

DCAB Recommendations Summary

June 4, 2025

Downstate Community Advisory Board

Background

- The Community Advisory Board for the Modernization and Revitalization of SUNY Downstate was created by law in 2024 and includes **nine appointed members**.
- The advisory board was charged with completing a study and providing written recommendations to **prioritize healthcare services** provided in the SUNY Downstate service area.
- The recommendations are required to include a **reasonable, scalable and fiscally responsible plan** for the financial health, viability and sustainability of SUNY Downstate.

Robust Community Process

Over the course of their deliberations, the advisory board:

- Held **four public hearings** (one more than statutorily required) on January 22, February 27, March 13, and April 28. The approach now recommended by the advisory board was presented to the public as an option under consideration at the fourth public hearing.
- Met with numerous **community stakeholders** including the SUNY Downstate Medical School Department Chairs, Brooklyn for Downstate, the leadership at SUNY Downstate, and other regional healthcare providers.
- Carefully **reviewed analysis** of the community health needs, Downstate Hospital's financials, and the condition of Downstate Hospital's physical plant.
- Engaged a **team of consultants** to provide expert analysis, infrastructure assessment, financial modeling, architectural and engineering scenarios, and coordination.

High Level Recommendations



Current Hospital Reinvestment

- Retain inpatient and outpatient services
- Address mechanical, electrical, and plumbing infrastructure issues
- Right-size and convert all double occupancy rooms to private rooms with showers*
- Modernize and expand the emergency department
- Renovate and modernize the dedicated inpatient specialty units, including cardiology, oncology, and orthopedics**



Build New Annex Including Ambulatory Surgery Center

- Brand new hospital annex, including state-of-the-art ambulatory surgery center
- Expand and focus on oncology and cardiology
- Build for future expansion for community needs
- Include parking



Leadership & Operations

- Hospital & Campus Accountability
- Financial feasibility actions
- Strategic collaborations
- New electronic health record
- Improved health quality and service outcomes
- Effective Marketing

*Includes updating nursing stations, central core support, and dedicated specialty units

**in addition to the recent upgrades to maternity and transplant services

Current Hospital Reinvestment Overall

Current

- Inpatient, outpatient, emergency, primary care and specialty services
- Valued and unique services and designations, like the kidney transplant program and Regional Perinatal Center Designation
- 342 certified beds, only 24 are private
- 165 average daily census

Recommended

- Maintain all current service lines, with emphasis on higher acuity and elective surgery
- 225 operational beds, reflecting a conversion of all beds to single-occupancy private rooms with showers
- Goal to expand beyond 165 average daily census
- Establish dedicated inpatient specialty services to include cardiology, oncology, and orthopedics



In addition to interior renovation, the recommended Current Hospital Reinvestment project includes exterior envelope upgrades. Existing windows allow excessive air and moisture into the building, which can compromise infection control and disrupt patient recovery. External envelope upgrades will address these issues and replace the existing windows with properly sealed units.

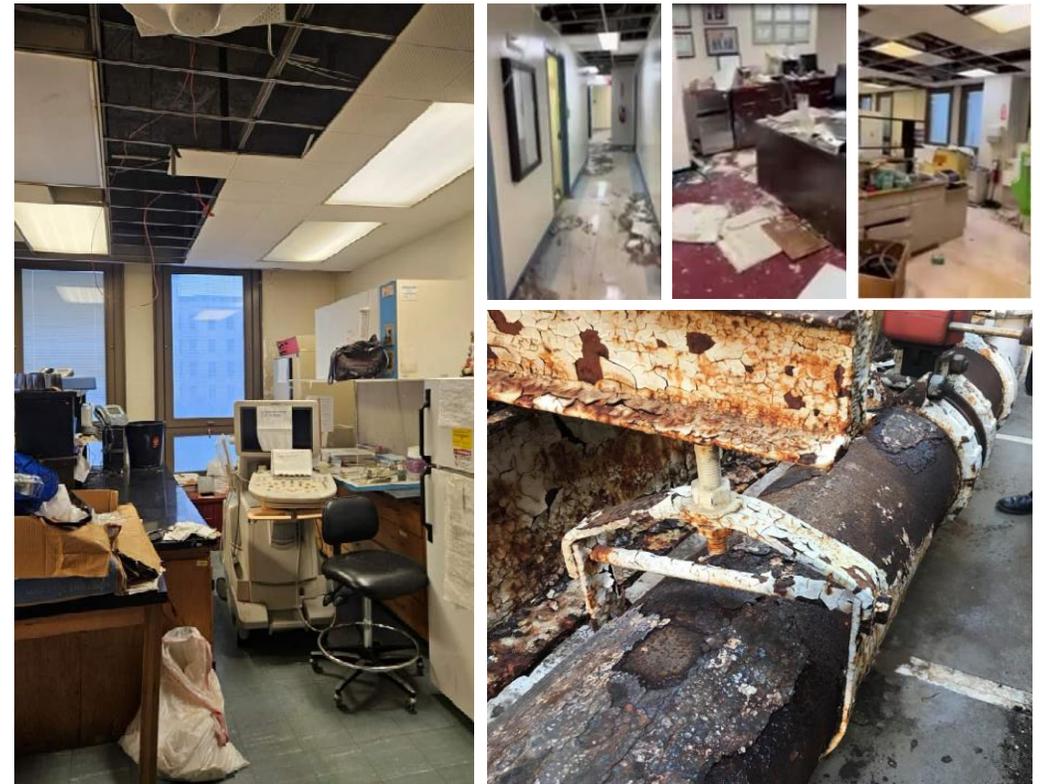
Current Hospital Reinvestment Mechanical, Electrical, Plumbing (MEP)

