



North Shore-Long Island Jewish Health System

145 Community Drive
Great Neck, New York 11021
Tel (516) 465-8003
Fax (516) 465-8035

Michael J. Dowling
President and
Chief Executive Officer

March 16, 2011

Hon. Christine C. Quinn
Speaker
New York City Council
City Hall
New York, NY 10007

Dear City Council Speaker Quinn:

I appreciate the opportunity to respond to your questions and elaborate on the recently announced plans of the North Shore-LIJ Health System to invest more than \$100 million to redevelop St. Vincent's O'Toole Building into the North Shore-LIJ Center for Comprehensive Care. As disclosed last week, the six-story 160,000-square-foot facility would feature:

- The first free-standing, around-the-clock Emergency Department in the New York metropolitan area;
- A full-service Imaging Center featuring digital x-ray, computed tomography (CT), magnetic resonance imaging (MRI) and ultrasound; and
- A specialized ambulatory surgery facility focusing on interventional treatments for the sick, elderly and chronically ill.

The facility, which would employ about 400 full-time permanent workers, would be established as a division of Lenox Hill Hospital, a highly regarded provider of quality medical care in New York for over 150 years.

I recognize that your first priority is to obtain a full-service hospital and emergency department. However, as you're aware, the direction of national health reform, the challenges of funding and operating hospitals within NYS and the availability of excess inpatient beds in New York City make it difficult, if not impossible, to obtain state approval to reopen a full-service hospital. Moreover, since St. Vincent's announced plans in January 2010 to close, other hospitals and health systems – including North Shore-LIJ -- have had ample opportunity to formulate and present a plan to open an acute-care hospital serving that area. But, as you know, none have come forward. The reasons are simple: the inability to secure financing and the absence of a need for more hospital beds.

In the wake of St. Vincent's closure, the solution advanced by North Shore-LIJ will address a critical aspect of the healthcare dilemma facing residents of Lower Manhattan, who now have to

travel out of their neighborhoods to access emergency and other critical healthcare services. Our plan for a freestanding Emergency Department would help fill that void. It is based on successful models currently employed in Connecticut, Virginia, Colorado, the State of Washington and numerous other states to reduce emergency room waiting times and provide high-quality care (see attached list).

I'm hopeful that you and other elected leaders will advocate and support our approach once you have had an opportunity to thoughtfully evaluate the proposal.

I also recognize that like all new ideas, this proposal raises many questions and will be subject to intense and appropriate scrutiny in numerous community, professional and regulatory forums. We are committed to responding and prepared, where possible, to integrate additional ideas into the final plan. We are hopeful that the Community Health Assessment being conducted with all of you and numerous community stakeholders will guide us in this effort.

North Shore-LIJ Capabilities

Some background about North Shore-LIJ's capabilities may be helpful in evaluating its ability to successfully develop this project and operate the Center. North Shore-LIJ's culture of innovation is among the reasons the Health System is considered one of the most successful in the nation. Our goals are always focused around the needs of our patients, as we strive to deliver high-quality care efficiently and in a manner that meets the expectations of patients and their families. We measure our performance in all of those areas. Our success in meeting our goals for patient care was a major reason why North Shore-LIJ was recognized with the highly coveted National Quality Forum's 2010 National Healthcare Quality Award – the only provider in the New York metropolitan area to receive this distinction.

North Shore-LIJ owns and manages 14 hospitals that contain more than 5,000 beds, including four tertiary (Lenox Hill Hospital, North Shore University Hospital, Long Island Jewish Medical Center and Staten Island University Hospital), two specialty (Cohen Children's Medical Center and Zucker Hillside Hospital in Queens) and eight community hospitals in New York City and on Long Island. North Shore-LIJ has approximately 2,000 full-time faculty physicians and over 7,000 community physicians on its medical staffs, employs more than 10,000 nurses, and has a total workforce of about 42,000. It is the ninth-largest employer in the City of New York.

