

St. Mary's Organizes to Save Its OB Unit

By MOLLY JUDGE

Representatives of the various departments at St. Mary's Hospital organized a task force Dec. 19 to review the status of the hospital's obstetrical unit.

The group intends to protest the recommendation of the Genesee Region Health Planning Council to close obstetrical facilities in the Rochester area that handle fewer than 1500 live births per year. The Council will determine by April which of the six facilities in the city should be closed. This decision will be based upon the number of births per year in each unit and travel time between hospitals.

Dr. Victor J. Tofany, an anesthesiologist at St. Mary's, and Mrs. William Howe are co-chairmen of the task force which will determine the hospital's response to the recommendation.

St. Mary's, which delivered approximately 1200 babies last year, is threatened by the recommendation, according to Paul Lewis, public relations director.

The Daughters of Charity of St. Vincent de Paul founded the hospital in 1857. St. Mary's is Rochester's first hospital and the only Catholic hospital in the city. It is also the only facility located in the inner-city and geographically west of the Genesee River.

The task force has the support of the Diocesan Priest's Council, which sent Father Elmer McDonald of St. Christopher's and Father John Norris of Blessed Sacrament to the meeting. Father Robert Collins, director of the Family Life Office, is also a member of the task force.

The Genesee Health Council's recommendation is based on a

study made in 1971 for the American College of Obstetricians and Gynecologists (ACOG). The study report stated that "full hospital obstetric services, in terms of use of beds, personnel and facilities for the care of all kinds of obstetric complications, can only be provided efficiently when more than 1500 deliveries occur per year. In more sparsely populated communities, adequate service can be provided with reasonable efficiency when at least 500 patients are delivered at the hospital per year. Below this number efficiency is decreased."

The study recommended that obstetrical services be consolidated to produce more than 1500 for each unit in a metropolitan area.

"The study arrived at this figure by computing the number of around-the-clock staff members needed to provide the efficient use of the obstetrical facilities," Lewis said. "But it failed to take the economical use of the facilities into consideration."

According to Lewis, the obstetrical services at St. Mary's are less expensive than the same services at the other Rochester hospitals. A study conducted by St. Mary's revealed that per diem reimbursement rates for Blue Cross and Medicaid were less at St. Mary's. "If the obstetrical unit were to be closed, it would result in a higher cost to the community since the other hospital's rates have a higher reimbursement cost," Lewis said.

At the urging of the Hospital Review and Planning Council, the Monroe County Hospital Planning Group, a sub-division of the Genesee Region Health Planning Council, initiated a study based on ACOG's recommendations.

Again, this study did not include reimbursement rates of Medicaid and Blue Cross as a factor.

This study indicated that Monroe County has an excess of hospital obstetrical facilities and that a consolidation of these units would save the community a considerable cost. Based on the assumption that the birth rate will continue to decline, the study recommended that all facilities handling fewer than 2,000 deliveries be closed except where driving time would exceed 30 minutes.

The Genesee Health Council made their recommendations based on the studies of ACOG and the Monroe County Health Council. Two other studies of the obstetrical units by the Medical Society of Monroe County and the Committee of Hospital Administrators made alternate proposals.

The Medical Society recommended the figure of 1,000 live births as the desirable minimum in populations of 100,000 or more; 250-500 births per unit as the minimum in areas of 30,000 population. This particular study took maternal and infant mortality rates per unit into consideration. The society found that the highest perinatal mortality of 29.8 per 1,000 live births were at hospitals having more than 2,000 births annually; Also, that at hospitals with fewer than 500 births, a 27.6 mortality rate existed. The highest maternal death rates exist at institutions having more than 2,000 and fewer than 250 births per year.

The Committee of Hospital Administrators in Monroe County suggested that the appropriate annual minimum number of births per unit in Rochester would be between 1,000 and 1,500, and

that the deadline for the Genesee Health Council's decision should be extended from April, 1975, to January, 1976 for the purpose of making a thorough investigation.

