## Hospital profiles upset local hospital officials

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 debedding plan mandate dy 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.

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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 Bolstord officials have only a few problems with their profile.

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

"We're right back to where we we 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 30 beds.

"Obviously we're not thrilled about the prospect of losing beds," she said, adding that Botsford's see said so that the occupancy in obstetices the considered because of Botsford's policy of releasing healthy new

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pitals involved in the debedding plan. The final plan is expected to be completed next week.

A public bearing on the plan is scheduled for 9 am. to 9 pm. 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 Coordinaing Council and to the Michigan Department of Public Realth on July 27.

CHPC is charged by the state with targeting 2,137 excess or tunneeded beds in 61 southeastern Michigan hospitals. That represents a reduction from the original figure of 2,467 beds used in an earlier plan, according to Kingzett, and primarily reflects bed reductions

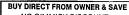
already made by area hosptials.
Kingzett said that the southeastern
Michigan was divided into sub-areas,
some of which were identified as having too many beds.

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, Straith Memorial and Providence hospitals in Subtified, Busiford Osteopathic in Farmington, Redford Community and Sinai in Detroit.

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

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