FAR ROCKAWAY TRAUMA HEALTHCARE ACCESS TASK FORCE

REPORT + RECOMMENDATIONS

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EXECUTIVE SUMMARY

The eleven-mile-long Rockaway Peninsula is home to a growing population of more than 120,000 New Yorkers.[1] It is a part of the borough of Queens, but the Peninsula is not connected by land to the rest of New York City – on its eastern end, Nassau County separates Far Rockaway from the rest of Southeast Queens, and just two vehicular routes span Jamaica Bay to the Peninsula's north. But despite its burgeoning population and geographic isolation, the Rockaways lack a certified trauma center.

In moments of acute crisis, residents are forced to leave the peninsula to receive necessary, life-saving care. Those who experience major traumas-, for example, victims of gun violence or a car accident–must travel miles off the peninsula to reach a trauma center. It can take more than an hour for a victim to reach a facility equipped to save their life. By that time, it is often too late to administer care.

That is why in October 2022, New York City Council Member Selvena N. Brooks-Powers sought to establish the Far Rockaway Trauma Healthcare Access Task Force—to explore how to bring a trauma care facility to the Rockaway community. Led by Council Member Brooks-Powers and NYC Health and Hospitals President Dr. Mitchell Katz, the Task Force has brought together community leaders, elected officials, healthcare professionals, and other stakeholders to explore a path to provision of accessible trauma care for Rockaway residents.

This report catalogues the activities of the Task Force over the past year. The group met more than a half dozen times, and the conclusions below are the product of those discussions, as well as various efforts by the Task Force to gather information about the community and its needs. This includes data on 911 trauma calls made from the Rockaways and the results of a survey filled out by more than 500 community members.

The Task Force has concluded that:

1. **The Rockaways urgently need a trauma center.** There exists a consensus among stakeholders and community members that the most critical healthcare need on the Peninsula is trauma care.
2. **Community stakeholders favor a Level I or Level II Trauma Center.**
3. **The ideal location for this facility lies east of Beach 86th Street,** an underserved, diverse section of the Rockaways containing the majority of the Peninsula's population.

The report also outlines next steps stakeholders must take to advance the effort to establish trauma care on the Peninsula. These include:

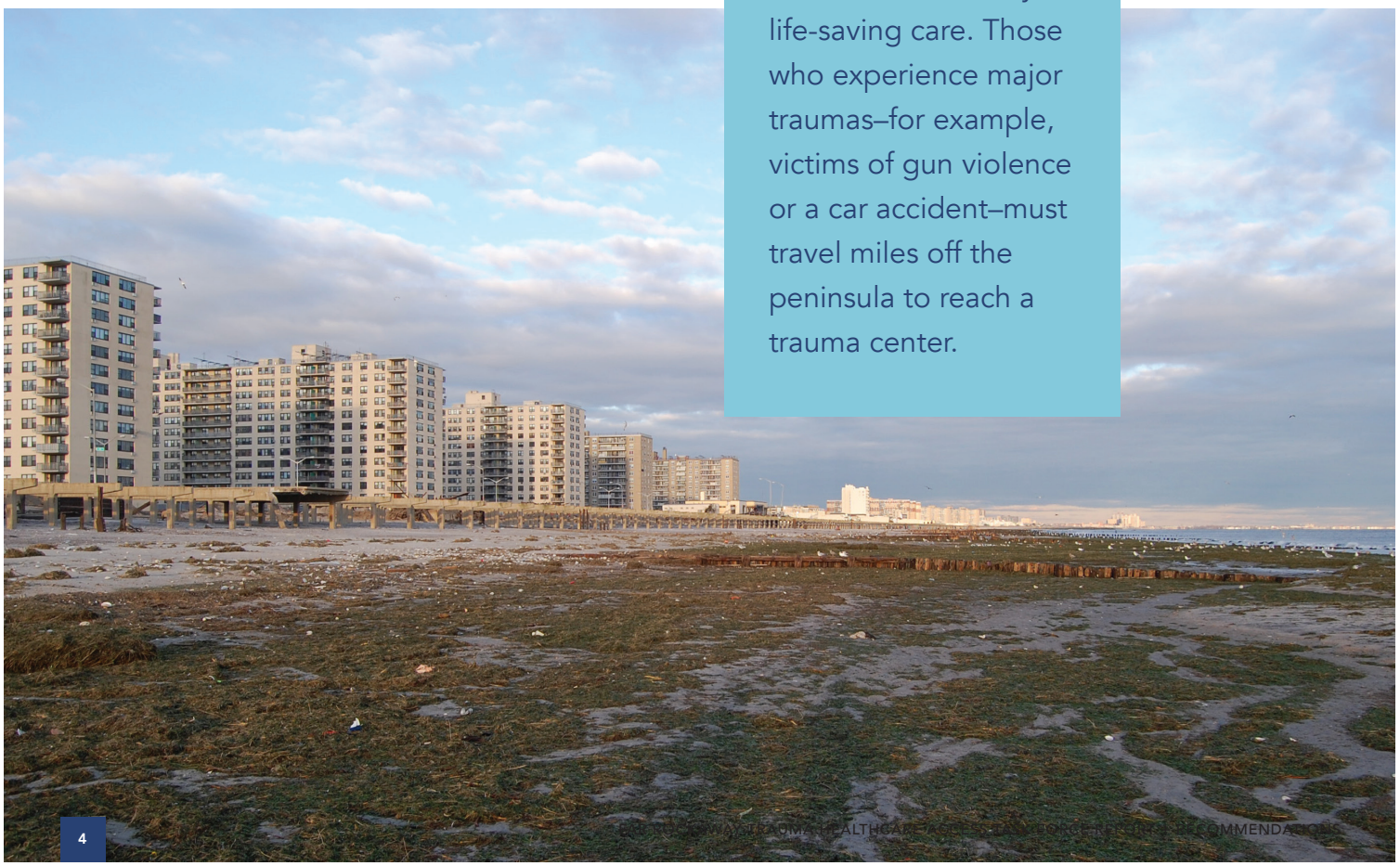
Identifying the exact location of the facility. The community survey demonstrated a clear preference for a trauma center contained within a new facility, rather than enhancing an existing facility, though the Task Force

discussed St. John's Episcopal Hospital—the Peninsula's only acute care facility—as a potential target for enhancement. Task Force members toured a variety of feasible sites for a trauma center and considered factors such as proximity to a major thoroughfare for ambulance traffic, accessibility of mass transit, sufficient size, risk of flooding, and exposure to residential areas. While further study will be required, among the sites visited, the vacant land east of Beach 62nd Street bound by Rockaway Freeway and Arverne Boulevard was seen as the strongest option among community members.

