

Case # 0654736

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September 8, 2011

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Honorable Mary O'Dowd, Commissioner
State of New Jersey Department of Health
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INFORMATION AND COMMENTS
OF
WESTWOOD TAXPAYERS ALLIANCE

Re: Application for Certificate of Need by HUMC-North

Dear Commissioner O'Dowd:

Please be advised that we represent the Westwood Taxpayers Alliance (the "WTA"). It is comprised of approximately 30 taxpayers, businesses and/or residents who reside or do business within the Borough of Westwood or in nearby municipalities.

A. BACKGROUND

The Borough of Westwood is currently undergoing a six-year examination of its Master Plan with a view towards analyzing and reviewing zoning and land-use throughout the Borough. Our group has taken positions on the uses in the zones and proper land use planning, including in

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particular, the existing H Hospital Zone and the surrounding HSO Health Services-Office Zone (which has supporting uses for any hospital permitted in the H Zone). As a result of that review and the submission of information to the Westwood Planning Board which is considering land use and zoning in the area, we have studied the issues involving the hospital and support uses primarily for purposes of making a recommendation to the Westwood Planning Board and the Borough of Westwood.

We thought it appropriate however to provide you with our comments with respect to the Certificate of Need Application which we understand is pending with the New Jersey Department of Health by the Hackensack University Medical Center (sometimes hereinafter "HUMC"). Please note that our comments relate to any operation of an acute care facility in the H Zone in the Borough of Westwood, and the location of a hospital at the former Pascack Valley Hospital (sometimes hereinafter "PVH") site, whether operated by HUMC or any other hospital or hospital group.

Please note that we do not represent Hackensack University Medical Center. It is represented by separate counsel. This letter should not be construed as representing HUMC or representing any of their positions or arguments.¹ These are the positions and information which my client, the WTA, wishes me to advise you of so as to assist the Department of Health in making an informed decision on the pending Certificate of Need Application relating to the

¹ Please note that our firm was previously special land use-zoning counsel for the Pascack Valley Hospital, and also special land use-zoning counsel for PVH in the bankruptcy proceedings. Also, we wish to disclose that HUMC is one of the 30 members of the group we represent. Because of their involvement, they have not voted on the submission of this letter. This letter therefore represents the position of the WTA and it may conflict with or vary from the position of the HUMC as expressed through its counsel.

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reopening of an acute care hospital facility in Westwood at the site of the former Pascack Valley Hospital. Our office does not handle Certificate of Need Applications with the Department of Health. We are only providing general information concerning the "need" not only in Westwood, but in the surrounding communities, based upon the individual and collective experience of members of the WTA who represent a diverse cross-section of residents, many of whom are also business and commercial property owners.

B. HISTORICAL BACKGROUND

We thought it appropriate to provide you with background information as to the size and services offered at the former PVH before it closed its doors in 2007. In fact, an acute care hospital centrally located in the Borough of Westwood serving the greater Pascack and Northern Valley region, along with physician's offices located nearby, in areas surrounding the hospital, have a long standing history in Westwood. Historically, nursing services played a role in the Pascack Valley dating back as far as 1926. PVH itself first opened its doors in 1957.

In 1957, Pascack Valley Hospital opened as an 86 bed facility. Seven years later, in 1964, due to demand, it increased to 110 beds with the addition of a pediatric wing. Two years later, in 1966, over 45 years ago, in response to demand, the hospital expanded again to 159 beds. By 1975, the hospital reached 242 beds. When it closed in 2007, we understand that there were 291 beds in the hospital.

This is summarized as follows:

Year	Beds	Percentage Increase Over Prior Expansion
1957	86	(Initial size)
1964	110	28% increase over previous expansion
1966	159	46% increase over previous expansion
1975	242	52% increase over previous expansion
2007	291	37% increase over previous expansion
Current	0	---
Proposed	128	

Prior to closing in 2007, PVH operated a full scale acute care hospital facility with an array of specialized care from OB/GYN to surgeries, and just about everything in between, with 291 beds.

We note that the application by HUMC to open an acute care hospital at the former site of Pascaek Valley Hospital is for 128 beds, or about half the size of the hospital—in 1975. There were more beds at this site (166 beds) 50 years ago (in 1966), than that which is currently proposed.

