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Newsday Chart by Ed Corcoran

Varying Hospital Inspections

By David Zinman

Newsday Science Writer

A consumer health group has found that a state health inspection has uncovered twice as many violations of the state hospital code in Suffolk hospitals as in Nassau hospitals. The reason for the disparity, the group says is not because Nassau hospitals are run better, but because Nassau inspectors are not doing as thorough a job.

The Community Advocates, a Great Neck-based consumer organization which made a study of the inspection process, said that the state's Article 28 (survey) reports from 1972-1974 listed hundreds of deficiencies in meeting State Hospital Code standards and some costly administrative practices. Citations ranged from roaches in a hospital kitchen, to fire and safety violations, and alleged inflated salaries paid by a hospital owner to himself and his son.

Officials of the Nassau and Suffolk health departments, which make the surveys for the state health department every other year, characterized the vast bulk of deficiencies as minor. In most cases, hospitals undertake corrective action, the officials added and have generally won overall approval.

But Joan Saltzman, executive director of Community Affairs, said the comprehensiveness of the inspections in the two counties appears markedly uneven. Judy Kahn, a staff assistant, did the study which made public for the first time the results of inspections of Long Island's 28 non-public general hospitals. Her study found that the Suffolk Health Services Department cited 708 violations in 13 Suffolk hospitals. That total was more than twice the 345 deficiencies found in 13 Nassau hospitals by the Nassau Health Department.

"We feel the disparity stems from the fact that Suffolk is doing a full report and Nassau is not," said Donald Rubin, president of the Consumer Commission on the Accredittion of Health Services. The commission, a New York City-based consumer group, obtained the survey reports under the state's Freedom of Information Law and gave them to Community Advocates for analysis.

"The danger of the disparity," Rubin continued, "is that if Nassau inspectors aren't doing a thorough job, then the public isn't being adequately protected, and I don't think the department is doing the job it should be doing under the law . . . If the corrections go uncorrected the health and well being of patients may be jeopardized."

Rubin, who has also obtained survey reports of New York City and Westchester hospitals, said Nassau inspection reports were sketchy, covered fewer hospital areas, and were less detailed than Suffolk reports. Suffolk hospitals had 158 citations for fire and safety violations to 19 in Nassau hospitals; 159 citations for construction modification violations, to 11 in Nassau hospitals; and 11 citations for deficiencies in

maternal newborn services to none in Nassau hospitals

tals.

"It seems incredible that there wasn't a single problem in maternal care in all the hospitals in Nassau," Rubin said. "The fact is if you put Suffolk inspectors in Nassau, you would probably find about the same number of violations."

Dr. David Ross, medical director of the Massau Health Department's hospital review team, said he had no explanation for the widely different totals. But a department spokesman said part of the reason may be that hospital review is a continuing process and many deficiencies can be cleared up prior to formal inspections, which are done every two years.

The spokesman added that other possible reasons for the disparity were: (1) Nassau deficiency write-ups are not all listed in the survey report but may be contained in other summaries; (2) the Nassau fire marshal's office clears up many violations; and (3) Nassau inspectors list only new deficiencies whereas Suffolk reports contain carryover deficiencies.

However, Dr. Albert L. De Martino, the State Health Department's regional director who oversees the counties' inspection process, acknowledged that the consumer groups' criticism had "some validity." Said De Martino: "To some extent, it's inspection reporting) a matter of professional judgment . . . But it is also a question of (Nassau inspectors) putting more

time and effort into putting in the survey report all the appropriate documentation and citing all the deficiencies." Ms. Saltzman of Community Advocates suggested that consumers be allowed to accompany the inspectors to check on the comprehensiveness of the survey. De Martino rejected the suggestion.

Hospitals are inspected by the state to qualify for license renewal and Medicaid funds. Last year Nassau got \$290,000 and Suffolk got about \$350,000 to do the state inspections. Medicaid and Medicare reimbursements generally account for half of a hospital's operating funds. On rare occasions when hospitals consistently fail to correct major deficiencies licenses can be withheld. One such instance occurred at the 29-bed Bayview Hospital in Mastic which was closed after a public hearing in 1972.

State inspection reports are not involved in the legal dispute over surveys by the privately funded Joint Commission on Accreditation of Hospitals. The state reports are available to the public. Community Advocates, the first group to analyse them for the Long Island area, found that the Nassau hospital with the most citations was Massapequa General (43). Mercy Hospital in Rockville entre had the fewest (8). In Suffolk, Lakeside Hospital in Copaigue had the highest number of deficiencies (97). Huntington Hospital had the fewest (28).

These were some specific findings of the state inspections:

- A March, 1974, survey of Brunswick Hospital in Amityville found roaches in the kitchen and pointed up the need for cleaning in the labor and delivery rooms. A hospital spokesman said corrective action was taken.
- A July, 1972, survey of Southampton Hospittal found five beds (with patients) in a first floor corridor and five beds (with patients) in a second floor corridor. Inspectors said they constituted a "serious obstruction" to existing in an emergency and listed them as one of 15 fire and safety violations. All have been cleared up, according to Dr. Aaron Chaves, chief of hospital affairs for the Suffolk health department.
- A November, 1974, survey of Central General Hospital in Plainview found that Dr. Anton Notey, an owner-investor, got \$60,000 as president. His son, Richard, got a total of \$50,000 as assistant administrator and as administrator of Central Island Nursing Home across the street.

These "high" administrative costs are one reason the administrative expenses of Central General are more than other hospitals of comparative size, inspectors said. The elder Notey said his and his son's salaries were cheap for the work they do and the decisions they must make.

Nevertheless, the state health department ordered the hospital's Medicaid reimbursement rates cut from \$150 per patient day to \$147 for six months.

Dispute Over Records

The Joint Commission on Accreditation of Hospitals, also surveys hospital, and the federal government accepts accreditation from this group to make hospitals eligible for Medicare payments. The commission, a private consultant organization headquartered in Chicago, is paid by each hospital and considers its inspection reports confidential.

However, Long Island hospitals voluntarily filed them their survey reports and deficiency letters with the State Health Department as a guide to assist in the state inspection. When Newsday asked to see a portion of the documents, State Health Commissioner Robert Whalen agreed to release them under the Freedom of Information Law, which allows public disclosure of many documents in state files. But the Nassau-Suffolk Hospital Council and the Accreditated Private Hospital Association of Nassau and Suffolk Inc. blocked Whalen's action by obtaining a temporary restraining order. Arguments in the case are now scheduled for Jan. 5 in State Supreme Zimman