emergency Department may be of lower acuity than those in hospital-based emergency departments, so our clinicians will likely admit a smaller percentage of patients into a hospital. The North Shore-LIJ Emergency Department is projected to admit between five and six percent of patients seen at the Center.

8. Is there any plan to incorporate the Emergency Department staff that served at St. Vincent's into the new Emergency Care unit?

Our goal is to recruit the best doctors and staff to this facility. That said, dozens of physicians from St. Vincent's have already been recruited by North Shore-LIJ to practice at Lenox Hill Hospital. If approved to move ahead with this project, North Shore-LIJ plans to actively recruit other board-certified emergency physicians prior to the Emergency Department's opening. It would be in the interest of the Emergency Department and the communities we intend to serve if these physicians had prior work experience in the St. Vincent emergency department and relationships with physicians practicing in the area. It would improve coordination of care, facilitate communication and pre-and post emergency treatment.

9. The Mental Health department and HIV/AIDS clinics were historically important aspects of care provided by St. Vincent's. Does the North Shore-LIJ planned Emergency Department incorporate these services?

According to the Community Health Assessment, over 8,400 mental health and substance abuse-related visits in 2009 were made by residents from the primary and secondary service area to local hospitals. This represented nearly 10% of all visits these residents made to an emergency department.

Recognizing this need, the North Shore-LIJ Emergency Department was designed with specialized space to respond to the behavioral health (mental health and substance abuse) needs of community residents.

We have already been in contact with mental health officials to discuss the importance of integrating the Emergency Department's activities into the local mental health service delivery system. The results of the community health

survey will inform our thinking but, at this point, the most critical issue we have to confront is the communication and coordination of care with both inpatient and aftercare providers. We expect to use an interoperable medical record to ensure that the most current information is available to providers, so that care can either be promptly initiated or the continuity of existing care maintained.

In regards to the HIV/AIDS clinics, we understand the importance of these programs to the community. This issue underscores the reality that no single provider can effectively provide for all the health needs of a community. North Shore-LIJ is committed to collaborating with all the other providers serving the community to ensure access to the continuum of services needed to restore and maintain health.

We were informed that when St. Vincent's entered the bankruptcy process in April 2010, its Board entered into agreements with the HIV and mental health providers to provide for continuing care and the orderly transition of these programs to new locations. These leases expire on June 30, 2011.

It is our understanding that both clinics are well into the process of securing alternative space within the neighborhood. Additionally, the physicians who currently reside in the O'Toole Building have also received notices from St. Vincent's, and based on their month-to-month lease agreements, have been asked to leave by May 30, 2011. Earlier this week, a representative from Rudin Management visited several of the doctors to offer help in relocating their offices. A broker who specializes in medical space has been contacted to help match available space with the individual needs of the doctors involved. We are committed to helping St. Vincent's find suitable homes for these vital programs in locations that are accessible to the patients they serve.

10. What will it mean for the community to go from a Level I trauma center to a standalone Emergency Department?

Based on our experience running 14 other hospital-based Emergency Departments across the metropolitan area, we anticipate that the proposed Emergency Department would be able to "treat and release" about 94 percent of patients. As noted earlier, there are limitations to the types of patients who could be treated at this facility, including those who have sustained severe trauma, require immediate cardiac or surgical intervention, or are in labor. However, the advanced life support technologies available at the facility would enable staff to successfully evaluate and stabilize patients presenting in the Emergency Department with those conditions, and prepare them for transport to a nearby hospital utilizing a North Shore-LIJ ambulance stationed at the Emergency Department. Having those critical resources available in a neighborhood facility could mean the difference between life and death for patients experiencing a medical crisis.

11. How will the needs assessment, which is not complete as of yet, inform and guide this proposal?

During the course of its deliberations, the Community Health Needs Assessment Steering Committee voiced many concerns, including access to emergency services. The proposed plan is responsive to those concerns. The next phase of work is to conduct a Community Health Survey that will incorporate a broader community perspective gained from interviews with key leadership, resident focus groups and general community surveys.

