

Critics charge hospital unit fosters ill will

Second of two stories
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SANTA CRUZ With annual net revenues of \$46 million, Dominican Hospital is far and away the largest hospital in the Santa Cruz area.

Some think that it wants to be the only hospital in the area. "They want to drive Community Hospital out of business," says one local physician on staff at both Dominican and Community hospitals. "Dominican wants to be the dominant health-care provider in this area and they'll do anything to be that."

Some think that the Dominican's current drive to build a cardiac-surgery unit so soon after Community Hospital opened its long-planned unit is an indication of Dominican's push for power.

"If they succeed it may very well mean the death-knell of Community," says another local physician on staff at both hospitals. "I'm sure from the Dominican point of view that's good. But from the patients' and doctors' point of view that might not be the best thing."

"I think the patients and doctors are going to lose."

Officials at Dominican strongly deny that they have any intention of driving Community Hospital out of business. And officials at Community Hospital strongly deny there is any chance of their being driven out of business.

"We have absolutely no interest in negatively affecting Community," says Michael Mahoney, chief operating officer for Dominican Hospital. "That's not a goal. That's not an objective."

And Community, which earned at most half the money Dominican did in 1987 but which is owned by the third largest health-care chain in the U.S., says it is very stable. The hospital has just purchased more land near its current site and plans to expand.

"This hospital is financially viable and we have no greater problems than any hospital in a turbulent environment," says A.J. Lindemann, Community's chief operating officer.

Still, officials at Community are upset over Dominican's proposed heart center, charging that it is a duplication of services Community is already offering and a waste of money.

"It's an attempt to grab greater market share at the expense of donations in this community," says Lindemann. "There are certain services that Community would not duplicate to grab market share. I think there's a greater ethical question there as to why they're doing it."

"The people that are giving to their heart program, is that the best buy for their dollars? Just to duplicate a program that is already existing?"

But Dominican officials say it needs a cardiac surgical unit in order to be able to provide a full range of care for its patients. And that Community's program doesn't figure into their decision to go ahead with a program or their estimates of how many heart surgeries they will be able to perform annually.

"We can't take into consideration what Community is going to do," says Mahoney.

But Ann Klein, executive director of Community Hospital, thinks that is exactly the problem.

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Heart unit

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"Before health care institutions spend millions of dollars on projects, hopefully they've evaluated the need," says Klein. "To the extent that they are not listening to what Community is doing, how have they evaluated the need? If you haven't evaluated the need, then you risk imprudent acts."

"We've been making our best attempt not to go head on with Dominican with every service offered," Klein says. "We would only hope they would do likewise."

"They are one component of the community and we try to assess the entire community's needs before we do anything," says Lindemann.

Dominican officials say that by offering its own heart program Dominican will be offering patients and doctors a choice.

"Doctors like to be able to provide the care for their patients at the hospital they prefer," says Dr. Robert Finegan, a cardiologist who supports Dominican's program. "This does provide people a choice."

And Dominican officials point out that after their heart program is

open, no one will be forcing cardiologists to send patients to them.

"People and physicians choose hospitals," says Sister Julie Hyer, president and CEO of Dominican. "It is they who will determine what percentage of business will go to Dominican and what percentage to Community."

But Community says there already are choices for patients. "You have some very well established quality programs within 45 minutes of here, which would still give our consumers the choice that they need," says Klein.

Some local physicians say that they fear if the choice is Community or Dominican, physicians will eventually align with Dominican be-

cause it is the larger institution.

"I think that Dominican was the right hospital to begin a heart program (some years ago), but for their own reasons they refused to go ahead with it at that point. So Community decided to go for it," says one local physician on staff at both hospitals. "This whole mess is Dominican's own damn fault because they didn't go with a heart program at the right time."

"The chances are because Dominican is bigger they will win out in this bloody confrontation."

But Klein and Lindemann both say they are not worried about losing substantial business to Dominican's program. "Our sense is that if (the physicians) coalesce around any program, it will be here at the heart

institute, which is already established," says Lindemann.

They also say they are interested in trying to avoid duplicate health-care efforts in the future.

"I would welcome Dominican to throw its strategic plan on the table and we'd throw ours on the table, and then we could figure out what's best for the community," Lindemann says.

"It's hard for me to have a reaction to that statement," says Mahoney.

"We're just trying to do what's best for the community just as we've done for our 45 years here in Santa Cruz," says Mahoney. "That's why we've put in all the services we have and that's why we want to add heart care to that list."

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