St. Mary's did have the lowest birth rate in 1973-1974, compared to Strong Memorial, with 1793; Rochester General, 2588; Highland Hospital, 1879, and Genesee Hospital, 2105. But in a survey conducted by St. Mary's of the hospital birth-rate in upstate New York, it was concluded that 47.5 per cent of the upstate hospitals delivered fewer than 1,000 babies annually.

According to Lewis, the figure of 1,500 births specified by the Council for efficient obstetrical units, is not based on relevant statistical data. "Without taking the economics of hospital costs into consideration, this figure of 1,500 has nothing to back it up. It is just an estimation of the maximum efficiency a hospital should have in the obstetrical unit," he said.

"And in a city in which over half the population is Catholic, the people should have a right to choose to have their children born in a Catholic hospital," he added. Sterilizations and abortions are not permitted in the hospital. "As a result," Lewis said, "the women who want to be sterilized after giving birth are going to other obstetrical units."

"St. Mary's is indeed suffering from the effects of the 1971 abortion law and is losing some patients since it adheres to certain ethical principles and does not perform abortions or sterilizations," he added.

If the unit is closed at the hospital, it is estimated that the hospital will lose \$1,497,729 a year. Closing of the obstetrical

unit would affect other departments, particularly the gynecological department. Some physicians who staff the obstetrical unit perform gynecological services as well.

"Many of these doctors would rather perform their gynecological services in the same hospital where they perform obstetrics. They would probably refer the OB patients, who need other services to specialists within the hospital," Lewis said.

St. Mary's contests the assumption that the birth rate will continue to decline. According to Lewis some statistics show a stabilization trend.

Kolping Slates German Mass

The Catholic Kolping Society is sponsoring a German Christmas Mass on Sunday, Jan. 5 at 3 p.m. in St. Anne's Church.

The Eucharist will be celebrated by a number of German speaking priests with Msgr. Charles V. Boyle as principal celebrant. During the Mass German hymns will be sung and Father Frederick Eiseman, pastor of Holy Family Church, will deliver the homily in German.

Leo P. Saeum, president of the Kolping Society invites those attending the Mass to a Christmas party and German dinner after the Mass. It is necessary to make reservations for the party through Mrs. German Sperr, 342-0923, or William Wittmann, 288-3895.



"I don't like the idea that because you're a senior citizen you're no longer useful."



Willard "Bill" Knope, 68, president the past three years of the Senior Citizens Action Council of Monroe County, Inc., an organization of 30,000 senior citizens, and a member of The Mariner House's advisory board. Here's what Bill Knope says about The Mariner House:

"If The Mariner House wasn't a good proposition, I wouldn't be on its board, quite bluntly. Nobody's paying me, so I say what I think. And in my opinion, The Mariner House is doing a good job; I'm impressed with it . . .

"How did I get involved with The Mariner House? I was recommended to be on the advisory board. I've been associated with it since it started three years ago, and I never thought I'd be interested in senior citizens the way I am . . .

"You've got to realize one thing. The Mariner House isn't only for senior citizens, although many of its residents are elderly.

"And that brings up another point. I don't like the idea that because you're a senior citizen you're no longer useful. You are useful. When you attain the title of senior vice

president, it's a title you've worked for. It's the same with the senior citizen. A senior has worked for that title, he should be proud of it . . .

"It has a lot of advantages. It's in an ideal location for the senior citizen or adult who lives there—stores and transportation are readily available. You can step right out the front door, get a bus and go practically wherever you want. Churches and banks are nearby too . . .

"Sometimes there's a problem with seniors living at a place where meals are not provided. Then they have to go out to eat, and many people in that case would rather forget it. So nutrition-wise, Mariner House is a good setup . . .

"What if there were no Mariner House? What happens then? Many people would have no place to stay, or they'd have to live alone. That's why The Mariner House should be considered a public service. Who else has taken on a project that size, renovated an old hotel and made improvements throughout its entire residence program?"

The Mariner House. A full-service residence for adults, licensed by the State of New York to supervise the acts of daily living. All rooms are spacious, completely furnished, fully carpeted, centrally air conditioned and heated. Each room has its own private tile bath.

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