We note that it is widely acknowledged by those who were familiar with the management of the former PVH and its operations that the closing of the facility was due more to management issues and poor strategic planning than "lack of need". A review of the growth of the hospital demonstrates the substantial and consistent "need" for this facility.

**C. PRIOR HOSPITAL SERVICES, FUNCTIONS,
DEPARTMENTS AND COMMUNITY INVOLVEMENT**

Perhaps the best place to start, for the Department of Health to fully appreciate what is "needed", is what has been "lost". We therefore need to review what services and programs were previously provided by the former Pascack Valley Hospital, and the prior "need" that had been historically satisfied but is not currently being provided at that site. While the Pascack Valley Hospital closed in or about 2007, we were able to research and ascertain the activities, functions and services of the hospital shortly before that (in 2004). The following is a short summary of what was previously provided in or around 2007.

	<u>Prior Operations, Procedures, Programs (Before 2007 Closure)</u>	<u>Current Operations (After 2007 Closure)</u>
1.	Acute Care Facility with 291 beds	<i>No</i>
2.	Emergency Room	Yes
3.	Maternity Department	<i>No</i>
4.	Breast Cancer Department	<i>No</i>
5.	Pediatrics Unit	<i>No</i>
6.	Dialysis Center	<i>No</i>
7.	Diabetes Center	<i>No</i>

	<u>Prior Operations, Procedures, Programs (Before 2007 Closure)</u>	<u>Current Operations (After 2007 Closure)</u>
8.	Angioplasty	<i>No</i>
9.	Laboratory	<i>No</i>
10.	Other Centers	<i>No</i>
	a. The Sleep Disorder Center	<i>No</i>
	b. The Skin Cancer and Skin Laser Centers of New Jersey	<i>No</i>
	c. The Cardiac Rehabilitation Department	<i>No</i>
	d. The Physical Medicine Rehabilitation Department	<i>No</i>
	e. The Pain Management Center	<i>No</i>
	f. The Diabetes Center	<i>No</i>
11.	Obstetrics Department	<i>No</i>
12.	Women's Medical Center	<i>No</i>
13.	Laser Treatment	<i>No</i>
14.	Tonsillectomy Procedures	<i>No</i>
15.	Fitness – Weight Management Facility	<i>No</i>
16.	Food and Nutrition Department	<i>No</i>
17.	Kids Weight Management Program	<i>No</i>
18.	Pre-Nursing Program	<i>No</i>
19.	Pre-Medical Student Program	<i>No</i>
20.	Radiology School	<i>No</i>

	<u>Prior Operations, Procedures, Programs (Before 2007 Closure)</u>	<u>Current Operations (After 2007 Closure)</u>
21.	Terrorism Task Force Operations	<i>No</i>
22.	Weight Loss Programs	<i>No</i>
23.	Pre-Natal Education Program and Miscellaneous Programs	<i>No</i>
24.	Health Education Center	<i>No</i>
25.	Dining Program	<i>No</i>
26.	Mall-Walker Club	<i>No</i>
27.	Life-Line Program	<i>No</i>
28.	Peritoneal Program	<i>No</i>
29.	Community Activities	<i>No</i>
	a. Westwood Health and Family Safety Day	<i>No</i>
	b. Joint Replacement Institute Reunion	<i>No</i>
	c. Annual Community Health Fair	<i>No</i>
	d. Annual Happy Health, Healthy Halloween Party	<i>No</i>
	e. Annual "Spinathon"	<i>No</i>
	f. Monthly Community Blood Drive Program	<i>No</i>
	g. Flu Shot Program	<i>No</i>
	h. Full Prevention Workshop	<i>No</i>

A more in-depth discussion of these operations is discussed in the "Summary of Operations, Procedures, and Programs" attached hereto and made a part hereof as **Exhibit "A"**.

D. CURRENT OPERATIONS

These substantial historical operations should be compared to the limited operations currently being provided on this 20 + acre site operated by HUMC-North. These can be best described, not as the last three pages of operations, procedures and programs as shown in the left column, but as follows:

1. Emergency Room (with minor emergency cases, as the major injuries-illnesses are usually treated at a facility with a hospital).

