

ROUTE 96 TIMETABLE (subject to change)

Meeting 1/22 7:30 SFC  
1st & 3rd Tuesdays?  
Action by CCANS

1987 JANUARY Actions by Others

Niederhorn Study released  
"Octopus" TV series continues

Response to Niederhorn

Start general Public Awareness Campaign  
-brochure  
-position papers  
-letters, articles in paper

FEBRUARY

Cliff Street repaving "decision"  
(last chance to modify it?)

Push for 89/96 "connector" during  
Cliff St. closure

Big recruitment meeting

MARCH

League's Fact Sheet published  
Recruitment & Development of candidates

APRIL

DEIS to be filed +1

Response to DEIS

45 days

MAY

Formal Public Hearing +1

Generate Huge Crowd

JUNE

DOT prepares FEIS (thru Dec.)

Petitions circulated for candidates

JULY

Repaving of Cliff Street-?

runoff effects

AUGUST

INHS rehab. of Cliff St. homes

Letters

SEPTEMBER

Election campaign

zero-risk

Tom & Steph

OCTOBER

Rich  
Fogel

NOVEMBER

Jane call Jeff True

City Elections  
1st - Romanowski (?)  
2nd - Cummings  
3rd - Dennis (?)  
4th - (Not Haine)  
5th - Peterson (?)  
Mayor



call GIAC #4/hr. 7-10  
large meeting room  
last week Feb. Tues or Thurs.  
70 chairs  
conference room #1

DECEMBER

DOT files FEIS/Recommends an option

1988 JANUARY

New Council takes office  
Council votes on recommended option

ROUTE 96 TIMETABLE (subject to change)

1987 JANUARY

Actions by Others

Action by CCANS

Nieder Korn Study released  
"Octopus" TV series continues

Response to Nieder Korn

Start general Public Awareness Campaign  
-brochure  
-position papers  
-letters, articles in paper

FEBRUARY

Cliff Street repaving "decision"  
(last chance to modify it?)

Push for 89/96 "connector" during  
Cliff St. closure

MARCH

League's Fact Sheet published  
Recruitment & Development of candidates

~~APRIL~~

*May*

DEIS to be filed

Response to DEIS

*(45 days)*

~~MAY~~

Formal Public Hearing

*1 May Nieder Korn  
2 meetings*

Generate Huge Crowd

JUNE

DOT prepares FEIS (thru Dec.)

Petitions circulated for candidates

JULY

Repaving of Cliff Street-?

AUGUST

INHS rehab. of Cliff St. homes

SEPTEMBER

Election campaign

OCTOBER

NOVEMBER

City Elections  
1st - Romanowski (?)  
2nd - Cummings  
3rd - Dennis (?)  
4th - (Not Haine)  
5th - Peterson (?)  
Mayor

DECEMBER

DOT files FEIS/Recommends an option

1988 JANUARY

New Council takes office  
Council votes on recommended option

**KING  
&  
KING**

ARCHITECTS

420 EAST GENESEE STREET / SYRACUSE, NEW YORK 13202 / (315) 476-4261

January 29, 1973

HARRY A. KING AIA  
F. CURTIS KING AIA  
RUSSELL A. KING AIA  
FREDERICK R. FRANK AIA  
MORRIS M. GAMBLE AIA  
WENDELL W. HOONE AIA  
ROBERT W. SECOR AIA

DONALD A. SHERMAN AIA

1952A

Mr. Richard H. Comstock, President  
Board of Managers  
Tompkins County Hospital  
Ithaca, New York

Dear Mr. Comstock:

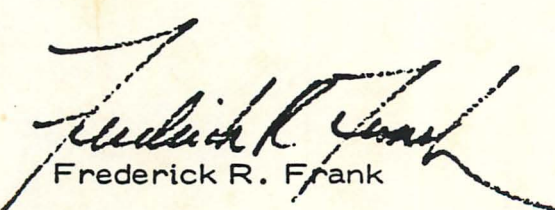
We are pleased to present the Report of the Long Range Planning Committee outlining its findings and recommendations for a plan for the future development of Tompkins County Hospital.

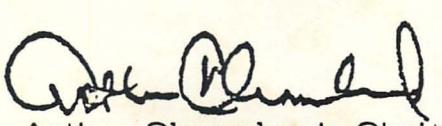
This plan has been prepared for further presentation to the Board of Representatives on such a date as agreeable to them. At that time, the committee is prepared to present this report in person as well as distribute copies for further study, review and appropriate action.

Very truly yours,

KING & KING, Architects

LONG RANGE PLANNING  
COMMITTEE, TOMPKINS  
COUNTY HOSPITAL

  
Frederick R. Frank

  
Arthur Cleaveland, Chairman

TOMPKINS COUNTY PUBLIC LIBRARY  
ITHACA, NEW YORK 14850

## SECTION I INTRODUCTION

King & King Architects were commissioned by Tompkins County Hospital, Ithaca, New York to prepare a long range master plan for the future development of the institution. The specific charges to the planners as defined by contract are:

1. An analysis of the past and present activity of the Hospital and identification of its service area.
2. An evaluation of existing facilities and their relationship to the service area.
3. An analysis and definition of existing hospital programs.
4. Determination of future needs.
5. The development of a long range plan to accomodate established needs.
6. Recommendations for the implementation of the plan.

In order to properly accomplish this assignment, it was deemed necessary that the following additional tasks be undertaken.

1. A determination of the needs for health services as defined by the community at large and the total spectrum of health and health related professionals.
2. The establishment of policy by the Board of Managers of Tompkins County Hospital to define the role of the hospital in meeting these needs.
3. The formulation of recommendations for positive activities on the part of the hospital to continue the planning process to achieve goals not immediately achievable.

4. The formulation of recommendations for positive activity on the part of other agencies to achieve goals not considered within the scope of responsibility or within the means or the jurisdiction of the hospital.

The planners felt that effective planning cannot be accomplished by an outside agency independently of the hospital's staff, management and board. It was further felt that communication with other agencies in the community charged with the delivery of various other elements of health service was essential.

Therefore, a long range planning committee was formed by the hospital comprised of members of the Board, the staff and other community representatives. All active planning was accomplished in meetings of this board, with their active involvement and participation.

Meetings were also held with representatives of the Tompkins County Comprehensive Health Planning Council, the Departments of Health and Mental Health and Cornell University.

Presented herein is the report of the results of this deliberation and discussion. It encompasses a positive plan whose aim is the achievement of a comprehensive system for the delivery of health care services to the community. This plan is not the end of a process but the beginning.

Should those involved in its conception and charged with its implementation be lulled into complacency, the committee makes one more recommendation: that their committee be retained and formed into a continuing advisory body which can communicate with other similar groups in the community, all of whom shall be advisors to a formal committee on Comprehensive Health Services of the Board of Representatives.

## SECTION II RECOMMENDATIONS

The Long Range Planning Committee makes the recommendations summarized hereafter to the Board of Managers of Tompkins County Hospital for their review and consideration:

### A HEALTH SERVICES

1. The institution of a comprehensive health care system starting with the development of two primary health care centers, one located at the present hospital site and one located to the East in the general vicinity of the Intersection of Route 13 and Route 366.

The Institution of a system that will focus on continuity of care, preventive care, health maintenance with family practice orientation and will also provide diagnostic, therapeutic, and procedural services and appropriate levels of inpatient care at Tompkins County Hospital.

Further exploration of sources of payment and coordination in and with the system of the efforts of various social agencies and the Departments of Health and Mental Health. The establishment of an outreach program. Involvement of the community in an advisory capacity in the establishment of the health care system.

2. The establishment of a Community Mental Health Center at the existing hospital site as defined in Community Mental Health Centers Act of 1963 (Public Law 88-164) to include: Inpatient and outpatient care; partial hospitalization services; emergency, consulting and educational services; diagnostic, rehabilitative, pre-care and after care services and training, research and evaluation programs. The development of this center in concert with the Tompkins County Department of Mental Health.

3. The development of a Patient Control Center responsible for the control of patients and patient data through the comprehensive health care system, to and from other public and private, health and social agencies to effect continuity of care and service.
4. The expansion of the Education Program cooperatively with other agencies and institutions to provide clinician and technical training, institution of new and expansion of existing public education programs and the development and expansion of intern-extern training programs.

B FACILITIES

1. Construction a 383 bed total replacement facility for the existing Tompkins County Hospital on the existing site including 210 medical-surgical beds, 20 pediatric beds, 30 obstetrical beds, 18 special care beds, 15 psychiatric care beds, 30 transitional or extended care beds and 60 long term care beds, of such capacity to be at optimum utilization in 1982.
2. Construct this facility capable of flexibility, adaptability and expansion in the future and in which the techniques of systemization of hospital operation can be implemented.
3. Construction this facility with the necessary diagnostic, therapeutic, procedural and supporting facilities capable of meeting the projected demands of both inpatient and outpatient services of the total health care system in the future and including one of the two family practice centers.
4. Utilize temporary facilities as available for the establishment of the East Primary Care Center and seek to construct permanent

facilities within several years.

C

#### TRANSPORTATION

1. Utilize every community resource to apply pressure to seek the construction as soon as possible of the proposed Route 96 Connector from Route 13 to the existing hospital site essential to the successful development of the health system.



2. Explore the development of a transportation system to satisfy rural and suburban needs of those incapable of or without self-transportation as part of the primary care program.
3. Reestablish public transportation to and from the center of the City of Ithaca to the hospital site interconnected to the existing city public transportation system.