We expect the results of the community health survey will inform our thinking about specific programs and initiatives that may complement those planned at the Center for Comprehensive Care, as well as new programs that North Shore LIJ could develop at the Center or another location within the community. That's one of the reasons why we chose not to develop the entire 160,000 square feet of space in the building, so we would have the ability to incorporate other programs and services.

In addition, the survey may also highlight opportunities to partner with other existing providers in the community by leveraging the resources available through the North Shore-LIJ continuum of care.

12. We have stated that our first priority for the neighborhood is to obtain a full-service hospital and emergency room to replace St. Vincent's. What led you to pursue this proposal instead of a state-of-the-art, full-service hospital?

Long-time residents of Lower Manhattan remain understandably upset and angry about the circumstances that took away a beloved institution that had been part of the fabric of the community for 160 years. But as much as local residents may not want to hear it, the economic realities of today's shrinking healthcare landscape in New York City and the State of New York as a whole make it highly unlikely that the full spectrum of inpatient acute care and trauma services provided by St. Vincent's will be resurrected. That reality is reflected in the fact that not one other healthcare provider has stepped up to serve the area since St. Vincent's announced plans to close more than a year ago. Sadly, numerous other financially struggling hospitals within and outside the City of New York are also likely to close in the coming months and years.

It's unfair to evaluate North Shore-LIJ's proposed Comprehensive Care Center by comparing it to a full-service hospital, which would be economically unfeasible for us to build. Two years ago, when St. John's Hospital in Queens closed, we looked into the feasibility of building a new hospital nearby. The cost would have been about \$2 million PER BED. That's about \$400 million for a 200-bed hospital.

In the absence of a full-service hospital, the question that needs to be answered is: will the neighborhood medical complex proposed by North Shore-LIJ be beneficial and valued by the majority of your constituents?

After five years of operation, we project that we will be treating more than 80,000 patients annually at this center, including those taking advantage of services that would be offered at a full-service imaging center and specialized ambulatory surgery facility. Those are significant numbers that certainly go a long way toward fulfilling the community's health needs.

While we admire the activism of some local residents fighting to reopen the hospital, their continued opposition to this proposal will only serve to derail any efforts to provide them and tens of thousands of their neighbors and workers on Manhattan's West Side with an alternative source for high-quality healthcare services.

Certainly, there may be other services beyond those that we have suggested that North Shore-LIJ can include in its proposed medical complex. That's why we eagerly await the conclusion of the community needs assessment, as well as further dialogue with you and other elected officials and community leaders. We want to work with community residents now and in the future to give them the healthcare they need, want and deserve.

Sincerely,



Michael Dowling
President & CEO
North Shore-LIJ Health System

cc: William Rudin
Mark Toney
Hon. Jo Hamilton
Hon. Brad Hoylman

Clearing the Record

on North Shore-LIJ's Proposed Center for Comprehensive Care

By Michael J. Dowling,
President and CEO, North Shore-LIJ Health System

Since we unveiled our plans to return healthcare to Greenwich Village with our Comprehensive Care Center, some have made wild claims about what this center will or won't be in order to further their own causes or personal agendas. Below is our effort to set the record straight and explain in our own words why we feel this facility will provide exactly what the community needs.

Myth: It could take hours for a proper diagnosis at the North Shore-LIJ Emergency Department

Fact: That's entirely untrue. The Emergency Department will be staffed 24/7 by board-certified emergency physicians as well as 30 specially trained nurses and other staff experienced in treating a wide range of symptoms and conditions. The ED will provide community residents with unlimited access to specialists, leveraging North Shore-LIJ's vast network of physicians, who will be able to provide additional clinical resources to determine the best course of treatment. To ensure that patients' conditions are properly evaluated and that safe, informed judgments are made before they are treated and discharged, the facility will feature around-the-clock observation through a clinical decision unit that provides clinicians the ability to follow patients for an extended period of time.

Myth: Freestanding emergency departments can actually drive up medical costs

Fact: Actually, the opposite is true. North Shore-LIJ is proposing a freestanding ED to offer residents of the St. Vincent's catchment area high-quality healthcare while reducing operating costs. Consistent with the recommendations of the New York State Commission on Healthcare Facilities in the 21st Century (the Berger Commission), the state is looking for a new hybrid model of care that would meet community needs in the wake of a hospital closure. Furthermore, New York State regulations only allow the establishment of freestanding emergency centers when communities have been impacted by hospital closures.