Obviously, there is a dramatic difference between the multitude of prior operations, services and programs, and the current operation—which is limited to an Emergency Room for minor injuries. The Borough of Westwood, and the Community which extends to the surrounding municipalities and areas, have a strong need for an acute care facility-hospital which provides the operations, services, and programs that previously existed on the site.

E. PROPOSED USE

As stated, the acute care facility being proposed by HUMC in its application will have only 128 beds, or about 44% of the 291 bed capacity PVH had when it closed. There is a strong need for acute care beds next to an existing "24/7" Emergency Room.

Additionally, we understand the acute care facility being proposed by HUMC will offer the same care and services offered by PVH but with less than half the number of beds. However,

importantly, added to those services will be a residency program to train doctors. This program will help meet what is expected to be a shortage of doctors in the region by 2020.

The WTA and its members strongly support the approval of the Certificate of Need.

**F. THE BOROUGH AND SURROUNDING COMMUNITIES
OVERWHELMINGLY HAVE CONFIRMED THE
"NEED" EVEN TWO YEARS AFTER THE CLOSING**

The need for an acute care facility in this location is widely recognized by the people who know best—the residents of the Pascack Valley and Northern Valley. Almost two years **AFTER** PVH closed its doors, they spoke loud and clear by voting overwhelmingly in support of reopening an acute care facility by HUMC at the former site of PVH. This was **14 communities** in the Pascack and Northern Valleys. Again, this was two years **AFTER** the PVH closure.

If, in fact, as has been argued by competitors who seek to thwart this reopening, there was no need, then, during that two year interval, the residents in the Pascack Valley and Northern Valley would have shifted their needs to those other institutions. The residents would have come to the conclusion that a hospital in Westwood was not needed. However, as demonstrated again clearly and convincingly by the referenda in 14 towns, the residents of the Pascack and Northern Valleys came to a collective conclusion that there is indeed still a "need" for an acute care facility.

G. HOSPITAL AS ANCHOR

We also note that a natural compliment to an acute care hospital are a proliferation of physician's offices that usually locate in surrounding areas as close to the hospital as possible. These physician's offices provide access to much needed out-patient services to the local communities, which is especially important to the demographically aging population in the Pascack and Northern Valleys. Since the H Zone was the site of the former PVH, it is surrounded by existing commercial areas that would be particularly well suited to complimentary physician office use. Some medical offices and health care uses continue to exist, but less so since the hospital closed. The area was previously substantially developed with medical offices and related health care uses. While there is a "24/7" Emergency Room, it is relegated to function as an urgent care facility because the ability to accommodate more severe injuries and illnesses is compromised by the absence of an acute care hospital. It is, in essence, an emergency room to nowhere.

H. STRATEGIC LOCATION IN COMMUNITY AND REGION

The Borough of Westwood Master Plan recognizes that the existing H zone is optimally located for its current use, an acute care hospital, for many reasons. These reasons are also relevant to the Certificate of Need Application currently pending before the Department of Health.

As to the question of whether there is an acute care and health care "need" and whether the need should be satisfied by authorizing a 128-bed acute care hospital at this location which will result in additional out-patient medical uses in the surrounding areas, the relevant factors that make this site ideal for an acute care hospital include, but are not limited to, the following:

1. Accessibility to Adjacent Towns: The Westwood H-Zone is readily accessible by an existing network of primarily two lane roads that snake their way through the many bedroom communities that surround Westwood and for which coming to Westwood is a short drive by car.

2. Ready Access by Vehicles for Residents and EMS Responders: The current Westwood H-Zone is centrally located on a major east/west county road that traverses the Northern Valley and Pascack Valley (Route 502) and is readily accessed by an existing network of primarily two lane roads that snake their way through the many bedroom communities that surround Westwood. Accordingly, the ability to access the Westwood H-Zone and therefore the Hospital from anywhere in the Northern Valley and Pascack Valley is at most a 10-minute commute and there are virtually no man-made barriers such as railroad crossings, etc. Further, it should also be noted that Westwood is the only town in which two major County Roads, Route 502 (east-west) and Route 503 (Kinderkamack Road – north/south) actually intersect. The point of their intersection is within walking distance of the H-Zone.