Determining the range of services a center should provide. Trauma facilities—especially Level I or II centers, often offer a wide range of healthcare services and vary with respect to their capacity to provide prolonged care after intake. Further study is necessary to determine which services should be prioritized.

Determining the means of funding such a facility. Building a trauma healthcare facility requires significant capital investment, and an ongoing annual revenue stream to ensure successful continued operation. Public subsidies and donations help fill gaps and ensure hospitals make payroll and maintain quality of service for patients.

> ...residents are forced to leave the peninsula to receive necessary, life-saving care. Those who experience major traumas–for example, victims of gun violence or a car accident–must travel miles off the peninsula to reach a trauma center.



BACKGROUND: PROFILING THE ROCKAWAYS

Many New Yorkers view the Rockaways only as a beach getaway. They flock from every borough to the Rockaways on summer weekends to swim or surf, far from the City's center. But the Rockaways are not defined by the tourists shuffling in and out on the A-Train each summer. The Peninsula is made up of diverse neighborhoods, each with a proud history of activism and a shared commitment to community.

The Peninsula's communities include Far Rockaway, Bayswater, Edgemere, Arverne, Hammels, Seaside, Rockaway Park, Belle Harbor, Neponsit, Rockaway Beach and Breezy Point. These neighborhoods are growing: the population of the Rockaways increased by 8 percent from 2010 to 2020, the fourth-largest jump among the 14 census-defined areas in Queens.[2] The majority of residents live on the eastern end of the peninsula—largely east of Beach 86th Street—which includes Far Rockaway, Bayswater, Edgemere, Arverne, and Hammels and is a part of City Council District 31.[3] Thousands of new housing units have been developed over the past decade—the number of available units increased by nearly 10% between 2010 and 2022.[4]

More than half of the residents on the eastern end are either Black or Hispanic.[5] Among Rockaway communities, Edgemere, Hammels, and Far Rockaway households have the lowest median incomes and highest rate of families living in poverty.[6] Edgemere's median household income is $34,500, as opposed to Belle Harbor's, which is $152,500.[7] Recent data suggests more than one-half of Edgemere households and more than one-quarter of Far Rockaway households relied on the Supplemental Nutritional Assistance Program (SNAP).[8]

Despite the Peninsula-wide resource gap, all Rockaway residents are underserved with respect to healthcare. The Peninsula has a single hospital, St. John's Episcopal Hospital ("St. John's") located in Far Rockaway, and a smattering of smaller health centers. St. John's supports 257 beds and provides a range of important services—ambulatory surgery, mental health, maternity, dialysis, and more.[9] While St. John's has significantly improved the quality of its care over the past decade, it is not a certified trauma center. Jamaica Hospital Medical Center—the nearest Level I trauma center—is on average, about 10 miles away from any given location on the Peninsula.[10] The nearest Level I pediatric trauma center is Cohen Children's Medical Center, which lies nearly 12 miles from the Peninsula's eastern end and more than 23 miles from its western tip.

Prior to 2012, the Peninsula had two hospitals: St. John's and Peninsula Hospital Center, which contained nearly 300 beds and served tens of thousands of patients a year. In 2004, for example, Peninsula serviced more than 26,000 emergency department visits.[11] Peninsula offered medical/surgical, pediatric, and traumatic brain injury services, and employed more than a thousand people, most of whom were local residents.[12] But in 2006, the Commission on Health Care Facilities in the 21st Century (the so-called "Berger Commission" formed by then-Governor George Pataki) released

a report recommending St. John's and Peninsula merge operations into a single facility.[13] This consolidation never materialized. Instead, Peninsula downsized and then closed in 2012.

Disparities in healthcare to which Rockaway residents have access were abundantly clear amid the COVID-19 pandemic. Far Rockaway/Edgemere (ZIP code 11691) had the highest number of COVID-19 deaths and cumulative death rates across the Peninsula, as well as the second-highest death rate in Queens and the fifth-highest death rate of all 177 ZIP codes in the City.[14] All ZIP codes within the Rockaways had death rates that exceeded the citywide rate.[15]

The Rockaways are bound by water and geographically isolated poses unique risks to community health and safety. Residents know all too well the risks that storms pose on the Peninsula. The Rockaways were ravaged in 2012 by Superstorm Sandy, during which at least seven people died on the Peninsula (two Rockaway residents died at Jamaica Hospital Medical Center after sustaining storm-related traumatic injuries).[16] More storms like Sandy will come, each presenting new dangers to those who live in the Rockaways.

It does not take a superstorm to put the members of the Rockaways' waterfront community at risk. In 2022, Winter Storm Elliott stranded residents across the 31st Council district, who had little recourse to travel around or off the Peninsula. The New York City Panel on Climate Change (NPCC) has suggested the Peninsula may be permanently inundated with water by 2080 if coastal protections are not put in place.[17] Further, the summer sees "an increase in traumatic incidents, especially water related accidents involving boating emergencies or drowning."[18] In 2019, for example, at least seven people drowned, all young men and women of color.[19]

There are encouraging signs that the City seeks to address the lack of healthcare access in the Rockaways. In March of 2023, NYC Health + Hospitals/Gotham Health and the New York City Economic Development Corporation (NYCEDC) announced plans "to open new comprehensive community health center in Far Rockaway, Queens."[20] Expected to open in 2025, the Center seeks to "expand access to primary care, women's health, dental, vision and mental health services for the peninsula community."[21] The City contributed $30 million to outfitting the space. This new H+H facility follows the 2005 addition of the Joseph P. Addabbo Family Health Center in Arverne, which serves thousands of patients a year, and joins the patchwork of health centers and clinics offered to Rockaway residents.[22] However, even as new options emerge, some health centers have closed in recent years, like Far Rockaway AdvantageCare Physicians primary care facility.[23]

As outlined below, the lack of a certified trauma facility continues to endanger and concern Peninsula residents. In 2022, community activist Lailah Boyd circulated a petition calling for the construction of a trauma care center in the Rockaways.[24] It received more than a thousand signatures and reflected the past decade of advocacy for a trauma facility. In response to the longstanding disparities in care the Far Rockaway Trauma Healthcare Access Task Force (referred to herein as the "Task Force") was formed.

