

LAUREN YEDVAB
SENIOR VICE PRESIDENT

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March 4, 2014

Hon. Meenakshi Srinivasan
Chair
New York City Board of Standards and Appeals
250 Broadway, 29th Floor
New York, NY 10007

Re: New York Methodist Hospital
Center for Community Health
505-525 6th Street (Block 1084, Lots 25, 26, 28,
39-44, 46, 48, 50-59, 164, 1001, and 1002)
Brooklyn, New York

Dear Chair Srinivasan and Commissioners:

We are writing this letter in connection with the proposed development of a new ambulatory care facility (the "Center for Community Health" or the "Center") on the campus of New York Methodist Hospital ("NYM" or the "Hospital"). The Center for Community Health would address the Hospital's need for adequate and appropriate space for ambulatory care facilities. It would also facilitate the expansion and repositioning of inpatient facilities in the Hospital's existing buildings.

I. New York Methodist Hospital

NYM is a voluntary, acute-care teaching hospital, founded in 1881 in Park Slope, Brooklyn. It is affiliated with Weill Cornell Medical College, one of the nation's leading medical schools, and is a member of the NewYork-Presbyterian Healthcare System. Since the Hospital's founding, its mission has remained the same: to provide excellent healthcare services in a compassionate and humane manner to the people who live and work in Brooklyn and its surrounding areas.

NYM's affiliation with Weill Cornell Medical College supports the Hospital's function as a major teaching hospital. NYM has ten graduate medical education programs and five schools that provide training in allied health professions. Medical students, residents, and fellows across many specialties—including primary care, surgery, pediatrics, obstetrics and gynecology, anesthesiology, and emergency medicine—receive focused training that teaches these new clinicians to feel comfortable practicing medicine in any setting. The Hospital's experienced faculty not only supervise and educate these young doctors at the patient bedside, but they also promote learning through weekly conferences and rounds, including professional rounds, morbidity and mortality conferences, journal club, quality improvement seminars, subspecialty seminars, book reviews, and service rounds.

The Hospital's main campus is located on two adjacent blocks bounded by 7th Avenue, 5th Street, 8th Avenue, and 7th Street in Park Slope, Brooklyn. The campus contains 651 beds and admits approximately 40,000 inpatients each year, and the Hospital logs an additional 350,000 outpatient visits annually. NYM also maintains 14 satellite locations (and provides outreach support to 53 independent medical offices) in other neighborhoods as a means of providing primary care proximate to patients' homes, supplementary to the more specialized services provided on the main campus. (See attached map of Current NYM Ambulatory Care Sites) As shown in the attached NYM Statistical Exhibits, the Hospital's patients represent a diverse population in terms of race (Exhibits 1 and 2), age (Exhibit 5), financial class (Exhibits 6 and 7), and geographic neighborhood (Exhibit 8).

During the past 20-plus years, NYM has enjoyed growth in all services and has doubled its inpatient volume, from 20,696 discharges in 1990 to 39,559 discharges in 2012 (Exhibits 6 and 8). Today it is one of the City's most successful hospitals, having received numerous accolades for its healthcare services. NYM's success is due in large part to its highly qualified staff of medical professionals, as well as to its commitment to investing in modern facilities with up-to-date clinical technology. Programs and services that the Hospital has recently introduced include a new state-of-the-art birthing center; an advanced interventional pulmonology program; a sleep disorder center; an extensive robotic surgery service; a broad neuroscience program, with centers for the treatment of Parkinson's disease, epilepsy, neuropathy, and strokes; and the New York Methodist-Cornell Heart Center, which contains the most modern cardiac surgery and interventional cardiology facilities in Brooklyn and is one of only three such services in the Borough.

Despite a challenging healthcare climate that has negatively affected hospitals elsewhere in New York City and throughout the State, NYM has remained a stable and successful institution. NYM has been acknowledged by both the State Department of Health and independent financial rating agencies as a well-managed, well-financed hospital. This commitment to responsible management, coupled with the Hospital's continued focus on modernizing its facilities, has translated into high-quality medical care for the Hospital's patients.

II. The Hospital's Programmatic Needs

Notwithstanding NYM's role as a leading healthcare service provider in Brooklyn, the Hospital has a programmatic need for adequate and appropriate space for ambulatory care facilities, located on its main campus. As the nation's healthcare system has evolved over the past two decades—with advances in technology, an aging population, and shifting economic forces—medical treatment has transitioned increasingly from inpatient to outpatient care. Currently, NYM lacks the amount and type of space it needs to provide ambulatory care to its growing patient population.

The shift toward outpatient care is being experienced throughout the healthcare industry. Medical and surgical innovations, combined with the increasing expenses involved in a hospital stay, make it essential that hospitals provide inpatient care only when that care cannot be rendered in any other setting. More and more medical conditions are being effectively treated without an overnight hospital stay or with a hospital stay that is significantly shorter than would have been required just a few years ago. A number of hospitals in New York City have recently expanded their facilities to accommodate a dedicated outpatient center, including Lenox Hill Hospital, Montefiore Medical Center, Memorial Sloan-Kettering Cancer Center, NYU Langone Medical Center, Mt. Sinai Medical Center, the Hospital for Special Surgery, and NewYork-Presbyterian Hospital, Weill Cornell Medical Center.

This transition is related to other trends. Major surgical procedures that require days or weeks of inpatient hospital follow-up care are increasingly being replaced by minimally invasive procedures, which can often be performed on an outpatient basis. Such procedures, although representing state-of-the-art medical care, require space that exceeds the size of current operating rooms because of the need for specialized equipment. Imaging devices and robotic systems, for example, are often large and may require additional personnel to operate them. The Hospital's existing facilities are incapable of meeting this need, and current operations are constrained as a result.

As shown in the attached 10 Year Surgical Case Summary, presented to the Board at the February 11, 2014, public hearing, the number of outpatient surgical cases at the Hospital has seen marked growth over the past ten years. In 2003, the Hospital had 14,537 outpatient surgical cases, and in 2013 the Hospital had 18,957 such cases, representing an increase of 30 percent. These numbers include surgical cases in ambulatory endoscopy (approximately 4,900 cases in 2003 and approximately 7,000 cases in 2013), ambulatory gynecology (1,919 cases in 2003 and 2,067 cases in 2013), ambulatory orthopedics (677 cases in 2003 and 916 cases in 2013), ambulatory urology (97 cases in 2003 and 706 cases in 2013), and minimally invasive/interventional radiology (34 cases in 2003 and 979 cases in 2013). These numbers are projected to grow more as the industry continues its transition toward outpatient healthcare.

The Hospital has a particular need for appropriate, modern space for its Regional Radiation Oncology Center. The Radiation Oncology Center has long been recognized for its excellence, in large part because of the Hospital's continuing investment in its treatment facilities. NYM was a pioneer in the use of stereotactic radiotherapy and has acquired state-of-the-art technologies for intensity modulated radiation therapy, brachytherapy, and three-dimensional conformal radiotherapy. These modern technologies, however, are currently housed in the basement of a 1950s-era campus building that cannot accommodate the types of amenities that are appropriate for cancer patients—many of whom visit the Hospital on a daily basis over a period of several weeks or more. Moreover, as shown in the attached historical data summary, the number of patient visits to the Regional Radiation Oncology Center has grown steadily over the past decade, and is projected to grow further in the future. The Center for Community Health would allow the Hospital to provide its patients with levels of comfort and convenience that are standard in the medical industry today and to expand services to include additional advanced technologies, such as respiratory gated 4-dimensional stereotactic radiotherapy for lung and liver cancers and intraoperative brachytherapy for breast cancer. It would also allow the Regional Radiation Oncology Center to be located under one roof with the Hospital's Institute for Cancer Center (described below), which contains the Hospital's other oncology services, thus providing continuity and comfort for the patient.

The medical industry's emerging focus on prevention, healing, and chronic care, efficiently delivered in an ambulatory care setting, has required a greater integration of primary and specialty care. This model, along with changes in insurance reimbursement systems, has led an increasing number of physicians to switch from private practice to institution-partnered practices. In part because of its affiliation with the NewYork-Presbyterian Healthcare System and its ability to offer clinical faculty positions at the Weill Cornell Medical College, NYM has been able to attract highly qualified faculty physicians with training and expertise in numerous specialties. Today, the Hospital is affiliated with more than 1,400 doctors and allied health professionals (including well over 200 faculty physicians), as compared to approximately 300 doctors in 1990. As the Hospital continues to integrate and build patient-centered primary care, keeping care accessible to and convenient for patients in local communities, there is increasing demand for more advanced specialty care and for additional state-of-the-art space for physician offices, examination rooms, and treatment/ procedure rooms.