Most recently, the Health System partnered with Hofstra University to develop the Hofstra North Shore-LIJ School of Medicine, the first new allopathic medical school in New York in 40 years. The Medical School will welcome its first class this August and has already garnered national attention because of its innovative and visionary approach to medical education.

In addition to its hospitals, North Shore-LIJ possesses a comprehensive continuum of care that includes the largest hospital-based ambulance and emergency management response system in the East, over 200 specialized ambulatory care programs in 110 locations, and a full complement of home care, rehabilitation, long-term care and hospice care services. Those vital programs and related diagnostic, therapeutic and prevention services make North Shore-LIJ particularly well positioned to meet all of our patients' healthcare needs, as well as the needs of the communities we serve throughout Manhattan, Queens, Staten Island and Long Island.

Through Lenox Hill Hospital and its clinical leadership, North Shore-LIJ will oversee and be accountable for all the care and services delivered at the proposed Center for Comprehensive Care. To ensure success, the new Emergency Department will draw on the collective knowledge of North Shore-LIJ's 200 emergency physicians, more than 300 EMS personnel and approximately 2,000 emergency department (ED) staff, who have gained their experience operating 14 EDs that treat more than 600,000 people and transport about 67,000 patients annually.

Responses to Questions Raised in Your Letter

I have responded to your questions below and would be pleased to provide additional details as other issues arise during our discussions with the NYS Department of Health and the Emergency Medical Services Division of FDNY:

1. Please explain the similarities and differences between this Emergency Department and others in Manhattan. Please provide as comprehensive a list as is possible of specific services that will be provided at the Emergency Department and of conditions that will or will not be able to be treated.

Simply put, the proposed Emergency Department would be similar – if not more robust – than a traditional community hospital Emergency Department. North Shore-LIJ's proposed Center for Comprehensive Care would be a neighborhood medical complex anchored by a freestanding, 24-hour Emergency Department. A first-of-its-kind in the metropolitan area and a new model for emergency care that is being implemented across the country, the Emergency Department would be complemented by a full-service Imaging Center, a specialized ambulatory surgery facility and ambulance transport services.

As a division of the Lenox Hill Hospital Emergency Department, the emergency services delivered at the O'Toole Building would be subject to the same high standards adhered to by all community hospitals in New York. The center will provide emergency medical care that is efficient, readily accessible and linked to a continuum of care to anyone, regardless of insurance status. Patients and the community will also benefit from:

- 24-hour access to board-certified emergency physicians, as well as about 30 specially trained nurses and other staff experienced in treating a wide range of symptoms and conditions;
- 24-hour access to specialist consultations through the network of North Shore-LIJ physicians to provide additional clinical resources to determine the best course of treatment;
- Access to a 24-hour observation and clinical decision unit that provides clinicians the ability to follow patients for an extended period of time, ensuring that their condition is properly evaluated and that safe, informed judgments are made before they are treated and discharged;

- When indicated, rapid transfer to an appropriate local physician or hospital chosen by the patient;
- The ability for patients to actively participate in their care and decide which doctors or hospitals they will go to for follow-up care;
- The presence of on-site imaging, diagnostic and laboratory testing capabilities, which will enable North Shore-LIJ staff to respond more rapidly in caring for their patients and reduce waiting times;
- A picture archiving and communication system (PACS) that will transmit images to North Shore-LIJ radiologists, who will quickly interpret results;
- Coordinated follow-up care to either the patient's physician, a neighboring primary care provider or a range of specialists;
- For those returning home who require in-home assistance, access to the home care provider of their choice or services provided through the North Shore-LIJ Home Care Network;
- Follow-up referrals to manage a patient's chronic conditions or other medical issues discovered during the course of treatment;
- Referrals to preventative care or education and support programs that will help avoid illnesses or injuries from worsening;
- An interoperable electronic medical record accessible to all providers in our network who provide post-visit care to the patient; and
- An emergency care center that is accountable and meets all the same regulatory standards as traditional on-site hospital emergency departments (The Joint Commission Accreditation, NYS Article 28 and US Centers for Medicare and Medicaid Services).