MEMBERS

Below is the list of the organizations represented on the Task Force, which includes elected officials, City agencies, community groups, NYCHA tenant associations, private developers, and healthcare institutions.

CO-CHAIR

Selvena N. Brooks-Powers

City Council Majority Whip,
District 31

CO-CHAIR

Dr. Mitchell Katz

President and CEO,
New York Health + Hospitals

Queens Borough President Donovan Richards, Jr.
New York State Senator James Sanders, Jr.
New York State Assembly Member Stacey Pheffer Amato
New York State Assembly Member Khaleel Anderson
St. John's Episcopal Hospital
Arverne by the Sea LLC
Far Rockaway Community Church of the Nazarene
Community Board 14
Edgemere Alliance
Edgemere Community Civic Association
Jewish Community Council of the Rockaway Peninsula (JCCRP)
Lailah Boyd
L+M Development Partners LLC.
Macedonia Baptist Church of Arverne
Nordeck Co-op
Ocean Park Apartments
Seaview Towers
The Arker Companies
The Community Builders
Tenant Association, Beach 41st Street Houses
Tenant Association, Carleton Manor
Tenant Association, Hammels Houses
Tenant Association, Redfern Houses
Tenant Association, Oceanside Houses
The Joseph P. Addabbo Family Health Center
Tishman Speyer
The Heart of Rockaway (THOR)

MEETINGS

The Task Force convened 7 times between October 2022 – November 2023. These meetings were largely held on Zoom, though the Task Force's final two meetings were held in-person. All online meetings were livestreamed, and the sixth meeting the group held was open to the community. Below, each meeting is linked to and briefly summarized.

MEETING #1

NOVEMBER 21, 2022

During this introductory meeting, the Task Force outlined the healthcare concerns Rockaway residents face and identified the primary goal of the task force – to bring a trauma care facility to the peninsula. Co-Chair Dr. Katz outlined relevant considerations when seeking to establish a trauma care facility in a community, including by explaining the levels of trauma care facilities (levels 1, 2, and 3) as designated by the State.

Stakeholders discussed the clinical needs of the community, ranging from trauma to heart and stroke care. The group talked about which hospitals community members use today, including St. John's, Jamaica Hospital Medical Center, and Long Island Jewish Medical Center. Task Force members emphasized of uplifting and collecting data on the community's healthcare needs.

MEETING #2

DECEMBER 15, 2022

Dr. Katz presented data collected on hundreds of EMS calls related to trauma that originated in the Rockaways (the data collected is reviewed in detail below). Task force members engaged in conversation about the data. The group talked about the number of calls as a means of defining the need for a trauma care center. This included whether the amount of EMS calls required for certification under the State's trauma facility guidelines. Task Force members emphasized that the population of the Peninsula is projected to continue to grow, and that it is important to consider the need for trauma care both now and in the future.

MEETING #3

JANUARY 19, 2022

The task force decided to survey the community to better understand its healthcare needs and members discussed the questions that would be posed to the community (survey questions and results are summarized below and attached as an appendix to this report).

MEETING #4

MARCH 16, 2023

The Task Force reviewed preliminary survey results, which members agreed demonstrated the community's demand for trauma healthcare in the Rockaways, as well as its preference for a new facility rather than enhancing an existing facility (see survey questions results below).

MEETING #5

APRIL 27, 2023

The Task Force reviewed the remainder of survey results collected. The group also discussed launching a website to memorialize the work of the Task Force. Dr. Katz outlined options for trauma care delivery, including the types of facilities that may be certified as trauma centers.

MEETING #6

JULY 11, 2023

The Task Force convened for the first time in person for a wide-ranging discussion about the type of facility that should be pursued, the funding available for the facility, and potential locations for the facility. Community members attended the meeting as well and had the opportunity to engage in discussion with task force members, including government officials present. Task force members once more discussed in detail the means of financing such a facility, and members examined the available public subsidies that might support various types of trauma facilities. The Task Force identified various potential locations for a trauma facility, including St. John's Episcopal Hospital, the area bound by Rockaway Beach Boulevard and Rockaway Freeway between Beach 42nd St. and Beach 44th St., and the area bound by Arverne Boulevard and Rockaway Freeway between Beach 59th St. and Beach 62nd St.

MEETING #7

JANUARY 6TH, 2024

Members of the Task Force convened once more in-person to visit several of the locations discussed at the prior meeting. Task Force members toured a variety of feasible sites for a trauma center and considered factors such as proximity to a major thoroughfare for ambulance traffic, accessibility of mass transit, sufficient size, risk of flooding, and exposure to residential areas. Those present viewed favorably the site between Beach 59th St. and Beach 62nd St., which is located on land owned by the New York City Housing Authority. The group also identified the location between Beach 42nd St. Beach 44th as a potential site. Following this tour, the group briefly discussed a preliminary draft and summary of this report.

ASSESSING COMMUNITY NEEDS

Review of 911 Trauma Calls from the Rockaway Peninsula

The Task Force compiled data on Emergency Medical Services (EMS) calls that originated in Rockaway to better understand the trauma care needs of the community. The data focused on a year's worth of data—a period spanning October 2021 to September 2022—and revealed that out of more than 15,000 911 calls, more than 700 could qualify as "trauma-related." The data also showed that most EMS transports are currently transported to St. John's.

TRAUMA-RELATED CALLS

CALL TYPE	NO. OF CALLS
Trauma*	22
Gunshot/Stabbing	57
Injury - Major	464
Motor Vehicle Accident – Major	150
Drowning	8
Jumping	5
Total	706

* The number of "trauma" activations alone based on the categorization of the receiver is relatively small in it of itself, but the number of cases that could benefit from a trauma center—and potentially qualify for trauma activation—is much larger as it includes categories of gunshots, stabbing and other accidents.