NYM has created a number of Institutes, such as the Institute for Neurosciences, the Institute for Orthopedic Medicine and Surgery, the Institute for Cancer Care, the Institute for Women's Health, the Institute for Urology and Men's Health, and the Institute for Cardiology and Cardiac Surgery. As shown in the attached historical data, compiled by the Hospital as part of its strategic planning, the number of patient visits to these practices, which are currently located on the Hospital's main campus and in various off-campus facilities, has grown steadily over recent years and is projected to increase even further by 2018. Because the existing facilities are inadequate to accommodate recent and projected growth, the Hospital is experiencing increasingly long wait times for patient appointments and some limitations on ability to recruit the talented physicians it needs.

These specialty practices require more space to accommodate their growth, and they must be located proximate to the Hospital's other medical care facilities so that faculty physicians have efficient access to needed equipment and enhanced opportunities for collaboration. The Institutes will function most effectively when the Hospital is able to locate all of the facilities needed to care for the patient in one area. Each institute requires exam rooms, diagnostic facilities and procedure rooms, along with physician and staff offices, reception areas and waiting rooms. Assembling all of the necessary services and care providers in a single location will allow the entire episode of care—from diagnosis to treatment—to be centered around the patient and will provide the highest level of service.

NYM also has a need for modern inpatient facilities. The consolidation of outpatient facilities and faculty physician practices in the Center, relocated from other parts of the NYM campus, would allow for the expansion and repositioning of inpatient facilities in the Hospital's existing buildings. Specifically, shared patient rooms could be replaced with private rooms, which are now the standard of care for inpatients. Inpatient rooms on campus may also be enlarged to remain up-to-date with applicable standards and to provide more light and air to patients. Support spaces, including dedicated patient and service elevators and storage and maintenance space, would be expanded as well. Generally, with the outpatients no longer sharing inpatient testing and treatment areas, there would be increased efficiency in inpatient care, with inpatient tests and treatments being completed in a more timely manner. These needed updates cannot occur without the construction of the Center.

NYM has a need for space in the new building to accommodate approximately 123,208 net square feet of clinical programs. As shown in the attached Space Planning and Allocation Summary – Revised, the Center would contain an additional 39,856 net square feet of supportive programs, for a total of 163,064 net square feet, which requires a building of approximately 358,500 gross square feet exclusive of space associated with parking. The specific programs that are to be included in the new building, identified by current location (if applicable) and amount of net square footage, are described in the attached Relocated and New Program Space table and shown on the attached diagrammatic floor plans.¹ The table also

¹ The Space Planning and Allocation Summary and the Relocated and New Program Space table attached to this letter reflect minor refinements made to the design and program of the Center since our January 28, 2014, submission to the Board. In some cases, the refinements are indicative of the Hospital's advancement through the planning phases of the Center beyond schematic design. For example, certain floor space previously treated as general circulation area, and therefore included in the building's gross-up factor, has since been designated as circulation space or waiting areas specific to a department. In addition, the design modification in January 2014 that introduced the below-grade pedestrian tunnel between the proposed Center and the Hospital's existing facilities across 6th Street has, as intended, allowed the amount of space dedicated to certain support functions to be reduced.

describes the Hospital's plans for use of any existing space to be vacated. Approximately 30% of the building area in the new building will be for new programs or the expansion of existing programs. The balance of the space is for programs that are currently located on the Hospital's main campus or in leased space in the neighborhood.² NYM is very concerned that the lesser variance options that the Board asked the Hospital to study would impact critical elements of the building's program, particularly by substantially reducing the building's net program square footage, as discussed in the letter from Perkins Eastman included with this submission.

III. The Center for Community Health

The Center for Community Health would be developed on the eastern portion of the block bounded by 7th Avenue, 5th Street, 8th Avenue, and 6th Street, adjacent to two existing Hospital buildings to the west: the Medical Pavilion, a five-story building fronting on 7th Avenue, containing hospital-related facilities, ground-floor retail space, and a below-grade accessory parking garage with surface parking; and the Wesley House, a 12-story building containing hospital-related facilities and staff dwellings. The Center would be configured in a U-shape around a number of contiguous out-parcels on 5th Street that are not owned by NYM. The Center's primary presence, and entrance, would be on 6th Street, across from the existing Hospital facilities to the immediate south.

The Center would satisfy the Hospital's needs by providing an ambulatory surgery center with 12 operating rooms; a new endoscopy suite with six special procedure rooms; a cancer center with both radiation oncology and chemotherapy facilities; diagnostic radiology services; Institutes providing comprehensive patient care; an urgent care center; and conference rooms. These facilities would be located on large floor plates that allow for adjacencies, thereby promoting comprehensive, coordinated caregiving and the efficient provision of services centered on the patient. The Center would also contain a below-grade parking garage with direct connections to the Hospital's existing parking garage to the west.

In addition to providing the community with an appropriate and enhanced 21st-century medical facility, the Center for Community Health will offer an opportunity to improve the physical relationship of the Hospital campus with its surrounding neighborhood. NYM has hired Perkins Eastman, a leading architecture firm with experience in the design of modern, contextually-sensitive ambulatory care centers in New York City, including the Mount Sinai Center for Advanced Medicine (an adaptive reuse project), the NYU Langone Medical Center Clinical Cancer Center, the Evelyn H. Lauder Breast Center at Memorial Sloan-Kettering, and

² The Transportation Analysis in the EAS (Attachment G) was completed using projections from NYM of the incremental number of patients, visitors and staff associated with the new building and were not based on square footage of new or expanded programs.

the Josie Robertson Ambulatory Surgery Center at Memorial Sloan-Kettering. A letter from Perkins Eastman, describing its approach to designing the Center and the manner in which the building satisfies the Hospital's needs, is included with the application.

The design of the Center for Community Health incorporates input from members of the surrounding community. NYM presented preliminary plans for the Center to community leaders, to groups of neighborhood residents, and at a public meeting hosted by the Park Slope Civic Council and Community Board 6 in June and July of 2013. At those meetings, NYM solicited comments, and revised plans were again presented to the community at two public meetings in September 2013. As part of the public review process for the application, NYM again presented and obtained feedback on the Center at the November 21, 2013, public hearing of the Community Board 6 Landmarks/Land Use and Transportation/Public Safety Committees, and again at the January 6, 2014, public meeting of the Executive, Landmarks/Land Use, and Transportation/Public Safety Committees.

The revised plans differ from the original plans in a number of respects. Among other modifications, the Center's vehicular pick-up and drop-off area has been reconfigured to minimize traffic on 5th Street; the building massing has been reconfigured to reduce the height and volume of the building on the eastern end of the block, adjacent to 8th Avenue and 5th Street; and the building's green spaces have been enhanced. Consistent with the conditions set forth in Community Board 6's positive recommendation of the Application, further reductions were made to the building envelope along 5th Street and 8th Avenue, and the building's height was reduced along 6th Street. The number of parking spaces in the new building was reduced as well, from 539 to 350 parking spaces. These modifications are described in greater detail in the written application materials.

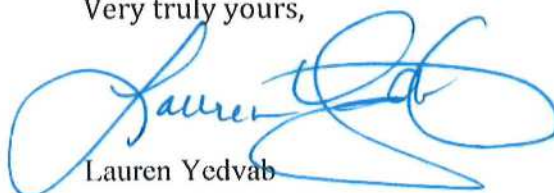
IV. Conclusion

The development of the Center for Community Health would satisfy NYM's need for adequate and appropriate space for ambulatory care facilities and faculty physician practices, and would allow for the expansion and repositioning of inpatient facilities in the Hospital's existing buildings. The location of the Center on the NYM campus would allow for the efficient integration of its ambulatory care facilities and faculty physician practices with the Hospital's existing campus facilities. NYM is confident that the design of the Center accomplishes these goals while remaining sensitive to the architectural character of the surrounding area and minimizing the impact of the building on the surrounding community.

Hon. Meenakshi Srinivasan
<March 4, 2014>
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We would be pleased to provide the Board with any additional information needed to process the application for the requested variances. Thank you for your consideration.

Very truly yours,

A handwritten signature in blue ink, appearing to read "Lauren Yedwab", with a large, stylized flourish extending from the end of the signature.