D

#### IMPLEMENTATION

1. Seek the most advantageous methods of financing to minimize the cost of capitalization to the consumer of the health system and to the community, considering both term and cost of financing and time to implement the finance program.
2. Authorize the commission of a qualified consultant firm to execute a preliminary financial feasibility study to determine the effects and limitations of the proposed program.
3. Consider every legal technique of construction administration to minimize time of planning and construction, to effect maximum economy, minimize escalation of cost and to offer the earliest possible occupancy.
4. Proceed with the authorization of funds necessary to continue planning and for detailed program review and evaluation so as



## Section IV: Statement of Policy

comprehensive scope of personal health services should be in-patient hospital care, extended and nursing home care, primary (routine health care) and specialty ambulatory care, dental care, mental health care, personal preventive medicine, rehabilitation, pharmaceuticals (medicines), prosthetic devices (e.g., a false leg) and other equipment including eyeglasses and dentures (false teeth), and transportation to health facilities. The services should be coordinated so that they are easily reached by the patient when they are needed. They should be of high quality and personally acceptable to the patient."

2. That a comprehensive health care system administered and operated by a single organizational entity should not be initially sought but rather that the existing health care organizations in Tompkins County, both public and private, be coordinated to provide the breadth and continuity of care necessary; that the ways and means of creating a more formal organization in the future be sought by a Committee of the Legislature appointed for this specific task.
3. That many of the basic elements needed for this system already exist in the community but require expansion, systemization and coordination for more effective utilization; that this could be the most economical and efficient means of immediately providing more comprehensive care to the community.
4. That any health care system cannot be limited to or necessarily match the physical boundaries of a political subdivision but should realistically provide for the needs of those within a natural geographic and economic area; that this system should interrelate

# Emergency Care Issues

## SECTION V EXPANSION OF SERVICES

A statement of policy is more significant further defined in terms of New Programs and Services which the hospital proposes to offer to the community. All existing services are to continue and must obviously be expanded to meet the needs of the community in terms of patient volume and in breadth and sophistication of medical program. These needs are generated from a multitude of sources and will further increase if new programs are developed that achieve greater reach into the community.

The hospital does not intend to develop diagnostic, therapeutic, or procedural services that would generate minimal activity, require extensive staff and facilities and are already provided at other medical centers within reasonable distance. Included in the category would be such services as Open Heart Surgery, Transplants, and Deep Radiotherapy. With only this practical limitation it is expected that the practice of the hospital should, if it does not already, include the broadest possible medical spectrum.

### A. OUT-PATIENT SERVICES

Primary care in the hospital service area is provided at the present time by either physicians in private practice or the Emergency Room at Tompkins County Hospital.

In 1972, a study of the utilization of the Emergency Room was done which showed several significant factors:

1. An analysis by attending physicians indicated that only about 10% of those patients utilizing the Emergency Room were diagnosed as true emergencies.
2. Although more than half of the patients utilizing the Emergency Room felt their condition was serious enough to warrant immediate attention, less than 14% selected the Emergency Room for treatment because "they perceived an emergent condition."

3. A significant number of patients utilized the Emergency Room because it was the most convenient source of care, because they had not other source of care or because their physician was not available.

It is obvious that the vast majority of these patients could be treated in an out-patient clinic or a speciality service within the hospital, or in a physicians office.

The emergency room is not providing comprehensive physicians office care but is rather attempting to react to patient complaints. It is providing "Crisis Care". The emergency room is therefore serving a multitude of purposes which interferes with the true purpose of the service and results in an inefficient emergency room operation. For the patients treated in this manner, the result is a lack of continuity and comprehensiveness of care.

In July of 1972, the Tompkins County Comprehensive Council sponsored open hearings throughout the county. These hearings were designed to elicit input into the health system and specifically in the long range planning program at Tompkins County Hospital.

It was found that the overwhelming concern expressed by the citizens of the county was the lack of primary medical care services available to all members of the family.

Tompkins County like most rural areas has experienced a gradual erosion of primary care services brought about by the retirement of physicians located outside of the urban center and the inability of these small communities to attract replacements to a solo practice setting. This has contributed to the demands being placed on the emergency room service of the hospital. In order to meet these needs, the Planning Committee of the hospital proposes to develop a comprehensive coordinated primary care system. This effort is embodied in the Tompkins County Rural Health Proposal outlined as follows:

1. PROJECT OBJECTIVES

OVER - ALL SCOPE: The goal of the project is to increase the quality and quantity of primary health care services to the rural segments of Tompkins County, New York by developing a comprehensive coordinated primary care system.

This system would expand upon the existing hospital based back-up services and would offer high quality primary health care to areas of the county now unserved. It would provide two entry points into the health care system, one to be located at the hospital in the western portion of the county and one in the now underserved and inaccessible eastern portion.

The system would include a complete primary care team and primary care services and an appropriate organized referral system.

SPECIFIC OBJECTIVES: The specific objectives to be achieved during the project period and upon which the success of the project will be measured are as follows:

- a. To utilize a variety of medical and paramedical primary care personnel in a delivery pattern designed to maximize the potential of each staff member to contribute to the health and welfare of the individual patient.
- b. To inform and educate members of the general and medical community with regard to the demonstration project including its objectives, scope of coverage, relationship to other segments of the medical system and its relative costs.
- c. To coordinate all health resources needed by the individual patient, including assumption by the family physician of responsibility for continuity of patient care with referral to specialists as needed.

and for help in determining future needs. A copy of the records will be shared with Tompkins County Hospital as need arises.

Continuity of care will also be assured through links to referral and back-up services. The facilities proposed in this project will be closely tied to the sponsoring Tompkins County Hospital which has 211 acute care beds and 48 long-term care beds. The primary care team will also have access to ancillary services at the hospital including x-ray, laboratory, and rehabilitative facilities. The sponsoring agency has transfer agreements with area extended care facilities and nursing homes, as well as a close working relationship with the Tompkins County Health Department which is a Social Security Administration home nursing care provider. In addition, the hospital's social work department would be available for referrals to aid in providing for the social needs of the patients. This department would also be used for access to other community social and quasi-medical agencies such as drug therapy centers.

#### COMPREHENSIVENESS OF SERVICES

Physician and nurse clinician services will be available at the two centers for diagnosis and treatment of illness with referral to the acute care facility or other specialists as necessary. The team of primary care workers available at the center will also provide such preventive care as immunizations, well-baby care, and periodic examinations.

The satellite clinic will also have on site emergency care with direct communication and transportation to the full scale emergency room at Tompkins County Hospital.

Services will be based on the concept of a single entry point for care. The practitioners will do initial diagnosis with referrals where necessary and

### 3. LOCATION OF PROPOSED PRIMARY HEALTH CARE CENTERS

With the aid of the Tompkins County Department of Planning, the following brief evaluation was developed to provide guidance as to the most appropriate location of the two primary health care centers. A suggested service area for the centers is shown on the attached map, and roughly divides the County into two equal population portions of 38,500+ each.

#### TOMPKINS COUNTY HOSPITAL SITE (WESTERN AREA)

For several reasons, including the already existing hospital based back-up services, it seems to be appropriate to locate one of the primary health care centers at the existing Tompkins County Hospital. This site is readily accessible to residents in the southern and western portion of the City of Ithaca, and the Towns of Ulysses and Enfield, and, to a somewhat lesser extent, accessible to residents in the Towns of Newfield and Danby. There

is, however, need for improvements in the highway systems leading to the hospital, particularly in reference to the "Octopus" where five roads come together at the foot of Route 96 hill within the City, and in reference to the need for a new and second bridge crossing the inlet flood control channel.

Planning for these improvements is underway by the State Department of Transportation. The project commands a high priority. Since no public

transportation is available (except within the City of Ithaca), transportation must be by private automobile. Travel distances to the extreme portions of the service area are as much as 16 miles with travel time of a minimum of 20 to 25 minutes. Therefore, we feel that it would be necessary to include a transportation component as part of the program especially for the residents of Danby and Newfield. At some later date it may be necessary to reevaluate the accessibility of care to this area.

## EASTERN SERVICE AREA

The second service area includes the Towns of Lansing, Groton, Dryden, Caroline, a portion of the population within the City of Ithaca, the Village of Cayuga Heights, and the north and east portion of the Town of Ithaca. The population served is again about 38,500. It would seem that the most appropriate location for this demonstration project, is in the vicinity of the intersection of Routes 13 and 366 near the New York State Electric and Gas headquarters at Etna. Nearly all major roads running north and south in this area intersect Route 13 or Route 366 and thus the accessibility of the site seems to be quite appropriate. A maximum travel distance is again about 16 miles (Towns of Lansing and Caroline) with travel time of 20 to 25 minutes.

The map shows the primary and secondary road systems of the County and it is evident from an inspection of the map that the location seems to be quite appropriate. In addition, new population growth in the County is in the direction of the suggested location so that as time goes on, the site becomes more and more accessible to more and more people.

# Section VI: Evaluation of Existing Facilities

The cost of maintenance is included in total costs ultimately borne by the hospital consumer as are the majority of operating costs.

In a period of spiraling health costs, the extra expense of maintaining such an antiquated structure and the cost of extra energy consumption should be eliminated or that equal amount utilized for expanded services.

## G ATTAINMENT OF FLEXIBILITY

It is highly desirable that health facilities be flexible and capable of meeting the demands of change in patterns of delivering health care.

It is desirable and many feel essential, that they be economically adaptable to new equipment, systems and environments.

The construction and configuration of the existing facilities of the Tompkins County Hospital render the attainment of such flexibility impossible. The narrow building configuration, the materials of construction, and the lack of space for access to mechanical services prevents the development of space which can offer flexibility available in new buildings constructed with new building systems. If these existing spaces were altered to meet new demands the result would be deliberate planned obsolescence. The cost of altering existing space for health related functions approaches that of the cost per square foot of developing new space for the same functions. Therefore, if sizable amounts of funds are expended to alter the existing building, it must be with full knowledge that this cost or more will be incurred again in the relatively near future to repeat the process.