With few exceptions described below, the North Shore-LIJ Emergency Department will offer emergent care services and diagnostic capabilities similar to that of a community hospital, including advanced life support services. Our emergency clinicians will be able to treat a full range of illnesses and injuries, including—but not limited to—the following:

- Chest pain and other cardiac symptoms
- Early-onset stroke
- Shortness of breath
- Respiratory illnesses (asthma, pneumonia, chronic bronchitis and emphysema)
- Concussions
- Fractures and joint injuries
- Motor vehicle injuries
- Severe cuts and burns

- Abdominal pain
- Allergic reactions
- Ear infections
- Gastrointestinal illnesses
- Influenza (flu)
- Occupational injuries
- Sports injuries
- Behavioral health issues

Freestanding Emergency Departments are similar to hospital-based emergency departments in terms of staff and services. Like most other community hospitals that do not accommodate trauma patients or provide cardiac interventional services, there are limitations to the types of patients who can be treated in these facilities. Generally, as established through protocols basic to the training of all FDNY and private EMT's, any patients requiring an ambulance transport to a specialized center would not be brought to a community hospital or a freestanding Emergency Department if their clinical conditions indicate the need for care at a trauma center or immediate surgical intervention. This includes patients with severe trauma (gunshot wounds, major motor vehicle accidents, open fractures), and those requiring immediate surgical or cardiac interventions. However, if patients presenting at the Emergency Department suffer an apparent heart attack or stroke, its advanced life support technologies would enable staff to successfully evaluate and stabilize patients, and then prepare them for transport to a hospital.

As indicated above, most other community hospitals do not accommodate severe trauma patients, provide interventional cardiac services, or complex neurosurgical and orthopedic procedures. On the other hand, some community hospitals are unable to staff their emergency departments entirely with board-certified emergency physicians, as proposed for this Emergency Department. The emergency departments at many hospitals are undersized, which often contributes to delays in evaluating and caring for patients. Highlighted below are some of the significant similarities and differences between the North Shore-LIJ Emergency Department and community hospitals:

- The North Shore-LIJ Emergency Department is designed to accommodate 30,000 emergency patient visits annually. The facility will occupy approximately 19,000 square feet, which is larger than the Emergency Department previously operated by St. Vincent's.
- The North Shore-LIJ Emergency Department will serve as a 911 receiving facility and possess the expertise, facilities and equipment to provide care to the majority of patients seen at most community hospitals without a trauma center.
- Like many other community hospitals, the North Shore-LIJ Center for Comprehensive Care will also contain full-service imaging capabilities, including digital x-ray, computed tomography (CT), magnetic resonance imaging (MRI) and ultrasound.
- North Shore-LIJ will work closely with FDNY Emergency Medical Services to develop protocols based on the capabilities and limitations of the Emergency Department. These

protocols will serve to guide medical control decisions about when to bring a patient to the Center or another facility.