Lauren Yedwab

Current NYM Ambulatory care sites

- Main New York Methodist Campus
- Ambulatory Care Sites
- Outreach Sites
- Future Sites



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**Statistical Exhibits Updated for
2012**

Exhibit 1: Brooklyn Population By Race: 1980-2012

RACE	1990	2000	2010	2012	2012 Percentage (rounded) of Total	Change 1990- 2012	Percent Change (rounded) 1990-2012
White	922,290	892,060	907,550	919,290	36%	-3,000	0%
Black	801,830	875,930	822,560	822,790	32%	20,960	3%
Asian/Other	113,390	207,370	278,730	298,180	12%	184,790	163%
Latino*	466,170	491,960	499,670	512,350	20%	46,180	10%
Total Population	2,303,680	2,467,010	2,508,520	2,552,620	100%	248,940	11%

SOURCE: Woods and Poole Kings County, New York 2013 Data Pamphlet

**Exhibit 2: New York Methodist Hospital Admissions by Race (Including Newborns)
1995-2012 Comparison**

RACE	1995	2000	2005	2010	2012* *
White	55%	51%	41%	38.2%	51%
Black	19%	29%	39%	37.8%	42%
Asian/Other	8%	3%	4%	8.5%	7%
Latino*	18%	17%	16%	15.5%	20%

SOURCE: Finance Department, February 2013

*Latino refers to persons of Spanish origin who may be of any race.

**Calculation method differs from previous years. Latino ethnicity is separately from race.

**Exhibit 3: Brooklyn Neighborhoods of Settlement for the Top 20 Foreign-Born Groups in NYC:
2000**

Flatbush/East Flatbush	207,249
Coney Island/Sheepshead Bay	133,552
East New York	104,261
Bedford Stuyvesant/Crown Heights	97,387
Bay Ridge/Bensonhurst	78,585
Borough Park	70,573
Canarsie/Flatlands	68,860
Sunset Park	59,209
Greenpoint/Williamsburg	58,814
Downtown/Heights/Slope	48,535
Other	4,739
TOTAL	931,764

SOURCE: NYC Department of Planning, The Newest New Yorkers, 2000

As of 2009, the top 20 foreign born groups in Brooklyn came from: China, Jamaica, Dominican Republic, Trinidad/Tobago, Mexico, Haiti, Russia, Ukraine, Guyana, Poland, Ecuador, Barbados, Italy, Grenada, Israel, Belarus, Bangladesh, Panama, Pakistan and Uzbekistan.

**SOURCE: U.S. Census Bureau, 2009 American Community Survey-Public Use Microdata Sample
Population Division-New York City Department of City Planning**

Exhibit 4: Brooklyn Population By Age 1970-2012

Age	1970	1980	1990	2000	2010	2012	2012 Percentage (rounded)	Percent Change (rounded) 1990-2012
Under 5	225,510	176,540	187,390	181,700	177,150	186,860	7%	3%
5-14	460,750	336,410	327,170	371,650	315,760	319,050	13%	-2%
15-34	765,140	744,650	754,870	750,320	792,900	796,550	31%	5.5%
35-54	584,820	470,390	562,350	677,890	665,780	672,640	26%	20%
55-59	146,730	118,750	94,830	106,470	143,000	147,870	6%	56%
60-74	324,340	278,050	256,230	245,310	278,780	294,180	12%	18%
75+	95,930	107,220	120,850	133,680	135,150	135,460	5%	12%
Total	2,603,210	2,232,000	2,303,680	2,467,010	2,508,520	2,552,610	100%	11%
Median Age	30	30.75	32.02	33.16	34.15	34.36		

SOURCE: Woods and Poole Kings County, New York 2013 Data Pamphlet

Exhibit 5: NYM Population by Age: 2012

Age	2012-Number	2012-Percentage (rounded)
Under 5	6,611	17%
5-14	567	1%
15-34	7,394	19%
35-54	7,549	19%
55-59	2,212	5%
60-74	7,394	19%
75+	7,832	20%
Total	39,559	100%
Median Age	50	

SOURCE: Department of Finance: February 2013

Exhibit 6: New York Methodist Hospital Discharges by Financial Class: 1990-2012

PAYOR CLASS	1990	1995	2000	2005	2010	2011	2012
Blue Cross/ Managed Care	4,821	4,869	9,149	8,754	9,644	9,702	9,855
Compensation/ Commercial	2,131	3,860	1,319	879	882	827	767
Medicaid	4,131	5,549	5,851	7,663	8,962	9,543	9,802
Medicare	6,268	8,190	8,495	11,799	13,228	13,710	13,838
Self-Pay	459	669	507	192	167	285	264
SUBTOTAL	17,810	21,457	25,321	28,469	32,883	34,067	34,526
Newborn	2,886	3,060	3,520	4,275	4,593	4,803	5,033
TOTAL	20,696	24,517	28,841	32,744	37,476	38,870	39,559

SOURCE: Department of Finance, February 2013

Exhibit 7: Percent (rounded) Discharges by Financial Class: 1990-2012

PAYOR CLASS	1990	1995	2000	2005	2010	2011	2012
Blue Cross/ Managed Care	27%	15%	12%	11%	12%	12%	12%
	--	8%	23%	32%	17%	17%	17%
Compensation/Commercial	12%	10%	6%	3%	3%	2%	2%
Medicaid	23%	26%	23%	12%	27%	28%	28%
Medicare	35%	38%	34%	41%	40%	40%	40%
Self-Pay	3%	3%	2%	1%	1%	1%	1%
TOTAL	100%	100%	100%	100%	100%	100%	100%

SOURCE: Department of Finance, February 2013

Exhibit 8: Summary of Discharges by Neighborhood, 1990-2012

Neighborhood	1990	1995	2000	2005	2010	2011	2012	Percentage Change (rounded)	
								2011-2012	1990-2012
Greenpoint/Williamsburg	244	313	563	656	815	833	902	8%	270%
Downtown B'klyn/Heights/Slope	5,700	5,436	5,452	5,221	5,845	5,900	6,162	4%	8%
Bed Stuy/Crown Hts	1,424	2,245	3,449	5,013	6,781	6,982	7,284	4%	412%
East New York	367	409	643	1,026	1,308	1,513	1,547	2%	322%
Sunset Park	1,040	1,034	1,059	947	948	1,054	840	-20%	-20%
Borough Park	2,109	2,788	2,911	2,772	3,127	3,119	3,044	-2%	44%
Flatbush/East Flatbush	1,252	2,111	2,650	3,455	4,070	4,096	4,327	6%	246%
Canarsie/Flatlands	763	889	1,296	1,779	1,982	2,066	2,149	4%	182%
Bensonhurst/Bay Ridge	1,679	1,744	1,838	1,728	2,022	1,945	1,967	1%	17%
Coney Is/Sheeps-head Bay	1,599	2,565	3,418	3,227	3,031	3,169	3,271	3%	105%
Other/Unknown	1,653	1,909	2,042	1,947	2,954	3,479	3,033	-13%	83%
Subtotal	17,810	21,457	25,321	27,771	32,883	34,067	34,526	1%	94%
Newborn	2,886	3,060	3,520	4,461	4,593	4,803	5,033	5%	74%
Total	20,696	24,517	28,841	32,232	37,476	38,870	39,559	2%	91%

SOURCE: Department of Finance, February 2013

Exhibit 9: Summary of Community Service 2008-2012

		2008	2009	2010	2011	2012
NYM On Campus/ Satellite Location	Health Fairs	33	28	21	16	19
	Lectures	24	20	8	15	12
	Special/ Holiday Events	7	10	19	25	54
	Visits	15	19	22	4	4
	Schooltours	14	8	11	27	16
	Workshops/Other	1	3	8	29	0
Total Events		232	88	89	116	105
Total Served		4,355	5,521	6,693	3,549	4,740
Off Campus/Community	Lectures	99	66	58	29	35
	Health Fairs	33	31	40	36	30
	Schooltalks¹				13	12
	Special Events	1	3	7	2	4
	Other	5	0	0	0	0
Total Events		138	100	105	80	81
Total Served		5,857	9,266	11,310	13,232	16,605
GRAND TOTAL EVENTS		232	188	194	196	190
GRAND TOTAL SERVED (excluding support groups)		10,212	14,787	18,003	16,781	21,345
Support Groups²		10	10	10	11	13

Source: Department of Public Affairs: January 2013

¹ Included in Lectures prior to 2011.

