Save Our Neighborhood

April 26, 1993

Mr. John O'Brien, Administrator
The Cambridge Hospital
1493 Cambridge Street
Cambridge, Massachusetts 02139

VIA FAX

Dear Mr. O'Brien:

First of all, I would like to introduce our new neighborhood organization to you.

Members of the Somerville community recently organized **Save Our Neighborhood (SON)** and circulated a policy document on the hospital expansion issue that was signed by the overwhelming majority of the Beacon-Line neighborhood and the Somerville abutters of the Hospital, as state law defines abutters. Somerville's only Ten Taxpayer Group for the Cambridge Hospital project is a subset of our membership. **We therefore represent and speak for the neighborhood and its views.**

As you know, the lack of a definable neighborhood entity has complicated discussions with Cambridge officials in the past. We have now taken action that remedies this situation.

Our officers are:

Chairperson: **Joseph Manley** Vice-Chairperson: **Merry Ellen Duckett** Secretary: **Helena Albes**
Treasurer: **Irene Bacci** Director, Executive Committee: **Carl Johnson**

Let me stress that our immediate policy goal is an **amicable resolution** that ensures both that the Hospital's legitimate needs are met and that the neighborhood's human rights and property rights are fully respected. We do not feel that the process to date has respected either our rights or our interests.

Since you have indicated your willingness to move to rectify the past situation, I hereby request your agreement that our organization, **SON**, appoint all Somerville representatives to the Hospital's Community Advisory Committee (CAC), in accordance with an SON policy resolution adopted by unanimous consent. All persons deemed by the members and neighbors to be appropriate representatives of their interests shall be eligible to be appointed or re-appointed, as the case may be.

We view your action in this matter to be an early indication of your willingness to move to resolve the situation between your institution and our community.

I also hope to meet with you directly in the near future to begin a search for solutions to the serious issues before us in this neighborhood and community.

In general, I request that when you wish to communicate with our neighborhood on any issue you first go through me as SON chairman.

In conclusion, I wish to express this neighborhood's considerable distress at recent disclosures about pill selling in our neighborhood and elsewhere by clients of the methadone clinic located on your premises. It is superfluous to restate in this letter the many representations made on this issue

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In conclusion, I point out that the following Cambridge Chronicle article presents but yet another instance of the extremely adverse community impact over the last 17 years of the methadone program sited at the Hospital, which funnels criminals into our neighborhood from throughout Eastern Massachusetts. During that period, the Hospital has been repeatedly unable to prevent the damage to our safety, our daily lives, and our neighborhood, despite persistent complaints and representations from neighbors.

I draw your particular attention to the alleged complicity of methadone program counselors in the pill selling activity, and the last paragraph of the article which notes that, after the excellent efforts by Cambridge Police, **the problem has shifted to Somerville**, where we must expend our limited resources to deal with a major problem generated by the Hospital.

This is also but another example of the Hospital's long term and chronic inability to manage the routine impact of the current facility, therefore causing our neighbors and citizens the gravest worries and concerns about its capability of managing a larger facility and further expanded patient flow.

Though I quite frankly am less optimistic about the prospects for solving this particular problem, my organization will nevertheless make every effort to cooperate with you in seeking a solution.

Thank you for your attention, and I hope to be speaking with you shortly.

Sincerely yours,

Joseph Manley
Chairperson SON

cc: Mayor Michael E. Capuano

JPM/hd

POLICE NEWS

Cops crack down on pill sellers

BY SCOTT FARMELANT
Chronicle Staff

A Cambridge police undercover operation aimed at a methadone patient pill ring has yielded eight arrests. Police hope the busts, which involves people who use the Cambridge Hospital methadone clinic, will eliminate a variety of petty crime tied to the activity.

"It's not a large-scale operation moneywise, but [sellers and users] are all petty criminals. The selling brings an unwanted element into the community that doesn't need to be there," said Jerry Baptist, a detective who, along with Sgt. John Jones, led the investigation.

Baptist, who said addicts frequently shoplift and sometimes break into homes to support their habits, tied neighborhood crime to the Cambridge/Somerville methadone program. Baptist also noted that in addition to selling pills obtained from private physicians, some of the patients peddled other drugs such as cocaine and methadone.

