

OFFICE OF ZONING AND ADMINISTRATIVE HEARINGS
FOR MONTGOMERY COUNTY

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PETITION OF SUBURBAN HOSPITAL :
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Case No. S-274-D

A hearing in the above-entitled matter was held on
December 15, 2008, commencing at 9:37 a.m., at the Council
Office Building, Rita Davidson Memorial Hearing Room, 2nd
Floor, 100 Maryland Avenue, Rockville, Maryland 20850 before:
Francoise M. Carrier, Hearing Examiner



APPEARANCES
Page

ON BEHALF OF THE PETITIONER:

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PEOPLE'S COUNSEL:
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WITNESSES:	DIRECT	CROSS	REDIRECT	RECROSS
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Jacqueline Schultz	136	148	171	172
Jerome Morenoff	175	-	-	-
Marilyn Mazuzan	182	183	-	-
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EXHIBITS

For the Petitioner:	MARKED	RECEIVED
Exhibit No. 148	175	179
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1 said that on page 15 --

2 MS. CARRIER: Yeah, I know we've got a typo.

3 MR. KLAUBER: It's not Christmas, but that's --

4 MS. CARRIER: It does say that there was a hearing
5 conducted on December 25, 1008. We have transposition of a
6 1 and a 2.

7 Okay, we have new witnesses from the hospital this
8 morning.

9 MS. SEARS: Yes, we do and the first --

10 MS. CARRIER: Who is first?

11 MS. SEARS: Dr. Dany Westband. And with Dr.
12 Westband -- what we're doing is having the witnesses sit
13 right where you're sitting. And I'm going to ask you a
14 series of questions and Ms. Carrier's the Hearing Examiner
15 and when I finish the other gentleman at the table is going
16 to ask you some questions as well. So if I can start --

17 MR. KLAUBER: You have to swear --

18 MS. CARRIER: Let me swear him in first, please.
19 Would you raise your right hand, sir.

20 (Witness sworn.)

21 MS. SEARS: And Ms. Carrier can obviously ask
22 questions whenever she wants.

23 THE WITNESS: All right.

PROCEEDINGS

2 MS. CARRIER: This is a continuation of the public
3 hearing in Special Exception No. S-274-D, a request to
4 modify the existing special exception for Suburban Hospital.
5 My name is Francoise Carrier. I'm a Hearing
6 Examiner for Montgomery County. Counsel, would you please
7 identify yourselves for the record.

8 MS. GIRARD: Erin Girard on behalf of Suburban
9 Hospital.

10 MS. SEARS: Barbara Sears for Suburban Hospital.

11 MR. KNOPF: Norm Knopf and Molly Hufferman
12 (phonetic sp.) on behalf of Knopf & Brown for Huntington
13 Terrace Citizens Association and with us this morning is the
14 substitute "volunteer" for the community, Frances Ulmer who
15 is substituting for Amy Scheiman who can't be here this
16 morning due to sickness of her child. Do you want to spell
17 your name for the record?

18 MS. ULMER: Yes, it's Frances F-R-A-N-C-E-S Ulmer
19 U-L-M-E-R.

20 MR. KLAUBER: Martin Klauber, People's Counsel and
21 I note today is the sixth session of this public hearing.

22 MS. CARRIER: Thank you, Mr. Klauber. That's a
23 cheering bit of news. Do we have any preliminary matters?
24 I thought we'd get through without any.

25 MR. KLAUBER: Well, just an easy one. Mr. Knopf

DIRECT EXAMINATION

2 BY MS. SEARS:

3 Q Dr. Westband, could you state your full name and
4 address?

5 A Yes, it's Dany Westband, D-A-N-Y Westband W-E-
6 S-T-E-R-B-A-N-D.

7 MS. CARRIER: That was too fast, W-E-S-T?

8 THE WITNESS: T-E-R-B-A-N-D.

9 MS. CARRIER: Got it.

10 MS. SEARS: And we have submitted Dr. Westband's
11 resume as Exhibit 125-B and that has been sent to all
12 counsel of record and parties of record. If the Examiner
13 would like another copy?