Myth: Ambulances won't take patients to the Emergency Department

Fact: That's an absurd scare tactic that is patently false. The City's 911 system will absolutely send ambulances to the Comprehensive Care Center, and FDNY leaders have indicated the value of having another ED where they can direct ambulances and reduce wait times. North Shore-LIJ is working with the New York State Department of Health and the FDNY EMS to develop medical protocols based on the ED's capabilities. While EMS protocols dictate that patients experiencing a heart attack, stroke or serious injury must be taken to a specialty-appropriate Emergency Department or trauma center, North Shore-LIJ's proposed ED would have the ability to care for patients who are brought to the facility by a family member or friend trying to find help. Under those circumstances, the patient would be evaluated, stabilized and then transported to the closest appropriate facility, utilizing a North Shore-LIJ ambulance stationed at the ED.

Myth: EMTs will be forced to make decisions about what type of treatment patients need before they see a doctor

Fact: New York City has a sophisticated 911 system, with FDNY paramedics who are among the best-trained emergency professionals in the world. In addition to their training, most have many years of experience making rapid, life-or-death decisions regarding patients in need of emergency care. It's a disservice to these professionals to suggest that they won't know when their patients require the services of a Level 1 trauma center. What's more, the emergency department proposed by North Shore LIJ would be able to treat more than 90% of the conditions seen at the former St. Vincent's emergency room.

Myth: The Emergency Department is an unregulated facility where patients without coverage can be turned away

Fact: False. The Emergency Department will be licensed as a hospital emergency department as a division of Lenox Hill Hospital, and will meet all the same regulatory standards as on-site hospital emergency departments. Our facility will accept all patients, regardless of ability to pay, and will provide subsidized care for uninsured and underinsured patients.

Myth: Patients who require hospitalization will automatically be taken to Lenox Hill Hospital

Fact: That's simply not true. The Emergency Department will provide rapid transport to an appropriate facility or one of the patient's choosing. An ambulance will be stationed at the Emergency Department to provide rapid transport of patients to a higher level of care when required. In addition, North Shore-LIJ will develop transfer relationships with Bellevue for major trauma; New York Presbyterian and Staten Island University Hospital for burn patients; and Beth Israel Medical Center, New York Downtown Hospital and Roosevelt Hospital for other services.

Myth: The emergency care that North Shore-LIJ can't provide is the care that matters most.

Fact: Based on its experience running 14 other hospital-based emergency departments across the metropolitan area, North Shore-LIJ expects that its proposed Emergency Department would be able to "treat and release" about 94% of patients. Again, while patients in the most dire situations must be taken to a trauma center or a specialty center, staff at the Comprehensive Care Center would be able to evaluate, stabilize and then transport them to the closest Level 1 trauma facility or specialty center, utilizing a North Shore-LIJ ambulance stationed at the ED. Having those critical resources available in a neighborhood facility will facilitate proper movement of patients along the continuum of care.

Myth: The Emergency Department will treat 40% fewer patients annually in a community that has doubled in size

Fact: Actually, only about 23,200 residents living in the service area defined by the Community Health Assessment Steering Committee visited the St. Vincent's Emergency Department in 2009. Of those, 19,410 (about 84%) were treated and released. The remaining 3,800 were admitted to the hospital for a variety of reasons. About half of those patients who were admitted came to the St. Vincent's ED by ambulance, meaning FDNY protocols would now result in them being brought to appropriate area hospitals such as Beth Israel and/or Bellevue. North Shore-LIJ anticipates that its proposed ED would eventually receive about 30,000 visits annually, which would fill a major gap for local residents who now have to travel out of their neighborhoods to access emergency care and other critical healthcare services.