News of the arrests is bound to anger Mid-Cambridge and Somerville residents who abut the Cambridge Hospital. Many have recently complained about a large amount of drug selling around the hospital, activity they claim was tied to the hospital. The Cambridge Hospital is in the process of undertaking a 72,000-square-foot expansion, a project opposed by some neighbors.

Baptist also indicated that the clinic was aware of the activity and that counselors advised patients not to sell pills within the several blocks around the hospital. Police said the clinic employs a private security force to block drug dealing on hospital grounds.

According to Baptist, methadone users seek painkillers and depressants to boost the methadone's effect. The pills, such as Klonopin, Zanax, Darvon and Thenigan, are known to produce a heavy intoxication when mixed with methadone.

Baptist said the methadone patients, all heroin addicts trying to kick their habits, needed to quickly take pills after receiving their methadone dose between 6:30 am and 10:30 am. As a result, the addicts would flock to either McDonald's in Central Square or Porter Square to conduct their illegal activity.

Baptist also said many of the patients lived in other areas many miles away from Cambridge with taxis from Revere, Quincy and Winthrop seen arriving at the McDonald's.

"There are a lot of out-of-town addicts with this," said Baptist.

On a typical day, Baptist said up to 40 people would descend upon the McDonald's restaurant, drink coffee and exchange the drugs, which typically cost $2 to $6 per pill. Baptist added that pill sellers obtained prescriptions from area physicians for a moderate fee, then distributed them to addicts who were unable to get prescriptions.

"These people have extensive knowledge of what combinations [of pills] last longer, give you certain reactions, keep you high for the longest. When you talk to the patients in the methadone clinic, it's like talking to a pharmacist," said Baptist.

Cambridge detectives, led by Deputy Superintendents Dave Degeo and Mike Giacoppo, sent out an undercover police officer two months ago to infiltrate the clinic. The woman, who was recruited out of another police department, spent weeks hanging around and buying pills while detectives videotaped the action for evidence.

Word of the operation filtered through the police commissioner's office to the city's drug unit after Perry Anderson received complaints from Central Square businesses about the situation at McDonald's. Two years ago, Cambridge police conducted a similar operation, which forced the methadone users to take business over to Medford.

Baptist noted that drug unit intelligence indicated the sellers have moved over to Somerville.

Arrests

The following arrests were made as a result of a police undercover operation:

Scott Seidenspinner of Quincy, John Brown of Somerville, Mike Cullen of Attleboro and Lorraine Gallagher of Roslindale all were arrested Saturday morning between 9 am and 10 am as they left the methadone clinic at Cambridge Hospital.

Seidenspinner, held on two outstanding warrants for breaking and entering, a fugitive from justice warrant issued by the MBTA and fugitive from justice warrant out of Raleigh, North Carolina, was arraigned Tuesday. It is expected that he will extradited to North Carolina shortly.

Brown was charged with possession of a Class B substance (cocaine) and a Class E substance (Zanax) with intent to distribute. Cullen, who was arrested for a March 27 transaction, also was charged with possession of a Class E substance (Klonopin) while Gallagher was charged for a March 10 sale of Zanax.

On March 27, police arrested Daniel Magudo, a Hawaii resident now based in Lawrence, outside the hospital as he allegedly sold Zanax and other pills on Line Street. Police also arrested Jonathan Krohn and Marcella Bolline of Lynn at the Central Square McDonald's on March 27 and charged them with Class E substance (Zanax) with intent to distribute.

Magudo is being held at the Cambridge jail after he defaulted on a court appearance. Another man arrested in connection with the ring, Andrew Gairchaty of Las Vegas, Nevada, was arrested on March 26 and extradited to Nevada on a fugitive from justice warrant.

Police are still seeking two others on outstanding warrants following a March 16 sale of pills to an undercover officer.

Save Our Neighborhood

April 26, 1993

Cambridge City Council
Cambridge City Hall
795 Massachusetts Avenue
Cambridge, Massachusetts 02139

VIA FAX

Dear Councillors:

First of all, I bring to your attention an article in last Thursday's Cambridge Chronicle which details recent illegal activities by clients of the methadone clinic located at the Cambridge Hospital's facilities. A copy of this article follows, and is discussed in greater detail below.

Before going further, I would like to introduce myself and my organization to you.