² 2012 Support Groups meeting regularly at NYM included Bereavement Support Group, Brain Aneurysm Support Group, Breastfeeding Support Group, Cancer Support Group, Hepatitis-C Support Group, "Look Good...Feel Better", Multiple Sclerosis Newly Diagnosed Support Group, Parkinson's Disease Support Group, Parkinson's Caregivers Support Group, Perinatal Bereavement Support Group, Pulmonary Hypertension Support Group, Smoking Cessation Workshop, Surgical Weight Reduction Support Group.

Programmatic Need

10 Year Surgical Case Summary

	<u>2003</u>	<u>2013</u>
Total Inpatient	23,238	32,506
Total Ambulatory	14,537	18,957
Ambulatory Endoscopy	4,900	7,000
Ambulatory Gynecology	1,919	2,067
Ambulatory Orthopedics	677	916
Ambulatory Urology	97	706
Minimally Invasive/Interventional Radiology	34	979

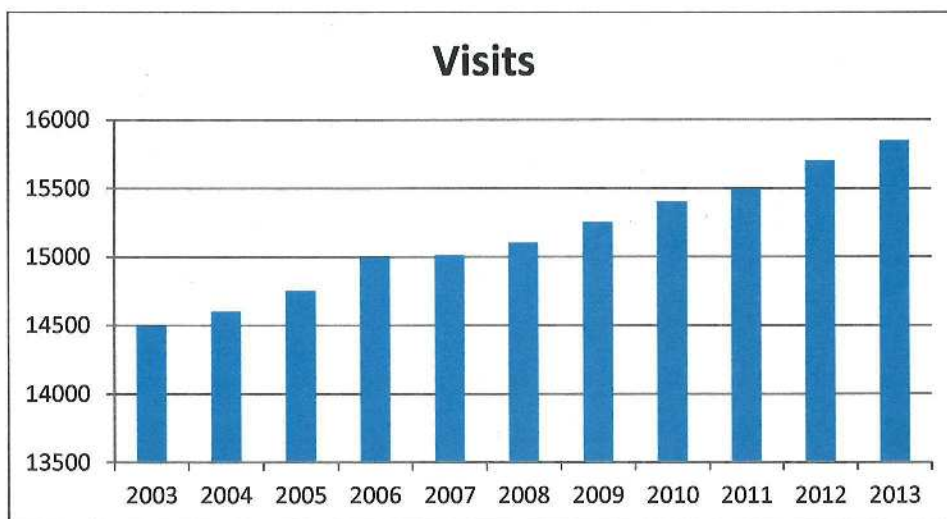
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New York Methodist Hospital
Historical Growth Data

Regional Radiation Oncology Center

Current status:

- The Radiation Oncology program is currently located in the main hospital building and provides services to both inpatients and outpatients.
- The area consist of 2 Linear Accelerators, high-dose rate brachytherapy, conventional simulator and a CT simulator. Facilities also include stereotactic body system.
- 6 exam rooms
- 1 consult room
- 5 physicians work at the same time
- Use of space is maximized (limits recruiting of physicians)
- Approximately 9% increase in visits over 10-year period



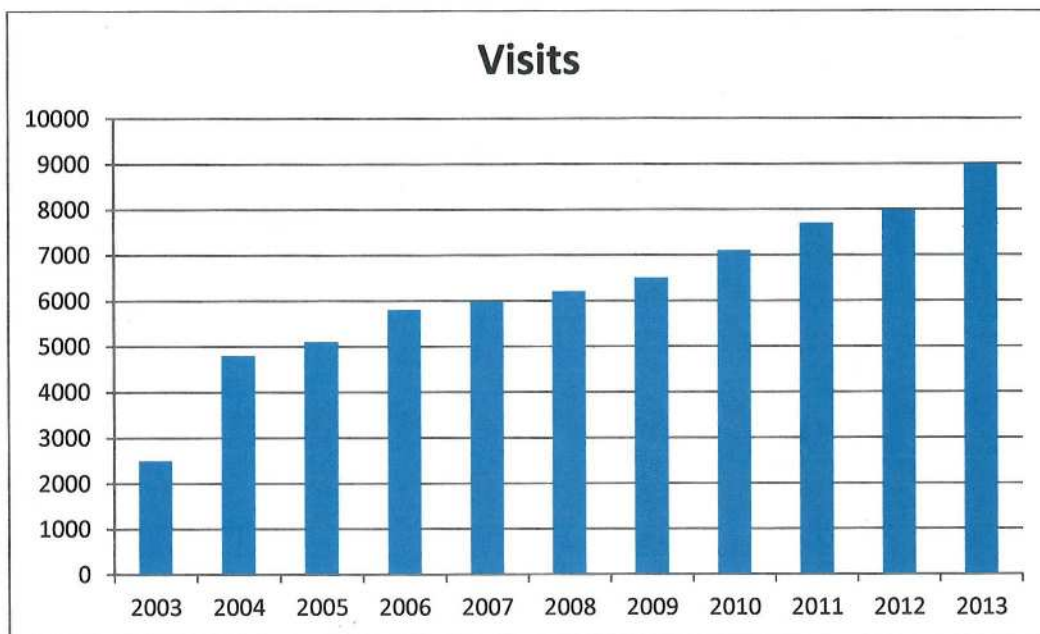
Future State

- 25,000 visits projected for 2018 (13,843 in Center)
- Facilities:
 - 2 Linear Accelerators
 - Space for a future Linac
 - CT Treatment planning
 - 4 exam rooms
 - 5 consult rooms
- Enables future recruitment of additional physicians
- Increased provider sessions

Institute for Cardiology and Cardiac Surgery

Current status:

- The cardiology Faculty Practice is located in the main hospital building.
- The area consists of 6 examinations (2 rooms use for triage and in-office procedures)
- 3 consult rooms
- 2 Echo Rooms
- 11 physicians
- 2 physicians work at the same time
- Use of space is maximized (limits recruiting of physicians)
- Approximately 25% increase in visits over 10-year period



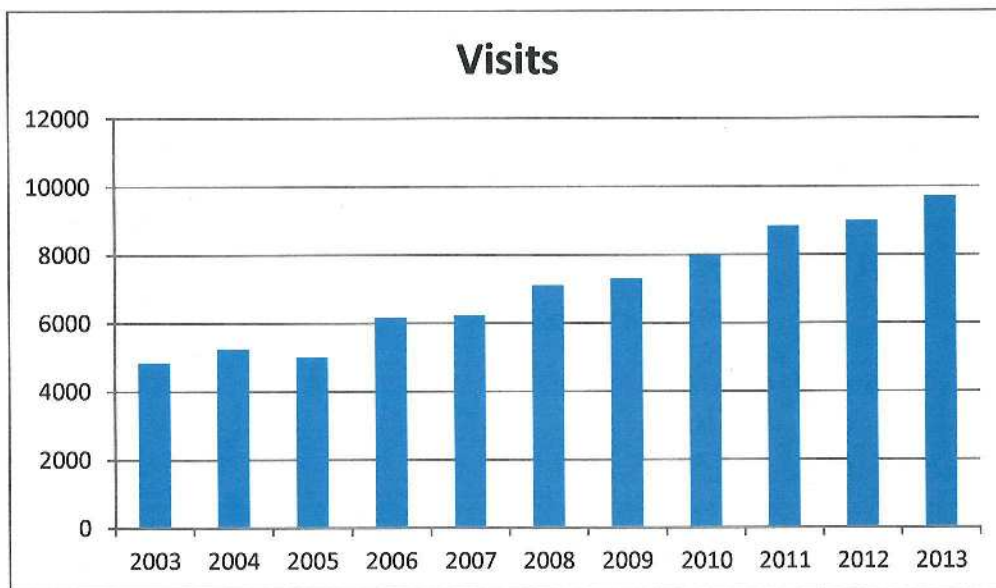
Future State

- 9,900 visits projected for 2018 (3,129 in Center)
- Facilities:
 - 18 exam rooms (including 3 triage rooms)
 - 6 consult rooms
- Recruiting 3 additional doctors
- 1 additional F/T Echo tech
- 6 doctors working at the same time
- Increased provider sessions

Institute for Neurosciences

Current state:

- 7 Examination rooms
- 6 Consult rooms
- 11 providers
- 8 providers can work at the same time
- Use of space is maximized (limits recruiting physicians)
- Increased waiting time for appointments
- Approximately 100% increase in visits over 10-year period