## H SITE

The primary site problem is the inadequacy of parking space. Without the addition of any further facilities, at least 50% more parking space is required. If the hospital is expanded to meet the needs of increased in-patient care, this will increase the need for parking space proportionately.



The Planning Committee has proposed the development of a broad scope out-patient service. In any hospital complex, this service is the major traffic generator. When expanded service is provided at the hospital, it is not unrealistic to foresee the need of 2-1/2 to 3 times the present number of parking spaces. It is also important that these parking spaces be located to provide ease of access to controllable points of entry into the institution.

In summary, existing facilities are inadequate to meet the demands of a modern health center. Spaces are not of sufficient size and improperly related to each other and to their functions.

Numerous code violations immediately require alterations and/or additions. The form of construction of the existing buildings precludes effective alteration or the development of blocks of usable space of sufficient dimensions. These structures eliminate any possibility of achieving flexibility for the future. The demand causes excessive movement of staff and patients and added cost to the hospital consumer.

If the existing structure is altered to meet just minimum code and standard requirements, the resultant facility will not meet the functional space needs for present services and be far less than that required for expanded services.

If additions to the existing buildings are constructed along with general alterations to meet minimum space needs as well, the resultant total facility will still lack the organization and interrelationship of space necessary for optimum operations.

Finally, if the scope of additions and alterations are increased even further to effect total reorganization and expansion and provide optimum facilities, the cost will be as much as total new construction. However, there will be an appreciable loss of revenue due to interrupted services

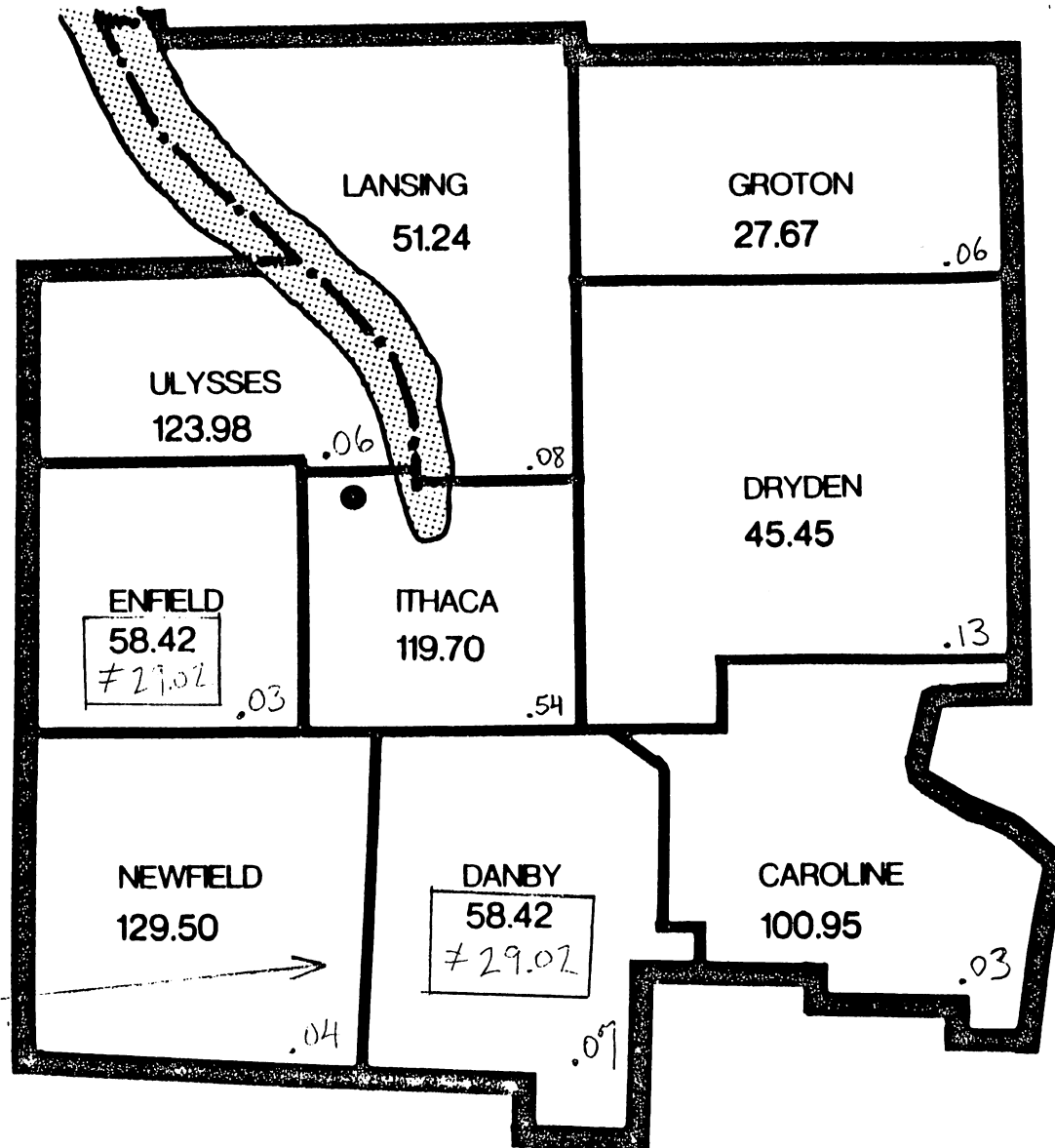


FIGURE 12

Percentage of Population in lower right corners

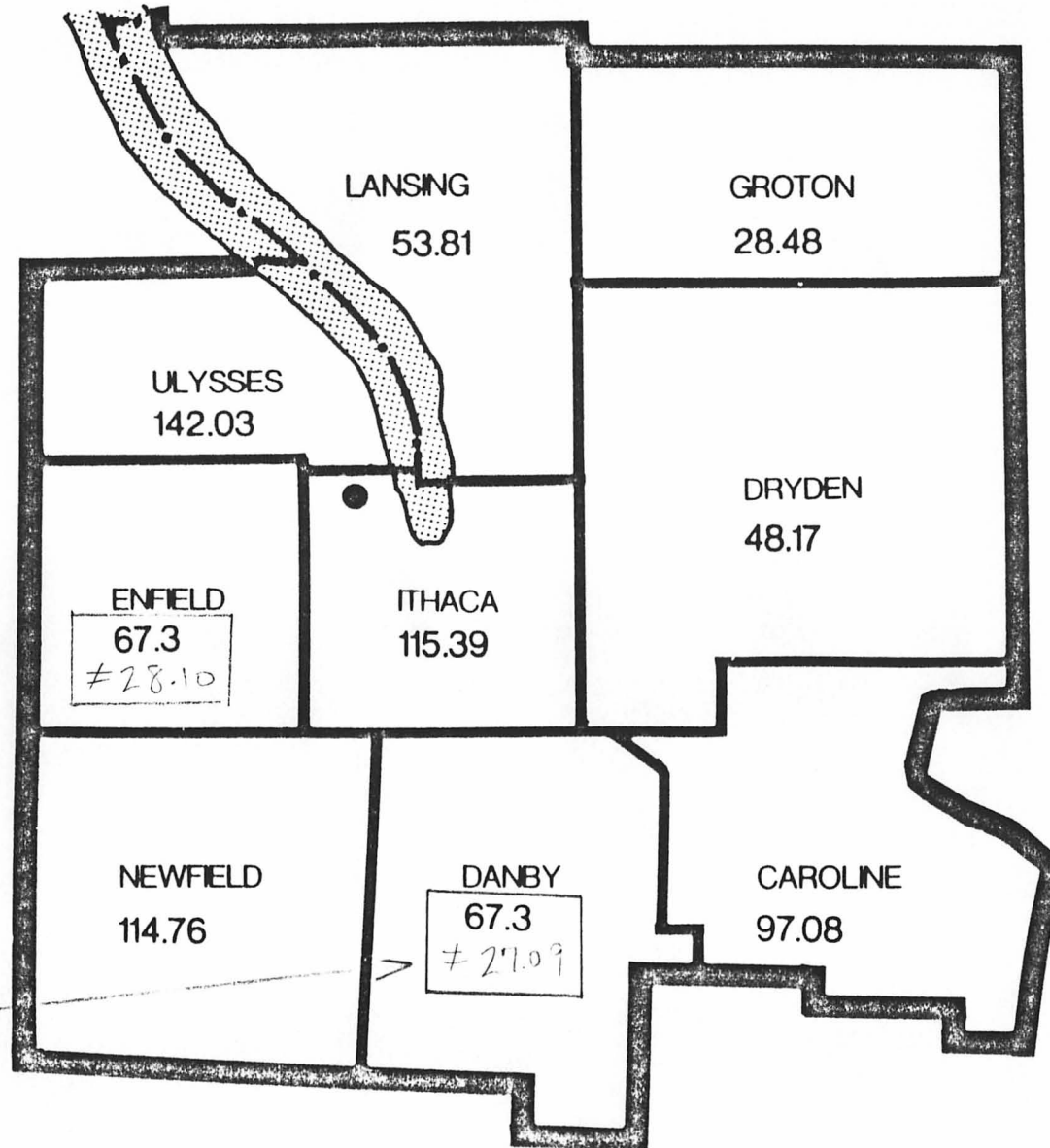


FIGURE 13

"MISTAKES"