Members of the Somerville community recently organized **Save Our Neighborhood (SON)** and circulated a policy document on the hospital expansion issue that was signed by the overwhelming majority of the Beacon-Line neighborhood and the Somerville abutters of the Hospital, as state law defines abutters. Somerville's only Ten Taxpayer Group for the Cambridge Hospital project is a subset of our membership. **We therefore represent and speak for the neighborhood and its views.**

As you know, the lack of a definable neighborhood entity has complicated discussions with Cambridge officials in the past. We have now taken action that remedies this situation.

Our officers are:

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Treasurer: **Irene Bacci** Director, Executive Committee: **Carl Johnson**

Let me stress that our immediate policy goal is an **amicable resolution** that ensures both that the Hospital's legitimate needs are met and that the neighborhood's human rights and property rights are fully respected. The process to date has respected neither our rights nor our interests.

Despite the community relations disaster the Hospital has created here, both by the project process and by proposing a project which wil not only deeply harm the community but devastate a number of individual lives, we are confident that with your cooperation such a resolution is possible.

To this end, I will be contacting all of you individually, and I very much look forward to your sharing your insights and views--particularly because the public policy issues involved affect the cities and neighborhoods of both Cambridge and Somerville, and in view of the admirable record you all have of addressing neighborhood issues. I strongly suspect that, in the final analysis, our positions will be more similar than dissimilar, and I hope to work with you to discover that common ground.

At the same time, I feel it my duty to advise you--with regret--that since the pertinent public hearing before the Council, recent events, and all recent actions and statements by the Hospital, in public and at community meetings, **have served only to further inflame and exacerbate the situation in our neighborhood**. This trend is in the interest of none of the parties, including the Hospital, and it is urgently important that we move to promote a more positive direction.

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over the last 17 years by our co-chair, Merry Ellen Duckett, who is now on vacation, or the repeated complaints of others in the neighborhood. I will be in touch with you on this subject once I coordinate the issue with our Mayor, in view of the substantial public safety issue involved.

In closing, I wish to underscore our hope that you will cooperate with our neighborhood. Our view of the Hospital shall be results-oriented and performance-based, in cordiality and without personal animus. We sincerely wish for you and your institution to succeed in the mission entrusted to you by your community, and our agreements or disagreements with you as to serious issues of public policy, human rights, and private interests will be approached with an attitude of courtesy and respect, which we hope will be reciprocated.

Most sincerely,

Joseph P. Manley
Chairman SON

cc: Cambridge City Council
Mayor Michael E. Capuano

JPM/hd

82 Line Street
Somerville, Massachusetts 02143

Cambridge City Council
795 Massachusetts Avenue
Cambridge Massachusetts 02139

Dear City Council Member:

I forward to you here enclosed a letter from our Ten Taxpayer Group to the Department of Public Health, reporting that Cambridge Hospital officials may have made false statements on the Request for Determination of Need filed on July 1, 1992 in connection with the hospital's proposed expansion project. It further appears that any such misrepresentations would have a grave potential impact on the Somerville Hospital, and possibly other institutions.

This issue, along with the flaws and defects in the Cambridge Hospital's process for developing the expansion project, including its process for consultation with our community, which were cited by members of the Somerville community at the March 22, 1993 public hearing before the Cambridge City Council, cause us very grave concerns as to the fairness with which our community is being treated.

Aside from the implications for our community, I draw your attention to the administrative and public policy issues created for the City of Cambridge by the highly contradictory statements made within the same submission to the Department of Public Health, pursuant to the Hospital's Request for a Determination of Need, as well as by statements to the media that contradict the Hospital's own project plan.

We would also like to know from you whether the Cambridge Hospital has proposed to you any options for ensuring its future viability other than the exponential growth it has purposely generated in recent years (cf. page B1 of its plan) and plans to continue in coming years through its proposed expansion project.

In conclusion, we respectfully request that, in meeting the legitimate health needs of your city, you ensure that all interested parties are treated fairly and appropriately, and not reward with your approval projects developed and pursued by inappropriate means.

We look forward to your response to this letter.

Mary Ellen Duckett

Mary Ellen Duckett

cc: Joyce James
David Harlow, Esq.