HOSPITAL DESTINATIONS

+ **St John's Episcopal Hospital: 13,530**
+ **Jamaica Hospital: 275**
+ **Coney Island Hospital: 393**
+ **Northwell Valley Stream: 339**

The Task Force identified several limitations of this analysis. It did not include data on those brought to the hospital by private car nor by Hatzalah, a Jewish volunteer emergency medical service organization. Far Rockaway is home to one of the largest orthodox Jewish communities, and the Task Force's discussions suggest the Jewish community are largely transported out of the community for care.[25]

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transported out of the community for care.

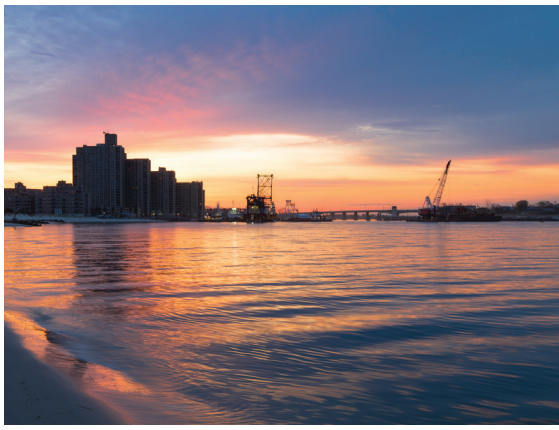
Additionally, the type of call as identified by the receiver does not necessarily indicate the seriousness of the injury, which could lead to the call data above being either under- or over-inclusive. Despite these limitations, the data above indicates a significant volume of trauma-related EMS calls originating in the Rockaways, even as the Peninsula lacks a trauma facility that can handle these cases.

COMMUNITY SURVEY

A crucial component of the Task Force's work was to assess the healthcare needs of the community. To do this, the Task Force resolved to issue a survey and ask residents for their preferences and experiences with respect to trauma care. Task Force Members worked jointly to generate the questions for the survey and distributed it to community members. The survey received more than 500 responses.

The survey featured both multiple choice questions and open-ended responses. The responses to the multiple-choice questions indicated that major trauma was the most pressing unmet need among community members. Respondents indicated:

+ A preference for a trauma center contained within a new facility, rather than an enhanced existing facility;
+ A preference that a new trauma facility be erected in Arverne, Edgemere, or Far Rockaway, in that priority order;
+ Comfort with helicopters landing on or near a trauma facility in the Rockaway community.



The responses to these questions are summarized below.[26]

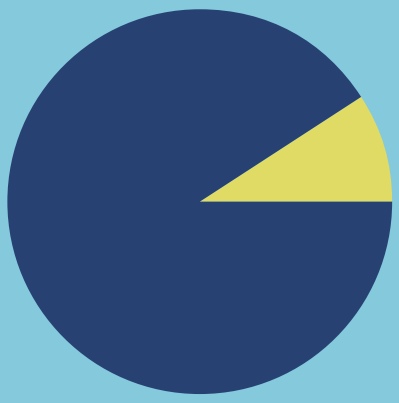
The Task Force is exploring options to improve healthcare access in the Rockaways, like building a new healthcare facility or upgrading an existing facility. Which healthcare services are most important for such a facility to provide or enhance? Please numerically rank the following services in the order they are most important to you, with 1 representing the most important and 7 the least:

AVERAGE RANK

The Taskforce asked community members to rank healthcare services on a scale from 1-7 — where 1 indicates "Most Important" and 7 indicates "Least Important".

Major Trauma	Heart and Stroke Care	Mental Health	Labor and Delivery	Pediatrics	Substance Abuse/Addition Services	Minor Trauma
1.5	2.6	3.4	4.0	4.3	4.8	4.8

MOST IMPORTANT LEAST IMPORTANT

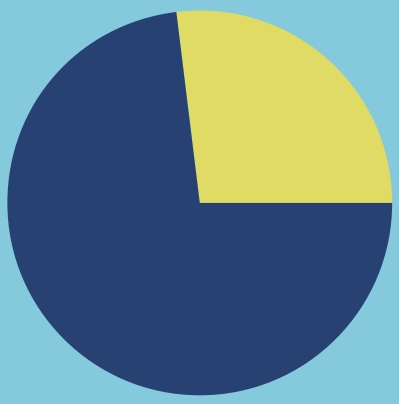


Some trauma facilities use helicopters to transfer patients in critical need. Would you be comfortable with helicopters landing on or near a trauma facility in the Rockaway community?

YES	**90.9%**
NO	**9.1%**

If a new trauma healthcare facility came to the Rockaways, where should it be located such that it could best serve the Rockaway community as a whole?

ARVERNE	**48.4%**
EDGEMERE	**30.8%**
FAR ROCKAWAY	**12.3%**



The Rockaway community does not currently have a trauma care facility. Should the community prioritize bringing an entirely new trauma care facility to the Rockaways or enhaancing the services of an existing facility to include trauma care?

BUILD NEW FACILITY	**90.9%**
ENHANCE EXISTING	**9.1%**

Perhaps more striking were the open-ended responses, which articulate the tragic consequences of the lack of trauma care on the Peninsula. Respondents recounted stories of community members dying while on the way to a trauma center off the peninsula. Community members' frustration, anger, and heartbreak is present throughout these responses, including in those quoted below:

"My son childhood friends… died from gunshot injuries. One of them died because the helicopter didn't come in time. I saw the nurses trying to [stabilize] him unfortunately it was too late. Too many [people] die in Rockaway because of no trauma unit. [I don't know] how this was legal in the first place we [are] the only community without one, it's sad. I would use the hospital more if they had a trauma unit. I travel to Manhattan [NYU] because I don't feel comfortable trusting a hospital with my life that don't have the right resources for my life. I pray St. John's gets better. It's frustrating I travel [1 hour and a half] to feel like I can get good care meanwhile I live 4 blocks from a hospital."

"Gunshot wound. Patient laid in street for mins, before transported to Jamaica Hospital. Went into a coma, due to the lapse of time bullet remains in the body even until today."

"Car accident and the death of my mother during Covid-19 pandemic. I don't believe the adequate care was here on the Rockaway Peninsula to save her life. She would have had to be transferred to another hospital out of St. John's, but [unfortunately] she went into cardiac arrest and couldn't be moved and she died. There was a treatment she needed and the Hospital just didn't have it. No fault of theirs but this is why we need TRAUMA unit to deal with these kind of situations."