1971 ADMISSIONS  
& % OF TOTAL ADMISSIONS  
TOMPKINS COUNTY

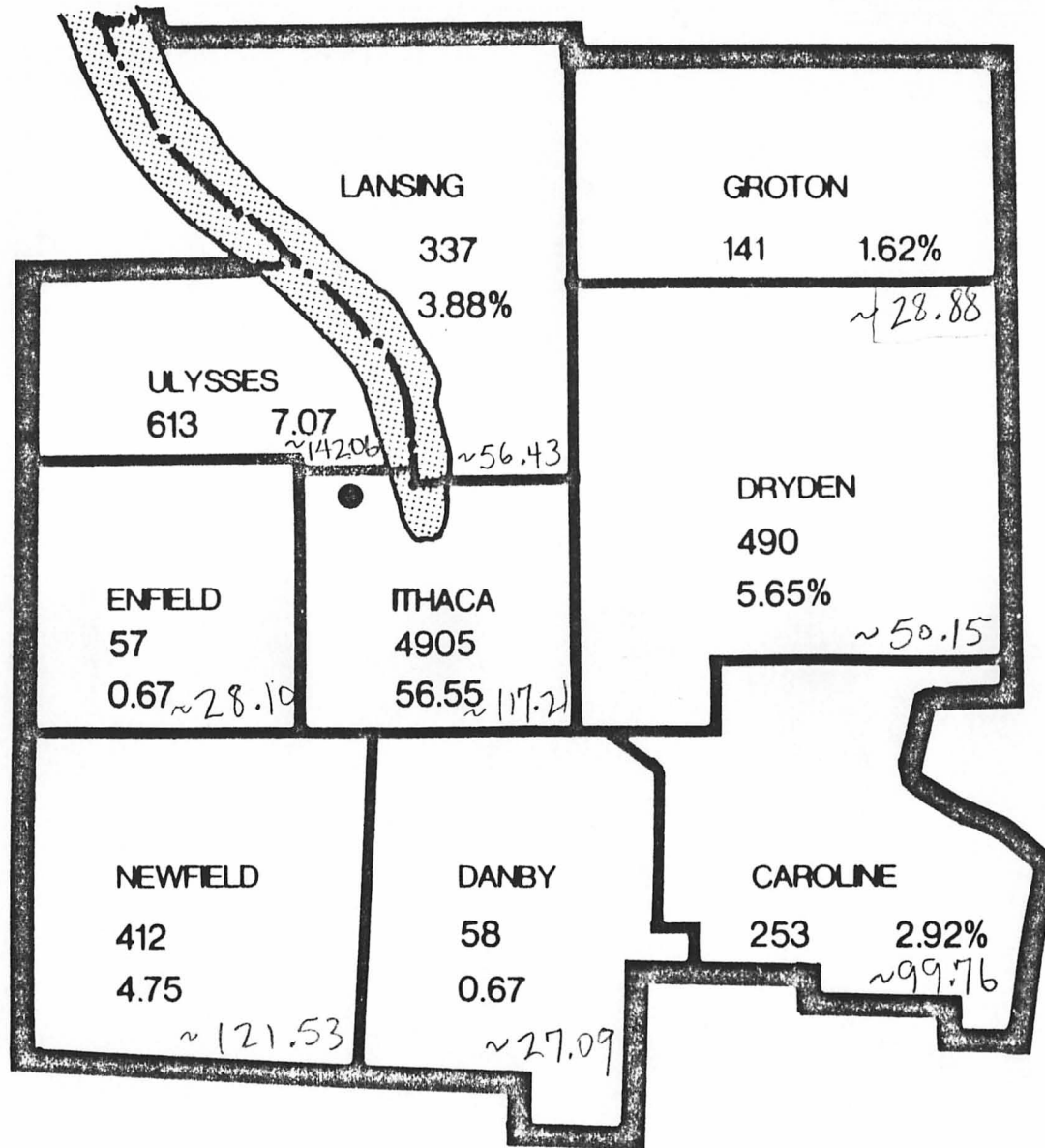


FIGURE 14

Admissions / 1000 in lower right corners

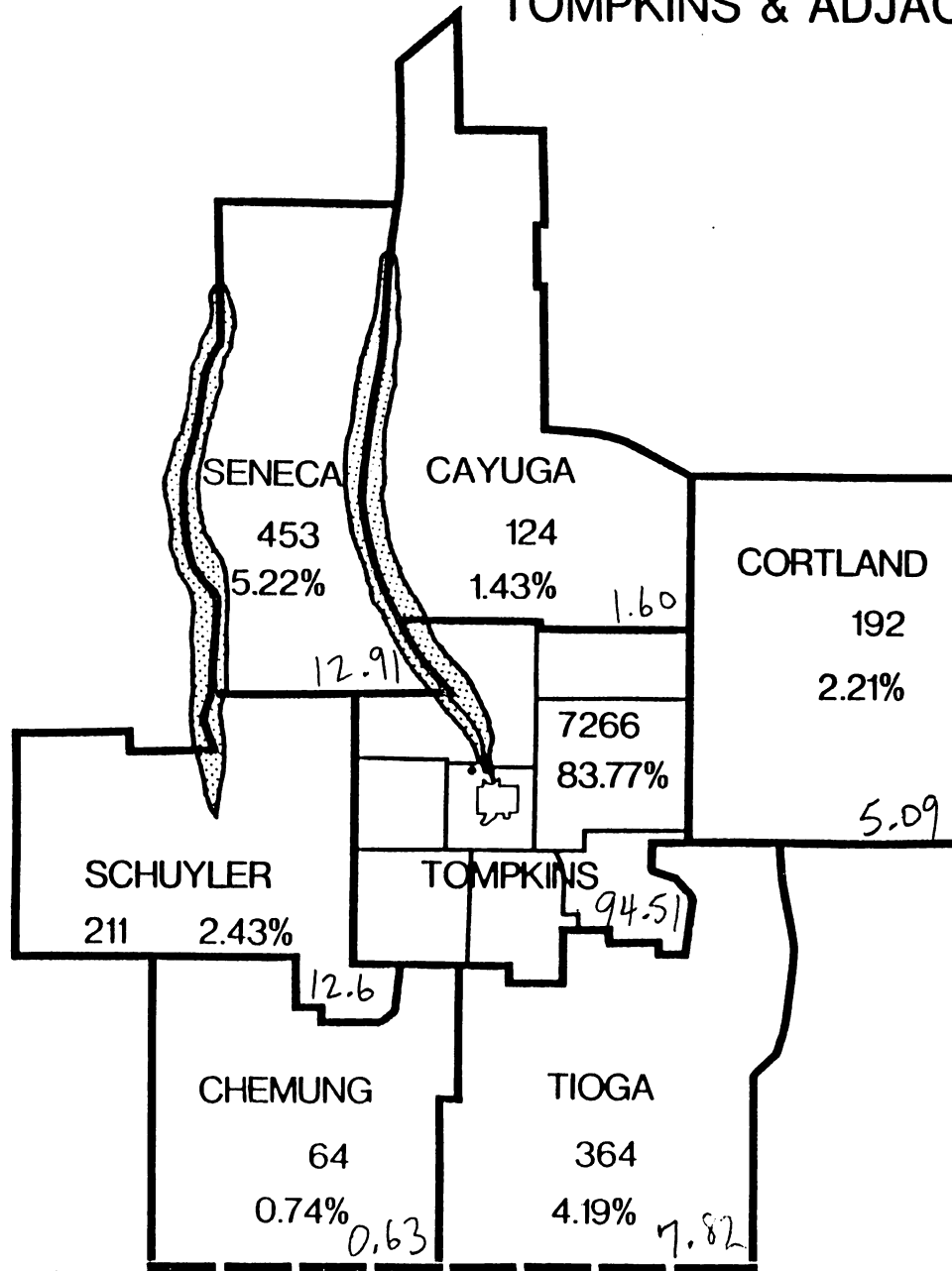


FIGURE 15

Admissions/1000 in lower right corners

ANALYSIS OF RESIDENCE OF PATIENTS ADMITTED 1970

	1970 Population	1970 Admissions	Admission Per 1000 Population	% Distribution of Admission
<u>Tompkins County</u>				
Lansing	5,972	306	51.24	3.40
Groton	4,881	135	27.67	1.50
Dryden	9,770	444	45.45	4.94
Caroline	2,536	256	100.95	2.84
Ithaca	41,846	5,009	119.70	55.71
Ulysses	4,315	535	123.98	5.95
Enfield	4,169	121	116.83 ≠ 29.02	1.34
Danby	4,169	121		
Newfield	3,390	439	129.50	4.88
<b>SUB-TOTAL</b>	<b>76,879</b>	<b>7,245</b>	<b>94.24</b>	<b>80.58</b>
<hr/>				
Cayuga County	77,439	124	1.60	1.38
Cortland County	45,894	234	.005	2.60
Tioga County	46,513	358	7.70	3.98
Chemung County	101,537	56	.0005	.62
Schuyler County	16,737	213	12.72	2.37
Seneca County	35,083	398	11.34	4.43
Other	-	363	-	4.04
<b>SUB-TOTAL</b>		<b>1,746</b>		<b>19.42</b>
		<b>8,991</b>		<b>100</b>

"MISTAKE"

FIGURE 16

## SECTION VII ANALYSIS AND PROJECTION

### A UTILIZATION

Projecting future activity of an institution as complex as a health center can be misleading and such projections are always subject to local factors which affect utilization. However, trends of utilization to date can be determined. The use of reasonable assumptions and the development of ranges of activity can establish the parameters of potential programs which can be accommodated in a flexible plan.