Deputy General Counsel
Somerville Mayor, Michael E. Capuano
Mr. Norman Girard, Somerville Hospital
Ms. Joan Langsam,Somerville City Solicitor
Cambridge City Council - each individual member
Robert Healy, Cambridge City Mananger
Linda Chin, Associate Administrator, Cambridge Hospital
Karen Scholz, Rate Setting Commission
Nat Butler, DPW, Medicaid Division
Joan Pontikas, Division of Quality Health Care
Ten Tax Payer Groups:
Jan Griffin
John Pitkin
Katharine Kosinski, M.D.
Richard deFilippi, Ph.d
Steven Lacy
Allan Isbitz

Mary Ellen Duckett
Ten Taxpayer Group Project Number 4-3480
82 Line Street
Somerville, Massachusetts 02143

Joyce James, Program Director
Determination of Need Program
Department of Public Health
150 Tremont Street
Boston, Massachusetts 02111

April 12, 1993

Dear Ms. James:

It has recently come to the attention of our Ten Taxpayer Group, in our review of the Cambridge Hospital's Request for Determination of Need submitted to you on July 1, 1992 in reference to its proposed expansion project, that the aforementioned Hospital may have made false statements in a Request attachment which is covered by an affidavit certifying its veracity. It further appears that any such false statements or misrepresentations would have a grave potential impact on the Somerville Hospital, and possibly other institutions.

It appears that the assertion under item 1.4a of "Factor 1, HEALTH PLANNING PROCESS" is untrue, since Mr. Girard, Administrator of Somerville Hospital, has maintained in the strongest terms to our elected officials that he was not in fact consulted in regard to the impact of the Cambridge Hospital's expansion project on other institutions. He has also directly and overtly contradicted the representation contained in item 1.2, and indeed it appears to be only common sense that the Cambridge Hospital expansion project would affect utilization of services at Somerville Hospital, and probably other area hospitals, since the pertinent plans make repeated and unmistakable references to increasing Cambridge Hospital's "market share" vis-a-vis other hospitals. I attach a copy of the pertinent page from the DON filing, as well as relevant pages from the Hospital's own project plan.

I also advise you that the Cambridge Hospital, in seeking to rebut Mr. Girard's statements regarding the impact of the Cambridge Hospital expansion on his institution, was reported by the CAMBRIDGE CHRONICLE of April 1, 1993 as saying "the hospital expansion was designed to serve an existing patient load, not add business."

In the attached pages from the Hospital's own Plan, B34 specifically refers to "a larger ambulatory patient base"--the new expansion is largely an ambulatory facility. Pages B5-B9 show specific and very substantial increases in patient volumes

for particular units in the expanded facilities.

Pages B33 and B34 of the Plan state that the Cambridge Hospital will compete with other hospitals to survive by engaging in "service volume growth strategies". This directly implies that such growth will be at the expense of the utilization of other hospitals, some of which will therefore not survive. All of this material in the plan not only contradicts statements reported in the press, but makes it highly unlikely that its statement in "Factor 1: HEALTH PLANNING PROCESS" of its DON statement, to wit, "Utilization of services of other institutions is not expected to be affected....", could be true.

Moreover, given Mr. Girard's present statements, it appears inconceivable that a discussion with him on "the possible effects of this project on utilization of services of other institutions" could have yielded the conclusion "Utilization of services of other institutions is not expected to be affected....", as Cambridge Hospital's response to section 1.2 of "Factor 1" clearly indicates.

All of the foregoing goes to the heart of the central issue of the impact of the Cambridge Hospital expansion on other institutions and the question of whether there are existing facilities elsewhere that can meet the needs targeted by the expansion project. That the Cambridge Hospital has apparently felt it necessary to make statements to the media that directly contradict its own planning documents makes it all the more likely that there is a real problem here.

You may be hearing from Mr. Girard soon, and the Office of the City Solicitor of Somerville indicates that it has written to you to express its concern that you look into any possible violations in this regard.

In the first place, we express our concern that you thoroughly review this matter to determine whether any violations of the law or regulations have occurred, and, if proper grounds are determined to exist, exact the maximum penalties under pertinent law and regulations, and initiate any other appropriate legal or administrative action.

We also wish to state that we as Somerville residents are deeply concerned by the apparent treatment of the Somerville Hospital, and we trust and hope that you will ensure that the DON process is carried forward with the utmost fairness to our community and its institutions.