3. Vehicle Accessibility by Major Intersection: In terms of vehicle accessibility, we also note that Westwood is the only town in which two major County Roads, Route 502 (east-west) and Route 503 (Kinderkamack Road - north/south) actually intersect. Significantly, as stated, the point of their intersection is within walking distance of the H zone.

4. Accessibility by Mass Transit: Westwood is one of the few towns in the Pascack Valley and Northern Valley that is serviced by BOTH rail and bus service, thereby making both

the Borough and the H zone readily accessible for those using mass transit. In fact, again, both rail and bus services are within walking distance of the H zone.

5. Surrounding Zones: Further, and importantly, there would not only be an existing acute care facility on this site, but also numerous existing office buildings in the nearby surrounding area that could provide facilities for physicians who would provide ancillary out-patient care that compliment an acute care facility.

6. Adjacent Assisted Living Facilities: There also exist in the immediate area assisted living facilities that compliment an acute care facility.

7. Ample Health Care Space: Further, there is ample space in the area surrounding the H zone for additional physician's offices as well as flex buildings that could house local contractors to service the physical plant needs of an acute care facility.

8. Ample Nearby Multi-Family and Affordable Housing: 38% of the housing in and around the H-Zone in Westwood is multi-family, so there is ample local multiple housing to accommodate those who would work at the hospital and wish to live locally.

9. Available Workers: The area also has an existing highly skilled and educated pool of workers that would be readily available to staff not only an acute care hospital but the surrounding physician's offices that compliment a hospital use.

10. Demographics of Area: The Pascack and Northern Valleys are also relatively densely populated suburban communities. They have an aging population that will need and want ready access to an acute care hospital, physician's offices, and related uses such as assisted living facilities.

Many of these important characteristics are not present in the case of Valley Hospital (in Ridgewood) and Englewood Hospital (in Englewood).

I. SURROUNDING HOSPITALS ARE NOT EASILY ACCESSIBLE

On behalf of our client, we wish to reiterate that the other hospitals are not easily accessible as claimed by the competitor hospitals, Valley Hospital and Englewood Hospital. This is also confirmed by the Northern Valley Mayors' Association. That Association is comprised of the following 17 municipalities:

- | | |
|--------------------|-----------------|
| 1. Alpine | 10. New Milford |
| 2. Bergenfield | 11. Northvale |
| 3. Closter | 12. Norwood |
| 4. Cresskill | 13. Old Tappan |
| 5. Demarest | 14. Oradell |
| 6. Dumont | 15. River Edge |
| 7. Englewood | 16. Rockleigh |
| 8. Harrington Park | 17. Tenafly |
| 9. Haworth | |

In said Association's Resolution on this issue dated September 25, 2008, it states as follows:

WHEREAS, the extra travel time associated with the distance to the surrounding hospital facilities has placed an **unbearable burden** on volunteer ambulance corps in surrounding communities and **upon the citizens, particularly senior citizens**, residing in the area and needing to travel to the hospitals for treatment or assistance of family members at said facilities for treatment;

The Resolution continues as follows:

The Northern Valley Mayors' Association specifically rejects the situation that existing hospitals can adequately fill the void left by Pascack Valley Hospital. In the several months following the closure of Pascack Valley Hospital it has been observed, experienced and learned, by its emergency services and citizens, that our communities lack the resources to transport patients over the distances said alternative arrangements necessitate and, moreover, in the case of medical emergency, the survival opportunities for critically ill patients decline in direct proportion to the length of travel to remote locations. [Emphasis supplied]

That Association's Resolution is attached as **Exhibit "B"**.

Moreover, a separate review of these issues was made by the Pascack Valley Mayors' Association which expressed its strong support for the reopening of an acute care hospital by letter dated January 12, 2011. That Association is comprised of the following 10 members:

- | | |
|---------------|------------------------|
| 1. Emerson | 6. Park Ridge |
| 2. Hillsdale | 7. River Vale |
| 3. Montvale | 8. Washington Township |
| 4. Old Tappan | 9. Westwood |
| 5. Oradell | 10. Woodcliff Lake |

Please note that two of these municipalities also appear to be members of the other Association (*i.e.*, Old Tappan and Oradell), so eight different municipalities reviewed the issues in addition to the other 17 municipalities previously listed. The latter association came to the same conclusions as the Northern Valley Mayors' Association, which will not be repeated. That Association's cover letter and Resolution are attached as **Exhibit "C"**. As can be seen, every

municipality signed this Resolution representing the opinion of that governmental agency on action which occurred at an open public meeting.