An analysis of admissions was done in order to determine the service area of the Tompkins County Hospital. (Figure 16) For 1970, a year for which accurate population statistics are available. This study indicated the following:

1. The town of Ithaca, as would be expected, is the greatest single source of admissions. The town, however, does not have the highest rate of utilization.
2. The residents of the towns in the South and West sector of the county utilize the hospital at almost twice the rate of that of the towns in the East sector of Tompkins County.
3. The residents of Schuyler and Seneca Counties significantly utilize Tompkins County Hospital.

A further analysis of utilization rates (Figure 17) shows the comparison of utilization in 1971 of the hospital by the population to the East and North of the line of division created by Lake Cayuga with that of the population West and South of that line. A significantly greater utilization is evidenced to the West and South. It is the conclusion of the Planning Committee that the true service area of the hospital includes the majority of Tompkins County, the Eastern half of Schuyler County, the Southern half of Seneca County, and the Northwestern sector of Tioga County. The reasons for such a configuration would appear

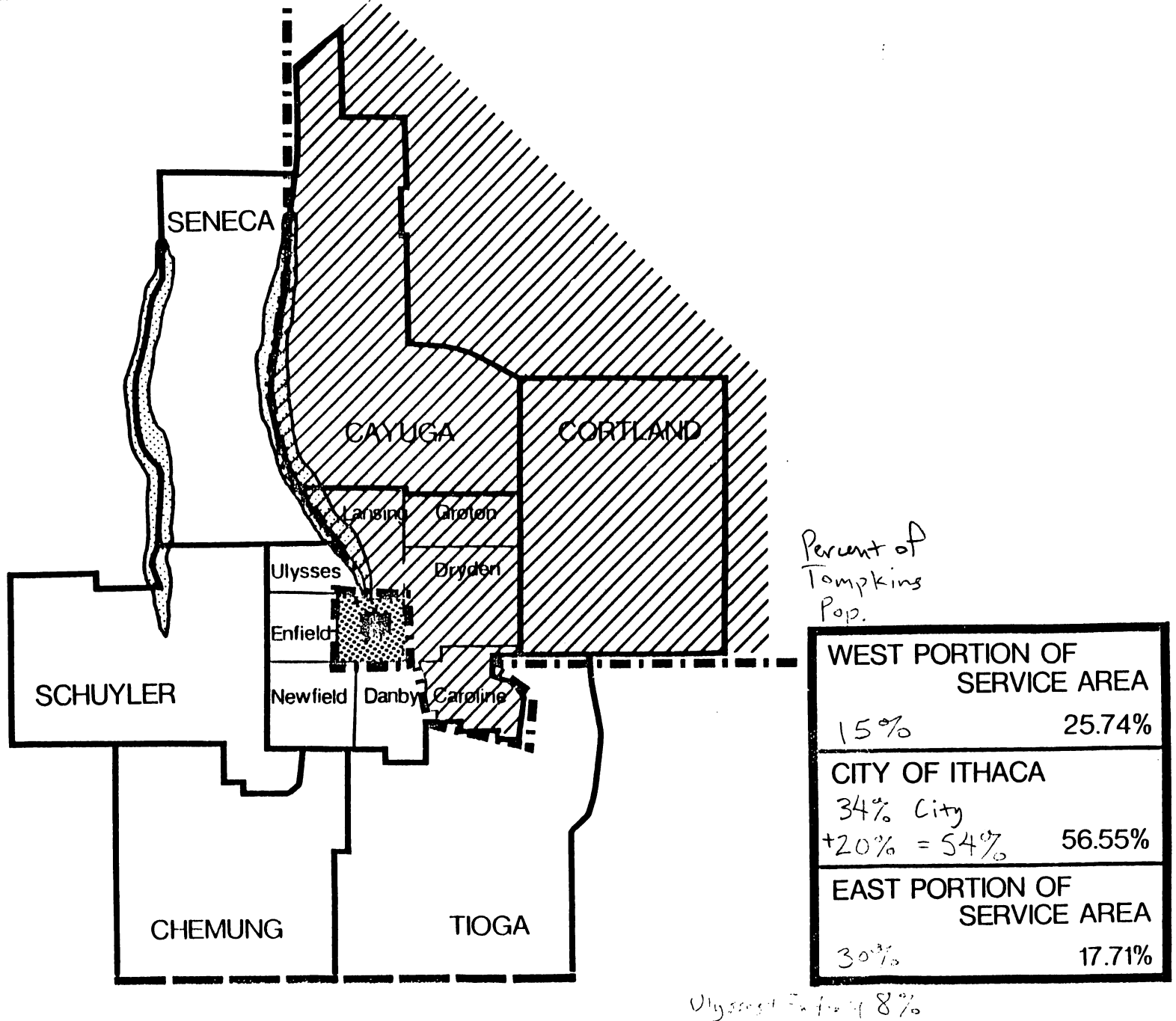


FIGURE 17



to be as follows:

1. The physical barrier created by Lake Cayuga. The lake clearly bisects the Northern section of Tompkins County requiring patients from the Northeast who utilize the hospital to travel South, through the city of Ithaca and then North to the hospital. This circuitous route inhibits the use of the hospital, particularly when other institutions may be more accessible.
2. The road patterns and ease of access. Roads through the County are of such location and grades to render other institutions more easily reached. Those residents to the East and North sectors of the County have far better roads with easier grades leading further Northeast than to the South and West. As noted before, to reach the hospital, the steep grade of Route 96 must be traversed, frequently in inclement weather. The route to the hospital also requires passing through the traffic in the city of Ithaca, a further deterrent.
3. The effect of the location of other health facilities in the region. The location of other area institutions and the definition of their service areas clearly supports the inaccuracy of delineating service areas as coincidental with political sub-divisions. (Figure 19).

The acute care facilities located in the Syracuse, Triple Cities, Elmira-Corning areas and Sayre, Pennsylvania are utilized by the population in Tompkins and adjacent counties primarily as referral centers for types of care and services not available at Tompkins County Hospital. They are all within 45-75 minutes of the center of Tompkins County by automobile.

The development of facilities at some of the institutions has had an impact on the utilization of Tompkins County Hospital by its service area population.

There has been a noticeable reduction in utilization by Tioga County residents. A study of patient source at the Robert Packer Hospital shows that they have drawn an increasing volume of residents from Tioga County during the last eight years probably due to their

expanded medical staff and facilities. The completion of Route 17 as a major arterial has enabled easier access to the Binghamton area institutions for residents of the Southern half of Tioga County with a subsequent increase in utilization in this direction.

There has been a reduction in utilization of Tompkins County Hospital by residents of Seneca County due to expansion of facilities and programs at the three hospitals located near or in the Northern half of that County: Geneva General Hospital, Taylor-Brown Memorial Hospital and Seneca Falls Hospital.

Tompkins County Hospital, however, provides an important share of the inpatient care for residents of Schuyler County. Facilities at Schuyler Hospital are minimal. The physical boundaries created by Seneca Lake and the ridges of hills to the South of that county make Tompkins County Hospital the preferred source of care.

It seems clear that the location of Cortland Memorial Hospital has the greatest impact on the delineation of the Tompkins County Hospital service area of all of the surrounding area institutions. Analysis of their residence of patients admitted shows a high rate of utilization by residents in the towns of Groton and Dryden in Tompkins County. For the residents of these towns Cortland Hospital is more easily and quickly reached.

The Planning Committee feels therefore, that presently and contrary to previous studies, the service area of the Tompkins County Hospital does not coincide with the geographical boundaries of Tompkins County but includes significant areas of adjacent counties.

## B REGIONAL CHARACTERISTICS

The characteristics of the geography and population of the region in which Tompkins County Hospital is located, relates to and affects the future of its development. The location of urban centers, the development of arterials and secondary roads and the limitations of geography are those factors which appear to have the greatest effect on the past history of the hospital and will continue to do so in the future.

Primary population growth in the Central New York area has been along the paths of the major arterials; the New York Thruway running East and West in the North, Route 17 running East and West to the South and Route 81 running North and South through Cortland. This has had only a peripheral effect on the Tompkins County Hospital resulting from de-urbanization of major centers to locations along these arterial routes.

Of greater importance are the secondary population shifts and movements relating to geographical factors and road development within the county and adjacent counties.

A review of the population statistics for the last decade and the projections for the next two decades show that in Tompkins County the development of Route 13 has been of primary importance.

The second major factor is the de-urbanization of the City of Ithaca with the major increase in population occurring within the Town of Ithaca.

An analysis of population figures (Figure 20) shows that the growth during the decade from 1960 - 1970 was less than originally projected by area and state planners. Total County population during this period increased by 16%. The towns of Lansing, Groton, and Dryden increased population by 23.5%. The towns of Danby, Caroline, Enfield, Newfield and Ulysses increased by 17.6%. The town of Ithaca experienced a 72% increase in population while the city of Ithaca decreased 8.8%.

Projects for population growth of Tompkins County display the following picture:

1. The growth of total population in the County over the next two decades is projected to be 16% of the 1970 population.
2. The distribution of this growth indicates that the trends of development should be similar to that experienced in the 1960's but at a much slower rate.

### POPULATION AND POPULATION PROJECTION

Town/County	Population 1960	Population 1970	% Increase 1960-1970	Projected Population		% Increase 1970-1990
				1980	1990	
City of Ithaca	28,799	26,226	-9	24,227	21,901	-16
Ithaca	9,072	15,620	72	21,721	25,271	61
	37,871	41,846	9	45,948	47,172	12
Lansing	4,221	5,972	29	7,518	8,423	41
Groton	4,469	4,881	8	4,761	4,548	-6
Dryden	7,353	9,770	24	11,445	12,382	26
	16,043	20,623	28	23,724	25,353	22
Danby	2,059	2,141	3	2,339	2,358	10
Caroline	2,118	2,536	19	2,840	2,948	16
Enfield	1,573	2,028	28	2,339	2,527	24
Ulysses	4,307	4,315	0.18	4,177	3,874	-10
Newfield	2,193	3,390	54	4,511	5,306	56
	12,250	14,410	17	16,206	17,013	18
Tompkins Co.	66,164	76,879	16	85,878	89,538	16
Schuyler Co.	15,044	16,737	11	18,635	21,809	30
Seneca Co.	31,984	35,083	9	37,513	40,937	16

FIGURE 20

3. Generally speaking, the rate of growth projected for the period 1970 - 1990 is approximately half of that experienced during the period 1960 - 1970.
4. The projections indicate that the shift of population to the East half of the County will continue but at a much slower pace than experienced during the 1970's.
5. The pattern of de-urbanization will continue.