Furthermore, please ensure that my Group is provided with ample notice as to all procedural steps, determinations, hearings, and appeals in this DON process for Cambridge Hospital Project Number 4-3840 and, in particular, please advise my Group of your disposition of the specific matter I am reporting to you in this letter.

Please also be advised that we wish the issue of the Cambridge Hospital expansion project's impact on other institutions, and its statements in that regard, to be addressed in the public hearing I have already requested, if it is not resolved to our satisfaction prior to that point.

I also respectfully request that you forward me a copy of all regulations pertaining to the DON process as soon as possible, and that I be provided with a copy of any additional filings with your Department that the Cambridge Hospital may make.

Thank you for your attention and cooperation.

Mary Ellen Duckett

Mary Ellen Duckett
Ten taxpayer Group (Project Number 4-3840)

cc: David Harlow, Esq.
Deputy General Counsel
Michael E. Capuano, Mayor of Somerville
Norman Girard, Administrator, Somerville Hospital
Joan Landsam,Somerville City Solicitor
Cambridge City Council - each individual member
Robert Healy, Cambridge City Manager
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Karen Scholz, Rate Setting Commission
Nat Butler,DPW, Medicaid Division
Jean Pontikas, Division of Quality Health Care
Ten Tax Payer Groups:
Jan Griffin
John Pitkin
Katharine Kosinski, M.D.
Richard deFilippi, Ph.d
Steven Lacy
Allan Isbitz

Factor 1 HEALTH PLANNING PROCESS

1.1 Please provide a brief description of the annual planning process used by your institution, including a timetable of significant planning activities and the means by which alternatives are considered. Include an organizational chart showing the key individuals (names and positions) and committees involved in the planning process. Please describe the role of consultants.

Note: Hospitals which have filed a Statement of Anticipated Projects on file may answer question 1.1 by referencing their Statement. (Please answer in Narrative)

1.1a Did this project emerge from an annual planning process?

YES X NO_____

If "No", please explain why you did not use your annual planning process for this project.

1.2 Did you consult with other providers in the primary service area of this project about the relationship of this project to existing or planned operations at their institutions? In particular, did you discuss the possible effects of this project on utilization of services at other institutions? Did these discussions affect the development of this application? (Answer below and in Narrative)

Discussions have been held with other institutions regarding future health care delivery patterns. Utilization of services of other institutions is not expected to be affected.

1.3 If your answer to question 1.2 was "NO", please explain why you did not consult with other providers. (Answer in Narrative)

1.4 If your answer to question 1.2 was "YES", please supply the following information:

1.4a Names and titles of persons with whom you consulted.

Francis Lynch, C.E.O., Mount Auburn Hospital
Richard Quigley, C.E.O., Youville Hospital
Norman Girard, President, Somerville Hospital
Robert Buchanan, President, Massachusetts General Hospital

licensure requirements, and;

o the *external relations subcommittee*, which is responsible for interface with neighborhood groups, regulatory bodies, and hospital staff about the facilities planning process, and which will assist in launching the capital campaign.

Community Interface

To provide for community participation and feedback, the City Manager has appointed a *Community Advisory Committee for the Hospital Facilities Plan* (CACHFP). The committee includes representatives of the mid-Cambridge neighborhood and Line Street in Somerville who live on streets immediately adjacent to the hospital. The committee has met five times in the period from March 1992-June 1992, on the following dates: March 12, April 16, April 27, May 18, and June 8, 1992.

Additionally the hospital has participated in a number of meetings with neighborhood groups to discuss its facilities direction. These include the following:

Mid-Cambridge Neighborhood Association
Mid-Cambridge Neighborhood Conservation District Commission
Meeting with Somerville alderman and Somerville residents
City Council Subcommittee on Health and Hospitals

An informational meeting with neighborhood residents is planned for July 1992.

Two attachments are included in this section: the implementation schedule for the facilities master planning process and list of participants on the facilities planning committees.

Hospital Financial Planning Initiatives

The development of a Facilities Master Plan at The Cambridge Hospital, with upgrade of inpatient space and construction of a new ambulatory care building, is consistent not only with trends in patient care delivery but external forces vis-a-vis hospital financing and reimbursement and our hospital financial planning initiatives.

