

Hospital plans appealed in bed reduction rift

By Sandra Armbruster
staff writer

The numbers may have changed, but the target remains the same: Reduce the number of excess beds in southeastern Michigan hospitals.

That goal could force some hospitals to close or merge. Others may have to drop some services under the bed-reduction plan mandated by state and federal laws.

One aim of health planning is to control the rising cost of health care in southeastern Michigan. Theoretically, fewer beds would reduce costs by forcing a change in the way consumers receive health care.

The task of bed reduction is charged to the Comprehensive Health Planning Council of Southeastern Michigan (CHPC-SEM). Now in the second round of its bed-reduction plan, the federally-funded agency has assigned scores to area hospitals based on their responses to a recent CHPC survey. Representatives of those hospitals will appear before a review panel of the council on Monday and Tuesday to comment on the survey or to appeal their scores.

ROBERT LAIBLE, administrator for Redford Community Hospital, and Peg Reihmer, director of planning for Botsford General Hospital, plan to make those appeals for their respective hospitals.

Laible said Redford's profile is filled with errors, while Ms. Reihmer said Botsford officials have only a few problems with their profile.

Mistakes in code compliance, financial data and ratio of out-patient to in-patient surgery are some of the Redford profile's errors, according to Laible.

"We're right back to where we were with the referral hospitals getting points and primary facilities not any better off than they were," said Laible. Primary care refers to "nuts and bolts" care, such as hernias, Laible said.

"We are cost effective because we treat 80 percent of the illnesses common in the population," he added. Redford's status as a small hospital, 72 beds, makes it particularly vulnerable to closure.

Botsford's major complaint with the profile is the number of pediatric beds required under the plan (20), while Botsford has 17; but the hospital does not plan to appeal that issue because it's already been determined.

Under the aborted plan last year, Botsford was scheduled to lose 14 beds. It has 308 beds.

"Obviously we're not thrilled about the prospect of losing beds," she said, adding that Botsford's occupancy rate is very high, between 92-94 percent. She will ask that the occupancy in obstetrics be reconsidered because of Botsford's policy of releasing healthy newborn mothers after an average stay of 3.8 days, shorter than most hospitals, reduces the occupancy.

"Most of the items we are appealing are matters where the documentation is not sufficient."

However she did stress that this year's plan is an improvement over last year's. "It helped a lot that hospital people have been involved right from the beginning."

EACH SCORE has been released only to the respective hospital since those scores may be modified as a result of this week's hearings, according to Ralph Kingzett, CHPC spokesman.

Those scores will be used in deciding how many beds to eliminate from hospitals involved in the bed-reduction plan. The final plan is expected to be completed next week.

A public hearing on the plan is scheduled for 9 a.m. to 9 p.m. July 16 on the 13th Floor of the Book Building in Detroit. After that hearing, the plan goes to the CHPC board of trustees on July 22. CHPC is required to submit the plan to the State Health Coordinating Council and to the Michigan Department of Public Health on July 27.

overall and a 3.20 in work done outside the division of the major.

Simanek, a 1977 graduate of Harrison High School, is the daughter of Robert and Nancy Simanek, 25194 Westmoreland, Farmington Hills.

CHPC is charged by the state with targeting 2,137 excess or unneeded beds in 61 southeastern Michigan hospitals. That represents a reduction from the original figure of 2,497 beds used in an earlier plan, according to Kingzett, and primarily reflects bed reductions already made by area hospitals.

Kingzett said that the southeastern Michigan was divided into sub-areas, some of which were identified as having too many beds.

LOCAL AREAS identified as having too many beds include the following:

• NORTHWEST DETROIT — There are 12 hospitals in this area with 253 beds too many, according to CHPC studies. The hospitals include Beaumont facilities in Troy and Royal Oak, St. Joseph Memorial and Providence hospitals in Southfield, Botsford Osteopathic in Farmington, Redford Community and Sinai in Detroit.

• WAYNE — CHPC decided this area had 155 beds more than needed in

its five hospitals. The hospitals are Ann Arbor, which is one of the People's Community Hospital Authority operations in Wayne, Garden City Osteopathic in that city; Metropolitan West and Wayne County General in Westland; and St. Mary in Livonia.

• DEARBORN-WYANDOTTE — There are 411 excess beds spread among nine hospitals including Heritage in Taylor, another PCHA hospital; Oakwood in Dearborn and Outer Drive in Lincoln Park.

BUT CHANGES HAVE been made since CHPC originally began targeting hospitals to close or merge. Complaints from hospital and community groups caused the state Legislature to investigate the way bed-reduction plans were devised. As a result, CHPC changed the process well as the criteria used in arriving at the scores, particularly involving more hospital personnel.

Formerly, CHPC had used a survey asking hospitals about such things as

the composition of their governing board and the size of their parking lots. This time around, scoring was based on revised criteria with points added or subtracted for the following areas:

• Licensing — If unlicensed, the hospital was targeted for closure.

• Physical plant — If CHPC estimated that the hospital building had a life of less than 10 years, it was scheduled to be closed.

Kingzett said that CHPC also was interested in seeing that hospital facilities were current with such things as 220 volt power to each room and oxygen lines to each bed so that survival equipment could be plugged in.

Hospitals with buildings or wings made of wood frame construction would be asked by CHPC to close that wing or building because of the fire hazard.

• Obstetrics — Hospitals with obstetric floors are expected to serve a minimum of 1,000 deliveries a year, or face merger.

• Pediatrics — Hospitals providing

pediatric services are expected to have 20 such beds, following national guidelines on the subject, Kingzett said.

• Average length of stay — Hospitals with longer than average lengths of stay are expected to justify the extra time or lose points in the scoring process.

• Good fiscal management — Operating hospitals in a "financially responsible manner" was determined by reviewing their audits, according to Kingzett.

• Specialized services — CHPC examined hospitals to see if the frequency of special services offered justified their cost. Such services would include open heart surgery, kidney dialysis, computerized tomography (a three-dimensional x-ray), neonatal intensive care and kidney transplants.

Kingzett pointed out that hospitals which already had reduced the number of beds in their institutions were given credit for having done so.

He said that CHPC would expect bed reductions to be made in increments.

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She also received departmental honors in music.

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