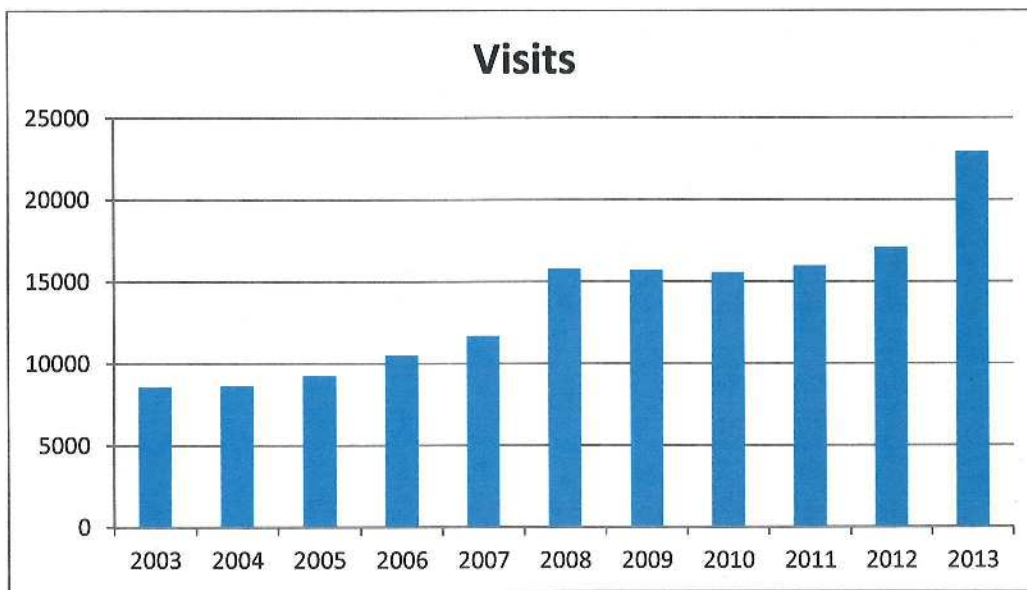
Future State:

- Approximately 20,000 visits (including Neurosurgery and Pain Management) projected for 2018
- Facilities:
 - 17 Examination rooms
 - 12 Consult rooms
 - 3 Procedure rooms
- 15-20 physicians (Program will incorporate Neurosurgery and Pain Management)
- 12 physicians working at the same time
- The additional space will promote a more interdisciplinary approach to neurosciences, increase the capacity for patient visits, and facilitate more efficient patient visits.
- Decreased patient wait times for appointments

Institute for Orthopedic Medicine and Surgery

Current state (in 2 locations):

- 13 Examination rooms
- 4 Consult rooms
- 13 providers
- 4 providers can work at the same time
- Use of space is maximized (limits recruiting physicians)
- Increased waiting time for appointments
- Over 100% increase in visits over 10-year period



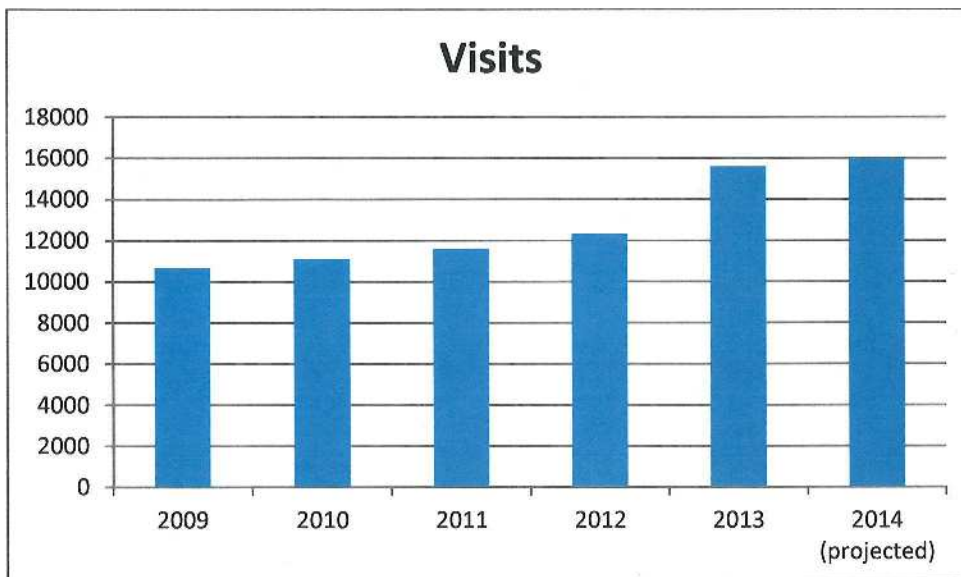
Future State:

- Patient visits projected to increase approximately 5% yearly
- Facilities:
 - 25 Examination rooms
 - 8 Consult rooms
 - 2 Cast rooms
 - 3 X-ray rooms
- 15-20 physicians
- 8 physicians working at the same time
- Additional space will allow physicians to see patients in a more timely manner – decreased patient wait time for appointments
- Improved efficiency for physicians

Institute for Cancer Care (Infusion Center)

Current state:

- 30 Chairs
- 1 Consult room
- 2 Exam rooms (5 exam/consult rooms in 2014)
- 19 providers referring to the center
- Use of space is maximized (limits recruiting physicians)
- Increased waiting time for appointments and TAT per chair
- Approximately 24% increase in visits over 5-year period



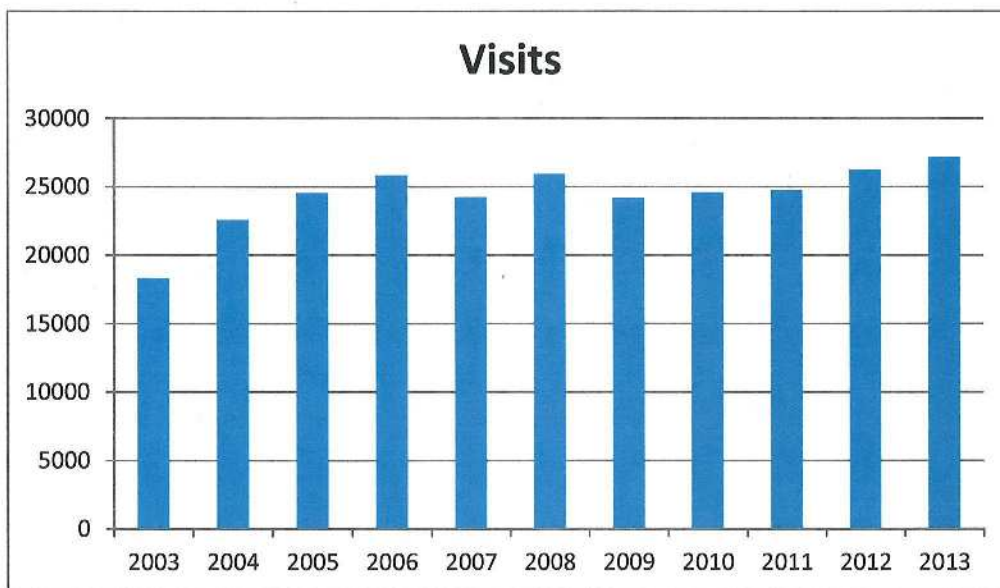
Future State: Infusion Center

- Approximately 19,800 visits projected for 2018
- Facilities:
 - 60 Chairs
 - Additional consult rooms and procedure rooms
- 25 Hematology/Oncology physicians
- 12 GI, Rheumatology, Orthopedic and Neurology physicians
- Additional space will allow the development of an integrated multidisciplinary program; double the capacity for patient visits.
- Decreased patient wait time for appointments and TAT per chair.