The new *hospital financing legislation* emphasizes service volume growth to ensure financial stability, and fosters competition among hospitals for survival. Since hospitals

B33

compete on the basis of facilities as well as the quality of services and staff, an up-to-date physical plant is essential. Our service volume growth strategies include developing new programs and pursuing new geographic markets as well as continuing to increase our market share in Cambridge. Increased ambulatory activity is in itself an important contributor to total revenues; also, a larger ambulatory patient base generates more referrals, ancillary usage and hospital admissions.

Another financing trend which has influenced our facilities directions is increased *contracting with third party payors*, as more of the Massachusetts population becomes enrolled in managed care programs. The hospital's successful efforts in this arena, evidenced by our recent contracts with the Blue Cross HMO Blue and Medicaid's MassHealth/Managed care program, underscore the importance of an ambulatory care focus. Managed care programs provide more care in the outpatient setting to drive down the costs of expensive hospital days, making the development of referral networks and provision of efficient ambulatory care space essential. Also, The Cambridge Hospital's participation as part of preferred provider networks throughout the State will channel patients towards our institution and indicates that we will likely draw our patients from a broader geographic base than the immediate community.

Our facilities development plans are critical to our ongoing efforts to improve access to care, as patients who have no insurance coverage and cannot afford to pay for care represent a large proportion of our service population. The Cambridge Hospital is presently qualified to receive payments from the State's uncompensated care pool (UCP) and Medicare and Medicaid disproportionate share hospital (DSH) programs. Without The Cambridge Hospital's future survival and success, the health care needs of many residents of our service community would be compromised.

B34

1. Clinical Services

The new building planned for the hospital campus has been principally programmed for ambulatory services. The Cambridge Hospital has operated an extensive outpatient, or ambulatory, division for many years, both at the centrally located hospital and in satellite neighborhood health centers located throughout the City. Service volumes increased from 100,000 to over 160,000 in the five year period from FY1987 to FY1991. Approximately one quarter of those volumes are attributable to growth at the neighborhood health centers; the remainder represents growth of hospital-based ambulatory services.

From a historical perspective, the delivery of hospital-based ambulatory services at The Cambridge Hospital began in a 3000 square foot space called the outpatient department approximately ten years ago. As in many other urban public teaching hospitals, the outpatient department was established to provide health care to indigent populations, with residents providing the professional care. Since that time, the range of services offered on an ambulatory basis has grown dramatically, and the single department "clinic" model has evolved to a broad range of primary and specialty care services provided by attending physicians located in several locations throughout the hospital campus.

Hospital-based ambulatory services which we currently provide and which will be relocated to the new building include the following:

o Primary Care Center (including allied health services)

The primary care center is a hospital-based group practice of internists and primary care residents from the Department of Medicine. Patients seeking care at the practice develop a relationship with their own primary care physician, who they rely on for most of their health care needs. In addition to providing primary care internal medicine, the physician functions as the liaison for any secondary or tertiary care needed by the patient. Many secondary referrals are made within the Cambridge Hospital system. In addition to internal medicine, several allied health services are provided, including occupational health, employee health, nutrition, psychiatric consultation/liaison services and RN teaching services. The service is presently located in the Cahill building. Visits have increased in the period FY87 to FY91 from 10606

to 14000. The service projects over 20,000 visits in FY2000.

Location in the new ambulatory building would provide the necessary additional space for clinical and support activities to address current deficiencies and accommodate future growth. Exam rooms would be appropriately sized for care of geriatric patients and other special patient needs. The service will be ideally located near radiology, phlebotomy and other support areas. Location adjacent to the Zinberg Clinic and women's health service will promote sharing of space and multi-disciplinary care. The location of medical and surgical specialties with primary care services will facilitate referrals and consultation.

o Ambulatory Pediatric Services

Ambulatory pediatric services include primary care and specialty services, child psychiatry, and the children's developmental center. At present these services are provided in different parts of the hospital campus.

Cambridge Pediatrics offers a full-service pediatric practice for children up to 18 years of age. The practice cares for both well children and children with chronic medical problems. Office hours are Monday through Friday on an appointment basis. Evening hours are available. Patients and their families develop a personal relationship with a physician. That physician, in addition to providing primary care pediatric medicine, functions as the liaison for any secondary or tertiary care needed by patients. Many secondary referrals are made within the Cambridge Hospital system, e.g. the pediatric subspecialty clinics (dermatology, pulmonary, orthopedics, surgery, Zinberg) in the outpatient department and mental health services. The service is presently located on Cahill 2. Visits have increased from 5537 in FY1987 to 8223 in FY1991. The service projects 15,000 visits in FY2000.