In summary, 25 municipalities came to the aforesaid conclusion. (We are not aware of any municipalities which came to an opposite conclusion.)

Finally, we would be remiss in not referencing the adverse effect of Hurricane Irene on the local roadway system. Many roads in Ridgewood and nearby towns, including Ho-Ho-Kus (immediately adjacent to Ridgewood) were severely flooded. While Valley Hospital may have been open, the more immediate problem was traveling through this area of the County to get to the hospital. The inability to use local roads to access Valley Hospital in severe storms and weather where flooding conditions occur is just one more reason that reopening an acute care hospital in Westwood is critical to the health and safety of the public. Conversely, the PVH site in Westwood was totally dry. Old Hook Road and Route 502 were open, providing unlimited access by roadway.

**J. SURROUNDING HOSPITALS INITIALLY
ATTEMPTING TO PURCHASE THE PVH PROPERTY,
WERE UNDER-BIDDERS AND ARE NOW OBJECTING
AFTER THEY WERE UNSUCCESSFUL BUYERS**

We understand that the successful bid in the Bankruptcy Court for the PVH property and sale of assets was \$44,750,000. It is also our understanding that Valley Hospital bid \$44,250,000 (for a facility it claims should not contain a 128 bed acute care facility).

**K. THE COMMENTS FROM A COMPETITOR-OBJECTOR
(THE COMPETING TWO HOSPITALS) SHOULD BE
DISCOUNTED AND GIVEN LITTLE WEIGHT**

While we understand Valley Hospital's objections to PVH's application for the Certificate of Need must be considered by the Department, WTA submits that the underlying motivation for Valley's objections (and those of co-objector, Englewood Hospital, the "competitor-objectors" of HUMC-North in Westwood) should also be considered.

The courts have developed procedures by which competitor claims can be weighed in a land use context. For instance, in *Village Supermarkets, Inc. v. Mayfair Supermarkets, Inc.*, 269 N.J. Super. 224 (Law Div. 1993), the Court noted that even though "a party has a sufficient interest or stake in the [matter] to be heard . . . is not to say that the party's interest will be given substantial weight, much less that its interest will be determinative." *Id.* at 234-35; emphasis supplied. In that case, Village Supermarkets sued Mayfair Supermarkets after the latter objected to the former's land use applications to the Westfield and Garwood planning boards. *Id.* at 228. While we understand the review process must consider the comments of the objecting hospitals, respectfully, the Department should be mindful of Valley's true purpose (and that of Englewood Hospital) in opposing the reopening of PVH. Is it the "health" of the public they are concerned for? The answer seems clear. Is it the profit the non-profit hospitals seek? That answers also seems clear.

As set forth above, Valley had no trouble growing and expanding during the time that PVH was operational. While PVH closed in 2007, Valley's plans to substantially expand its hospital, by almost doubling the size of the existing Valley Hospital, started around the same time. The proceedings before the Ridgewood Planning Board during 2007-2010 demonstrate that Valley's proposed doubling in floor area is the reason why Valley opposes the reopening of PVH—not because of concern for the care of the residents of the Pascack Valley that seek the reopening of their hospital. Valley would prefer residents of Westwood and those served by the proposed HUMC-North to drive through the already congested residential streets between their homes and Valley's Ridgewood facility. The Department should view Valley's opposition to the application (and that of Englewood Hospital) for what it is, supposed non-profit facilities that only care about profits.

The recent application of Valley Hospital to double the size of the existing facility (from about 545,300 sf to 1,170,000 sf) was approved by the Ridgewood Planning Board in a Master Plan Amendment. The proposed Zoning Ordinance permitting that expansion was now prepared and recommended by the Ridgewood Planning Board to the Village of Ridgewood, which is now being considered by the Mayor and Council of the Village of Ridgewood. While Valley Hospital (and Englewood Hospital) have argued that a hospital that operated more than 50 years, and which had reached 291 beds, cannot reopen at only 128 beds, a fraction of its former hospital bed size, Valley seeks to take advantage of the challenges (which have slowed and stifled the efforts of HUMC-North) by preparing to **double** the size of its facility. The arguments of these

competitor-objectors should not be given any substantial weight and should be discounted, as allowed under New Jersey case law. Valley is proposing a project that would increase the building size from about 545,300 sf existing to a monumental expansion of 1,170,000 sf.