Women's Center (Obstetric and Gynecology Faculty Practice)

Current state:

- 7 Examination rooms
- 3 Consult rooms
- 11 providers
- 3 providers can work at the same time
- Use of space is maximized (limits recruiting physicians)
- Increased waiting time for appointments
- Approximately 50% increase in visits over 10-year period



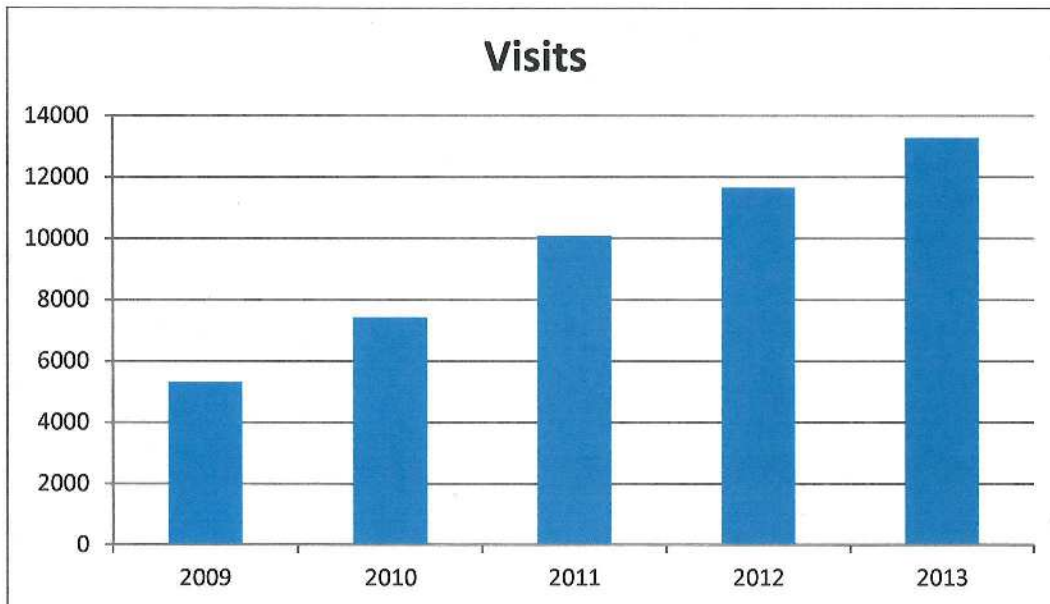
Future State: A Comprehensive Center for Women's Health

- Approximately 29,893 visits projected for 2018
- Facilities:
 - 16 Examination rooms
 - 8 Consult rooms
 - 2 Procedure rooms
- 15-20 physicians (recruit a minimum of 4 additional physicians)
- 8 physicians working at the same time
- Additional space will allow the development of a comprehensive ambulatory center for women's health; double the capacity for patient visits; and allow the development of schedules for in-office procedures.
- Decreased patient wait time for appointments.

Institute for Urology and Men's Health

Current state:

- 4 Examination rooms
- 3 Consult rooms
- 1 Procedure Room
- 4 full-time faculty in the division
- 2 providers can work at the same time
- Use of space is maximized (limits recruiting physicians)
- Increased waiting time for appointments
- Approximately 150% increase in visits over 4-year period



Future State:

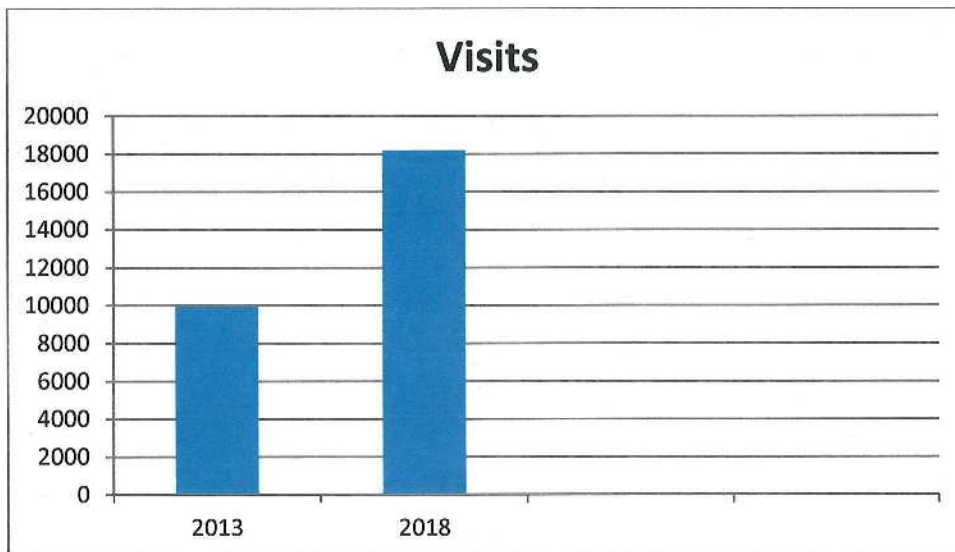
- Approximately 24,750 visits projected for 2018 (19,800 in Center)
- Facilities:
 - 12 Examination rooms
 - 10 Consult rooms
 - 5 Procedure rooms
- 8 – 10 physicians
- 10 physicians working at the same time

- Additional space will allow the development of a comprehensive Men's health program that does not currently exist; it will also double the capacity for patient visits and allow the development of schedules for in-office procedures.
- Having the program in the same building as the Special Procedures Suite and Ambulatory Surgery will allow the physicians to be more available for their patients and improve their efficiency.
- Decreased patient wait time for appointments.

Institute for Otolaryngology (ENT)

Current state:

- Program began in July 2013 – 12-physician ENT group relocated majority of practice to NYM
- Space is temporary and maximized (limits the number of patients that can be seen)
- 2 Examination rooms
- 2 Consult rooms
- 12 providers
- 2 providers can work at the same time
- Waiting time for appointments is too long and patients look to see physicians elsewhere
- Approximately 10,000 visits in 2013.



Future State:

- Approximately 18,200 visits projected for 2018
- Facilities:
 - 6 Examination rooms
 - 3 Consult rooms
- 4 physicians working at the same time
- Additional space will allow the development of a comprehensive Head and Neck/ENT program proximate to the ambulatory surgical operating rooms.
- Double the capacity for patient visits.
- Decreased patient wait time for appointments.

Center for Community Health: Space Planning and Allocation - Revised

Clinical Programs (Sq Ft)	123,208
Lobby	3,897
Security	575
Grab and Go Amenity	796
Staff Lockers	8,054
Lactation Room	140
Bicycle Storage	500
Materials Management	4,624
BioMedical Services	1,545
Plant Operations	170
Loading Dock	2,763
IT Training Room	445
IT Telecom	1,330
Electrical Closets	2,600
Shared Floor Support (Janitor, Environmental, Trash Chutes)	4,140
797 USP Pharmacy	1,133
Rapid Response Lab	400
Frozen Section / Surgical Pathology	440
Central Sterile Supply	3,912
Environmental / Maintenance	2,392
SUM of Used Square Footage	163,064
Gross Factor of 2.2*	x 2.2
Subtotal	358,500
Drive Through / Drop Off	18,160
Parking	114,660
TOTAL	491,320

**Gross Factor includes mechanical, electric, plumbing, corridors,
waiting spaces, elevators, staircases, etc*

Relocated and New Program Space for the Center for Community Health - Revised

March 4, 2014

Program	Program Type ¹	Current Location	Current Space	Proposed Space in New Bldg (net)	Gross Space	Need for Space allocation	Plans for Existing Space (if relocated)
Pre-Admission Testing	Fully Relocated	Hospital - Kirkwood 1	1,714 sf	First Floor <i>Included in Urgent Care</i>		Pre-admission testing will share space with urgent care. Space dedicated to pre-admission testing will be slightly smaller than existing space, despite anticipated growth in volume. This is primarily due to a shared general waiting area. The exam room sizes will be 121 sf each to provide a better patient experience, accommodate family members, and enable physicians and nurse practitioners to comfortably examine and consult with patient in the same room.	Accommodate overflow and improve patient experience for the adjacent emergency department
Ambulatory Radiology / Imaging	Relocate Outpatient Services	Hospital - Kirkwood 1	6,639 sf	First Floor 6,287 sf		Ambulatory radiology services are needed in the new building to support pre-admission testing, urgent care, and other practices in the building. It will also serve as a patient-centered radiology practice for patients who require more advanced radiology tests such as CT or MRI scans. Radiology in the new building is beneficial because ambulatory patients are not co-mingled with inpatients - it's a better experience and more efficient for both inpatients and outpatients.	The existing radiology space will be used to support both inpatient radiology as well as the emergency department. This will improve wait times for tests, decrease length of stay in the hospital and ED, improve patient experience, and decrease costs.
The Institute for Cancer Care - Radiation Oncology	Relocate Outpatient Services	Hospital - Miner Basement	11,338 sf	Basement 11,389 sf		Radiation oncology is a key component of building a comprehensive cancer center of excellence. The square footage has been assigned to accommodate a CT scan, two linear accelerators, and room to add a third linear accelerator as demand increases or technology evolves. It will also have space for patients to consult with their doctors, as well as space for family members that often accompany a loved one.	The existing radiation oncology space will remain for inpatient care. Separating inpatients and outpatients is more efficient and provides a better patient experience for all involved. It also improves length of stay and decreases costs.