Myth: A new hospital can be built for a fraction of the cost

Fact: No. Unfortunately, the economic realities of today's shrinking healthcare landscape make it difficult, if not impossible, to open and operate a new full-service hospital anywhere in New York City. When St. John's Hospital in Queens closed two years ago, North Shore-LIJ seriously explored the feasibility of building a new hospital nearby, but learned that it would need to invest about \$2 million per bed to make the project a reality—the equivalent of \$800 million for a 400-bed hospital. Since St. Vincent's announced plans in January 2010 to close, other hospitals and health systems have had plenty of time to formulate and present a plan to open an acute-care hospital serving that area. But North Shore-LIJ has been the only provider to step forward with a concrete plan to resurrect healthcare services to this community. The reasons are simple: the inability to secure financing and the absence of a need for more hospital beds in Lower Manhattan. North Shore-LIJ has put forth an innovative solution that will address a critical aspect of the healthcare dilemma facing residents of Lower Manhattan. In regard to the Coalition's claim that the Coleman Building could serve as a suitable site for a full-service hospital, the Coalition conveniently ignores the 2009 finding of the New York City Landmarks Preservation Commission, which concluded that St. Vincent's Coleman and other buildings were "outdated," "physically inadequate" and "in need of replacement."

Emergency Care, Urgent Care — What's The Difference?

It's Saturday night, and your child has a fever. Or you are having chest pain. Or you are bleeding from a serious injury.

Where should you go for medical care?

The emergency department at your local hospital? The urgent care center down the street? The trauma center in the next city?

Always call 911 if you think you may be experiencing a medical emergency, such as chest pain or severe bleeding.

For other, less-severe medical problems, the landscape can be a little confusing.

Emergency Care

Hospital emergency departments are prepared for every kind of medical emergency, including heart attacks, stroke, motor vehicle crashes, psychiatric emergencies and other life-threatening conditions. Emergency departments are available 24 hours a day, 365 days a year, and have special equipment and highly qualified physicians, physician assistants and nurses to respond to every kind of adult or childhood medical emergency. Most are staffed by physicians with specialized training and board certification in emergency medicine.

Some reasons to seek emergency care include: loss of consciousness, severe shortness of breath, facial drooping or weakness in an arm or leg, allergic reactions, chest pain, bleeding that does not stop after 10 minutes, head trauma, seizures, poisoning, severe reaction to insect bites, major broken bones, coughing or vomiting blood, persistent vomiting and suicidal or homicidal feelings.

Emergency departments use a triage process to sort patients by order of the severity of their illnesses or injuries. This means patients with serious medical conditions are seen first while patients with minor problems must wait. When waiting rooms become full, it usually means the treatment areas are filled with critically ill patients waiting for inpatient beds in the hospital. This practice is known as "boarding" and is a major contributor to gridlock. Some

people have suggested that patients with nonurgent medical problems should be prevented from coming to emergency departments to solve overcrowding. However, ambulance diversion and gridlock are caused by the lack of inpatient bed capacity in hospitals, not by patients with nonurgent medical conditions.

Emergency departments have a federal mandate to care for patients regardless of their ability to pay. About half of emergency services go uncompensated, and cutbacks in reimbursement from Medicare, Medicaid, and other payers, as well as payment denials, all reduce hospital capacity. Our nation's health care system no longer has the surge capacity to deal with sudden increases in patients needing care, such as from natural disasters or a terrorist attack.





Urgent Care

Urgent care centers are an option for common medical problems when a physician's office is closed or unable to provide an appointment. These facilities can be convenient, but are not a substitute for emergency care or a solution to emergency department overcrowding. They are also not a substitute for having a primary care physician. These centers don't have the same equipment or trained staff that emergency departments have. They treat minor illnesses and injuries, such as flu, fever, earaches, nausea, rashes, animal and insect bites, minor bone fractures and minor cuts requiring stitches. Many centers also do physical exams, vision and hearing screening and lab tests and X-rays.

Urgent care centers do not have a federal mandate to treat patients, regardless of their ability to pay. Most accept health insurance, but require payment at the time of service. Patients can usually walk in without appointments, and most don't wait long for treatment. These centers often have extended hours in the evenings and weekends. A growing number of shopping malls and stores are developing these clinics.

If you have a serious illness or injury, you should go to the closest emergency department. If you go to an urgent care center with a serious illness or injury, you will be sent or transported to a hospital emergency department, which will delay your care.