**L. VALLEY HOSPITAL SEEKS A SUBSTANTIVE
EXPANSION TO ITS EXISTING RIDGEWOOD HOSPITAL WHILE IT
OBJECTS TO THE REOPENING OF A 128 BED HOSPITAL IN WESTWOOD**

Valley Hospital is one of the most vocal objectors to the issuance of a Certificate of Need for PVH. For nearly 50 years, Valley has been on a virtual non-stop expansion. In this regard, please note how Valley has expanded:

	<u>Date</u>	<u>Description of Expansion</u>
1.	1962	West Wing building constructed with a height of 44 feet, 2 inches (without rooftop equipment)
2.	1966	Ridgewood Board of Adjustment granted height variance for construction of rooftop equipment on new West building, for a total height of 60 feet, 2 inches
3.	1967	Village of Ridgewood adopts an ordinance increasing the height regulations for buildings up to 48 feet in height with rooftop equipment to be 17 feet, for a total of 65 feet, with setbacks of rooftop structures and setbacks of parking areas also addressed
4.	1971, 1972	Planning Board and Board of Adjustment granted approval of variances and site plan for the Bergen Wing and additional parking (for a total of 933 spaces), including 63 future reserve spaces

	<u>Date</u>	<u>Description of Expansion</u>
5.	1976	Planning Board and Board of Adjustment granted approval for additions to the Hospital, totaling 16,593 additional square feet of floor area and 21 additional parking spaces
6.	1982 – 1983	Planning Board approved preliminary site plan to demolish and construct buildings, including new North Wing, demolition of the Linwood Wing and a gift shop in the Philips Wing, and construct two level underground parking. This approval permitted Valley to increase its floor area by 108,950 square feet
7.	1997	Board of Adjustment approved site plan for a 4 th floor addition to the Bergen Wing, an entrance canopy, an underground parking garage, and a 2-story MRI facility, with a total of 1,800 parking spaces and a resulting floor area of 79.43%, or approximately 538,700 square feet
8.	2002	Board of Adjustment granted site plan and variance approval for an expansion of the Hospital's emergency room, a proposal resulting in 1,772 parking spaces and a floor area ratio of 80.4% of the lot area (or approximately 545,300 square feet)
9.	2006-2010	Valley Hospital sought an amendment to the Village of Ridgewood Master Plan to <u>permit an increase in the maximum allowable floor area in the Hospital Zone to approximately 1,170,000 square feet</u> , and to increase the maximum building height to 70 feet (from the current 48 feet permitted by the Hospital Zone Ordinance). The purpose of the Master Plan Amendment was to facilitate the adoption of a new zoning ordinance that would increase the bulk limits in the Hospital Zone, thereby making it easier for Valley to more than double its current size.

Valley Hospital's administration, in objecting to the Certificate of Need to reopen a hospital in Westwood, seeks only to continue its expansion. Even though it is a "non-profit corporation", its goal is to increase its profits, but without consideration for the patients who would be served by the reopened facility in Westwood. Indeed, the doubling in size of Valley Hospital (from the current 545,000 square feet to a potential 1,170,000 square feet) authorized by the Ridgewood Master Plan Amendment that Valley Hospital applied for and obtained, is affected by the reopening of PVH because it would adversely affect the proposed substantial expansion.

* * *

In summary, the overwhelming support for re-opening of an acute care hospital at the former site of the Pascack Valley Hospital, documented by referendum votes in 14 towns a full two years **AFTER** the close of PVH, clearly demonstrates that the residents of the Pascack Valley and Northern Valley recognize that the health care void created by the closing of PVH has not been filled by more distant acute care facilities located in Ridgewood (Valley Hospital) and Englewood (Englewood Hospital) and support the reopening of an acute care facility at the former PVH. These two facilities are simply not readily accessible under normal circumstances, not to mention emergencies, by the local road system. Equally as important, they are not accessible by mass transit from the Pascack and Northern Valleys.

