



MAKING ROOM FOR CLINICAL EXCELLENCE

RECOMMENDATIONS OF THE
SUBURBAN HOSPITAL COMMUNITY PANEL FOR A HEALTHY FUTURE

29 NOVEMBER 2005



THE PANEL'S OBSERVATIONS AND IMPRESSIONS

TODAY

Suburban Hospital is bursting at the seams. Much of the facility is approaching 50 years old. Its spaces are insufficient to accommodate its current patient load; it must often divert ambulances to distant healthcare facilities. Its physicians and staff work in cramped, outdated quarters. Its infrastructure and physical plant are aging. Its campus is geographically dispersed, creating inconvenience for patients, visitors, physicians, and staff, and compromising the hospital financially by virtue of the Maryland State reimbursement policy. Remarkably, the hospital retains its reputation for outstanding clinical care despite these circumstances because of the sheer talent and commitment of its physicians and staff.

TOMORROW

Many members of the Community Panel anticipate this situation will only get worse. The hospital's service area includes large portions of Montgomery County. The populations within this service area are growing in number and becoming more challenging clinically, economically, and socially. The community faces the possibility of a major, region-wide man-made emergency or natural disaster for which the hospital must be prepared. Recruiting and retaining the highest quality workforce is becoming increasingly difficult, especially given the hospital's physical condition and lack of staff amenities. Complying with ever-changing, complex insurance and regulatory requirements will become more taxing. Healthcare costs show no signs of abating.

THE NEED

Most on the Panel believe these conditions are undeniably real and point to a pressing need for facility modernization and campus redevelopment. Hospital administrators and staff see this need every day. Patients see this need when they are cared for. Visitors see this need. Physicians live with this need. The community's service and business organizations see this need. Law enforcement, Fire & Rescue,

and other public service agency personnel working closely with the hospital on a daily basis see this need. An in-depth architectural study comparing Suburban Hospital's campus and facilities to like healthcare institutions across the country documents this need.

NEIGHBORHOOD CONCERNS

At the same time, the hospital is situated in diverse surroundings with institutional, residential and commercial elements. There are property owners who live, sleep, raise children, and recreate next to the hospital. Their properties are nestled in one of the County's most established neighborhoods. The preservation of their safety and quality of life is vitally important to these homeowners. They are deeply concerned that a redevelopment effort will threaten the residential character of their surroundings. At this early point in Suburban's campus planning process, these neighbors are not yet convinced that onsite expansion is required. They are interested in further studies, further consideration of offsite development alternatives, consideration of restrictions on the services offered by the hospital, and a detailed review of Suburban's land use plans as these are developed.

THE PANEL

Against this backdrop, the hospital formed the Community Panel for a Healthy Future, a diverse, 24-member group of patients, community and business organizations, neighborhood associations, public safety providers, and physicians and staff. The Panel's charge was to offer recommendations that reflect the community's priorities and expectations and that would inform the hospital's architectural and land use planning process. The premise was that the more a hospital understands the needs and expectations of the community it serves, the more intelligently it can deliver its services and prepare for the future. To inaugurate what should become an ongoing dialog to foster constructive information exchange, mutual understanding, and wiser decision making, the Community Panel offers three recommendations.



THE PANEL'S RECOMMENDATIONS

1. All members of the Panel agree that the ***planning process must be transparent***. The hospital should:

- ♦ Invite a broad and representative cross-section of the greater community into the planning process — perhaps the Community Panel itself or a group equally reflective of the service area's diverse interests — to act as an ongoing liaison through the planning, regulatory, and implementation phases;
- ♦ Concurrently meet with specific constituencies to address particular needs, expectations, and recommendations;
- ♦ Involve the community in dialog and plans review when options can still be discussed rather than when a plan is already in final form;
- ♦ Plan as long range as is practical to create a campus redevelopment scope and schedule that is predictable for the hospital, for its neighbors, and for the larger community;
- ♦ Work toward agreement with abutting neighbors on architectural and land use matters that directly affect them.