Trauma Care

If you become seriously injured in a car crash, you may be transported by helicopter to a trauma center. Some hospitals are designated as trauma centers are staffed with special experts to treat patients with the most serious life-threatening injuries, such as severe head trauma or bodily injuries from falling objects.

Trauma centers exist as part of organized trauma systems and are ranked in four designations, according to the level of equipment and staff expertise. Levels 3 and 4 trauma centers have limited facilities and may need to stabilize and transfer the sickest patients to higher levels of care. The most comprehensive services are available at Levels 1 and 2 trauma centers; Level 1 trauma centers also are required to conduct research on improving trauma care.

To qualify as a Level 1 trauma center, a hospital must have a number of complex capabilities, including an emergency department, a high-quality intensive care ward, an operating room staffed around the clock and access to advanced equipment. Levels 1 or 2 trauma centers have trauma surgeons and other medical specialists, such as neurosurgeons and orthopedic surgeons available around the clock at a moment's notice. Emergency physicians and trauma surgeons work together as a team on patients.

Many lives have been saved of people injured in remote areas who have been flown or transported to trauma centers. Yet some parts of the country are under-served by trauma centers and expert trauma care may be many miles away from the injured person. Some have closed or downgraded their designations over funding issues.



2121 K Street, NW, Suite 325 • Washington, DC 20037
202.728.0610, ext. 3006 • www.acep.org



Community Concerns Addressed

If the requested public approvals through ULURP, Landmarks and the New York State Department of Health's Certificate of Need are granted, the following community enhancements will be realized by the residents, visitors, businesses and workers of Greenwich Village and the Westside of Manhattan.

Healthcare

- Restoration of significant level of healthcare services—including emergency care—to the Westside of Manhattan in light of the closure of St. Vincent's.

Education

- Creation of a new, 564-seat elementary school at the Foundling Hospital on 17th Street and 6th Avenue, a transaction that was financially guaranteed by the Rudin Family. In addition to the new school, Foundling Hospital will continue to provide social services to the neighborhood.

Economic Development

- Will boost local small businesses, bringing construction workers, new residents and, ultimately, patients, doctors and their family and friends, to the neighborhood.
- Will create over 1,200 construction jobs and 400 permanent jobs at O'Toole.
- Will generate new property tax revenue.

Open Space & Environment

- Creation of new public open space at the St. Vincent's triangle.
- New Rudin Buildings will be built to the highest level of environmental sustainability.

Landmark Preservation & Design

- Preservation of five contributing buildings to the Greenwich Village Historic District—Smith, Raskob, Nurses Residence, Spellman and O'Toole. Design approved by Landmark Preservation Commission in July 2009.
- Residential design will reduce bulk of the East Side campus by approximately 90,000 square feet.

What People are Saying

“The North Shore-LIJ Comprehensive Care Center is the best plan to restore much-needed emergency and healthcare services to Greenwich Village and the Westside.”

—**Mayor Edward I. Koch—Chair, Westside Healthcare Coalition**

Healthcare Experts

“In addition to suggesting a series of hospital restructurings, mergers and closing to reduce excess bed capacity and improve the flow of dollars to essential institutions, we recommended that new models of health delivery be created to provide more appropriate and affordable care options for communities.”

“There is no justification for adding additional hospital beds in Manhattan, but this proposal is a beginning in the reshaping in the reshaping of quality affordable healthcare for communities.”

—**Stephen Berger, Chair,
Commission on Healthcare Facilities
in the Twenty-First Century**

“This important project will not only restore much-needed access to emergency care for all those who live and work on the Westside, it will provide an opportunity for over 400 caregivers to get back to what they do best: providing quality healthcare to those in need.”

—**George Gresham, President, 1199 SEIU United
Healthcare Workers East**

“We regard the plan to build an emergency healthcare center where the Village lost St. Vincent’s Hospital as valuable to all downtown organizations.”

—**Ellis Rubinstein, President & CEO
of the New York Academy of Sciences**

“Freestanding emergency centers serve as a vital resource for thousands of people nationwide, especially in areas where emergency care is lacking because of hospital closures, as is the case in Manhattan’s Greenwich Village where St. Vincent’s Hospital closed its doors after serving the community for 160 years. These rapidly emerging models for emergency care are proving successful because they are community based and meet the majority of the community’s emergency health needs. When inpatient care is necessary, patients are transported to a nearby hospital.”