14 MS. CARRIER: No, I'm sure it's in here. Here it
15 is.

16 MR. KNOPF: 125-B was that?

17 MS. SEARS: Actually I only have my -- but Erin
18 has it.

19 MR. KLAUBER: Do you want to share one?

20 MR. KNOPF: No, I actually, not only do I have it
21 but I found it.

22 BY MS. SEARS:

23 Q Dr. Westband, could you state your current
24 occupation?

25 A I'm a general surgeon and I'm also the Director of

1 Trauma Services at Suburban.

2 Q And are you a licensed physician?

3 A That's correct.

4 Q In the State of Maryland?

5 A In Maryland.

6 Q Any other states?

7 A Yes, Virginia and D.C.

8 Q Now, do you have any -- could you explain what
9 your role as, is it Medical Director of Suburban Trauma
10 Center?

11 A Correct.

12 Q What is your role as Medical Director of Suburban
13 Trauma Center?

14 A The Medical Director of Trauma Services at
15 Suburban is responsible to ensure that high quality trauma
16 care is delivered to trauma patients who come to Suburban
17 Hospital. So I have the responsibility to oversee the care
18 of all trauma patients entering the emergency department in
19 the Trauma Center and to followup on any issues that revolve
20 around the care of those patients on a daily basis.

21 Q And in that capacity you work with other doctors,
22 surgeons, any other doctors involved in the trauma patients'
23 situation?

24 A Correct, physicians, nurses, technicians, surgical
25 residents.

1 Q And you're --

2 A Physician assistants and so forth.

3 Q And those responsibilities are from the time a
4 trauma patient enters the hospital until they're discharged?

5 A Correct, I oversee. I don't necessarily take care
6 myself of all the patients, but I make sure that I know
7 what's happening and I oversee the care that they receive.

8 Q And do you personally treat some of those
9 patients?

10 A Yes.

11 Q Okay, and how long have you served as Medical
12 Director of Suburban Trauma Center?

13 A Since 2004.

14 Q And you are then I take it familiar with the
15 current Suburban Emergency Department operating rooms and
16 other facilities at Suburban?

17 A Yes.

18 Q And could you review for us what your employment
19 history has been in the field of medicine and particularly
20 trauma treatment?

21 A Sure, I did my surgery residency at Howard
22 University Hospital in Washington, D.C. Subsequently I went
23 to the University of Maryland Baltimore Shock Trauma Center
24 to do a fellowship in trauma.

25 MS. CARRIER: Excuse me, are you picking up the

1 witness? He's somewhat soft spoken, okay.

2 THE WITNESS: Okay.

3 MS. CARRIER: Okay, go ahead.

4 THE WITNESS: So I went to the University of
5 Maryland Baltimore Shock Trauma to do a fellowship in trauma
6 and surgical clinical care. Following that I went back to
7 D.C. and worked with Georgetown at D.C. General in trauma
8 and surgical clinical care. And prior to when D.C. General
9 closed to enter into private practice where I joined
10 Suburban summer of 1997, '98.

11 BY MS. SEARS:

12 Q And what was your educational background in the
13 field of medicine and trauma?

14 A Sure, I went to medical school at the State
15 University of Haiti prior to coming to the states. There
16 again my surgery residency was done at Howard. I
17 subsequently did a fellowship which contributed to my
18 formation and expertise in trauma and clinical care. And
19 since then I have been very involved in even trauma systems,
20 participating in education prevention activities and so
21 forth. So I teach the advents trauma life support. I teach
22 the advents trauma operating management in Baltimore so I
23 basically can say that 60 to 70 percent of my life,
24 professional life revolves around trauma.

25 Q And the resume that I referred to, your resume

1 which we call Exhibit 125-B, you prepared that resume?

2 A Yes.

3 Q And is it current and accurate as to your
4 background?

5 A That's correct.

6 Q Now, you indicated you were familiar with the
7 emergency department, the trauma center and the operating
8 rooms at Suburban. And we've had, you haven't been with us,
9 but we have had several days of testimony from Mr. Corapi,
10 from Mr. Hagerty, an architect for the hospital identifying
11 what they believe to be deficiencies in the operating rooms
12 and the other services that support the operating rooms.
13 Are you aware of the identified deficiencies at Suburban by
14 the project architect?

15 A Yes, I am.

16 Q And do you agree with those deficiencies?

17 A Absolutely.

18 Q And as far as reviewing the new plans for the
19 surgery which I will put up here, Exhibit 124. Dr.
20 Westerband, do you know what you're looking at here?