- North Shore-LIJ provides ambulance coverage in Manhattan and elsewhere in New York in conjunction with FDNY EMS, and is entering into discussions with EMS to assume responsibility for additional posts in lower Manhattan. When manning EMS posts, dispatch of our ambulances is similarly controlled by the NYC 911 system. In addition, North Shore-LIJ operates the largest hospital-based inter-facility ambulance transport service in the metropolitan region. An ambulance will be stationed at the Emergency Department to provide for the rapid transport of patients to a higher level of care.
- The North Shore-LIJ Emergency Department is designed to accommodate patients with behavioral health conditions and will coordinate aftercare with community-based mental health providers. Many community hospitals lack the specialized facilities to treat patients who present with behavioral health problems.
- The North Shore-LIJ Emergency Department will be exclusively staffed by physicians who are board-certified in either adult or pediatric emergency medicine. Not all community hospitals are able to provide this level of experience and training in their emergency departments.
- Similar to other community hospitals in NYC, patients at the North Shore-LIJ Emergency Department requiring diagnostic or interventional cardiac catheterization, electrophysiology studies, cardiac bypass surgery, complex neurosurgery, or major orthopedic or microsurgery will be evaluated, stabilized and then transferred to another hospital.
- Many community hospitals affiliate with larger health care systems to provide access to specialists and cutting-edge technology not available at the hospital. Most common among these is access to regional burn centers and trauma centers.
- The North Shore-LIJ Emergency Department will be able to access the clinical expertise at Lenox Hill Hospital and the resources available throughout North Shore-LIJ Health System.
- From a patient safety and quality standpoint, a major differentiator of the Emergency Department is its inclusion in North Shore-LIJ's \$400 million investment in an Electronic Health Record system that automates inpatient and outpatient records in all medical settings, including North Shore-LIJ's 14 hospitals, all outpatient setting and the offices of up to 9,000 affiliated physicians. It represents the nation's largest deployment of an Electronic Health Record system. The technology allows all entities and providers to access patient records electronically, which is critically important for coordinating care and communication among providers.
- In addition to the commitment of resources and expertise from Lenox Hill Hospital, North Shore-LIJ will develop transfer relationships with Bellevue Hospital for major

trauma, New York Presbyterian Hospital and Staten Island University Hospital for burn patients and Beth Israel Medical Center for other services.

2. What is the plan to ensure that the underserved and uninsured receive services at the Emergency Department? Will everyone be served with a single standard of care regardless of ability to pay and will all insurances be accepted?

Like all providers of emergency services in the nation, North Shore-LIJ must comply with all the provisions of the Emergency Medical Treatment and Active Labor Act, also referred to as EMTALA. This regulation requires that any patient who comes to an emergency department requesting examination or treatment for a medical condition be provided with an appropriate medical screening examination to determine if he/she is suffering from an emergency medical condition. If that is the case, then all providers are obligated to either provide treatment until the patient is stable to either return home, admitted for further treatment or transferred to another hospital.

The North Shore-LIJ Emergency Department will accept all patients for care, regardless of ability to pay. North Shore-LIJ maintains contracts with all major private and public insurers.

Further, North Shore-LIJ has pioneered one of the most progressive financial assistance programs available in New York for underinsured and uninsured patients, subsidizing care for patients with household incomes up to five times the federal poverty level. In monetary terms, that means a family of four with a household income of \$110,000 qualifies for financial help. In the event patients are uninsured and do not qualify for public health insurance such as Medicaid, Child Health Plus or Family Health Plus, they may be able to reduce their hospital and medical bills based upon family size and income. Our financial assistance policy and practices are recognized as a national model policy and have been adopted by other providers.

3. What will the relationship of the Emergency Department be to the NYC Emergency System, including emergency transport of patients to the facility? Is your expectation that 911 will dispatch ambulances to this facility?

A large part of the success of the proposed Emergency Department depends on the relationship with local EMS staff. All successful freestanding centers have earned the trust and support of EMS staff by including them in planning patient delivery criteria and transfer protocols.

In collaboration with the NYS Department of Health, EMS will create policies that triage appropriate patients to the Emergency Department and redirect patients who might require specialized care and tertiary inpatient admission to nearby hospitals. As part of the planning process, North Shore-LIJ staff plans to meet with representatives of FDNY-EMS to review the proposed program, facilities and procedures. An important part of this process is determining appropriate criteria that EMS will adopt for transporting patients to the North Shore-LIJ Emergency Department or nearby hospitals.

4. Will North Shore-LIJ have ambulance service at the proposed facility?

Yes, the North Shore-LIJ Center for Emergency Medical Services (CEMS), which operates an ambulance service in the five boroughs of New York City and on Long Island, is committed to having transport service available at the Emergency Department for patients in need of a higher level of care. If appropriate, we could also provide patient transports of patients in the neighborhood to the North Shore-LIJ Emergency Department. CEMS provides a paramedic level of care and has extensive experience in the City of New York.

