

Errors cause health group to re-evaluate reduction plan

A tentative plan to close Redford Community Hospital and eliminate 219 other hospital beds in the northeast area is being re-drafted because of substantial errors in profiling the hospitals involved.

Redford Community Hospital, targeted for closure under the plan submitted last week, appears to have won the first round in its battle to remain open, according to Ralph Kingzett, public affairs spokesman for the Comprehensive Health Planning Council of Southeastern Michigan (CHPC-SEM).

The 12-bed hospital had been slated for closure because of an error in the hospital profile indicating patients were housed overnight in buildings of woodframe construction. In fact, no patients have been housed in woodframe buildings after major remodeling took place over the past two years.

However, retention of a majority of Redford's 72 beds means that hospitals in the northwest area, including Botsford General Hospital in Farmington Hills and Providence Hospital and Straith Memorial in Southfield, may have to absorb further bed reductions than indicated in the original plan, according to Kingzett.

THE NEW DRAFT plan for eliminating 2,148 hospital beds in the region, 253 in the northwest area, is expected to be completed by Wednesday, nearly a week late because of the errors found in the original plan.

Another factor that may change the number of bed reductions for the northeast hospitals is a possible error in the original formula used to determine pediatric beds, Kingzett indicated.

"The situation is up in the air," he added.

The draft plan for the northwest area called for the following bed reductions in addition to Redford's closing:

- Botsford: from 308 to 283.
- Providence: from 430 to 414.
- Straith Memorial: from 45 to 42.
- William Beaumont, Royal Oak: from 880 to 851.

• William Beaumont, Troy: from 200 to 189.

• Grace Northwest, Detroit: from 407 to 375.

• Madison Community, Madison Heights: from 37 to 35.

• Martin Place, Madison Heights: from 284 to 247.

• Mt. Carmel Mercy, Detroit: from 557 to 539.

• Plymouth General, Detroit: from 148 to 137.

• Sinai, Detroit: from 570 to 551.

Assignments in the new draft also will be tentative, and the plan is subject to the approval of the agency's Plan Development and Coordination Committee and Board of Trustees.

A public hearing on the document is scheduled for 9 a.m. to 9 p.m. July 16 in the CHPC-SEM auditorium in the Book

Building in Detroit.

THE LATEST bed-reduction plan is the result of renewed efforts on the part of CHPC-SEM and area hospitals to reduce the number of beds, as a means of controlling rising health care costs.

It took the state Legislature to quiet the screams of area hospitals which were told to reduce their bed capacity last year by CHPC-SEM.

Actually, the state of Michigan had gotten into the health planning business before the federal government, according to Kingzett. A State Health Coordinating Council was set up to coordinate health planning groups throughout Michigan.

When the federal government decided to fund health planning agencies throughout the country, CHPC-SEM was designated as the agency for southeastern Michigan. About 95 percent of its funding now comes from the federal government.

BUT HOSPITALS and some organizations objected to the criteria and process that CHPC-SEM used to devise its first bed-reduction plan. When their

complaints reached Lansing, a joint legislative committee was established to investigate CHPC-SEM's first plan.

That resulted in two new groups added to the planning process. A seven-member appeals body, which reports to the state Health Planning Council, was appointed. Its members include civic leaders from southeastern Michigan who are not associated with the health care industry.

Its only function is to hear complaints about the process CHPC-SEM uses in establishing bed-reduction numbers.

The Legislature also recommended that a technical work group be established to take part in the process of developing criteria, goals, standards and scores for the hospitals. Previously, CHPC-SEM's Plan Development and Coordination Committee (PDCC) had handled the job.

The technical work group now functions parallel to a PDCC subcommittee on excess hospital capacity, according to Kingzett. He said that all hospitals that complained about the first plan found themselves with a representative on the new work group.

THE GROUP includes eight physicians, two of whom are osteopaths, plus representatives of 19 hospitals. Kingzett said the technical work group studies areas at the request of the PDCC subcommittee and makes recommendations on staffing needs to the subcommittee.