21 A Yes, I am.

22 Q Could you tell me what that is?

23 A This is the new design plan that reflects what the
24 architects are considering for the future hospital and
25 trauma center taking into account all the deficiencies that

1 MS. CARRIER: Thank you.

2 THE WITNESS: You're welcome. So as I speak to,
3 often to the staff and the engineering staff involved to do
4 this renovation I have been told that it's impossible to
5 move those structures and to achieve the size and shape of
6 the rooms that we would like to have. That's one thing.
7 Now, second thing is that I don't see how we could in the
8 current structure have operating rooms, new operating rooms
9 built in these current structures. That means that we will
10 have to, if it were possible, we would have to remove some
11 of the current services to build those structures and this
12 hospital cannot. I mean I think the hospital is stretched
13 to the max and cannot close current services to build new
14 services and what are then going to replace the current
15 services while you're doing all that. And this is again my
16 own vision of common sense situation.

17 And then the third thing is that even if you were
18 to try to leave the operating room on the higher floor, then
19 you have the same deficiencies that we've had forever and in
20 addition to that you can't also bring new equipment that is
21 extremely heavy these days when you think of the place of
22 robotic surgery and computer assisted surgery requiring, you
23 know, heavy and large equipment.

24 BY MS. SEARS:

25 Q And Dr. Westerland, in terms of looking at Exhibit

1 124 we see different things identified if we start in the
2 new construction area to the upper middle of the page there
3 where it says space to recovery, post-procedural and
4 observation space and pre-PACU and then we see operating
5 rooms. Now, is it in order to give the proper trauma care
6 that you believe is necessary, should these things all be
7 together on one floor?

8 A Absolutely.

9 Q And is the flow through those different elements
10 important and when you look at Exhibit 124 do you see an
11 arrangement in the flow that suits your needs for the best
12 delivery of trauma care?

13 A Absolutely.

14 Q And why is that?

15 A For multiple reasons, first of all I think about
16 patient safety. It's a primary concern of everybody. It is
17 extremely important to have your operating rooms adjacent to
18 the recovery rooms or across anesthesia care recovery or
19 PACU as they call it, and adjacent also to your pre-
20 operating areas. It is clear that those recovery room
21 areas, for example, are not staffed typically by physicians.
22 In fact, I've never seen that in any hospital. They are
23 staffed by nurses who are extremely well trained in taking
24 care of surgical patients. However, when again an
25 unexpected occurs, some unexpected event, something happens

1 immediately after surgery whether it's significant
2 respiratory distress or unexpected recurrent bleeding from
3 some, following certain surgeries, the nurses cannot deal
4 with that. They have to quickly obtain the assistance of
5 the physician and anesthesiologist, surgeon, depending on
6 the situation. So the closer the physicians are to these
7 areas, the better. And it's not unusual for us to hear from
8 the recovery room, any anesthesiologist to the recovery room
9 STAT or any surgeon available to the recovery STAT. That
10 means that there is a situation that requires somebody to be
11 right there right this minute. And if you have to travel
12 from another floor to get there, or if you have to travel a
13 long hallway to get there, this is not safe, this is really
14 bad. So, you know, from a safety standpoint I think, you
15 know from the efficiency I think it's extremely important
16 too, because in order to deliver great patient care these
17 days you have to be efficient.

18 Q Dr. Westerland, we also had -- part of the
19 proposal here is to also build I think it's approximately
20 38,000 square feet of onsite physician office space. And in
21 delivery of the trauma care for Suburban and for just
22 general delivery of trauma care at the hospital, what are
23 your views on having physician space on the acute care
24 campus?

25 A I think it's a must in 2009 basically. In fact,

1 you know, most hospitals that I know of, I've been trying to
2 have physician space on campus. They don't already have it,
3 because it makes a lot of sense to, when it comes to
4 emergencies to have physicians close by. Traveling from
5 Germantown or Gaithersburg or Silver Spring to Suburban to
6 see an emergency is becoming a problem. As we all know, you
7 know, traffic is increasingly difficult and when a patient
8 needs a specialist, needs a physician, then it's important
9 for the patient to have that specialist available right
10 away. And I think that that will having physician space on
11 campus will go a long way in providing those patients the
12 care they need when they need it, and particularly in the
13 emergency department. So I think in terms of access to care
14 it becomes important to have that.

15 Q Does it help that the hospital have more frequent,
16 when you say access, is that for the coverage --

17 A Well, to have the ED, the emergency department
18 coverage by multiple specialists because, you know,
19 everybody sub-specializes these days and the patient in the
20 emergency department may need a specialist in auto
21 (indiscernible) laryngology --

22 Q What was that?

23 A In ENT.

24 MS. CARRIER: That's a big word.

25 THE WITNESS: I'm sorry, in ear, nose and throat,

1 you know, a specialist in ear, nose and throat. That
 2 specialist is right there then the care provided will be
 3 enhanced. The other thing is that it's becoming
 4 increasingly difficult to obtain specialist coverage because
 5 Montgomery County doesn't see many new physicians coming to
 6 this region. For some reason they tend to go practice
 7 somewhere else and you know the pool of physicians available
 8 to cover emergency departments is a little smaller than it
 9 used to be. And in order to maintain care, adequate care
 10 for these patients in need, then it's important to get those
 11 specialists closer to the hospital.