"A childhood friend passed away from a gunshot wound because he had to be taken to Jamaica hospital where he died en route. If St. John's had the capacity for trauma he would've been able to live and meet his then unborn son"

"My uncle died in [an] ambulance ride from Rockaway to Jamaica hospital from internal bleeding because the ride was almost 1hr from Rockaway park to Jamaica. I also lost a friend from a gunshot wound for the same reason. The ride to a trauma unit is [too] long currently"

CONCLUSIONS

Given the data compiled and after a series of seven discussions among members of the Task Force, the Task Force has reached the following conclusions:

1. The Rockaways urgently need a trauma center.

Since this task force began, Task Force members have stressed the crucial importance of bringing trauma care to the Rockaways. The Task Force's discussions and compiled data demonstrated this need, qualitatively and quantitatively.

Members repeatedly pointed to the Peninsula's geographic isolation and its growing, diverse, and underserved population as clear evidence the Rockaways need a trauma center on the peninsula. The data collected as part of the review of EMS calls and the Task Force's community survey reflected these concerns. Jamaica Hospital Medical Center—the closest trauma hospital for the vast majority of Peninsula residents—was an average of nearly ten miles away, separated from the Rockaways by Jamaica Bay. EMS data revealed more than 700 trauma-related calls originating in the Rockaways in a single year, each of whom would be unable to obtain trauma care without leaving the Peninsula. Moreover, a majority of survey respondents to the group's community survey listed major trauma care as the most important service that a new healthcare facility could provide.

2. Community members and stakeholders favor a Level I or Level II Trauma Center.

Throughout the Task Force's conversations, members expressed a preference for a facility that could ensure trauma victims receive necessary and life-saving care without having to leave the Peninsula—a facility at the standard of care provided by Level I and Level II facilities (these standards are discussed in more detail in the following section).

Repeatedly, members discussed the challenges posed by the Peninsula's unique geographic status and the distance from other trauma facilities throughout the city. The Task Force sought to be clear-eyed about the challenges of establishing such a facility, and engaged in conversations about the increased costs, standards of care, and staffing requirements associated with a larger and more complex facility. But as one task force member, Edgemere Community Civic Association President Sonia Moise, asserted, the Rockaway Peninsula should not "settle" for a facility that will transfer a patient out after providing "the immediate care."[27] Notwithstanding the challenges, the Rockaway community seeks to ensure residents have access to the best possible care on the Peninsula. As Co-Chair Council Member Brooks-Powers explained, "our goal is level one… I do not want to see less than a level two."[28]

3. The ideal location for this facility lies east of Beach 86th Street.

Task Force members recognized that the entirety of the Peninsula is deprived of a trauma care facility but identified the area east of Beach 86th Street as an area of acute need. This part of the peninsula contains the Rockaways' densest population and, in absolute terms, the portion of the peninsula growing most quickly. Moreover, as outlined above, the eastern end of the peninsula contains a significantly higher proportion of low-income households than the western end of the peninsula. When the community was surveyed and asked about prospective locations for the facility, more than 90% selected either Arverne, Edgemere, or Far Rockaway as optimal locations for the siting of a new facility. To maximize the benefit a new trauma center provides to community members, it should be sited on the Peninsula's eastern side—its demographic center—to ensure the full Peninsula can benefit from the services.

FACILITY TYPES, CERTIFICATION, AND FINANCING

Traumatic injuries dramatically alter lives. They can result in death, disability, or financial devastation for victims, and thus present a "public health problem of enormous magnitude."[29] The American College of Surgeons has recognized that "organized approaches within single facilities to care for victims of severe injury have repeatedly demonstrated improved outcomes."[30] This the rationale for the rules that define and classify trauma centers, which seek to ensure that victims of trauma have access to high-quality care that meets the needs of the patient.

Trauma centers are designated by the New York State Department of Health. In 2012, the New York State Department of Health decided to adopt the American College of Surgeon's Committee on Trauma (ACS-COT) verification standards for the State's trauma facilities.[31] These standards are contained in ACS-COT's Resources for Optimal Care of the Injured Patient, which serve as the basis for trauma care regulations in states across the country. This document also defines the levels of various trauma centers, which was a topic of central concern to the members of the Task Force. The latest ACS-COT document defines three levels of adult trauma care—I, II, and III, in roughly descending order of complexity and size—and two parallel designations (Levels I and II) for pediatric trauma care.

Level I trauma centers "must be capable of providing system leadership and comprehensive trauma care for all injuries."[32] Most Level I trauma centers are "university-based teaching hospitals due to the resources required for patient care, education, and research."[33] The New York City region features a dozen certified Level I adult trauma hospitals, including in Jamaica Hospital Medical Center, Queens Elmhurst Hospital Center, and New York-Presbyterian/Queens.[34] These centers also have a volume requirement: to qualify as a Level I facility, the hospital "must care for at least 1,200 trauma patients per year or at least 240 trauma patients with Injury Severity Score (ISS) greater than 15 per year."[35]

Level II facilities "are expected to provide initial definitive trauma care for a wide range of injuries and injury severity."[36] Level II facilities are not subject to the same volume criteria as Level I centers and may not have certain specialized capabilities or the research mandate present in Level I centers. But in other ways, Level II facilities resemble Level I centers. For example, in both types of facilities, an operating room (OR) must be staffed and available within 15 minutes of notification (versus 30 minutes in Level III centers).[37] New York City has five Level II Adult Trauma Centers, none of which are in Queens.

Level III trauma centers "provide definitive care to patients with mild to moderate injuries, allowing patients to be cared for closer to home." These centers "have processes in place for the prompt evaluation, initial management, and transfer of patients whose needs might exceed

the resources available." It is crucial that Level III centers have transfer agreements and processes in place with larger Level I or II facilities when "patient needs exceed the resources available." There are no Level III trauma centers in New York City.

If a hospital seeks to be designated as a trauma center, the facility must receive verification from ACS-COT directly, which entails a consultation site visit and a verification site visit by ACS-COT. Review teams will look over the facility's medical records, meet with administrators and doctors, and tour the hospital in assessing whether the facility complies with ACS-COT standards. Once verified, facilities must be re-verified every three years by ACS-COT.