Also of importance to the future of Tompkins County Hospital is the projections of population growth for two of the adjacent counties, particularly Schuyler and Seneca County. During the period of 1950 - 1970, minimal growth was experienced in both of these counties, much less than in Tompkins County. The projections of growth, however, indicate that Schuyler is expected to grow significantly with an increase over the period of 1970-1990 projected at 30.3%. The projection of Seneca County approximately 16.7% over the next two decades.

The effect of these growths and shifts in population within the County and adjacent counties were analysed to determine how they will contribute to demands which will be placed upon the hospital. The projection of utilization rates for these areas in the 1980's indicate the following:

1. Utilization rates can be expected to increase proportionately in each of the sectors of the present service area of the hospital.
2. The shifts and increases in population should not affect the delineation of the hospital service area as long as other area hospitals continue to develop facilities at a commensurate pace.
3. The shift of population from the Western sector of the service area to the Eastern sector will not be sufficient to radically effect the delineation of the hospital service area because it will be balanced by population increases in adjacent counties. It is possible that there may be a more even division of utilization but it does not seem possible that there will be greater utilization to the East than to the West.

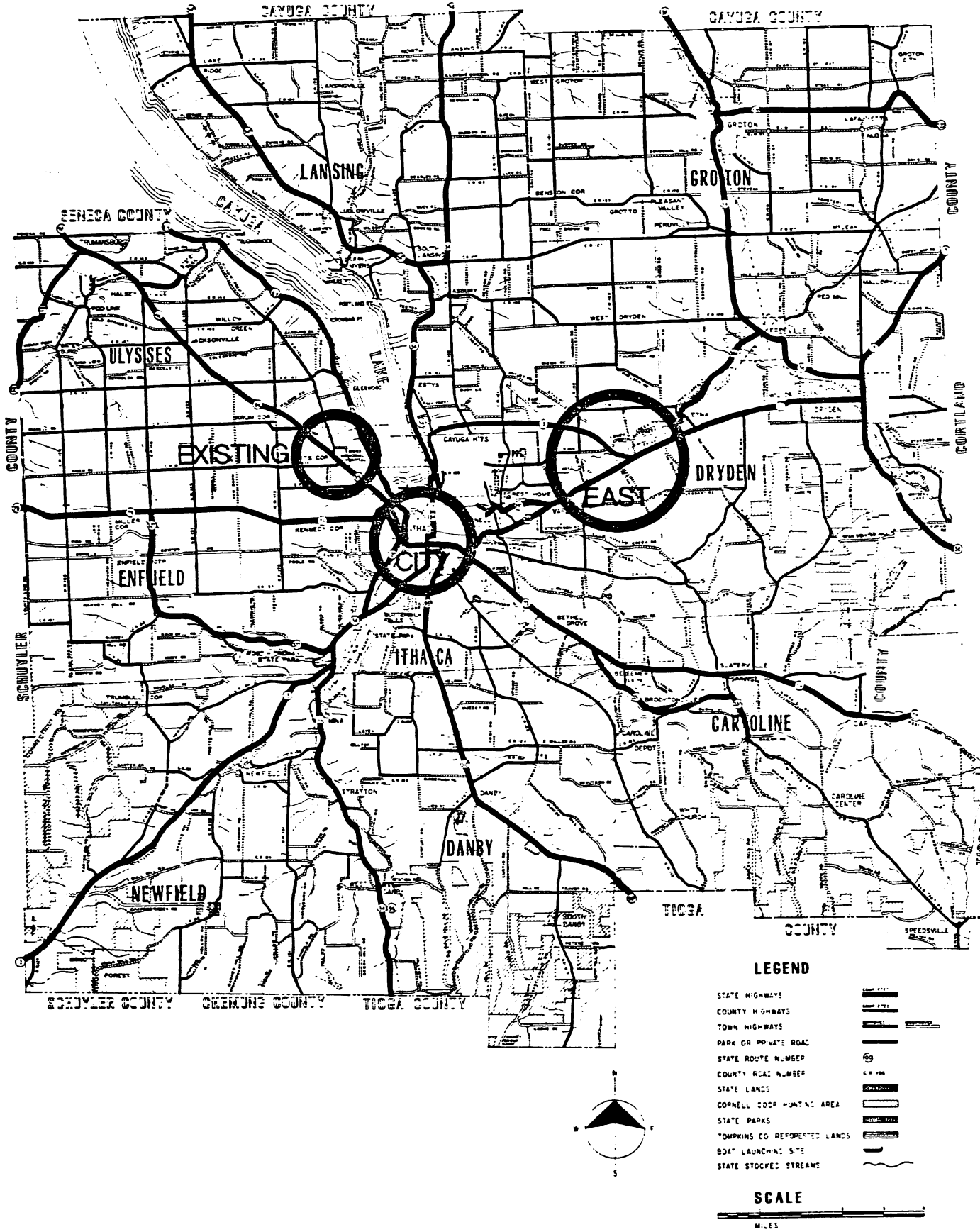


FIGURE 60

## SECTION VIII LOCATION

In evaluating the location of the hospital consideration was given to the following factors; types of care to be provided; character of population to whom care is to be given; and location of population groups. The three groups of population (urban, suburban and rural) each present different types of needs and problems relative to the delivery of health care. One factor common to all of these groups is ease of access to locations at which care is to be provided.

The hospital proposes to develop a comprehensive, coordinated health care system providing both out-patient and in-patient services. It would be expected that the majority of out-patient services would be provided to a largely ambulatory group with a small sector of that group being incapacitated to some degree. In-patient services at the hospital, since they encompass emergency room service and diagnostic services, would be provided to both ambulatory and non-ambulatory patients.

As noted previously in the outline of the proposed Rural Health Care Program, attention has been focused on the problem of access to health care services, particularly for the rural areas where neither personal nor public transportation may be available. This obviously is a very difficult problem and relates to the very large, predominantly rural section of the service area. The location of a hospital accomplishes little to solve this problem since the range of potential patient locations is so great that any existing or new location will involve the same degree of difficulty of access. Further planning is vital and must continue and this has been outlined previously. It would seem obvious however that the location most central to all of the rural sections of the hospital service area is desirable.

The "suburban" population is largely dependent upon the automobile for access to the hospital. Within this group there are those who will require assistance in gaining access to any part of the care system. Providing for this presents

the same problem noted for the rural population.

The location of two primary care centers will relieve this situation to some degree in eliminating the necessity of East to West movement and vice versa. The problem, however, will still exist for patients seeking emergency in-patient and out-patient services of the main hospital if it were located at the same site.

The present location of the hospital is poorly related to the greatest suburban concentration because of the difficulty of access to the West side of the lake from the city of Ithaca.

The urban population relies on public transportation of some type for access to care. This area is the greatest source of patient volume and will continue to be both for in-patient and out-patient services. Bus transportation had been provided from the city of Ithaca to the hospital site but was discontinued due to an apparent low utilization.

An analysis of use (Figure 59) of this bus service indicates that although it operated at a financial loss and required subsidization, it did transport almost 23,000 persons per month to and from the city to the hospital. The development of a primary care center at the hospital will create a sharp increase in patient movement to and from the site to the city. The need for a transportation system from the city inter-connected to other in-city transportation will be critical wherever it should be located other than in the city itself.

Three potential general locations of the hospital were considered: (Figure 60)

1. Present location (Existing)
2. A new location to the East of Lake Cayuga near Route 13 (East)
3. A new location in the city of Ithaca (City)

The following is an evaluation of each of these three sites relative to those planning factors which are pertinent:

#### A. RELATIONSHIP TO SERVICE AREA

The delineation of the present service area and the projected service area



indicates that the center of this area lies somewhere in or west of the city of Ithaca. Despite the views of many in the community, because of the relationship to other existing health facilities, the service area for the Tompkins County Hospital is and will remain related to the majority of Tompkins County and those counties immediately adjacent to the West and Northwest. Projections of population trends, although indicative of a shift of population to the East part of the county, still do not validate a major re-identification of the hospital service area further to the East.

The existing location of the hospital is centrally located in the service area. The East location would not be and would transpose the current access problem of patients from the Eastern half of Tompkins County to the hospital to the patients located in the Western half of the County. This group would now, in reverse, have to transit the city of Ithaca and circumnavigate the Southern end of Cayuga Lake to gain access. The long-range planning committee feels that despite the fact that a good share of the service area is outside Tompkins County, it is still the responsibility of the hospital to provide care services, particularly for the rural residents in Seneca and Schuyler County who rely on the hospital at the present time.

An in-city location could conceivably provide as easy access for these patients and on this basis must be ruled as acceptable insofar as its relationship to the service area is considered.

In summary, particularly in relationship to the hospital service area, the existing site and the city site are central to the area, the East site is not central and would impose a hardship on what will be a good share of the population served.