"Believe me, they had a voice," said Kingzett. "With our first survey, one of the concerns was that hospitals wouldn't return the forms. One that didn't was Cottage Hospital from the Grosse Pointe area, and it had complaints about the first plan."

"This time we had a 100 percent return on the survey."

Chairing the work group is Dr. Richard Horsch of St. Mary Hospital in Livonia. Vice-chairman is John Freyinger of the People's Community Hospital Authority, which operates five hospitals. Other members include Sister Xavier Ballance of Providence Hospital in Southfield, Allen Breakie of Garden City Osteopathic and Dr. E.J. Conklin of Wayne County General.

"What people don't realize is that we're not an agency with compliance powers," Kingzett said.

Summer is the best time to update rabies shots

The coming of warm summer weather means that people and their pets will be spending more time outdoors where they might come into contact with wild animals and pets running loose.

That's why veterinarians at Michigan State University advise checking on dogs' and cats' rabies vaccinations now and getting them updated if they need it.

According to figures from the Communicable Disease Center, U.S. Dept. of Health and Human Services, rabies is most commonly diagnosed in dogs in summer, possibly because people and dogs have more chance to mingle during warm weather. It's most commonly diagnosed in wild animals in August and September, when the animal population is at its peak. For some unexplained reason, it's most commonly diagnosed in human beings in January.

Over the past 20 years, rabies has become less prevalent in dogs and cats than in wildlife. Glenn Dudderar, extension wildlife specialist at MSU, said this shift could be partly due to improved vaccination of pets as well as an increase in the incidence of rabies in wildlife.

Any mammal can get and transmit rabies, Dudderar said. In Michigan, the wild animals most commonly diagnosed as rabid are bats, skunks, raccoons and foxes. Bats are suspected of being able to carry and transmit the disease without contracting it, but no mammal is known to be immune to the disease.

Rabies is usually transmitted when the saliva of a rabid animal gets into an open wound, usually via a bite. But all that's necessary is direct contact, and a close sneeze at short range could do it, Dudderar said.

RABIES CAN remain latent in an infected person or animal up to 12 months, but signs usually appear within two to three weeks. These signs include: frothing at the mouth, inability to drink, a wild-eyed look and restless or aggressive behavior. Occasionally, behavior becomes listless.

Bill boosts local control

Continued from Page 1A

of building one to specification. Even renovation of state institutions for the mentally retarded cost more than the community homes, he said.

Work on the facility in Coldwater cost \$20 million. The facility houses 288 residents bringing the remodeling costs to \$70,000 per person, Clark said.

In Lapeer, work on the Oakdale Training Center cost \$24 million. "We are still left with a situation

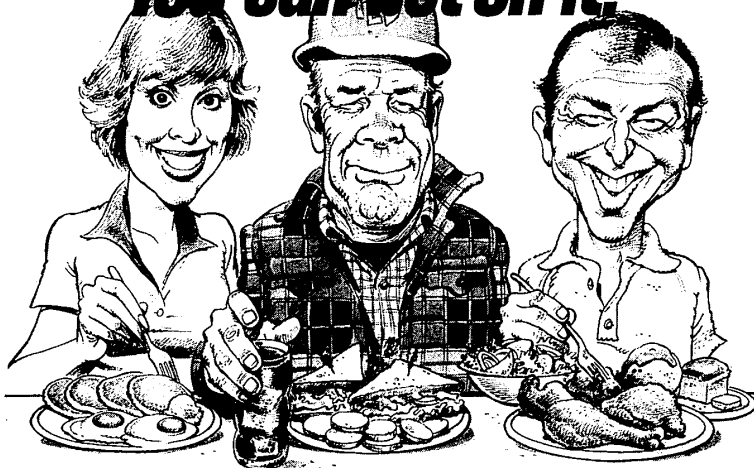
that's possibly illegal, because it's a segregated environment," he added.

MORC doesn't disagree with the proposal to increase the distance between community homes.

"We don't want to create a density of homes in an area. That's not our policy," Clark said.

The group hasn't organized any lobbying effort against Bishop's bill but wouldn't rule out that possibility. Since little has been heard about the proposal, MORC staff members assumed the bill had died.

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