



**Testimony of Kenneth E. Raske, President,  
Greater New York Hospital Association  
Before the City Planning Commission**

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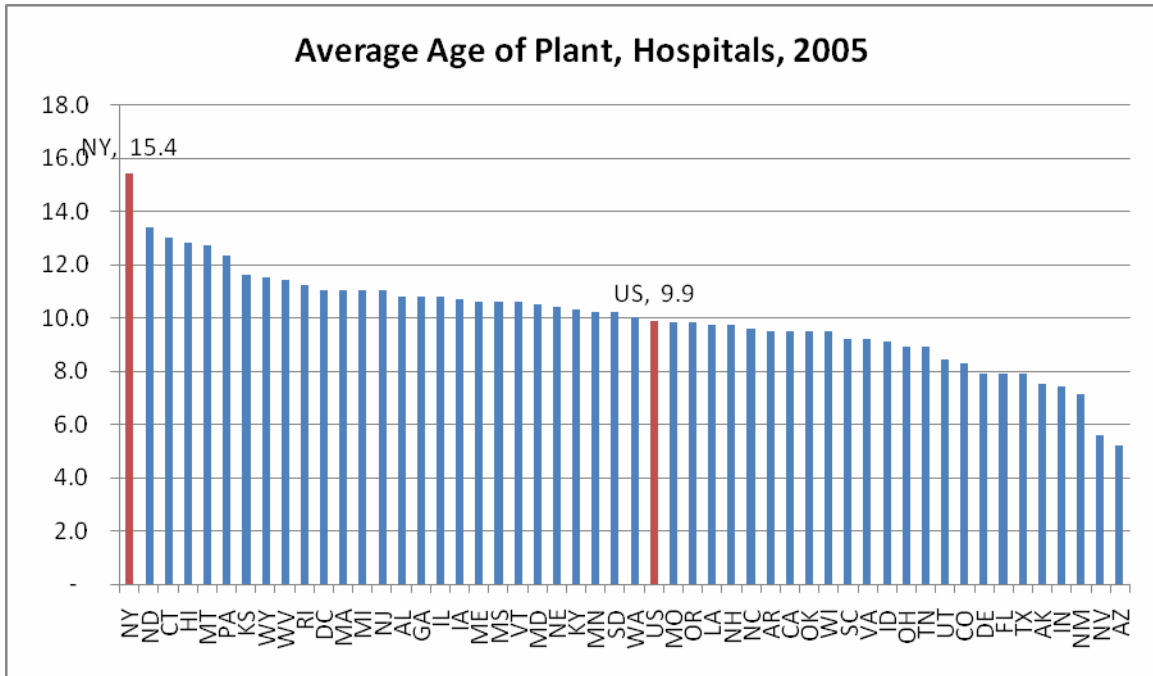
Good day, Chairwoman Burden, and members of the City Planning Commission. I am Kenneth E. Raske, President of the Greater New York Hospital Association (GNYHA), which represents nearly 300 not-for-profit hospitals and continuing care facilities, both voluntary and public, in the greater New York metropolitan area. I am here today to express my support for the rebuilding of the Jewish Home & Hospital Lifecare System's facility on the Upper West Side of Manhattan. Given the age of many sections of that facility, I think no one would dispute that it needs to be rebuilt. So the question becomes whether it is more desirable to renovate the existing facility or to build a new facility from scratch. I believe that a new facility is the only reasonable option, both for reasons specific to The Jewish Home & Hospital, and also for reasons applicable industry-wide, which center on patient safety, operational efficiency, and quality of life for residents.

**Need to Rebuild the Manhattan Facility**

The Jewish Home & Hospital has cataloged many reasons why the existing Manhattan facility is no longer viable, including: 1) sections of the facility date back to the 1880s; 2) it was not designed to accommodate wheelchair-bound residents and many bathrooms are not wheelchair accessible; and 3) its inefficient layout causes scarce resources to be diverted for plant operations rather than deployed fully for patient care.

The fact that the physical plant is so old is a reflection of the general condition of health care facilities in New York State. Unfortunately, there is no comparative information on the age of plant of nursing homes throughout the United States, but comparative information on hospitals is available and is a good proxy because hospitals and nursing homes are subject to the same regulations in terms of certificate of need, zoning, and land use. As shown in the Figure below, the average age of New York hospitals is 15.4 years, which is the oldest of all the states and far older than the national average of 9.9 years. The old age of plant of New York facilities reflects poor access to capital, which in turn is a function of poor profitability.

Furthermore, the services provided at The Jewish Home & Hospital are essential to the Manhattan community. According to the *Final Report of the Commission on Health Care Facilities in the 21<sup>st</sup> Century* (page 178): "New York County (Manhattan) has a documented need for 733 additional beds and an occupancy rate of over 97%." Manhattan's shortage of nursing home beds was determined assuming the current complement of beds at The Jewish Home & Hospital.