Current

- Distribution systems connecting mechanical equipment rooms to hospital spaces are in poor condition
 - Includes piping, ductwork, and electrical conduit that run throughout the patient and clinical spaces in the hospital
- Aging distribution infrastructure has led to repeated failures like flooding, temperature control issues, and emergency system shutdowns – all disrupting operations

Recommended

- Fully address mechanical, electrical, plumbing (MEP) needs throughout the entire Hospital
 - Includes new piping, medical gas distribution systems, sprinkler systems, ductwork, heating/cooling, and more.
- Comprehensively addressing MEP will support patient & staff safety, reliability of systems, and uninterrupted patient care operations



The hospital's MEP distribution systems, original to its 1966 construction, are in distress due to corrosion and/or have exceeded their expected lifespan. Several systems are at risk for failure. Comprehensive rehabilitation and replacement of MEP systems throughout the hospital will address this.

Current Hospital Reinvestment Private Patient Rooms

Current

- Vast majority of beds are in double-occupancy rooms with inaccessible toilet and/or showers, inadequate clearance around beds, and minimal space for family/visitor seating
- Critical care units configured in an open ward style, with inadequate bed clearance and no direct access to toilets
- Only 35 private rooms with toilets & showers exist now
 - 24 in the kidney transplant unit
 - 11 more under construction in labor and delivery
- OR renovations completed Spring 2025

Recommended

- Renovate all inpatient beds to become single-occupancy, private rooms with toilets & showers
 - Includes all med/surg and critical care units (ICU, PICU)
 - Renovation will result in 225 patient rooms that meet modern standards of care and support healing
- Upgrades will include renovated nurse stations and central core support
- Renovations will include existing inpatient dedicated specialty units, plus cardiology and oncology

Current Hospital Patient Room



Current Hospital Reinvestment Private Patient Rooms

Renovated Hospital Patient Room Vision



Current Hospital Reinvestment Modernized and Expanded Emergency Department

Current Hospital Emergency Department

Current

- 38 stations in outdated, undersized, and overcrowded space
- Poor circulation among ED sections and between imaging

Recommended

- Modernize, redesign, and expand the ED to reduce crowding and improve patient flow for operational efficiency
- Expand to 45 stations, including 42 treatment bays and 3 observation beds for additional capacity



Current Hospital Reinvestment Modernized and Expanded Emergency Department

Renovated Hospital Emergency Department Vision



Current Hospital Reinvestment Floor by Floor

Expanded Emergency Dept (Existing Hospital)			
45 Stations 550-650 SF/station	(existing) 38 stations	low 24,750 SF	high 29,250 SF
Outpatient (former Emergency Department space)			
11,300 SF	Exam Rooms	16	23
Patient Floor Rehab (Existing Hospital)			
Standard Single Rooms & Toilet Room w/ Sink & Shower			
Level 8 (w/Transplant MEP only)	(existing) 66 beds	reno 18 rooms/24 ETR	new total 44 beds
Level 7 22,000 SF	(existing) 76 beds	reno 36 rooms	new total 42 beds
Level 6 22,000 SF	(existing) 74 beds	reno 38 rooms	new total 42 beds
Level 5 (partial) 17,550 SF	(existing) outpatient	reno 33 rooms	new total 33 beds
Level 4 PEDS Beds - 9,710 SF	(existing) 22 beds	reno 12 rooms	new total 13 beds
Level 4 PICU - 2,700 SF	(existing) 5 beds	5 beds	
Level 3 OBGYN Beds	under renovation		new total 11 beds
Level 3 MICU - 4,450 SF	(existing) 10 beds	low 6 beds	high 7 beds
Level 3 NICU - expanded 8,450 SF	(existing) 29 stations	new total 13 beds	
Level 2 CCU - 4,000 SF	(existing) 7 beds	low 5 beds	high 6 beds
Level 2 CT CCU - 5,610 SF	(existing) 9 beds	low 7 beds	high 9 beds
Specialty Care Unit Upgrades			
Resulting Single Bed Room Count		225	

Convert all existing patient rooms to private with bathrooms/showers

As part of the renovation, all nursing stations on floors 2-8 will also be renovated as well as the core support