12 BY MS. SEARS:

13 Q I understand from a practical matter how the
 14 physicians' office space works on campus and helps trauma
 15 patients and other patients. If there is an emergency and
 16 those physicians are in their offices, they can be called
 17 on, excuse themselves from their normal appointments and
 18 come and assist?

19 A Right, for, again for true emergencies, it helps,
 20 it will benefit the patient because I can take very quickly
 21 my latest example of dealing with the situation like that.
 22 My office is on Rockville Pike, close to White Flint.
 23 Suburban is not that far. It's about two and a half miles
 24 away. But two or three months ago I had just started seeing
 25 patients when I got called about 2:30 in the afternoon for a

1 patient who, it was a morbidly obese patient who had a
 2 tracheotomy and a tracheotomy is an airway that is placed in
 3 the neck for a patient who has trouble breathing through his
 4 mouth. And typically that breathing or that ventilation is
 5 provided to a tube that goes through the neck. Now this
 6 patient had no neck because he was morbidly obese. That
 7 tube came out. He was in the intensive care unit and the
 8 intensivists who are not surgeons. They basically did not
 9 really know what to do. They tried to palliate the problem
 10 but they called me. I was in my office. So I left all the
 11 patients in the office and rushed down Rockville Pike.
 12 Thank God I did not get stopped by a police officer to get
 13 to Suburban, rush to the ICU and you know, fortunately I was
 14 able to replace that tracheotomy tube in the patient's
 15 airway. So that's one example of situation. I was able to
 16 make it from White Flint to Suburban within probably 10
 17 minutes. The patient did not die, but if I had been within
 18 the hospital campus then in three minutes that situation
 19 would have been addressed. So, and this is one example, but
 20 there are, you know, multiple examples like that of
 21 emergency that can be addressed quickly by the physician
 22 onsite.

23 Q Does the same hold true for followup care for a
 24 patient that has had a procedure and then is recovering?

25 A Is recovering and finish your operation, go to

1 your office, patient gets in trouble, can be right there,
 2 same thing.

3 Q All right.

4 MS. SEARS: One minute.

5 MS. CARRIER: Sure.

6 MS. SEARS: Thank you very much, Dr. Westerband, I
 7 appreciate your time.

8 THE WITNESS: You're very welcome.

9 MS. CARRIER: Let me ask the other lawyers if they
 10 have questions for you.

11 THE WITNESS: Yes, certainly. I'm not off the
 12 hook yet.

13 MS. CARRIER: Not quite, and I'm just guessing
 14 there will be questions.

15 THE WITNESS: Okay, sure.

16 MS. CARRIER: I know this crowd. Mr. Knopf.

17 CROSS-EXAMINATION

18 BY MR. KNOPF:

19 Q Dr. Westerband, you're the director of the Trauma
 20 Center, correct?

21 A Yes, correct.

22 Q Of Suburban. How many trauma centers are there in
 23 Montgomery County?

24 A We're the only trauma center in Montgomery County.

25 Q The only one?

1 A Yes.

2 Q I see, and just for the lay person, what is a
 3 trauma center? What does that mean?

4 A Sure, let me just tell you that what trauma is
 5 first. You know trauma is an injury related situation that
 6 has the potential to cause significant disability to cause
 7 the loss of life. So in that regard, you know, a trauma
 8 patient is different from a typical emergency room or
 9 emergency department patient. And that's where we need to
 10 understand the differences. In a patient who is victim of
 11 an injury and has no potential for loss of life or
 12 significant disability will not be taken to the regular
 13 emergency department. This patient must be taken to a
 14 trauma center and that's why Montgomery County is one of the
 15 best in that regard, and Maryland actually has one of the
 16 best trauma systems in the country because emergency medical
 17 services personnel understand that. They will not take the
 18 trauma patient to a regular emergency department such as
 19 Shady Grove or Holy Cross, Montgomery General or Washington
 20 Adventist. Those patients will come to Suburban.

21 Q I see.

22 A And we are the only place where they can come.

23 Q And where do they come from, it's the whole
 24 county?

25 A They come from the whole county and the