Building a trauma healthcare facility requires significant capital investment, and an ongoing annual revenue stream t0 ensure successful continued operation. All trauma centers must meet the facility and equipment standards as outlined by ACS-COT, and trauma care often features in large hospitals supporting a wide range of services. Existing acute care facilities may need to add capacity—increase the number of ORs, for example—or purchase or upgrade equipment to obtain trauma verification. Trauma care requirements also place additional staffing demands on a hospital, which increases operating expenses. As mentioned above, ORs must be staffed and available within minutes of notification. In Level I or Level II facilities, the ICU must also be staffed within 15 minutes of request.[38]

Hospitals rely on revenue from payments for patient care services, including out-of-pocket payments from patients and reimbursements from private insurers and insurance programs like Medicare and Medicaid. But a hospital's expenses may exceed those from insurance reimbursements, especially when hospitals in high-need and low-income communities accept uninsured patients or those on Medicaid, which typically pays hospitals less than private insurers do. Public subsidies and donations help fill gaps and ensure hospitals make payroll and maintain quality of service for patients. For example, St. John's receives tens of millions of dollars each year from the New York State Department of Health in operating subsidies.[39] Any new trauma hospital in the Rockaways will likely require commitments of public or private commitments to ensure short- and long-term viability.

Traumatic injuries dramatically alter lives. They can result in death, disability, or financial devastation for victims, and thus present a "public health problem of enormous magnitude."

IDENTIFYING A LOCATION FOR A TRAUMA FACILITY

The ideal location for such a facility will depend on several factors, many of which were identified during Task Force meetings. These may include local rates of traumatic injury, acceptability to surrounding neighbors, direct access by major roads, affordability of land, availability for purchase or long term (e.g., 100-year) lease, infrastructure for water, sewage, electricity, or flood risk.

Task Force members began to perform a preliminary assessment of several sites in January. For example, when the task force visited the site bound by Arverne Boulevard and Rockaway Freeway between Beach 59th St. and Beach 62nd St., members pointed out that this area was vacant (and would not require demolition prior to construction), NYCHA-owned, near a subway station, accessible by arterial roads, and not adjacent from nearby residences. Additional and more technical assessments will be required to select the ideal location.

EXPANDING AN EXISTING FACILITY VS. BUILDING A NEW FACILITY

It is worth noting that the Task Force held several discussions regarding whether to enhance an existing facility or build up an entirely new facility and explored the benefits and pitfalls of both options.

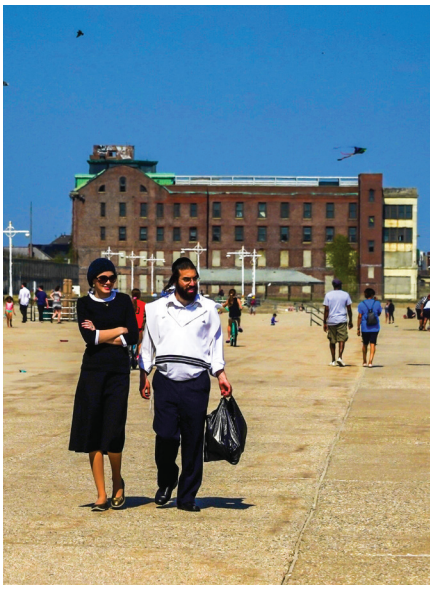
The clearest candidate for enhancement is St. John's, which is the only acute care facility on the Peninsula today. St. John's is, per Co-Chair Dr. Katz, the "fastest" route to providing trauma care as it already has in place much of the infrastructure necessary to become a trauma facility.[40] St. John's is the destination for the vast majority of the City's EMS transports that originate in the Rockaways and among the largest employers on the Peninsula. Members of the Task Force raised concerns about recruiting the necessary staff to support a new trauma facility, a job made easier with St. John's base of doctors, nurses, and administrators who currently work in Far Rockaway.

Last year, St. John's conducted a "Trauma Program Feasibility Study," in which a management consultant hired by the hospital explored the possibility of enhancing St. John's with the goal of obtaining trauma center designation.[41] The report put forward three "key findings:"

+ that "the volume of trauma incidents in Far Rockaway is unlikely to sustain trauma program verification," (the report estimates that "an estimated 70 to 80 trauma activations occur in Far Rockaway each year," though the information the Task Force collected suggested this volume may be significantly higher),

- that "the capital expenditures and operating expenses to establish and run a program represent a significant one-time investment and ongoing expense," including the capital costs of adding patient rooms and "operating expenses includ[ing] physician and nurse staffing,"
- and that "establishing a trauma program would take a minimum three years."[42]

The report also indicates that St. John's would require a significant public subsidy to make necessary capital improvements for trauma verification and sustain a trauma facility's operating budget. During one meeting, Dr. Donald Morrish of St. John's said that the hospital is "committed to providing healthcare in the community" but that "we are limited with funds."[43]



Over the course of the Task Force's meetings, members raised concerns regarding whether St. John's could capture the total trauma volume of the peninsula. The EMS data indicates a significantly higher number of trauma-related EMS calls (more than 700) than the number of trauma activations estimated as occurring by St. John's (70-80), though not trauma-related calls result in a trauma activation.[44] But moreover, Task Force members suggested that members of Far Rockaway's sizeable Jewish community "won't go to St. John's," and that many members of the community use Hatzalah rather than the City's EMS system and route to other hospitals.[45]

Pursuing a new facility, on the other hand, would afford the Rockaways the opportunity to build a state-of-the-art center tailored to the needs of the community. It would restore a second acute care facility to the Rockaways, who once had access to both St. John's and Peninsula Hospital. Moreover, the community members were asked: "should the community prioritize bringing an entirely new trauma care facility to the Rockaways or enhancing the services of an existing facility to include trauma care?" An overwhelming majority of respondents—about three quarters respondents—chose a new facility.

However, building a new facility presents numerous challenges. Task Force member Betty Leon expressed concern about the "time" and "resources," necessary to construct such a facility. [46] A new building may take up to a decade or more to construct, even as Rockaway residents continue to endure traumatic injury in the meantime. Constructing a new facility will be more capital intensive than augmenting St. John's, and thus require a more significant up-front investment. Moreover, some Task Force members raised concerns about "competition" with St. John's.[47] Hospitals rely on patient volume to sustain quality care. Were a second facility to provide duplicative services, the quality of both facilities could suffer.