—**Sandra M. Schneider, MD,
FACEP President, American College
of Emergency Physicians**

“Freestanding emergency departments have emerged as a vital link to emergency care for communities with reduced or limited ER access. They are required by law to meet rigorous standards to be designated as an ‘emergency department,’ so they are staffed and equipped to handle the vast majority of their community’s emergency care needs.”

—**Fred Bentley, Managing Director,
The Advisory Board Company -
Hospital & Healthcare**

Business Leaders

“In addition to the extraordinary healthcare benefits that will be realized by the Westside of Manhattan, this project will also provide a much-needed boost to the small businesses and local economy of the Village. Kudos to North Shore-LIJ and the Rudin Family for pulling this deal together.”

—***Tony Juliano, President and Chair, Greenwich Village—Chelsea Chamber of Commerce***

“Restoring emergency care to the Westside has been a priority for the residential and business communities alike. This proposal is a win-win.”

—***Liz Berger, President, Downtown Alliance***

“We are excited to learn that the North Shore-LIJ Health System is working with the Rudin Management Company on locating a new Center for Comprehensive Care within the Curran/O’Toole building. The new technologically advanced facility would not only create roughly 1,000 construction and 400 healthcare jobs, but would furthermore provide crucial, sorely-missed, health services for residents of Lower Manhattan.”

—***Wellington Z. Chen, Executive Director, Chinatown Partnership***

Preservationists

“The Landmarks Conservancy was pleased to see the recent, revised proposals concerning the St. Vincent’s Hospital properties.”

—***Peg Breen, President, New York City Landmarks Conservancy***

“We are very pleased to learn of the plans for the North Shore-LIJ Center for Comprehensive Care and commend Rudin Management Company for working with the North Shore-LIJ Health System and the St. Vincent’s Catholic Medical Centers to make possible a project that keeps a landmark modern building contributing to the neighborhood in a vital way and keeps much needed medical services in the Greenwich Village community.”

—***Leslie Monsky, Board Member, DOCOMOMO New York/Tri-State***

The Villager Since 1933

March 31, 2011

Restoring our E.R.

EDITORIAL

Last week, our editorial staff met with Michael Dowling, president and C.E.O. of North Shore-Long Island Jewish Health System, and Bill Rudin, president of Rudin Management Company, to hear about the unique Center for Comprehensive Care that North Shore-L.I.J. is planning at the O'Toole Building of the former St. Vincent's Hospital.

With them was Dr. Andrew Sama, head of North Shore-L.I.J.'s 14 hospital emergency departments, which treat 600,000 people annually.

Basically, what North Shore-L.I.J. plans at 12th St. and Seventh Ave. would restore a critical part of the vitally important healthcare safety net that we lost with St. Vincent's closure last year.

Their plan is to gut the landmarked O'Toole Building and — through adaptive reuse — refit it with a state-of-the-art, 24/7 emergency department, which, at 19,000 square feet, would actually be larger than the former St. Vincent's emergency department. This would, in fact, be the state's first free-standing emergency department.

To be absolutely clear: This is not a mere health clinic or an urgent-care center — but a bona fide, full-service emergency department.

It is simply a fact that, in an era of decreasing inpatient hospital beds, the free-standing emergency

department is part of the healthcare wave of the future. There are currently more than 220 of these across the country — in at least 16 states — with more than 190 of them sponsored by or affiliated with a hospital.

The St. Vincent's E.D. saw 20,000 "treat and release" patients per year. Initially, North Shore-L.I.J. expects its E.D. to see 30,000 patients annually, with most of these being treat and release. About 5 to 6 percent of these patients would need admittance to a local hospital, and an ambulance would be on hand to transport them there. Everyone would be seen, regardless of insurance status.

Conditions that would be treated include chest pain and cardiac symptoms, early-onset stroke, fractures and joint injuries, motor vehicle injuries, severe cuts and burns, occupational and sports injuries and mental health issues, among others.