The Children's Developmental Center is a specialty outpatient clinic within the Department of Pediatrics. The clinic draws from the disciplines of medicine, psychiatry, psychology and neurology, and provides a wide range of services including neuropsychological testing, medical exams, speech therapy and social services. The majority of patients are from the City of Cambridge, but the center also sees patients from other communities. Local School Departments are large sources of referrals. The service is located in the Macht Basement. Service volumes have

increased slightly from 927 in FY1987 to 1123 in FY1991, with a peak of 1694 in FY1988.

The Child Psychiatry service provides outpatient services and consultation for children with mental illness. A new division, program elements will include general child psychiatry, psychopharmacology clinic, PTSD clinic, psychosomatic clinic, crisis intervention, aftercare clinic, pediatric neuropsychiatry, pediatric psychology, and pediatric behavioral medicine. The service will also provide preadmission screening for the inpatient child assessment unit. The service is located in the basement and first floors of Macht building. Outpatient volumes for FY1991 exceeded 2000, given the development several years earlier of the inpatient child assessment unit and child psychiatry teaching program.

Location of these services in the new ambulatory building will provide the additional clinical and support space required to accommodate anticipated service growth. For pediatrics, consolidating the primary care, specialty, mental health and developmental services together in an ambulatory pediatrics service location will be of benefit to child, family and provider.

o Zinberg Clinic

The Zinberg Clinic is an outpatient medical clinic for evaluation and ongoing treatment for individuals with HIV infection. Services available include medical and nursing care, psychiatric, neuropsychiatric and social services. The Zinberg Clinic also offers a family care program for comprehensive services to clinic patients as well as their partners, children and families, and a drug abuse and health care services program which provides comprehensive health care and case management for people with substance abuse problems. Also offered in the outpatient department is the alternative test site program, which provides anonymous HIV counseling and testing. Zinberg clinic sessions are presently provided in the outpatient department, and despite adding evening sessions, the service is quickly outgrowing the space available.

The Zinberg Clinic has experienced dramatic growth in volumes since the program's inception several years ago, with 2400 visits in FY1991 and approximately 6000 visits expected in FY1993. Doubling of these volumes are expected in the year 2000. The service's planned location in the ambulatory building provides excellent functional

B7

relationships to ancillary, primary care and specialty services as well as the inpatient units.

o Orthopedics and Podiatry

The orthopedics and podiatry services perform minor surgical procedures in the SDC, and conduct sessions in the hospital outpatient department. Orthopedics sessions are also provided in the department's space on the seventh floor of the main building. Referrals to the specialty clinic come from primary care providers, other specialty areas, the emergency department, or are self-referred. Volumes in FY1991 were over 1800 for orthopedics and 2704 for podiatry. In the facilities master plan, the orthopedics practices will be combined. The orthopedics and podiatry services will be co-located and will share utilization of examination and treatment rooms and support spaces (e.g. cast area).

The departments' relocation to the first floor of the ambulatory building allows for a critical functional relationship to the emergency department and radiology. The service is a high user of radiology, with many patients having difficulty with transportation because they are immobilized, using crutches, or otherwise infirm. Orthopedics and podiatry also have a strong presence in the medical emergency department for consultation and casting.

o Medical Specialties, including Cardiology

The hospital offers a broad range of medical specialty services. Non-procedure specialties include neurology, dermatology, hematology/oncology, endocrinology, rheumatology, geriatrics, and infectious disease. Procedure specialties include gastroenterology, pulmonary medicine, and oncology. The hospital also has an active cardiology service. At present medical specialty services are offered in the hospital outpatient department and in the Macht building. Volumes for medical specialty services are approximately 9000 annually; cardiology volumes are approximately 5000 per year. All areas should experience continued growth. Neurology services will experience growth in both adult neurology and in specialized neurology (e.g. headache, seizure, stroke, rehabilitative, behavioral). Infectious disease is current involved in primary care consultation, tuberculosis, Zinberg and travelers clinic. The advent of sexually transmitted disease will require greater permanence. Cardiology volumes are expected to increase with the advent of

angiography capabilities.

