



# City of Cambridge

8.

IN CITY COUNCIL

April 26, 1993

COUNCILLOR WALSH

**WHEREAS:** The City Council has recently received the enclosed communication from Joseph Manley of Somerville regarding the proposed expansion of the Cambridge City Hospital; and

**WHEREAS:** Said communication raises certain issues which should be properly addressed by the appropriate parties at the Cambridge City Hospital in order to avoid any misunderstandings; now therefore be it

**ORDERED:** That the City Manager be and hereby is requested to ask John O'Brien, the Director of the Cambridge City Hospital, and any other employees with knowledge of the issues raised, to respond to this memorandum of Mr. Manley and to forward a copy of said response to Mr. Manley and to the City Council within two weeks.

In City Council April 26, 1993.

Adopted by the affirmative vote of nine members.

Attest:- D. Margaret Drury, City Clerk.

A true copy;

ATTEST:-

D. Margaret Drury  
City Clerk

April 15, 1993

COUNCILLOR WALSH

WHEREAS, The City Council has recently received the enclosed communication from Joseph Manley of Somerville regarding the proposed expansion of the Cambridge City Hospital; and

WHEREAS, said communication raises certain issues which should be properly addressed by the appropriate parties at the Cambridge City Hospital in order to avoid any misunderstandings; now therefore be it

ORDERED, That the City Manager be and hereby is requested to ask John O'Brien, the Director of the Cambridge City Hospital, and any other employees with knowledge of the issues raised, to respond to this memorandum of Mr. Manley and to forward a copy of said response to Mr. Manley and to the City Council within two weeks.

FAX MESSAGE AND TRANSMITTAL

April 7, 1993

TO:  
THE CAMBRIDGE CITY COUNCIL  
CITY HALL, CAMBRIDGE, MASSACHUSETTS  
FAX: 349-4287

FROM:  
Joseph Manley  
15 Cooney St.  
Somerville, MA 02143  
VOICE: 491-5122  
FAX: 864-1686

It may interest the Council to know that recent statements Cambridge Hospital officials made in the press directly contradict their own expansion project plan.

The following are citations of the statements, relevant portions of the plan, and supplementary information. I apologize for the unavoidable length of this fax.

This package may come to be a regular item issued periodically during the expansion approval process--a Somerville Truth Squad Release--if the Hospital continues to make such statements to the media.

I respectfully request that each individual Councilor be given a copy of this submission.

Thank you for your attention and consideration.

NUMBER OF PAGES IN THIS TRANSMISSION: 13

SOMERVILLE TRUTH SQUAD  
FOR THE  
CAMBRIDGE HOSPITAL

April 7, 1993

RE: CAMBRIDGE HOSPITAL STATEMENTS

1) In an article in the CAMBRIDGE CHRONICLE of April 1, 1993

"O'Brien did say that hospital expansion was designed to serve an existing patient load, not add business."

In the following 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 B6-B9 show specific and huge increases in patient volumes for particular units in the expanded facilities.

Pages B33 and B34 of the Plan state that, in competing with other hospitals to survive, the Hospital will engage in "service volume growth strategies". This also flies in the face of its DON statement that "Utilization of services of other institutions is not expected to be affected."

Please also note that Page B1 indicates "Our growth has largely been attributable to our strategic planning efforts". In other words, the actual past growth used to justify the expansion was self-generated, not purely a function of community demand.

2) Article in SOMERVILLE JOURNAL of April 1, 1993

"...construction should last one year."

Please see pages A3 and A4, which show the construction schedule for the downsized project. This schedule indicates external construction phases totalling 2 months, 15 months, and 9 months--26 months is a far cry from one year.

In addition, neighbors know from past experience that the encore renovation of the Macht Center, during a 9 month period in 1997, shall entail substantial noise, dust, etc. for the neighborhood.

SOMERVILLE TRUTH SQUAD  
PAGE TWO

- 2a) "Linda Chin noted that there have been only two reports of medical waste found near the hospital during [the] past five years."

A number of Line Street neighbors most emphatically state that they have reported repeated instances of medical waste on streets and yards, in person to hospital officials, and at several meetings attended by Ms. Chin, among others. Apparently complaints by neighbors delivered in person and at meetings don't count with the hospital.

Widespread scattering of medical waste, including surgical gloves, became evident after the most recent thawing of a thick layer of snow, and was fully documented in photographs by Carl Johnson of Line Street. Such photographs are available for inspection. Another set of surgical gloves was discovered in Mr. Johnson's yard on April 7, 1993, and is being held for inspection by the cognizant authorities.

THIS IS ANOTHER INDICATION THAT THE HOSPITAL HAS DIFFICULTIES WITH SUCH ROUTINE HOUSEKEEPING OPERATIONS FOR THE CURRENT FACILITY. THEIR RESPONSE IS APPARENTLY TO DENY THAT THERE IS A PROBLEM, DESPITE THE WEIGHT OF THE EVIDENCE.

- 2b) "O'Brien and Chin both noted that the hospital has distributed informational leaflets throughout the neighborhood on a regular, almost weekly basis." [emphasis ours]

As but one example, abutters on Cooney Street have to date received a total of 3 notices from the hospital for the entire project, beginning on or about February 15, 1993. None of the notices contained any substantive information about the project, its duration, its scope, size, etc.