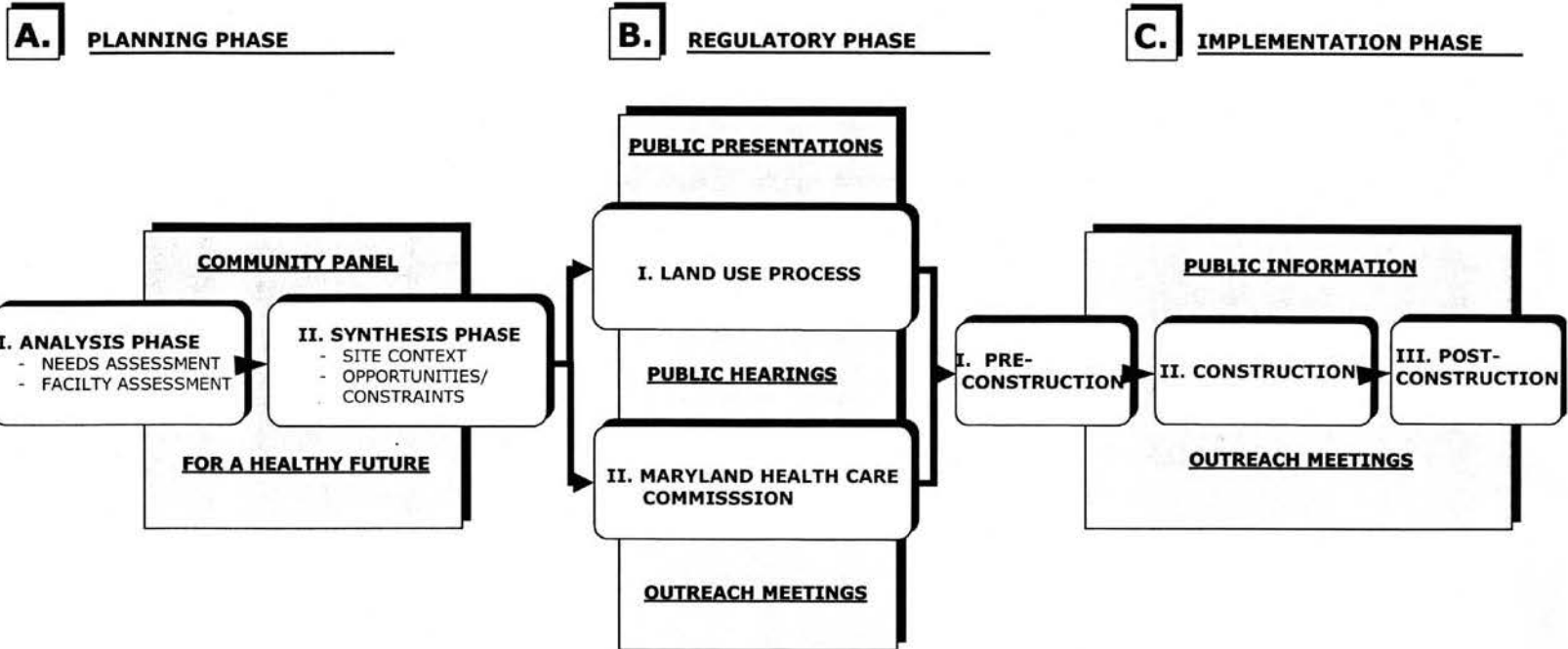
2. All members of the Panel agree that redevelopment of the campus must be ***compatible with its residential neighbors through good land use planning, traffic management, and architectural design***. The hospital should:

- ♦ Emphasize redevelopment on the Old Georgetown Road side of Suburban;
- ♦ Consider alternatives to onsite development where modern technology, priorities, and Maryland State reimbursement restrictions permit;
- ♦ Regularly consider two questions: (a) Where are the limits on the growth of the hospital? and (b) Where are the limits on the variety of services offered?

3. Most members of the Panel, but not all, agree that the institution must ***upgrade and modernize its campus, facilities, and equipment*** to assure continuing excellence in patient care and service. The hospital must:

- ♦ Create mixed use space on Suburban-owned property that is flexible and adaptable, not only for direct patient care but also for infrastructure, i.e., laboratories, administrative offices, physician offices, support functions, equipment, physical plant, and more;
- ♦ Design conditions and amenities that will attract the best and brightest physicians and staff;
- ♦ Unify the campus (join its dispersed physical parts) to facilitate responsive patient service, to reduce the financial penalties imposed by State regulation of off-campus programs, and to optimize architectural functionality;
- ♦ Create adequate onsite parking to minimize inconveniences and disincentives for patients, staff, and visitors while maximizing transit options.