Realizing either option—enhancing an existing facility or building a new one—will take years. Task Force members discussed the potential for innovation in the short-term to provide peninsula residents with better access to trauma care. For example, Director of Trauma Surgery at Jacobi

Medical Center and Task Force member Dr. Sheldon Teperman raised the possibility of using helicopters stationed at nearby Floyd Bennett Field to fly trauma victims out of the Rockaways and to other centers like Jacobi.[48] This could provide residents with reliable access to the City's Level I trauma centers within minutes of an emergency call being placed.

Regardless of which option is pursued, Task Force members repeatedly emphasized the importance of sustainability—of any trauma facility, but also of existing healthcare options on the Peninsula. Community stakeholders remember the closure of Peninsula Hospital and recognize the importance of guaranteeing long-term financial health.

INITIATE CONVERSATIONS WITH NEW YORK STATE DEPARTMENT OF HEALTH

The New York State Department of Health's Bureau of Emergency Services administers the state's trauma program. The program is comprised of its State Trauma Advisory Committee, its eight Regional Trauma Advisory Committees, its 45 trauma centers, and its trauma registry. Moreover, the Department of Health helps administer major grant programs that could help provide funding for the construction of such a facility. Successfully establishing a new trauma facility in the Rockaways will require the input and cooperation of the New York State Department of Health.

SELECTING A HOSPITAL DEVELOPER

Stakeholders will need to decide who will develop and operate this facility. Joining a larger hospital system may best position the facility for success, given the challenges of operating a trauma center independently. There are several large systems with hospitals in New York City, including Medisys, Mount Sinai, Northwell, NYU Langone, and NYC Health and Hospitals.

INITIAL SCOPING OF SIZE AND SERVICES

Trauma facilities vary greatly in shape and size, as well as in the range of services provided beyond trauma care. Given the rigorous demands of caring for victims of traumatic injury, many trauma centers – especially Level I or II facilities – offer numerous additional services and specialized types of care. Bellevue Hospital, for example, has a bariatric surgery department; Jacobi Medical Center has a Snakebite Center that was founded in collaboration with herpetologists at the Bronx Zoo. More research is required to determine what additional services would best suit the needs of residents of the Rockaways.

Community stakeholders remember the closure of Peninsula Hospital and recognize the importance of guaranteeing long-term financial health.

Task Force members also discussed the possibility of establishing a trauma "emergency room." Such a facility would intake a patient and provide stabilizing care – for example, to stop the bleeding, or get the patient into surgery. However, such a facility would not be capable of long-term rehabilitating care. After addressing immediate and acute need, the patient would be transferred to a larger center elsewhere. This facility would most likely meet the verification standards for a Level III center but could act as a direct subsidiary of a Level I or II facility. While such a facility does not meet all the care aspirations of the Task Force, it could offer a shorter-term solution as the work to build a Level I or II center proceeds.

CREATING A FUNDING PLAN

As outlined above, trauma care facilities require a significant up-front investment to build and, oftentimes, subsidies to operate and ensure reliable access to quality care, especially in high-need communities. Those committed to constructing this task force must explore potential opportunities for securing the funding required.

Investments can come from a variety of sources. For example, last year, Jamaica Hospital received an infusion of $150 million as part of the New York Statewide Health Care Facility Transformation Program.[49] In 2018, then-Mayor Bill de Blasio announced that NYC Health + Hospitals/ Metropolitan would receive $52 million in capital dollars from city coffers.[50]

CONSTRUCTION, LICENSING, AND STAFFING

Finally, the hospital will need to be both constructed and readied to operate and serve Peninsula residents. The developer will need to—among many other tasks—select contractors, engage the surrounding community, and ensure compliance with any land use regulations. Constructing a trauma care facility is a major undertaking that will require years of thoughtful planning and painstaking execution.

Once built, the center will need to acquire the necessary licensure to act as a trauma care facility. As outlined above, the facility must receive trauma verification from ACS-COT, who will need to visit the site once it is ready to provide care, and meet any other requirements as outlined by the New York State Department of Health. As part of the verification process, the hospital will need to meet rigorous staffing requirements to ensure the facility has the doctors, nurses, and administrators to guarantee quality care.

The members of the Task Force suggested in various meetings that the facility could deliver benefits to the community beyond just trauma care—that such a facility could serve as an educational and economic boon to neighborhoods in need of investment. The developer of the hospital should keep this in mind in the process of constructing and staffing the facility and, whenever practicable, engage community members and provide local hiring and contracting opportunities. Once operational, the facility should seek to partner with its neighbors and ensure an ongoing dialogue about how the center can best serve the Peninsula's ever-evolving community.

1 New York State Comptroller Thomas P. DiNapoli, An Economic and Demographic Snapshot of The Rockaways. Available at: https://www.osc.ny.gov/files/reports/osdc/pdf/report-7-2023.pdf

2 Id.

3 Id.

4 NYC Equitable Development Data Explorer. Housing Production: Far Rockaway, Breezy Point & Broad Channel. https://equitableexplorer.planning.nyc.gov/data/district/4114/hopd/tot

5 United States Census Bureau. ZIP Code Tabulation Area 11691. Available at : https://data.census.gov/profile/ZCTA5_11691?g=860XX00US11691#populations-and-people

6 New York State Comptroller Thomas P. DiNapoli, An Economic and Demographic Snapshot of The Rockaways.

7 Id.

8 Id.

9 New York State Department of Health, NYS Health Profiles, "St Johns Episcopal Hospital So Shore." Available at: https://profiles.health.ny.gov/hospital/printview/103084

10 Far Rockaway Trauma Healthcare Access Task Force Data compiled by Dr. Mitchell Katz. Available at: https://drive.google.com/file/d/1uXcu2w5-KYXpnXZM_HmDHlW95rTcNLVy/view?usp=sharing

11 Commission on Health Care Facilities in the 21st Century, A Plan to Stabilize and Strengthen New York's Health Care System. Available at: https://drive.google.com/file/d/16FcZMg-oG-AamOUSZAHJeWLu-eoBkC0J/view?usp=sharing

12 Id.

13 Id.

14 New York State Comptroller Thomas P. DiNapoli, An Economic and Demographic Snapshot of The Rockaways.

15 Id.

16 "Mapping Hurricane Sandy's Deadly Toll." New York Times, November 12, 2012. Available at: https://archive.nytimes.com/www.nytimes.com/interactive/2012/11/17/nyregion/hurricane-sandy-map.html