## 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 volume increased from 100,000 to over 150,000 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/liason 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 14,000. 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 Cabill 2. Visits have increased from 4557 in FY1997 to 8223 in FY1999. 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

PR - 6 - 93 TUE 15:24 JM

increased slightly from 927 in FY1987 to 1123 in FY1991, with a peak of 1604 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 Kacht 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 5000 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

APR 15 93 TUE 15:25 JM

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 1600 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 Nacht building. Volumes for medical specialty services are approximately 5000 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 currently 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 Sinberg 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 in 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 1987 to 1991 have increased from 4182 to 5594 and are expected to exceed 6,000 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.

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 (CACHEP). The committee includes representatives of the Mid-Cambridge neighborhood and Pine 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

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 geographical 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.

*Business not community svc*

Another financing trend which has influenced our facilities directions is increased contracting with third party payers, 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.

*add to public policy*

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.

## EXECUTIVE SUMMARY

Since its inception in 1916, 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.

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, Cabill, and Nacht 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.

See 16-  
\$40-1000

B1

FACILITIES MASTER PLAN  
Cambridge Hospital  
Cambridge, Massachusetts

PRELIMINARY PHASING SCHEDULE (December 9, 1992)

PHASE I:  
(2 months)  
10/94 - 11/94

Construct temporary Morgue  
Arrange off-site parking for approx. 100 cars  
Relocate Facilities Management to trailers behind Cahill  
Relocate Morgue to temporary location  
Relocate trailers for Addictions to behind Cahill

PHASE II:  
(15 months)  
12/94 - 2/96

Demolition of Old Boiler Plant  
Construct Ambulatory Care Facility Building  
Renovate Cahill 1 for Addictions

*- parking facilities*

PHASE IIa:  
(1 month)  
3/96

Relocate Departments to ACB  
Relocate Addictions to Cahill  
Pathology & Labs occupies space on the third floor of ACB  
Pharmacy moves to second floor of ACB

PHASE III:  
(9 months)  
4/96 - 11/96

First Floor: Renovate existing Emergency Department  
Renovate existing OPD for Psych ED  
Renovate existing Registration Dept. for Ortho/Ped. offices

Second Floor: Renovate former Pharmacy for Medical Records/Central Sterile expansion

Third Floor: Renovate former portion of Labs on west side of building for Labor/Delivery  
Renovate Pathology & Labs

Fourth Floor: Construct ICU rooftop addition

Fifth Floor: Renovate Same Day Surgery space for Pediatrics Dept., On-Call, etc.

Seventh Floor: Renovate North wing for new 22 bed Med/Surg Unit

Cahill 1: Renovate for Rehabilitation Services

Cahill 2: Renovate former Pediatrics space for Psych Offices

PHASE IIIa:  
(1 month)  
12/96

First Floor: Expand ED into former space  
Relocate Psych ED

Second Floor: Medical Records & Central Sterile expand into former Pharmacy space

Third Floor: Labor/Delivery relocates to new space  
Pathology & Labs occupies renovated space

Fourth Floor: Relocate ICU

Fifth Floor: Pediatrics Departments relocates to renovated space

## FACILITIES MASTER PLAN

Cambridge Hospital  
Cambridge, MassachusettsPreliminary Phasing Schedule (December 9, 1992)

Page 2

PHASE IIIa: Seventh Floor: The new Med/Surg Unit opens (to be used as swing space during renovations of other units)

Cahill 1: Rehabilitation Services occupies new space

Cahill 2: Psych Offices occupies new space

PHASE IV: Second floor: Renovate former Rehab. Services space for Medical Library/Conference  
(9 months)  
1/97 - 9/97

Third Floor: Renovate former Labor/Delivery for new ORs and PACU

Fourth Floor: Renovate Progressive Care Unit (4N)

Macht Center: Renovate Macht B, part of 1, 3 and 4

Phase IVa: Second Floor: Relocate Medical Library  
(1 month)

10/97 Third Floor: ORs expand into new space  
PACU relocates

Fourth Floor: Occupy renovated Progressive Care Unit (4N)

Macht Center: Psych Occupies Macht B, expands into the remainder of 1, 3 and 4

PHASE V: Third Floor: Renovate existing ORs and former PACU for ORs  
(6 months)

11/97 - 4/98 Fifth Floor: Renovate FCCU and Nursery

PHASE Va: Third Floor: ORs expand into renovated space  
(1 month)

5/98 Fifth Floor: Occupy renovated FCCU/Nursery

PHASE VI: Fourth Floor: Renovate 4W  
(4 months)

6/98 - 9/98

PHASE VIa: Fourth Floor: Occupy 4W  
(1 month)

10/98

PHASE VII: Sixth Floor: Renovate 6N  
(4 Months)

11/98 - 2/99

PHASE VIIa: Sixth Floor: Occupy 6N  
(1 month)

3/99

A4



# City of Cambridge

8.

IN CITY COUNCIL

April 26, 1993

COUNCILLOR WALSH

WHEREAS: The City Council has recently received the enclosed communication from Joseph Manley of Somerville regarding the proposed expansion of the Cambridge City Hospital; and

WHEREAS: Said communication raises certain issues which should be properly addressed by the appropriate parties at the Cambridge City Hospital in order to avoid any misunderstandings; now therefore be it

ORDERED: That the City Manager be and hereby is requested to ask John O'Brien, the Director of the Cambridge City Hospital, and any other employees with knowledge of the issues raised, to respond to this memorandum of Mr. Manley and to forward a copy of said response to Mr. Manley and to the City Council within two weeks.

City Council APR 26 1993

Adopted by the affirmative vote  
of 9 members

D. Margaret Drury

CONSENT ORDER #8

CM-709

Councillor Walsh re: Issues raised regarding the proposed expansion of the Cambridge City Hospital.

In City Council,

April 26, 1993

Order Adopted