5. What category of certification under Public Health Law Article 28 will be sought for this facility?

The facility will comply with Article 28 of the Public Health Law and we are in discussions with the NYS Department of Health (DOH) on this matter. Our preliminary understanding is that the Emergency Department will be licensed as a hospital division and thus adhere to the requirements for emergency care with respect to Sections 405 and 712 of the Code. The DOH recently adopted the national architectural guidelines for the design and construction standards for off-site emergency departments and these standards will be incorporated into the development of North Shore-LIJ's proposed facility.

6. Can you provide us with a list of locations where stand-alone Emergency Departments exist? Has this type of facility been successful in other locations?

In recent years, a number of hospital providers across the country have established freestanding emergency centers such as the one proposed by North Shore-LIJ. There are now over 220 community-based emergency centers operating in at least 16 states. According to the American Hospital Association, 191 of those emergency centers are sponsored or affiliated with a hospital, offering emergency care services that are typically available in the emergency department of a community hospital. Many of those have also been accredited by The Joint Commission through their affiliated hospitals. No freestanding emergency centers accept severe head or major trauma. Those patients are directed by EMS to a regional trauma center.

The growth in these types of facilities has been primarily in response to increased overcrowding in hospital-based emergency departments, such as those in New York City. Freestanding emergency centers have been also used to bridge the healthcare needs of communities experiencing barriers to inpatient treatment.

The US Center for Medicare and Medicaid Services (CMS) has issued rules and standards for freestanding emergency departments, and the national architectural guidelines for the design and construction of these facilities have already been adopted by the NYS Department of Health.

However, there is still general confusion between the type of licensed and state-regulated emergency services that North Shore-LIJ is proposing and those which may not be an operating division of licensed full-service hospitals. These centers may be privately owned by physicians

and more similar to urgent care centers, but they do not accept all patients regardless of their ability to pay, do not comply with EMTALA regulations and are not subject to the same rigorous standards that the North Shore-LIJ Emergency Department will have to meet. Invariably, uninformed individuals surfing the web will find these centers and draw erroneously comparisons and conclusions with respect to the project being proposed by North Shore-LIJ.

Attached is a list of facilities that operate in a similar manner to the proposed North Shore-LIJ Emergency Department.

7. How many Emergency Department patients can be served at this new facility and how does that compare to the numbers that were served by St. Vincent's before it closed?

Residents living in the service area defined by the Community Health Assessment Steering Committee comprised only about 22% of all "treat and release" emergency visits at St. Vincent's. That equates to about 20,000 visits.

In projecting the volume for the North Shore-LIJ Emergency Department, we are planning to accommodate 100% of the 20,000 "treat and release" visits previously seen at St. Vincent's from the service area. In addition, we would provide capacity for another 7,000 visits for patients who reside outside of the service area, assume approximately 1,700 patients who will require admission and incorporate a 3% compounded annual growth factor for five years. This results in the projection of 30,000 visits that we anticipate at the proposed Center.

The post-closure analysis indicates that there was a 30% decline in emergency utilization in the primary service area and virtually no decline in secondary service area. From May through July 2010, during the three-month period immediately after St. Vincent's was closed, most of the demand for emergency care was accommodated among several hospitals -- Beth Israel, NY Downtown, Bellevue and NYU.

EMS personnel will bring those patients requiring immediate surgical intervention to other facilities. As a result, patients at the North Shore-LIJ Emergency Department may be of lower acuity than those in hospital-based emergency departments, so our clinicians will likely admit a smaller percentage of patients into a hospital. The North Shore-LIJ Emergency Department is projected to admit between five and six percent of patients seen at the Center.

8. Is there any plan to incorporate the Emergency Department staff that served at St. Vincent's into the new Emergency Care unit?

