



Matrimonial manual

Included in this week's issue is our annual wedding section, which focuses on new diocesan guidelines for musical selections and the annual Marriage Jubilee celebration.



A case for compassion

Various agencies of the Diocese of Rochester are stepping up efforts to help ministers deal compassionately with victims of AIDS, acquired immune deficiency syndrome. See page 3.

COURIER-JOURNAL

Catholic Diocese of Rochester

50 Cents

Thursday, February 18, 1988

36 Pages - 2 Sections



Bonnie Traflet/Courier-Journal

Facing off

Just hours prior to the Sunday, Feb. 14, performance of the heavy-metal band Immaculate Mary, nearly 800 members of the diocese gathered at St. Thomas the Apostle Church, Rochester, for a prayer service 'in reparation' for the concert. For a commentary, see the Editor's Desk, page 14.

In move to trim deficit, St. Joseph's Hospital will close maternity ward

By Lee Strong

St. Joseph's Hospital in Elmira will close its maternity unit March 15 in an effort to become more efficient and reduce a projected \$3.5 million dollar deficit in 1988.

Closing the maternity ward is only one part of a plan involving job cuts and changes in 18 to 20 other departments. As many as 70 jobs will be affected, according to Deacon Stanley Douglas, the hospital's community-relations director. Approximately 25 people will be laid-off or will take advantage of an early retirement program, he said. Other employees will be moved to new assignments.

These moves are motivated by deficits the hospital has suffered the last three years, Douglas said. In 1986, for example, the hospital lost \$3.4 million. The 1987 deficit was \$3.5 million.

These deficits forced the hospital "to look at operations to see where we had to make some very difficult decisions," explained Sister Marie Castagnaro, SSI, the hospital's chief operating officer. "The maternity unit stood out as a problem child," she remarked.

Studies indicate that a maternity unit must have 600 births a year to be financially viable, Sister Castagnaro explained. St. Joseph's unit had only 283 births in 1987. In 1984, when the hospital had 337 births, administrators started looking at maternity services and began a marketing campaign called "Beautiful Beginnings." The campaign resulted in only seven more births at the hospital in 1985.

In contrast, Elmira's other hospital, Arnet-Ogden Memorial Hospital, had approximately 1,200 births in 1986.

Douglas pointed to Arnet-Ogden's neonatology unit as a prime reason physicians prefer to deliver there rather than at St. Joseph's, which does not have the sophisticated unit. In addition, most of the obstetricians have located their offices near Arnet-Ogden, making it far more convenient for them to perform deliveries there.

The maternity unit has long been a problem area at St. Joseph's. In 1977, the Finger Lakes Health Care Agency recommended that the unit be closed because of low usage. Leaders of the Chemung County Right to Life Committee organized a letter-writing campaign to protest the closing, however. The campaign resulted in 13,000 letters to then Governor Hugh Carey, who intervened to block the closing.

The pro-life movement became involved in 1977 because of concern about abortions being performed at Arnet-Ogden, according to

Richard J. McGill, secretary of the Right-To-Life Committee and one of the organizers of the 1977 campaign. "We wanted to have a hospital available for women who disagree with abortions," McGill explained. "I would be reluctant for one of my children to have a baby at a hospital that performs abortions."

Yet McGill said the group will not protest the closing this time. "We know if there was any way feasible for the hospital to keep (the maternity ward) open, they would," he noted. Douglas had contacted pro-life leaders before the closing was announced to explain the financial situation, McGill noted. The pro-life leaders understood the hospital's situation and accepted the decision. "If you don't have the choice you'd like, you look at what the choices available are, and hope to God you've made the right one," McGill concluded.

In addition to the elimination of the maternity unit and the work-force reduction, St. Joseph's will make additional major changes to cut costs.

In the first change, one of the hospital's units will be converted to an Alternative Level of Care unit to house people waiting for nursing homes beds to become available. These people are now being housed in medical and surgical units. Although the hospital receives \$90 in reimbursement from the state and federal governments for holding these patients, Douglas explained that they are occupying beds in units where patients require more care and for which the hospital could receive \$210 in reimbursement. Creating the ALC unit will free these beds for patients requiring greater care, and will increase the hospital's reimbursement amount by approximately \$1 million, he noted.

In another cost-cutting move, the hospital

will subcontract the operation of the lobby cafe to an outside company.

While reducing staffing or hours in some units, the hospital will continue to increase services in revenue-producing departments, Deacon Douglas said. The Rehabilitation Center of the Southern Tier — which is located in the hospital — recently doubled in size to 40 beds, for example. The burn-care program will move to the Intensive Care Unit, and the hospital will also increase such outpatient services as family counseling and alcohol rehabilitation.

"Rehabilitation and outpatient services are the way of the future," Douglas noted. "We're focusing on replacement; we're not stagnating."

Overall, the changes will put the hospital into a financially viable position, Douglas predicted. This, he believes, will allow St. Joseph's to negotiate from strength in its ongoing consolidation talks with Arnet-Ogden. He was quick to point out that the changes had no connection with the talks, however. "These choices were made by our own decision," he explained. "We will come out of this stronger and better able to do the things that we do as a Catholic hospital."

According to Sister Castagnaro, what Catholic hospitals do best is give care to the poor — something that St. Joseph's will emphasize under the new plan. Even if the consolidation occurs, the two hospitals will retain their separate identities. "One of the key elements in the talks, is that we will remain a Catholic hospital," she concluded.

"This is a sad time in our history, but it's a positive time too," Deacon Douglas added. "We're trimming our sails for the journey into the 21st century."

Index

Around the Diocese.....	Page 2
Calendar.....	Page 7
Classifieds.....	Page 11
Columnists.....	Pages 12-13
Echo.....	Page 10
Features.....	Pages 11, 16
Editorial & Opinion.....	Page 14
Local News.....	Page 3
Sports.....	Pages 8-9
World & Nation.....	Pages 4-5