↑ [ < 15% of Admissions — see Figs 14 & 15. ]

B ACCESS

Each of the sites presents specific problems of access. The existing hospital location has been and will remain a difficult site for access from the Northeast and Southeast sectors of the service area. A long, steep grade on Route 96, particularly during periods of poor weather, represents a real obstacle. The position of Cayuga Lake and the Inlet requires movement down and through the city of Ithaca for residents of the Northeast section. For those to the West of Cayuga Lake and the counties located West and Northwest of Tompkins, access is relatively good.

The East location would improve access for all of those to the Southeast and Northeast sections of the service area. A location near the Route 19 bypass would certainly be the best position for road access anywhere in the county. It should be pointed out however, where this would improve access for half of the service population, it would present a problem of access for those located to the West and Northwest. As pointed out before, it is still expected that this group will represent a slightly higher utilization population than that in the East. [ < 15% of admissions ]

The in-city location for all intents and purposes should be the most easily attained by all of the population groups and certainly represent the easiest location for access for the residents of the city and town of Ithaca which are the highest consumers of hospital services. There are other obvious problems of access for an in-city location related to traffic congestion, travel routes and the multiplication of traffic problems created by a hospital which is a major traffic generator.

A solution has been offered for access to the existing hospital site.

The recent publication of the statewide Master Plan for Transportation in New York (pre-hearing draft) issued by the New York State Department

of Transportation includes the development of the Route 96 connector to the Route 13 bypass. This road would extend from the present Route 13, in the city of Ithaca, cross over the inlet and proceed on the West side of Cayuga Lake to a location just past the existing hospital site. It is intended to be a four-lane, divided road with a much gentler rate of ascent than the present Route 96. Its access to the hospital would be on the East side of the existing site rather than the West side as is the case with the present Route 96.

Discussions with officials of the Regional Office of the Department of Transportation indicate that in order to insure the quickest possible construction of this spur, local authorities must put pressure upon the Regional Office to make application to the Federal Government prior to July of 1973 for Federal funds for its construction. If this application can be made to meet such a schedule, it is conceivable that the spur could be under construction as early as 1977 but not later than 1981. It

is the feeling of the Planning Committee that every effort must be made on the part of local community to promote, aid and abet the construction of this road if the existing hospital site is to be retained.

#### C AVAILABILITY TO LAND

The existing hospital site encompasses about 184 acres which is more than adequate for any possible use that can be foreseen for a future major health care center.

If a parcel of land is sought for an East location, a minimum of 25 acres would be necessary to allow sufficient expansion room in the future for the development of a health center offering a broad spectrum of care facilities. One must assume at this point that this amount of acreage would be available with accessibility to Route 13 as required. If this were pursued it will be the responsibility of a committee to seek such a site.

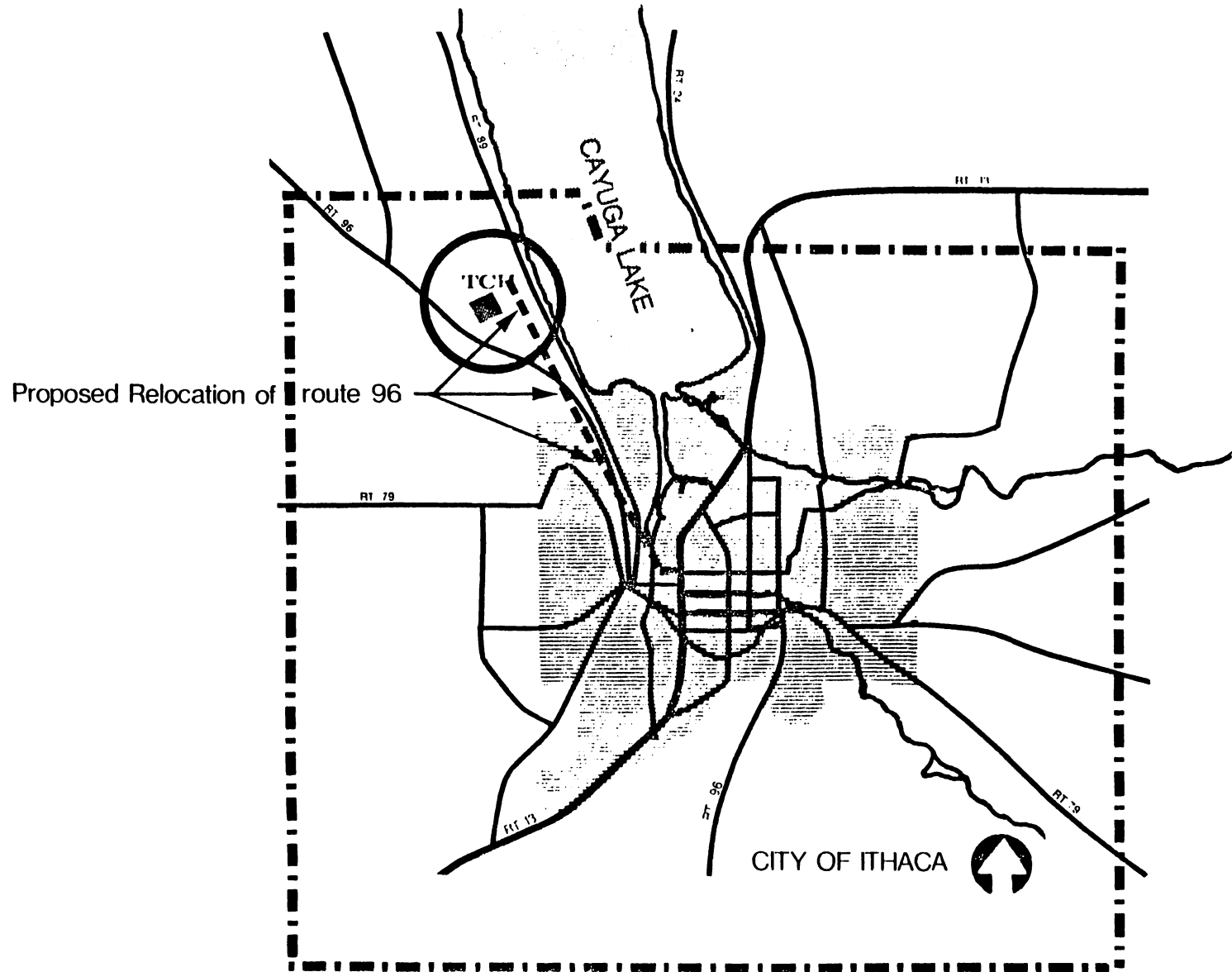


FIGURE 61

A city location would present obvious problems. Most institutions located in urban areas have suffered the agonies of insufficient land. If the community decided to seek a parcel of sufficient acreage within the city limits to provide for expansion in the future and sufficient parking at the present, it is obvious that a fairly large piece of property would be eliminated from the tax rolls of the community. Considering the loss of revenues that the city has experienced because of the trend toward de-urbanization this would represent a severe added blow to the city's economy. If a smaller parcel of land than ideally required was obtained it would be necessary for the hospital to consider the construction of multi-level parking facilities to meet the parking needs. It has been shown in cities of much larger size with more acute traffic and parking problems that parking facilities are very difficult to develop on a self-financing basis. It is a reasonable assumption that such a facility in Ithaca would not be self-financing and would require subsidized operation. Further penalty can be paid in the cost of construction of such a facility and the lack of freedom and planning that a limited urban site would mandate.

#### D UTILITIES

The existing site offers some real advantages in terms of mechanical services and utilities. On the present site is an existing central heating plant consisting of two high pressure steam boilers. The boilers and their associated equipment are all new and are in excellent condition. Provisions were made in the design of the existing plant to add a future boiler if required. These boilers are large enough to handle a 40% increase in load and still have the 75% standby capacity required by code. With this spare capacity there are no problems in terms of heat generation.

An existing water chilling unit is located on the site which serves sections of the existing hospital. This equipment is new and provisions have been made for future chill units. A duplicate chiller is located in another building on the site which is interconnected so that standby capacity is available. This present capacity can accommodate approximately one

hundred thousand square feet of area. If added facilities were developed, more chill capacity would have to be provided. The basics for a system however, are installed and in excellent condition.

Existing hospital site is presently supplied by two feeders tied to the New York State Electric and Gas Corporation, 4800 volt overhead power line. Primary master metering and transformation take place at the power company pole. Two alternate sources of power for a hospital site are highly desirable and represent an advantage for this particular site. The on-site distribution equipment needs replacement but would be accomplished as part of any building program.

The size and available pressure of the present water main and gas service located on the existing site are adequate for the foreseeable demands of the hospital.

At the present time, the existing site is served by an existing 10" sanitary sewer. From the campus the sewer flows through part of the Town of Ithaca to the City of Ithaca. We have not investigated the sewer loading for the in-city part of the system but for that part investigated, the line's capacity is adequate for present and future development.

A new site located in the East, may or may not be provided with utilities as required for the development of a main hospital campus. Until such a site is elected, it cannot be determined if two alternate sources of electric power or if gas service or water is available. There are some areas where utilities of capacity required are not presently available and would have to be made available and potentially represent an additional cost to the development of that site. It is more than probable that sewer capacity to accommodate the loads generated by a major health campus is not available and would have to be installed to intersect some existing system located to the East of the town of Ithaca. It is obvious, however, that complete new heat and chill water generating plants would

have to be built as part of a new health campus development.

In evaluating a site located in the city of Ithaca, one must assume that the basic utilities required are available in sufficient capacity since these services are generally located throughout the city at the present time. The location of a particular site would require further analysis to validate this statement. However, for the present, it appears to be a reasonable assumption. As in the case of the East site, a total new heat and chill power generating plant would have to be built as part of the development of a new facility.