The location of medical specialty and cardiology services in the ambulatory building will facilitate referrals and consultations to primary care services. The location the fourth floor of the ambulatory building will provide excellent functional adjacencies to the intensive care unit, to the neurophysiology (EEG/EMG) laboratories, and cardiopulmonary/nuclear medicine departments.

Space will be made available in the new building near the medical services (either on the fourth floor near the medical specialties, on the second floor near the Zinberg Clinic and primary care center, or adjacent to the endoscopy suite) for diagnostic and therapeutic medical day treatment. This unit will serve the needs of ambulatory patients who would have been admitted to the hospital is past years: frail elderly in need of GI radiological procedures or multidisciplinary consultations, AIDS patients in need of intravenous therapies or transfusions, chemotherapy patients, and patients in need of lumbar punctures and bone marrow biopsies.

o Surgery and Surgical Specialties (including eye and dental)

The department of surgery offers general surgery and surgical specialty clinics on an appointment basis. The following clinics are offered: general surgery, which provides surgical consultation for the broad range of illness which is either managed primarily by general surgical specialists or within a multispecialty team offering, for example, coordinated care for treatment of cancer, and is staffed by attending surgeons of the hospital; pediatric surgery, which offers specialized consultation by attending pediatric surgeons for the full range of infant and children's surgical illness; surgical specialty clinics, which offer clinics in ENT, urology and plastic surgery by attending surgical specialists on the hospital staff, and; vascular clinic, which provides comprehensive evaluation of disorders of the arterial, venous and lymphatic systems and consultation regarding the full range of therapeutic options, and is staffed by attending surgeons from the division of vascular surgery. Service volumes in the period FY87 to FY91 have increased from 4182 to 5394 and are expected to exceed 8,000 in the year 2000. The sessions are presently provided in the hospital outpatient department as well the department of surgery space on the seventh floor of the main building.

B9

EXECUTIVE SUMMARY

Since its inception in 1918, The Cambridge Hospital has evolved from a small 50-bed general community hospital to an integrated health care system affiliated with Harvard Medical School. The comprehensive range of services includes a 186-bed inpatient capacity (medical/surgical, ob/gyn, pediatrics, addictions treatment, child psychiatry, voluntary and secure adult psychiatry units), 24-hour medical and psychiatric emergency departments, and many outpatient services. The Hospital also operates six neighborhood health centers located throughout the City. The Hospital is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations. The Cambridge Hospital is a leader in the development of culturally sensitive, linguistically appropriate services for our community.

The Hospital has experienced significant growth in activity in the last five years, with ambulatory visits increasing from 100,000 to over 160,000 from FY1987 to FY1992, and inpatient utilization increasing 40 percent in the same period. Our growth patterns in ambulatory care are consistent with trends in the healthcare industry, where care has shifted from inpatient to less costly outpatient settings. Our growth has largely been attributable to our strategic planning efforts to increase access to our high quality services, by developing new programs and improving existing ones, by attracting highly qualified physicians and staff, and developing agreements with health maintenance organizations.

Self-governed

The Cambridge Hospital's dramatic growth in activity has taken place within the same physical space with little or minor renovations. For many departments, our activity will soon outstrip our physical capacity to provide services. Overall, the facilities need modernization and renovation in order to accommodate our growth, and ensure that the diverse health care needs of the service population will continue to be met, in modern and appropriately sized and organized facilities, well into the twenty-first century.

The hospital has undertaken a facilities master planning process in order to identify future health care needs and corresponding facilities solutions in a comprehensive fashion. The facilities direction which emerged from this planning process is the basis for the proposed project, and has three parts: construction of a new six-story building and underground parking facility adjacent to our main hospital building; addition of two levels onto an existing three story section of the main building, and; reconfiguration and renovation of services in the existing Main, Cahill, and Macht buildings on the hospital campus.

Implementation of the project will be phased over a period of five years, beginning in early 1994 pending necessary approvals. The total estimated maximum capital expenditure for the project is $57,645,021.

Consent Comm. # 21 F 75

Comm. from Mary Ellen Duckett, 82 Line Street, regarding the Cambridge Hospital's Request for Determination of Need.

In City Council,

April 26, 1993

Referred to the City Manager

4/27/93 Copy sent to City Mgr DK