Our goal is to recruit the best doctors and staff to this facility. That said, dozens of physicians from St. Vincent's have already been recruited by North Shore-LIJ to practice at Lenox Hill Hospital. If approved to move ahead with this project, North Shore-LIJ plans to actively recruit other board-certified emergency physicians prior to the Emergency Department's opening. It would be in the interest of the Emergency Department and the communities we intend to serve if these physicians had prior work experience in the St. Vincent emergency department and

relationships with physicians practicing in the area. It would improve coordination of care, facilitate communication and pre-and post emergency treatment.

9. The Mental Health department and HIV/AIDS clinics were historically important aspects of care provided by St. Vincent's. Does the North Shore-LIJ planned Emergency Department incorporate these services?

According to the Community Health Assessment, over 8,400 mental health and substance abuse-related visits in 2009 were made by residents from the primary and secondary service area to local hospitals. This represented nearly 10% of all visits these residents made to an emergency department.

Recognizing this need, the North Shore-LIJ Emergency Department was designed with specialized space to respond to the behavioral health (mental health and substance abuse) needs of community residents.

We have already been in contact with mental health officials to discuss the importance of integrating the Emergency Department's activities into the local mental health service delivery system. The results of the community health survey will inform our thinking but, at this point, the most critical issue we have to confront is the communication and coordination of care with both inpatient and aftercare providers. We expect to use an interoperable medical record to ensure that the most current information is available to providers, so that care can either be promptly initiated or the continuity of existing care maintained.

In regards to the HIV/AIDS clinics, we understand the importance of these programs to the community. This issue underscores the reality that no single provider can effectively provide for all the health needs of a community. North Shore-LIJ is committed to collaborating with all the other providers serving the community to ensure access to the continuum of services needed to restore and maintain health.

We were informed that when St. Vincent's entered the bankruptcy process in April 2010, its Board entered into agreements with the HIV and mental health providers to provide for continuing care and the orderly transition of these programs to new locations. These leases expire on June 30, 2011.

It is our understanding that both clinics are well into the process of securing alternative space within the neighborhood. Additionally, the physicians who currently reside in the O'Toole Building have also received notices from St. Vincent's, and based on their month-to-month lease agreements, have been asked to leave by May 30, 2011. Earlier this week, a representative from Rudin Management visited several of the doctors to offer help in relocating their offices. A broker who specializes in medical space has been contacted to help match available space with the individual needs of the doctors involved. We are committed to helping St. Vincent's find suitable homes for these vital programs in locations that are accessible to the patients they serve.

10. What will it mean for the community to go from a Level I trauma center to a stand-alone Emergency Department?

Based on our experience running 14 other hospital-based Emergency Departments across the metropolitan area, we anticipate that the proposed Emergency Department would be able to “treat and release” about 94 percent of patients. As noted earlier, there are limitations to the types of patients who could be treated at this facility, including those who have sustained severe trauma, require immediate cardiac or surgical intervention, or are in labor. However, the advanced life support technologies available at the facility would enable staff to successfully evaluate and stabilize patients presenting in the Emergency Department with those conditions, and prepare them for transport to a nearby hospital utilizing a North Shore-LIJ ambulance stationed at the Emergency Department. Having those critical resources available in a neighborhood facility could mean the difference between life and death for patients experiencing a medical crisis.

11. How will the needs assessment, which is not complete as of yet, inform and guide this proposal?

During the course of its deliberations, the Community Health Needs Assessment Steering Committee voiced many concerns, including access to emergency services. The proposed plan is responsive to those concerns. The next phase of work is to conduct a Community Health Survey that will incorporate a broader community perspective gained from interviews with key leadership, resident focus groups and general community surveys.

We expect the results of the community health survey will inform our thinking about specific programs and initiatives that may complement those planned at the Center for Comprehensive Care, as well as new programs that North Shore LIJ could develop at the Center or another location within the community. That’s one of the reasons why we chose not to develop the entire 160,000 square feet of space in the building, so we would have the ability to incorporate other programs and services.