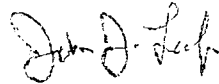
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The WTA, as authorized by its members, strongly supports the re-opening of an acute care hospital at the site of the former PVH and therefore the approval of the application for the Certificate of Need, as submitted by HUMC, or for that matter, any other operator of an acute care facility.

When the PVH closed, there was a huge hole left in the H-Zone, the surrounding zones, the Borough of Westwood, and the region. We are asking the Department of Health to essentially confirm that substantial need and approve the Certificate of Need application and fill the void that has been left by the closure of the PVH.

We thank the Department for considering our comments on this application.

Respectfully yours,



John J. Lamb

JJL:leb
Enclosures

cc: Westwood Taxpayers Alliance
Attn: All Members
Borough of Westwood
Attn: Hon. John Birkner and All Council Members
Westwood Planning Board
Attn: Chairman Jaime Hodges and All Board Members
Russell R. Huntington, Esq. (Borough of Westwood Attorney)
Thomas W. Randall, Esq. (Westwood Planning Board Attorney)
Burgis Associates, Inc. (Borough of Westwood Planner)
Attn: Mr. Ed Sniekus, P.P.

EXHIBIT A

PASCACK VALLEY HOSPITAL

SUMMARY OF PRIOR OPERATIONS, PROGRAMS AND SERVICES

1. Number of Beds: In 2004, the Hospital had doubled in size, becoming a 291 bed – full service medical facility providing a full spectrum of the most advanced, technically specialized health care services.
2. Emergency Room: The facility had an active emergency room.
3. Maternity Department: The 100,000 square foot building addition contained an expanded Maternity Department with 18 private rooms facing an indoor garden, the Pre-Natal Diagnostic Center and Special Care Nursery.
 - a. The Maternity Department had earned a five-star rating from Health Grades, an independent company. (PVH placed in the top 10% of hospitals nationally for obstetrics care.)
 - b. The Maternity Department received approval to upgrade its designation to a Community Perinatal Center (CPC-Intermediate) to a CPC-Intensive. The new designation allowed the Hospital to care for babies born at 28 week gestation and those born at even lower birth weights in its Intensive Care Unit.
4. Breast Cancer Department: The Breast Center Department patients rose by 25% in 2004.
5. Pediatrics Unit: A 4,300 square foot Pediatrics Unit also opened its door after renovation. That had 13 beds (including a 4-bed observation room), and an Isolation Room with monitoring of negative pressure. It was handicap accessible, and it was a lock down unit requiring a valid I.D. or credentials for visitors.
6. Dialysis Center: There was the Lillian Booth Dialysis Center (with total treatments of about 12,400 per year). The Dialysis Center was substantial and operational, in conjunction with the PVH Cardiac Catheterization Lab and Radiology Department. The PVH Physical Medical Medicine and Rehabilitation Department gave the patients education at the

Center, but also monitored exercise regiments for dialysis patients. There was an option for the dialysis that was introduced for the Home Option.

7. Diabetes Center: The Diabetes Center served 420 individuals in 2004 who made 1,600 visits to the Center. The staff included a dietician.

8. Angioplasty: Pascack Valley Hospital was approved for emergency angioplasty and performed 22 life saving procedures in 2004.

9. Laboratory: The laboratory became affiliated with the Mayo Clinic to provide selective tests that were not performed at the Hospital. The Mayo Clinic provided clinical support and on-going continuing education as well as timely testing capabilities.

10. Other Centers: The facility also included:

- a. The Sleep Disorder Center
- b. The Skin Cancer and Skin Laser Centers of New Jersey
- c. The Cardiac Rehabilitation Department
- d. The Physical-Medicine Rehabilitation Department
- e. The Pain Management Center
- f. The Diabetes Center

11. Obstetrics Department: Pascack Valley Hospital added Mid-Wifery Services to its Obstetrics Department. A team of five mid-wives brought 120 births to the Hospital by the end of 2004.

12. Women's Medical Center: The Hospital also launched a Women's Medical Center as a satellite in Fort Lee which had four OB/GYN physicians and brought in 108 births to PVH.