Modernize and expand the emergency department

13 of these rooms will be added following completion of ED renovation and movement of existing outpatient services on level 5

Renovate and modernize dedicated specialty units, including cardiology, oncology, and orthopedics

Build New Downstate Annex Overall

The top two leading causes of death for Brooklyn residents are cancer and heart disease – new ASC will focus on these, attract new patients (including commercial payors), and provide referrals to the hospital

- This state-of-the-art, four-story ambulatory surgery center will expand access to high-quality care for cancer and heart disease
- Will be built on the state-owned Lenox Road site currently occupied by the condemned parking garage across from the hospital
- Not only will the Downstate Annex provide critically needed cardiology and oncology services, but it will importantly increase hospital usage through referrals



Build New Downstate Annex



Surgery

- ORs **5**
- Hybrid OR **1**
- Pre-Post **18**



Cardiology

- Cath Labs **2**
- IR **1**
- Procedure Rooms **3**



Oncology

- Infusion
- Infusion Rooms **6**
- Imaging
- Mammography **2**
- CT Sim **1**
- PET CT **1**
- Treatment
- Linac **1**



Imaging

- CT **1**
- MRI **1**
- X-Ray **2**
- Ultrasound **2**
- PET CT **-**



Outpatient

- Faculty Exam
- Exam Rooms **24**

Procedure Suite

- Procedure Rooms **2**

Build New Downstate Annex Designed for the Community & Future Needs

Abundant light and green space adjacent to oncology infusion rooms offers patients a calming view and connection to nature during extended treatment sessions

Window spacing and design reflect the architectural language of the existing hospital, creating visual continuity across facilities

The lobby's floor-to-ceiling windows flood the space with natural light, and offers an inviting, welcoming atmosphere for patients and families

Green space offers a peaceful area for families awaiting loved ones in surgery



The new Downstate Annex will be designed with future expansion in mind. Reinforced structural infrastructure will support potential vertical additions, and floor layouts will be planned to enable future horizontal expansion or bridge connections with minimal disruption to patient care spaces

Leadership & Operations

Accountability & Culture

- Hospital, campus, & practice plans
- Clear expectations
- Measurement
- Alignment
- Execution

New Electronic Health Record*

- Modernize system
- Integrate systems
- Improve quality and operations
- Increase revenue and enhance provider and patient experience

Improve Quality of Care

- Key component of reinvestment plan
- Raise expectations
- Prioritize
- Deliver results
- Attract patients

Effective Marketing

- Develop plan
- Actively promote vision
- Communicate progress
- Improve fundraising
- Attract patients

Strengthen Collaboration

- Enhance current affiliations
- Develop new partnerships (FQHCs, others)
- Explore strategic partnerships

As part of working toward financial feasibility need dedicated and dynamic team focused on planning, achieving volume increases, shifting payer mix and payment rates, and reducing cost structure

*Funded by a different source

Capital Funding

Available funding includes \$750 million in DCAB capital, assumption of annual \$50 million capital maintenance appropriations over the next 7 years (\$350 million), and adjustments for projects already planned and funded

	Capital Construction Midpoint Estimate	Soft Capital Cost Estimate	Total Capital Cost Estimate
Hospital Renovation	\$496 million		
Hospital Annex	\$460 million		
Total	\$956 million		
Total less overlap MEP	\$831 million	\$287 million	\$1,118 million

*\$125 million in MEP-related costs was deducted from the cost estimate considering current hospital projects that overlap with the MEP systems DCAB analysis identified for repair

Financial Feasibility

Projection	Actual 2023 Underlying Net Income	85% Occupancy, Currently Reported Economics	Market Based Volume, Significantly Improved Economics	85% Occupancy, Very Optimistic Economics
Operating Income	(\$95 million)	(\$181 million)	(\$86 million)	(\$20 million)

None of the above includes state subsidies toward deficit understanding the current high government payor mix of around 90%

Financial Feasibility Assumptions

Projection	85% Occupancy, Currently Reported Economics	Market Based Volume, Significantly Improved Economics	85% Occupancy, Very Optimistic Economics
Operating Income	<ul style="list-style-type: none"> • Volume is increased to reach 85% occupancy at hospital and annex • PSA market share increases from 9% to 10% • Outpatient volume grows approximately 60% growth • No changes in cost structure and operations 	<ul style="list-style-type: none"> • 4% inpatient volume growth • 16% growth in outpatient volume growth • 11% commercial payor mix • Commercial rates that approximate 125% of Medicare • 8% reduction in overhead costs • Contribution margin of 30% that limits expense growth as volume increases 	<ul style="list-style-type: none"> • Longer term strive to further improve operating deficit toward upside scenario, but this is highly ambitious • Volume is increased to reach 85% occupancy at hospital and annex • PSA market share increases from 9% to 10% • Outpatient volume grows approximately 60% growth • 22% commercial payor mix • 15% reduction in costs • Commercial rates that approximate 125% of Medicare