**SUBURBAN HOSPITAL PUBLIC INPUT
PROCESS FOR FACILITY PLANNING**



Community Panel for a Healthy Future - Phase I

Name	Affiliation
Marin Allen (M.D.)	Deputy Director, NIH Office of Communications
Terri Boyd	Potomac resident, Former Suburban Auxiliary President, Nurse, Healthcare Consultant
Stan Caplan	Rockville resident, Suburban Hospital Volunteer
Jeanne Davidson	Huntington Terrace Citizens Assn.
Dorita deLemos Down	Former Suburban Hospital Stroke Patient & Hispanic liaison
Sandra-Lee El-Haj	Western Montgomery County Citizens Advisory Board
Stan Fried	Potomac resident, Suburban Hospital Cardiac Rehab Patient
Denise Gill (Officer)	MC Police
Kurt Hochstein	President, Sonoma Neighborhood Assn.
Ginanne Italiano	President, BCC Chamber
Esther Kaleko-Kravitz	National Association of Mental Illness
Peter Kellman (PhD.)	NIH Cardiac MRI Team, resident of Broadmoor Neighborhood (next to Huntington Terrace)
Sue Kirk	Bethesda Cares
Debra Liverpool	Director of Govt. Relations, YMCA Metro Washington
Larry Long	President, Ayrilawn Citizens Assn.
Marilyn Mazuzan	Oakmont Neighborhood
Ginny Miller	President, Wyngate Citizens Assn.
Richard Parsons	President, MC Chamber
Bob Perry (Reverend)	Inter-Faith Chapel, Leisure World
Jim Resnick	MC Fire & Rescue
Stephen Sawicki	President, Edgewood/Glenwood Citizens Assn.
Ralph Schofer	Maplewood Citizens Assn.
Michael Skaist	Hebrew Home of Greater Washington
Ruth Sokolove	Suburban Hospital nurse, lives in HTCA Neighborhood
Hugh Trout (M.D.)	Suburban Hospital surgeon

Community Panel for a Healthy Future 5/07 Update

Name	Affiliation
Stephen Baldwin	Western MC Citizens Assn.
Terri Boyd	Potomac resident, Former Suburban Auxiliary President, Nurse, Healthcare Consultant
Stan Caplan	Rockville resident, Suburban Hospital Volunteer
Jeanne Davidson (she withdrew but we continue to send her invitations to meetings)	Huntington Terrace Citizens Assn.
Dorita deLemos Down	Former Suburban Hospital Stroke Patient & Hispanic liaison
Stan Fried	Potomac resident, Suburban Hospital Cardiac Rehab Patient
Denise Gill (Officer)	MC Police
Georgette Godwin	MC Chamber
Kurt Hochstein (not confirmed)	President, Sonoma Neighborhood Assn.
Scott Janco	Charles E. Smith/Hebrew Home
Esther Kaleko-Kravitz	National Association of Mental Illness
Peter Kellman (PhD.)	NIH Cardiac MRI Team, resident of Broadmoor Neighborhood (next to Huntington Terrace)
Sue Kirk	Bethesda Cares
Larry Long	President, Ayr lawn Citizens Assn.
Marilyn Mazuzan	Oakmont Neighborhood
Ginny Miller	President, Wyngate Citizens Assn.
George Oberlander	Huntington Parkway Neighborhood Assn.
Bob Perry (Reverend)	Inter-Faith Chapel, Leisure World
Jim Resnick	MC Fire & Rescue
Stephen Sawicki	President, Edgewood/Glenwood Citizens Assn.
Ralph Schofer	Maplewood Citizens Assn.
Ruth Sokolove	Suburban Hospital nurse, lives in HTCA Neighborhood
Hugh Trout (M.D.)	Suburban Hospital surgeon
Dan Wheeland	NIH