There would be imaging services, such as X-rays, CAT scans, M.R.I.'s and ultrasound. The center would also offer elective surgery, to repair a shoulder rotator cuff or remove a mole, for example.

The Comprehensive Care Center, generally, would not treat patients with severe trauma (gunshot wounds, major motor vehicle accidents or open fractures, for example) or requiring immediate

surgical or cardiac interventions.

The center would employ 400 full-time workers — with the E.D. exclusively staffed by physicians certified in adult or pediatric emergency medicine — and would be a division of Lenox Hill Hospital. All these employees would also obviously be a lifesaver for nearby businesses devastated by St. Vincent's closing. An urgent-care center, by contrast, only has a handful of employees.

North Shore-L.I.J. has drawn up preliminary plans for several floors of the 160,000-square-foot O'Toole Building. But they've left the second floor, with 13,500 square feet, unprogrammed; Dowling said they want to consult with the community to hear what uses they would like for this floor. Perhaps it might be for local doctors' offices, he said. When the community health needs assessment is done in May, a clearer picture might emerge for this space.

We'd like nothing short of a full-service hospital restored in Greenwich Village. The reality is, that's not going to happen.

In a time of shrinking healthcare, this Comprehensive Care Center with a full-service E.D., run by a top regional hospital network, would go a long way toward helping meet our neighborhood's healthcare needs.

Best option for St. Vincent's Rudin plan gives Village the healthcare it needs

EDITORIAL

In the coming days, West Siders and their elected officials will get a detailed look at a proposed new healthcare facility and residential development where St. Vincent's Hospital once operated.

If they cling to their emotional attachment to the old, full-service hospital and Level I trauma center, they will be disappointed. If they take a pragmatic view, they will be more than satisfied.

Let's start with the reality: No one is going to replicate the old St. Vincent's. A group being advised by former City Councilman Alan Gerson is trying to create something close to it, but finding financing would be difficult, if not impossible. And even if the money could be raised, the state Department of Health would not necessarily license the hospital. The state has been trying to reduce the oversupply of hospital beds to bring fiscal stability to healthcare, and a reincarnation of St. Vincent's would only drag the system closer to the abyss.

A year after the closure of the hospital, which was losing \$5 million to \$10 million every month, the Rudin family has revived major elements of its earlier deal with bankrupt St. Vincent's. The Rudins would pay

\$260 million for the eight former hospital buildings and various parcels of land around West 12th Street and Seventh Avenue. They would build 300 condominium units and five townhouses and transfer the landmarked O'Toole Building to the North Shore-LIJ Health System.

North Shore-LIJ—run by Michael Dowling, one of the most talented and straight-talking hospital administrators around—would develop a \$110 million healthcare center anchored by an emergency department as advanced as any community hospital's. It would be the first freestanding, around-the-clock emergency department in the metropolitan area. Operating under the license of Lenox Hill Hospital, it would provide about 95% of the services that St. Vincent's ER did, including treatment of cardiac emergencies. Patients requiring surgery would be stabilized and transferred to another facility.

It would not be a hospital—there would be no beds—nor would it be a trauma center, which would serve less than one patient per day and require breathtakingly expensive infrastructure. The entire project would create 1,000 construction

jobs and 400 healthcare jobs. That's a far cry from the 4,000 jobs that St. Vincent's supported (or tried to), but more than the zero jobs that would result from rejection of the plan. More important, it would be an asset to the larger healthcare system, not another financial albatross.

We have been down this road before. A few years ago, the community fought a plan from the Rudins and St. Vincent's that might have saved the hospital. Some locals might be sobered enough by that experience to support the new proposal, but the hospital-or-bust crowd will no doubt be louder.

It is crucial, then, for politicians to judge the arguments on their viability, not their volume. Any project will need their help to get the required zoning change, Landmarks Preservation Commission approval and state certification. We believe the streamlined facility proposed by LIJ will emerge as the only option.

Correction: It is Crain's New York Business' perspective that politicians should judge arguments about what to do with St. Vincent's by their viability, not their volume. That was not clear in one sentence in this editorial, originally published online March 27, 2011.