

Santa Cruz Community

Hospital plans heart surgery

By MARK BERGSTROM
Sentinel Staff Writer

SANTA CRUZ — Community Hospital this morning announced a proposal to start the first open-heart surgery program in the Monterey Bay Area in 1984.

Hospital Administrator Jean Adams said he has submitted a letter of intent for the project, the first step in a lengthy process to gain approval from the state hospital licensing board.

Currently, open-heart surgery is not available in Santa Cruz, Monterey or San Benito counties. The nearest facilities to the north are Good Samaritan and O'Connor hospitals in San Jose and to the south, San Luis Obispo.

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Along with surgery, Community Hospital proposes to provide cardiac catheterizations, a diagnostic procedure which requires one or two days' hospitalization and is considered the standard method of cardiac diagnosis. That procedure also is not now available in the tri-county area.

Adams estimates that by 1985, more than 1,700 heart patients in the region will require cardiac catheterizations and more than 600 will require open-heart surgery. Those figures, he said, could grow to 2,300 catheterizations and more than 800 surgeries by 1990.

Planning the proposed coronary unit is Dr. Robert Kass, now director of the cardiac surgical intensive care unit at Cedars-Sinai Medical Center in Los Angeles.

Kass, who has taught surgery at Cornell University Medical Center and UCLA School of Medicine, will head the Community Hospital program if it is approved by the state.

Not only has open-heart surgery become routine, "it's probably the most prevalent single surgery today," Kass said this morning. "Our ability to do so many so frequently provides a degree of safety not available even five years ago," he said.

In addition to cardiac catheterization and open-heart surgery, Community Hospital is proposing a public education program aimed at preventing death and disability due to heart disease through classes in stress reduction and heart attack and stroke prevention and cardiac rehabilitation services.

The certification process is expected to take a minimum of six months and will include public hearings in the region.

For Community to gain approval for the project, the hospital must show the program will not adversely affect other hospitals in the region and demonstrate a policy for containing health-care costs.

"Since no other hospitals are providing the service, there will be no adverse impact," Adams contends.

One other hospital in the tri-county area, Salinas Valley Memorial, has been studying such a program, but a spokesman for the hospital said no formal proposal has been filed. Dominican Hospital has no plans for such a unit, according to Administrator Wayne Boss.

A key to both proficiency and cost containment of such programs is a sufficient number of patients.

To attract patients who now go to San Francisco Bay Area or Southern California hospital for heart surgery, "it will be on our shoulders to demonstrate that Community Hospital can provide the best possible care," said Kass.

Cost of developing and implementing the program has been estimated at about \$2 million. The program would not require new construction at the hospital, according to Adams.