Source: Medicare Cost Reports, as compiled by Ingenix in the *2007 Almanac of Hospital Financial and Operating Indicators*.

### Need for a New Facility

The principal reason why The Jewish Home & Hospital must build a new facility rather than renovate its current facility is that renovating the current facility would require taking beds out of service in stages over the next 10 years. Given the nursing home bed shortage in Manhattan, this is not feasible, nor is it acceptable to the New York State Department of Health. Three other very important reasons to build a new facility are: 1) to provide a safer patient environment, particularly with respect to the prevention of infections among the resident population; 2) to improve energy and operational efficiency; and 3) to offer a state-of-the-art residential long-term-care environment in the Upper West Side that is person-centered and home-like for the growing numbers of residents who will need long term care services in the coming years.

***Providing a Safer Patient Environment.*** Elderly nursing home residents are highly susceptible to infection and have a high mortality rate from infections. Therefore, it is critically important to minimize their risk of acquiring infections in health care facilities. Ways to reduce this risk are to maximize the use of private rooms, to have bathrooms in each room, to position the bathrooms at the entrance to rooms, and to avoid using curtains in rooms, which can harbor bacteria. The Jewish Home & Hospital’s proposed new Manhattan facility utilizes all of these strategies to minimize risk. All residents’ rooms have a bathroom positioned next to the entrance. The new proposed design will increase the proportion of private rooms on each floor. And further, while the proposed facility cannot provide private rooms for each resident, each double-room suite has

its own bathroom positioned next to the entrance and is divided by a fixed partition in lieu of a curtain. All of these design features will minimize infections and the related mortality risk.

***Improving Energy and Operational Efficiency.*** The Jewish Home and Hospital Lifecare System's plan for a new Manhattan facility is vital to achieving efficiencies that will allow scarce resources to be devoted more fully to patient and resident care. According to a comprehensive facility assessment performed in 2005, the existing heating, ventilation, and air conditioning systems are beyond their normal expected service life and the systems are poorly integrated, contributing to "inefficient operation, extended maintenance, and increased operating costs." In addition, the assessment found that "the age and types of equipment used are not energy efficient, also increasing operating costs." The assessment indicated that replacing the existing inefficient systems would be extremely costly and difficult, and would still fail to address many of the fundamental inefficiencies that are inherent in the current structure. For example, the replacement of the facility's outdated elevators would not change the fact that there are too few elevators overall in the facility to efficiently handle the facility's typical traffic flow. Construction of a new facility will allow the integration of "green" design elements that will result in more efficient energy use and significantly lower operating costs. The proposed new facility will also rectify core design inefficiencies, such as the inadequate number of elevators, in a way that will improve the work flow in the facility and free up staff time for more direct patient care.

***Providing a State-of-the-Art Long Term Care Facility for the Upper West Side.*** The Jewish Home and Hospital Lifecare System is already recognized as a national leader in the nursing home "culture change" movement, which seeks to maximize quality of life for nursing home residents by enhancing resident autonomy and creating an environment that is homelike and not institutional. While the Jewish Home has made tremendous progress in promoting person-centered care through new organizational designs and innovative labor-management collaborations, its current physical plant represents an insurmountable barrier to fully realizing the kind of care environment considered state-of-the-art for elders in the 21<sup>st</sup> century. According to the Centers for Medicare & Medicaid Services (CMS), one of the most important factors in achieving person-centered care in nursing homes is the use of new design elements that replace staff-centered, institutional spaces with smaller, more intimate, resident-centered spaces that function as "households" within the larger facility. Such designs, according to CMS, help to naturally create a "family life," where staff can "support resident choices and decisions about their daily life such as meals and activities." Creating such an environment requires radical changes—such as the elimination of nurses' stations and the reconfiguration of rooms and dining spaces into small household clusters—that are not possible in the current building. By contrast, the design of the proposed new building would allow staff and residents to live and work together in small clusters of eight to twelve residents, with each cluster having its own living room, dining room, and pantry. This type of design has been shown to make caregivers more

available to residents and family members, to promote socialization and a sense of community, and to enhance overall resident well-being. The new design will provide radically better quality of life for residents, and is vital for meeting the future care needs of residents of the Upper West Side community.

## **Conclusion**

The Jewish Home and Hospital's plans to renovate its campus are necessary steps to maintain the high standard of health care that it has provided for so many years and, more importantly, to bring that standard of care into the 21<sup>st</sup> Century. These renovations cannot be accomplished unless the proposed new design is allowed to move forward, and a portion of the Jewish Home's existing property is sold to a developer in order to generate funds to subsidize the redevelopment.

I am here to respectfully request that the City Planning Commission consider the great benefit that the Jewish Home and Hospital provides to its community, and approve the Jewish Home's request to be "carved out" of the proposed rezoning so that it might continue to serve the Upper West Side and all of Manhattan for many years to come.

Thank you for your time and the opportunity to speak before you today.