1 - "Fully Relocated" : entire service will move to new building

"Relocate Outpatient Services": service will be separated into discrete inpatient and outpatient locations

"New": service does not exist

Relocated and New Program Space for the Center for Community Health - Revised

March 4, 2014

Program	Program Type ¹	Current Location	Current Space	Proposed Space in New Bldg (net)	Gross Space	Need for Space allocation	Plans for Existing Space (if relocated)
Hyperbaric and Wound Care	Fully Relocated	1 Prospect Park West	1,500 sf	2nd Floor 3,515 sf		The space assigned to hyperbaric care in the new building will support four oxygen chambers - the existing space at Prospect Park West only has three oxygen chambers. The additional oxygen chamber is being added to accommodate the increased volume as this service is being more routinely used to treat a variety of wounds, particularly foot wounds in the diabetic population, urology patients, and cancer care. The existing space does not allow for adequate oxygen storage and requires daily deliveries, which are very costly and not always available.	There are other practices in the existing space (including podiatry, and pediatrics) that are expected to utilize the existing space to improve the patient experiences.
The Institute for Cardiology and Cardiac Surgery	Relocate Outpatient Services	Hospital - Kirkwood 2	14,979 sf	2nd Floor 6,190 sf		The cardiology space in the new building will be for office-based cardiology care, including non invasive, comprehensive diagnostic workups. The more complex cardiology tests and procedures will still occur in the existing space. The space in the new building will be more patient-friendly, with rooms large enough to accommodate a patient and a supportive companion. Cardiology is a growing service line and trends show that the demand will continue to increase. Over the past several years the Hospital has attracted high quality cardiologists to meet this growing demand, however, there is not enough space to accommodate the physicians, which can lead to long wait times to get appointments.	The existing cardiology space will enable the Hospital to build much needed procedures rooms for electrophysiology and cardiac catheterizations. Additionally, there are new life saving technologies emerging that can improve quality of life that will be done in similar procedure rooms. The Hospital has begun performing these cutting edge procedures, including Trans-Aortic Valve Replacements, or TAVR.

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"New": service does not exist

Relocated and New Program Space for the Center for Community Health - Revised

March 4, 2014

Program	Program Type ¹	Current Location	Current Space	Proposed Space in New Bldg (net)	Gross Space	Need for Space allocation	Plans for Existing Space (if relocated)
The Institute for Orthopedic Medicine and Surgery	Fully Relocated	Medical Arts Building, 2	4,950 sf	5th Floor 10,168 sf		The growth in square footage for orthopedics reflects the volume increases for this department. As a result of the increased demand for orthopedic services, as well as strong clinical leadership, the Hospital has developed a world class orthopedics program which has attracted many new orthopedists who need space to see patients. These high quality physicians specialize in joint replacement, sports medicine, spine and arthritis, upper extremity, and scoliosis. Due to a very busy OR schedules, proximity to the Hospital is absolutely necessary.	The existing orthopedics space in the Medical Arts Building will be used to enlarge the existing physical therapy area, creating a more patient friendly department that can also support both cardiac rehabilitation and pulmonary rehabilitation. This space may also be utilized to create an employee health and wellness center that will encourage and support the Hospital's initiatives to create a healthier workforce.
The Institute for Neurosciences	Fully Relocated	Medical Arts Building, 4	6,174 sf	5th Floor 8,166 sf		The increase in space reflects the initiative to establish a patient centered medical home for neurologic health. This includes larger patient rooms, as well as the addition of a neurosurgery practice. The space will be split into patient-centered, functional pods that focus on stroke care, pain management, Parkinson's disease, epilepsy, electromyography/neuropathy, and multiple sclerosis.	The existing neurosciences space in the Medical Arts Building will be used by existing internal medicine / primary care practices in the building. The demand for these services has grown with the implementation of the Affordable Care Act, as well as other anticipated changes to the reimbursement system that will promote primary and preventive care.

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"New": service does not exist

Relocated and New Program Space for the Center for Community Health - Revised

March 4, 2014

Program	Program Type ¹	Current Location	Current Space	Proposed Space in New Bldg (net)	Gross Space	Need for Space allocation	Plans for Existing Space (if relocated)
Men's Health Center (Includes Urology Faculty Practice)	Fully Relocated	1 Prospect Park West	1,300 sf	3rd Floor 7,947 sf		The increase in space reflects the development of a men's health center. The existing urology space at 1 PPW can not accommodate all urologists on staff, leading to long wait times for appointments and decreased access to care. The new space will be focused on urology, but will also serve as a way to reach out to male patients and promote general health and well-being and education.	There are other practices in the existing space (including podiatry, and pediatrics) that are expected to absorb the vacated space.
The Institute for Women's Health	Fully Relocated	Medical Arts Building, 5	6,174 sf	7th Floor 9,007 sf		The women's health center in the new building will include mammography, ultrasound, and bone density. There will also be a dedicated space for urogynecologic exams and procedures. The existing space layout only allows 2 physicians to see patients simultaneously, the new space will allow for 8 physicians to see patients at any given time.	The existing space will be used to accommodate existing visits from medical clinic patients, who are currently seen on the 6th floor of the Hospital. The new space may also be used to build private and semi-private inpatient rooms, and enable the hospital to eliminate 4-bedded inpatient rooms.

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"New": service does not exist

Relocated and New Program Space for the Center for Community Health - Revised

March 4, 2014

Program	Program Type ¹	Current Location	Current Space	Proposed Space in New Bldg (net)	Gross Space	Need for Space allocation	Plans for Existing Space (if relocated)
Ambulatory Surgery	Relocate Outpatient Services	Hospital - Kirkwood 3	8,670 sf	3rd Floor 26,248 sf		There are currently 7 ambulatory operating rooms that average 380 sf each. This will increase to 12 operating rooms in the new building, each 550 sf. The increase in ORs is to accommodate growth in ambulatory surgery procedures. The growth is driven by current trends of shifting from inpatient to outpatient surgeries, as well as growth in specialties that have a lot of same day surgery procedures, including orthopedics, general surgery, head and neck, ENT, and urology. New technology and techniques are also driving the shift from inpatient to ambulatory as well as the need for larger ORs. Ultimately, this is better for the patient. Using current utilization and projected growth rates, NYM anticipates that 10 ORs will be operating when the building opens, with the additional 2 available for future demand.	The existing space will be used for surgical procedures, particularly pediatric surgeries which will not be done in the new building. The existing ORs are adjacent to the Pediatric Intensive Care Unit and other inpatient pediatric services. The Hospital can renovate the space to create a pediatric center of excellence, providing better patient-centered care geared to children and their families. The Hospital will also explore reconfiguring these operating rooms to build inpatient ORs of the future, including a hybrid OR that can support cardiovascular and cardiac surgical procedures using emerging, life saving technologies.
Ambulatory Post Anesthesia Care Unit (PACU)	Relocate Outpatient Services	Hospital - Kirkwood 3	1,928 sf	4th Floor Included in Ambulatory Surgery		By code, the building must have 3 recovery spaces for every 1 operating room, for a total of 36 recovery rooms (FGI Guidelines for Design and Construction of Healthcare Facilities: 3.7-3.4.2.2) Post-anesthesia recovery positions. The plan includes private recovery areas for patients, with enough space for family members to sit with recovering patients. The PACU in the new building will also have space for anesthesiologists and surgeons to remain on site and be available to their patients.	The existing Ambulatory PACU space will be used to support the surgeries that will still be done in the Hospital.

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"Relocate Outpatient Services": service will be separated into discrete inpatient and outpatient locations

"New": service does not exist

Relocated and New Program Space for the Center for Community Health - Revised

March 4, 2014

Program	Program Type ¹	Current Location	Current Space	Proposed Space in New Bldg (net)	Gross Space	Need for Space allocation	Plans for Existing Space (if relocated)
The Institute for Cancer Care - Infusion Center and Hematology / Oncology	Fully Relocated	4th Avenue Wesley 1	11,200 sf	6th Floor 15,678 sf		The majority of the space for the cancer center will be dedicated to chemotherapy and infusions. The current space has 30 infusion bays, and this will be expanded to 60 private chemotherapy/infusion rooms for patients. The increase in size and infusion chairs is to accommodate growing demand. The new space will also encompass a compounding pharmacy that will mix the complex drug formulas for this compromised patient population. The new space will be patient-centered, allowing patients to have friends and family with them during these extended treatments. There will also be exam and consult rooms so that patients can meet with their physicians, allowing patients to save time and have improved experiences.	The current infusion center is one mile away from the Hospital and the proposed building. The Hospital has not decided whether to renew its lease for this location.