13. Laser Treatment: The Hospital offered Green Light PBP, a laser treatment procedure for enlarged prostate. This was a non-invasive alternative to traditional prostate treatments.

14. Tonsillectomy Procedures: The Hospital also provided the new minimally invasive tonsillectomy procedure.

15. Fitness – Weight Management Facility: A fitness and weight management program was introduced to help people with diabetes reach their optimal weight and fitness levels while controlling their blood sugar. This was a program that offered a medical supervised and supportive environment to assist those with diabetes.

16. Food and Nutrition Department: Pascack Valley Hospital's Food and Nutrition Department had expanded its out-patient nutritional counseling services in 2004 by offering individual consultations. This was the result of the higher incidences of obesity and weight problems and the growing knowledge about preventive medicine.

17. Kids Weight Management Program: A Kids Way to Health Weight Management Program was designed for children ages three to ten and was introduced in 2004. This was a six week program. It was designed to help parents and children establish realistic obtainable goals.

18. Administrative Systems: The Hospital signed an agreement with MISYS Health Care Systems to purchase MISYS Optimum Clinic Information Management Solutions. This was a computer-based patient record information system which helped the patients and properly equipped the health care professionals.

Pneumatic tubes (like those used for banks) were installed throughout the Hospital and were in use. That allowed for the efficient and convenient transportation of laboratory samples and prescriptions from the Pharmacy to and from the nursing floors.

19. Pre-Nursing Program: There was a pre-nursing program with high school students from all over Bergen County attending this internship program.

20. Pre-Medical Student Program: There was a pre-medical student program held to provide college students with an inside look at the workings of a medical facility.

21. Radiology School: The Pascack Valley Hospital School of Radiography also operated and held a graduation ceremony.

22. Terrorism Task Force Operations: The Hospital was a member of the Bergen County Terrorism Task Forces Bioterrorism Policy Surveillance and Training Subcommittee, the Bergen County Mass Casualty Incident Committee, and served on the Incident Command Subcommittee. The Hospital conducted emergency drills twice a year, and conducted an emergency patient influx drill. The drill included a number of patients exposed to a chemical substance. There was also a fully automated Bioterrorism Surveillance Program.

23. Community Activities: Community activities included, but were not limited to, the following:

- a. Pascack Valley Hospital participated in the Westwood Health and Family Safety Day.
- b. There was a Joint Replacement Institute reunion held.
- c. The Annual Community Health Fair was held.
- d. An annual Happy Health, Healthy Halloween Party was received by more than 100 children who attended.
- e. Max Fit Cardio Fitness Center of Closter held its annual "Spinathon".
- f. The Community Blood Drive Program was held monthly at the Hospital.
- g. There was a Flu Shot Program.
- h. A Full Prevention Workshop was held.

24. Weight Loss Programs: The Weight To A Thinner You and The Positive Image Program offered adult and adolescent weight loss and self-esteem programs that focused on long-term solutions.

25. Pre-Natal Education Program and Miscellaneous Programs: The pre-natal education program expanded to include yoga and baby-time classes. There was also infant CPR

and parenting series. There was a car seat safety program. Five safety inspections were held a year.

26. Health Education Center: The Health Education Center was relocated to a new exercise studio at the Community Center in Closter. This was to provide a multicultural model for health, wellness and fitness to meet the needs of the community. In addition to exercise classes, the classes include Tai Chi For Kids, Eastern and Western Art History, Arts and Crafts, Flower Arrangement, Cooking, Calligraphy, Jazz, Golf, and many other programs.

27. Dining Program: The Heart-Wise Dining Program expanded with several upscale restaurants joining its membership. That was to promote healthy dining in the area.

28. Mall-Walker Club: There was a Mall-Walker Club organized.

29. Life-Line Program: There was a Life-Line Program.

30. Peritoneal Program: The Center's Home Peritoneal Program showed a substantial increase in permanent patients in 2004.

31. Admissions and Business Summary: The Admissions and Business are set forth in the attached page (p. 29 of the 2004 Annual Report).

32. Statistical Summary: The Statistical Summary is set forth on the attached pages 30 and 31 of the 2004 Annual Report.

33. Community Services: A summary of Community Services is also attached that was prepared in 2005.