#### E RELATION TO OTHER AGENCIES

The existing site has the marked advantage of also being the location of the Tompkins Community Departments of Health and Mental Health, both of which have a close working relationship with the Hospital. Within the context of the proposed Tompkins County Rural Health Proposal, coordinated activity of these agencies is vital. Physical proximity will promote a vigorous and active interaction.

Potential exists in the re-use of any space in existing buildings which may now or in the future be vacated by the hospital for occupancy by other inter-related health or psycho/social service agencies.

A site located in the East would generally be removed from all other agencies which would have a direct working relationship with the Tompkins County Hospital particularly within terms of a comprehensive health system.

A site located in the city would be closer and certainly more accessible to the other governmental offices and private agencies but would not offer advantages of the existing site in this respect.

#### F SITE GEOLOGY

Without the benefit of having specific sites to evaluate, one must make the assumption that in an area such as Central New York and particularly

Tompkins County that a wide range of sub-surface conditions can be encountered in almost any location. It cannot even be assumed on the existing hospital site that the construction of a new facility immediately adjacent would encounter the same sub-surface conditions as the original building. Therefore, the only assumption that can be made at this point is that some degree of difficulty with sub-surface conditions will be encountered in almost any site but that it would be a relatively minor factor in an overall construction program.

G COST

If the existing site is utilized for the development of new and expanded hospital facilities, no further expenditure beyond that of the normal construction program of the facilities will be required with the possible exception of either alteration of or adaptation to the existing facilities themselves. Major savings can be effected since heat and chill water generating facilities will not require complete new construction.

If a facility is developed on the site to the East, there is a reasonable assumption that new sanitary sewer systems will have to be installed. New heat and chill water plants will have to be constructed and land will have to be purchased.

If a new facility is developed within the city of Ithaca, slightly less construction costs would be encountered because of existing sanitary sewers would be available. However, it is reasonable to assume that the cost of construction itself will be slightly higher. Of the three sites, the cost of land acquisition would be the greatest and conceivably prohibitive.

It is our estimate that by constructing new and/or expanded facilities on the existing site rather than to the East or in the city that of savings estimated at between \$500,000 and \$750,000 can be achieved.

↑↑  
The Bottom Line:

-76-  
Save \$ .75M, Spend \$15M (OPM) on 96 to provide  
INFERIOR ACCESS!



The Committee recommends the following :

1. That the existing site be utilized for the development of new facilities for Tompkins County Hospital and for the development of the West Out-patient Primary Care Center.
  2. That the community and the area planners take every possible step and exert every measure of pressure to effect funding and construction of the proposed Route 96 spur connection to Route 13.
3. That the urban surface transportation system be extended to provide regular service from the city to the hospital site; from such location in the city as will permit interconnecting and transfer to and from all existing route lines.



**A RESOLUTION PROPOSED FOR THE CONSIDERATION OF  
THE COMMON COUNCIL OF ITHACA,**

*Regarding both the impending global climatic crisis  
and the domestic transportation crisis:*

IN VIEW of the high probability of a global catastrophe resulting from increases in levels of carbon dioxide and other "greenhouse gases" in the atmosphere, the bulk of which are by-products of a heavily subsidized road transportation system,

WHICH after 70 years of ceaseless expansion is still incapable of handling the traffic demands it generates through promoting inefficient and inequitable patterns of land use,

LEADING to a national transportation crisis, in which highway congestion has stalled travel in almost every city of the United States:

BE IT RESOLVED BY THE COMMON COUNCIL OF THE CITY OF ITHACA,  
THAT:

(1) We shall convey our sense to the New York State Department of Transportation, that it should abandon all plans for further highway construction in New York State, including the Route 96 proposals;

(2) We shall urge the State of New York and the Federal Government of the United States to direct their Departments of Transportation to direct their efforts toward developing systems of transportation which minimize emissions of carbon dioxide and other greenhouse gases;

AND

(3) We shall further urge the State of New York and the Federal Government to adopt a policy of charging those who benefit from transportation systems the TRUE AND FULL COST of the services provided; including NOT ONLY the cost of roads, bridges, maintenance, traffic regulation, and administration, which should be distributed to local governments to offset the burden taxpayers-at-large have borne for the purpose of subsidizing commuters and shippers; BUT ALSO a PREMIUM to compensate for the deadly effluents produced in the construction and operation of these systems, which should be dedicated to offsetting the impact of these effluents by funding transportation research, reforestation, and other appropriate means.

If you wish to help promote this resolution, call Kevin Eric Saunders: 607-273-6552.

**TRANSPORTATION: OR, HOW THE COOKIES CRUMBLE WITH GOVERNMENT INTERVENTION**  
Kevin Saunders, 1973 (Telluride Association Summer Program Application essay)

The quality of American transportation has recently been subjected to a great deal of criticism, and this criticism is expected to become even more popular in the passage of time. It is our opinion that the root of these transportation problems has been ignored, and that continued ignorance will result in even greater problems.

First one must remember that transit by means of roads has traditionally been a concern of the federal government. Our present federally-funded state highway system was conceived in 1916, and has been federally co-ordinated since 1921. The Interstate Highway System was created in 1956 with the passage of the Interstate Highway Act, in order to "further the national defense" and to "encourage interstate commerce." Since then American transportation has been dominated by the highway and freeway systems which span the continent and girdle the cities.

Another federal concern has been the regulation of commercial transportation, to prevent the "gouging" of the customers of transport concerns. Since the passage of the Interstate Commerce Act government regulation of the industry has been constantly expanded in size and scope and now covers its every aspect.

The last major government activity affecting transportation is the levying of property taxes. This is significant (although local) because railroads are the only segment of the industry which must pay property taxes on their right-of-way, due to the fact that only the railroads own their own right-of-way. All other transport facilities are under government ownership (thus tax-exempt), resulting in a considerable inequity of competition.

The establishment of the Interstate Highway System was largely responsible for the creation of urban freeway systems, by allowing the cities to pass on 90% of the construction bill to the federal government. This relieved the cities, to a large extent, of the burdens of raising tax monies and/or floating bond issues, and the concomitant difficulty of both—taxpayer approval. (Besides—it's free! All free!) As a result of this, most of the Interstate Highway traffic has been local in nature, and more efficient mass transit systems have been abandoned.

This is the aspect of the highway system which has eluded many observers: the hidden costs of this system. When the federal government began funding highway systems, motoring was used largely for short-haul runs with a low passenger or freight density along the route traveled. In this type of situation, automobile travel is fairly efficient. With the federal funds, however, road systems expanded and improved in quality, and therefore attracted more traffic. As road construction and maintenance are funded by user's taxes, more money was available for road building. Traffic increased. Funds again increased. Soon congestion became a problem, so more funds were expended, to enlarge urban road systems, which expansion again encouraged more usage of these systems. Those employing the systems figured that they were economizing by making more use of their car, and that at any rate, automobile travel was more convenient. When automobile travel become inconvenient, the obvious solution was to build more roads and parking lots to accommodate the ever-burgeoning automobile growth. Which attracted traffic, which increased funds, which... soon everybody would be driving, and that wonderful convenience would be compensated for by the traffic jams. And where was that economy? An illusion at 12 cents a mile, with rail travel at 4 cents. Remember that road right-of-ways are tax-exempt, so that the 12 cents per mile figure would be ludicrously low in a competitive situation. With cities dying for lack of revenue, up to half of any given urban area is tax-exempt pavement. With a cumulative toll of 1,600,000 lives since 1900, and inestimable financial, social, and environmental costs (60% of all air pollution is caused by automobiles; no-one has bothered to compile statistics for related activities), the highway system seems to be a pretty dismal failure.

In the field of government regulation, it is estimated that uncalled-for regulation causes a loss of approximately \$10 billion a year in the transportation industry. There should be no need to elaborate upon the causes of wasteful regulation, as it is rather well known that the tendency of any entrenched bureaucracy is to expand its domain. This has happened, and at the expense of economy.

Property taxation has probably been one of the largest problems in transportation. The only transportation concerns subjected to property taxes on rights-of-way are the railroads. In addition only the railroads are expected to construct and maintain their own rights-of-way: highways and air terminals are provided gratis to the truck, bus, and airline businesses. Railroads pay some \$300 million in property taxes each year, and face subsidized competition. It appears that federal ownership of rail rights-of-way (once proposed by William F. Buckley Jr.) is to be the solution, and is being considered as a cure for the Penn Central's woes. This eliminates the tax problem, but leaves the way open for government mismanagement, and would seem to stifle expansion of the rail system.

It should be fairly apparent that at the root of our transportation problems lies government intervention in commerce. This intervention has been responsible for the adoption of an inefficient mode of mass transit nationwide, and has stifled competition which would benefit the consumer, besides abetting further government intervention in other areas. We contend that a re-examination of the government's role in transportation is called for.

As for what policies should be adhered to in the light of the difficulty of achieving government disengagement without considerable economic dislocation, we regard a policy of gradualism as being the most palatable. All funding for local highways not actually under construction should be terminated. Several urban expressway projects near completion have already been abandoned due to a reconsideration of transportation policy by city governments. Efforts should be made to convince governments of the disutility of expressways, when funds are committed to such projects not yet being built. To complete the remaining third of the Interstate System in the knowledge that the system is practically useless would be foolish, despite the considerable investment already made. The eventual goal of the government should be the sale of all major roads into private hands during the next quarter century, with a gradual letup of maintenance on all unsalable roads to discourage their use. Airports should be sold also, as soon as possible. There should be a concurrent decontrolling of the industry, taking effect over about five to ten years. These measures would help bring the modes of transportation back into their proper equilibrium, with the ultimate say belonging to the consumer. Nothing could restore satisfaction with American transit systems more quickly or satisfactorily.