In addition, the survey may also highlight opportunities to partner with other existing providers in the community by leveraging the resources available through the North Shore-LIJ continuum of care.

12. We have stated that our first priority for the neighborhood is to obtain a full-service hospital and emergency room to replace St. Vincent’s. What led you to pursue this proposal instead of a state-of-the-art, full-service hospital.

Long-time residents of Lower Manhattan remain understandably upset and angry about the circumstances that took away a beloved institution that had been part of the fabric of the community for 160 years. But as much as local residents may not want to hear it, the economic realities of today’s shrinking healthcare landscape in New York City and the State of New York as a whole make it highly unlikely that the full spectrum of inpatient acute care and trauma

services provided by St. Vincent's will be resurrected. That reality is reflected in the fact that not one other healthcare provider has stepped up to serve the area since St. Vincent's announced plans to close more than a year ago. Sadly, numerous other financially struggling hospitals within and outside the City of New York are also likely to close in the coming months and years.

It's unfair to evaluate North Shore-LIJ's proposed Comprehensive Care Center by comparing it to a full-service hospital, which would be economically unfeasible for us to build. Two years ago, when St. John's Hospital in Queens closed, we looked into the feasibility of building a new hospital nearby. The cost would have been about \$2 million PER BED. That's about \$400 million for a 200-bed hospital.

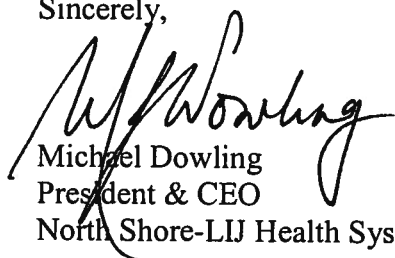
In the absence of a full-service hospital, the question that needs to be answered is: will the neighborhood medical complex proposed by North Shore-LIJ be beneficial and valued by the majority of your constituents?

After five years of operation, we project that we will be treating more than 80,000 patients annually at this center, including those taking advantage of services that would be offered at a full-service imaging center and specialized ambulatory surgery facility. Those are significant numbers that certainly go a long way toward fulfilling the community's health needs.

While we admire the activism of some local residents fighting to reopen the hospital, their continued opposition to this proposal will only serve to derail any efforts to provide them and tens of thousands of their neighbors and workers on Manhattan's West Side with an alternative source for high-quality healthcare services.

Certainly, there may be other services beyond those that we have suggested that North Shore-LIJ can include in its proposed medical complex. That's why we eagerly await the conclusion of the community needs assessment, as well as further dialogue with you and other elected officials and community leaders. We want to work with community residents now and in the future to give them the healthcare they need, want and deserve.

Sincerely,



Michael Dowling
President & CEO
North Shore-LIJ Health System

cc: William Rudin
Mark Toney
Hon. Jo Hamilton
Hon. Brad Hoylman

Hon. Christine C. Quinn
Hon. Scott M. Stringer
Hon. Jerrold Nadler
Hon. Thomas K. Duane
Hon. Deborah J. Glick
Hon. Richard N. Gottfried

ATTACHMENT

Freestanding Emergency Centers

Colorado

- Swedish Southwest Emergency Center
Swedish Medical Center
Littleton, CO

Connecticut

- Middlesex Hospital Shoreline Medical Center
Essex, CT
- Middlesex Hospital Marlborough Medical Center
Marlborough, CT

Indiana

- Fishers Emergency Center
St. Vincent Medical Center Northeast
Fishers, IN

Maryland

- Shady Grove Adventist Emergency Center
Germantown, MD

Virginia

- Inova Emergency Care Center - Fairfax
Fairfax, VA
- Inova Emergency Care Center - Leesburg
Leesburg, VA
- Inova Emergency Care Center - Reston/Herndon
Reston, VA

Washington

- Swedish/Issaquah Emergency Room
Issaquah, WA