17 Council of the City of New York, Committee on Transportation and Infrastructure. Oversight: 10th Anniversary of Superstorm Sandy. Available at: https://legistar.council.nyc.gov/View.ashx?M=F&ID=11361226&GUID=4392A83A-B065-484C-8A02-01B3CFFA088E

18 St. John's Episcopal Hospital, Trauma Program Feasibility Study. Available at: https://drive.google.com/file/d/1l6ZiMcBjg07c490_TXa0aAVLQkS5NH_0/view?usp=sharing

19 Knoll, Corina. "How One Shoreline Took the Lives of 7 Young People." New York Times, June 26, 2020. Available at: https://www.nytimes.com/2020/06/26/nyregion/rockaway-beach-drownings.html

20 NYC Health + Hospitals. "NYC Health + Hospitals/Gotham Health and NYCEDC to Open New $30M Health Center in Far Rockaway, Queens." Available at: https://www.nychealthandhospitals.org/pressrelease/nyc-health-hospitals-gotham-health-and-nycedc-to-open-new-30m-health-center-in-far-rockaway-queens/#:~:text=The%20new%20health%20center%20will,cost%20of%20outfitting%20the%20space.

21 Id.

22 Romero, Maria. "Dr. Peter Nelson, CEO of Joseph P Addabbo Family Health Center." QNS, November 7, 2011. Available at: https://qns.com/2011/11/dr-peter-nelson-ceo-of-joseph-p-addabbo-family-health-center/.

23 Schneiderman, Wayne Daren. "Rockaway HIP Medical Center To Shut Down." The Wave, March 31, 2023. Available at: https://www.rockawave.com/articles/rockaway-hip-medical-center-to-shut-down/#:~:text=The%20Far%20Rockaway%20Advantage-Care%20Physicians,statement%2C%20NYS%20Assemblyman%20Khaleel%20M.

24 "Trauma Care Center For The Rockaways." Available at: https://www.change.org/p/trauma-care-center-for-the-rockaways.

25 Far Rockaway Trauma Healthcare Access Task Force Meeting #1. Available at: https://youtu.be/Yqtv2POvX6U?si=yxZ8223k-U1p0Qf1l&t=3011

26 Far Rockaway Trauma Healthcare Access Task Force - Community Survey Preliminary Results. Available at: https://img1.wsimg.com/blobby/go/8811a9b9-efe4-4726-8c3c-5984ee44ad6d/4_27_Aggregated_Prelim_Survey_Results-465eb52.pdf

27 Far Rockaway Trauma Healthcare Access Task Force Meeting #6. Available at: https://youtu.be/1I2cr9vV6Nw?si=VLofpR-laR5kqg_QA&t=1616.

28 Far Rockaway Trauma Healthcare Access Task Force Meeting #1. Available at: https://youtu.be/Yqtv2POvX6U?si=Kwdl0M-Jrl5IcVr41&t=1691.

29 Resources for Optimal of the Injured Patient, 2014. Available at: https://www.facs.org/media/yu0laoqz/resources-for-optimal-care.pdf.

30 Id.

31 New York State Department of Health, "Letter to Hospitals RE ACS Determination." Available at: https://www.health.ny.gov/professionals/ems/pdf/acs_cot_letter.pdf.

32 Resources for Optimal Care of the Injured Patient, 2022. Available at: https://www.facs.org/media/0x5bsdxd/2022-vrc-injured-patient-standards-manual_-2023-revision.pdf.

33 Id.

34 New York State Department of Health, NYS Health Profiles, "9 Level 1 Adult Trauma Centers in New York." Available at: https://profiles.health.ny.gov/Hospital/designated_center/Level+1+Adult+Trauma+Center.

35 Resources for Optimal Care of the Injured Patient, 2022.

36 Id.

37 Id.

38 Id.

39 Lewis, Caroline. "Cuomo Pushes Cuts To Safety-Net Hospitals After They Stepped Up During Pandemic," Gothamist, March 17, 2021. https://gothamist.com/news/cuomo-pushes-cuts-safety-net-hospitals-after-they-stepped-during-pandemic.

40 Far Rockaway Trauma Healthcare Access Task Force Meeting #5. https://www.youtube.com/live/Fo7t89Pc2zg?si=5lfDsyIPyVD-KDF4J&t=2054

41 St. John's Episcopal Hospital, Trauma Program Feasibility Study.

42 Id.

43 Far Rockaway Trauma Healthcare Access Task Force Meeting #6. Available at: https://youtu.be/1l2cr9vV6Nw?si=UnTlv4xCDx-7mVcqt&t=1980

44 Far Rockaway Trauma Healthcare Access Task Force Data compiled by Dr. Mitchell Katz. Available at: https://drive.google.com/file/d/1uXcu2w5-KYXpnXZM_HmDHlW95rTcNLVy/view?usp=sharing

45 Far Rockaway Trauma Healthcare Access Task Force Meeting #1. Available at: https://youtu.be/Yqtv2POvX6U?si=yxZ8223k-U1p0Qf1l&t=3011

46 Far Rockaway Trauma Healthcare Access Task Force Meeting #4. Available at: https://www.youtube.com/live/9_dUK-9Jpu-k?si=2wekrPwKdiTZyO1L&t=2489

47 Far Rockaway Trauma Healthcare Access Task Force Meeting #1. Available at: https://youtu.be/Yqtv2POvX6U?si=Ah3N-vmV1taDrbjCZ&t=2731

48 Far Rockaway Trauma Healthcare Access Task Force Meeting #5. Available at: https://www.youtube.com/live/Fo7t89P-c2zg?si=TJgP6uf5QEpAgLG5&t=2489

49 New York State Department of Health Public Health and Health Planning Council, Jamaica Hospital Emergency Department Expansion Proposal Summary. Available at: https://www.documentcloud.org/documents/23787250-jamaica-hospital-ed-expansion-proposal-summary

50 NYC Health + Hospitals. "De Blasio Announces $52 Million in Planned Capital Investment for NYC Health + Hospitals/Metropolitan." Available at: https://www.nychealthandhospitals.org/pressrelease/nyc-health-hospitals-metropolitan-to-receive-52-million-for-capital-projects/

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