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"Relocate Outpatient Services": service will be separated into discrete inpatient and outpatient locations

"New": service does not exist

Relocated and New Program Space for the Center for Community Health - Revised

March 4, 2014

Program	Program Type ¹	Current Location	Current Space	Proposed Space in New Bldg (net)	Gross Space	Need for Space allocation	Plans for Existing Space (if relocated)
Phlebotomy / Outpatient lab services	Patient Support Service	Medical Arts Building, 1	128 sf	Ground Floor 653 sf		The growth in square footage for phlebotomy reflects a more efficient patient flow and centralized approach to blood drawing for the new building. Patients who require blood tests as part of their appointments can have their blood drawn at a centralized location before moving on to their physician appointments. As a result, many blood test results will be available when the patient meets with his/her physician. It also includes a patient-centered waiting space that does not currently exist.	The existing phlebotomy space in the medical arts building will remain to support clinical services in the building.

1 - "Fully Relocated" : entire service will move to new building

"Relocate Outpatient Services": service will be separated into discrete inpatient and outpatient locations

"New": service does not exist

Relocated and New Program Space for the Center for Community Health - Revised

March 4, 2014

Program	Program Type ¹	Current Location	Current Space	Proposed Space in New Bldg (net)	Gross Space	Need for Space allocation	Plans for Existing Space (if relocated)
Special Procedures Suite (Includes Endoscopy, Bronchoscopy, Pain Management)	Relocate Outpatient Services	Hospital - Carrington 3	4,936 sf	4th Floor 9,689 sf		There are currently 4 endoscopy rooms in the Hospital that serve both inpatient and outpatient populations. Comingling these two patient populations causes inefficiencies and creates a suboptimal patient experience for both groups. There is a great demand for these services which leads to longer lengths of stay for inpatients, and limited access/longer scheduling wait times for outpatients. The new building will have a special procedures suite with 6 rooms that will accommodate endoscopies and any other special procedures such as pain management. In addition, the special procedures suite will have 18 recovery rooms that are required by code, as well as 10 preparation rooms. (FGI Guidelines for Design and Construction of Healthcare Facilities: 3.7-3.4.1. Preoperative Patient Holding Area; 3.7-3.4.2.2 Post-anesthesia recovery positions)	The existing endoscopy space in the Hospital will be used for inpatients only, decreasing length of stay, and decreasing costs. Separating inpatient and outpatient populations will greatly improve the patient experience for both groups.
Urgent Care	New	Not Applicable	Not applicable	1st Floor 3,116 sf		The urgent care center will share space with pre-admission testing. There are growing trends to providing urgent care/walk in as an alternative to more costly emergency department visits. Urgent care will be open outside of regular faculty practice hours which increases access to care. Additionally, with the resources in the new building, such as radiology, pharmacy, and a rapid response lab, patients will still have a patient centered, convenient, "one stop shop" experience to ensure all of their medical needs are quickly and efficiently met.	Not applicable

1 - "Fully Relocated" : entire service will move to new building

"Relocate Outpatient Services": service will be separated into discrete inpatient and outpatient locations

"New": service does not exist

Relocated and New Program Space for the Center for Community Health - Revised

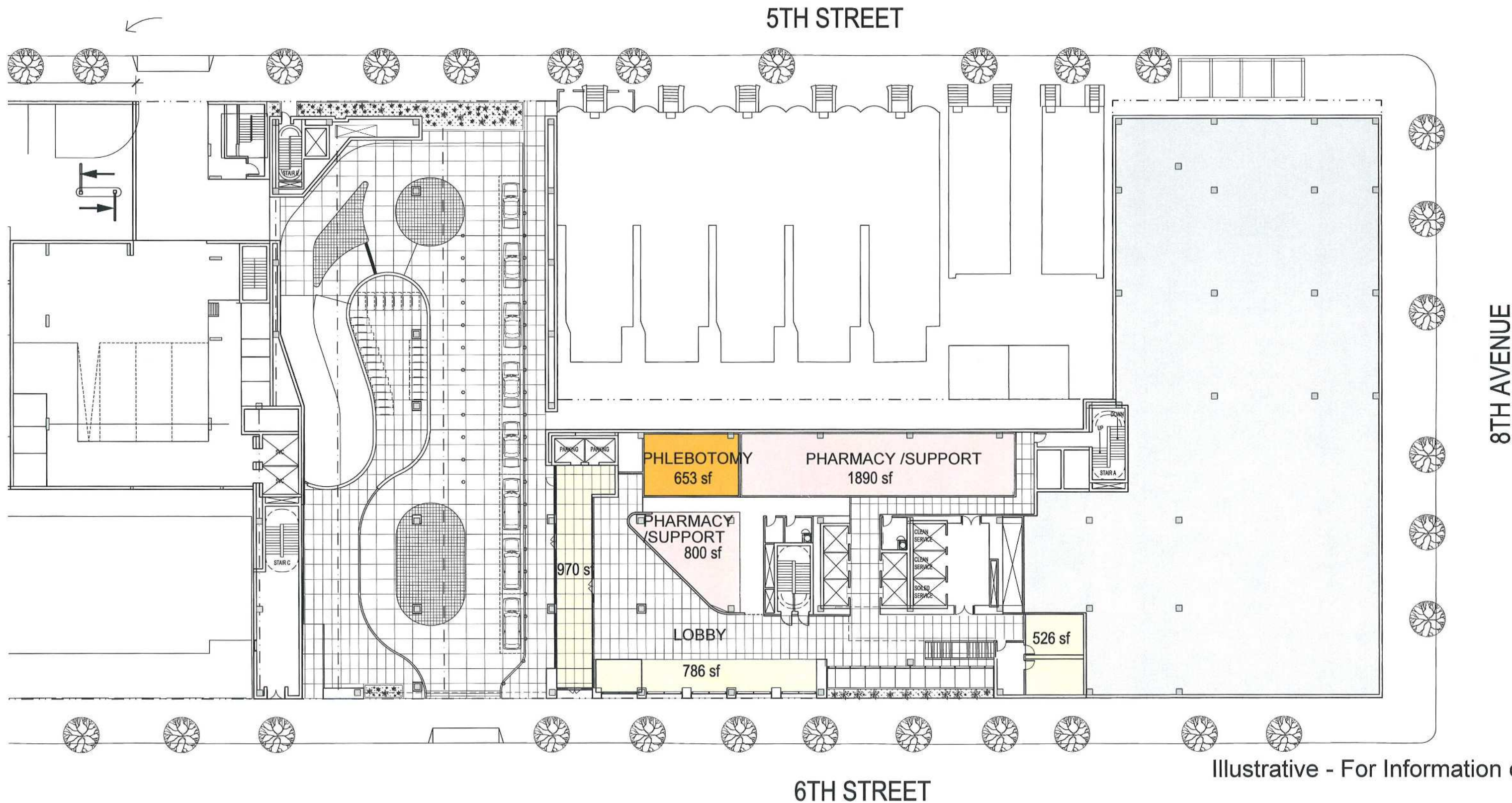
March 4, 2014

Program	Program Type ¹	Current Location	Current Space	Proposed Space in New Bldg (net)	Gross Space	Need for Space allocation	Plans for Existing Space (if relocated)
Pharmacy	Patient Support Service	Hospital - Carrington 1	400 sf	Ground Floor 1,890 sf		<p>The pharmacy will support all medication needs for patients in the building. Although it's primarily a convenience for patients being cared for in the new building, it also improves quality of care by ensuring that patients comply with their medication orders. Additionally, there is a patient safety factor as all prescriptions will be sent electronically from patient care areas to the pharmacy through the single electronic medical record that will connect the whole building.</p>	The existing pharmacy in the Hospital will remain to support inpatients, primarily providing them with their discharge medications. This improves patient compliance with discharge instructions, which improves patient outcomes and patient satisfaction, while decreasing admissions that can occur from non compliance with medication orders.
ENT / Head and Neck Institute	New	Not Applicable	Not applicable	3rd Floor 3,265sf		<p>The Hospital has just recruited a busy, high quality head and neck practice. This group brings a higher level of service that can care for more complex and specialized head and neck problems. Previously, patients who obtained the care at NYM had to go elsewhere if they had complex ENT or head and neck issues. With this added service there will be continuity of care for patients. Services include head and neck cancers, pediatric ENT issues, laryngology clinics (for voice and breathing issues), rhinology, allergy treatments, and reconstructive plastics (eg. cleft palate treatment)</p>	Not applicable
TOTAL			82,030 net sf	123,208 net sf			

1 - "Fully Relocated" : entire service will move to new building

"Relocate Outpatient Services": service will be separated into discrete inpatient and outpatient locations

"New": service does not exist



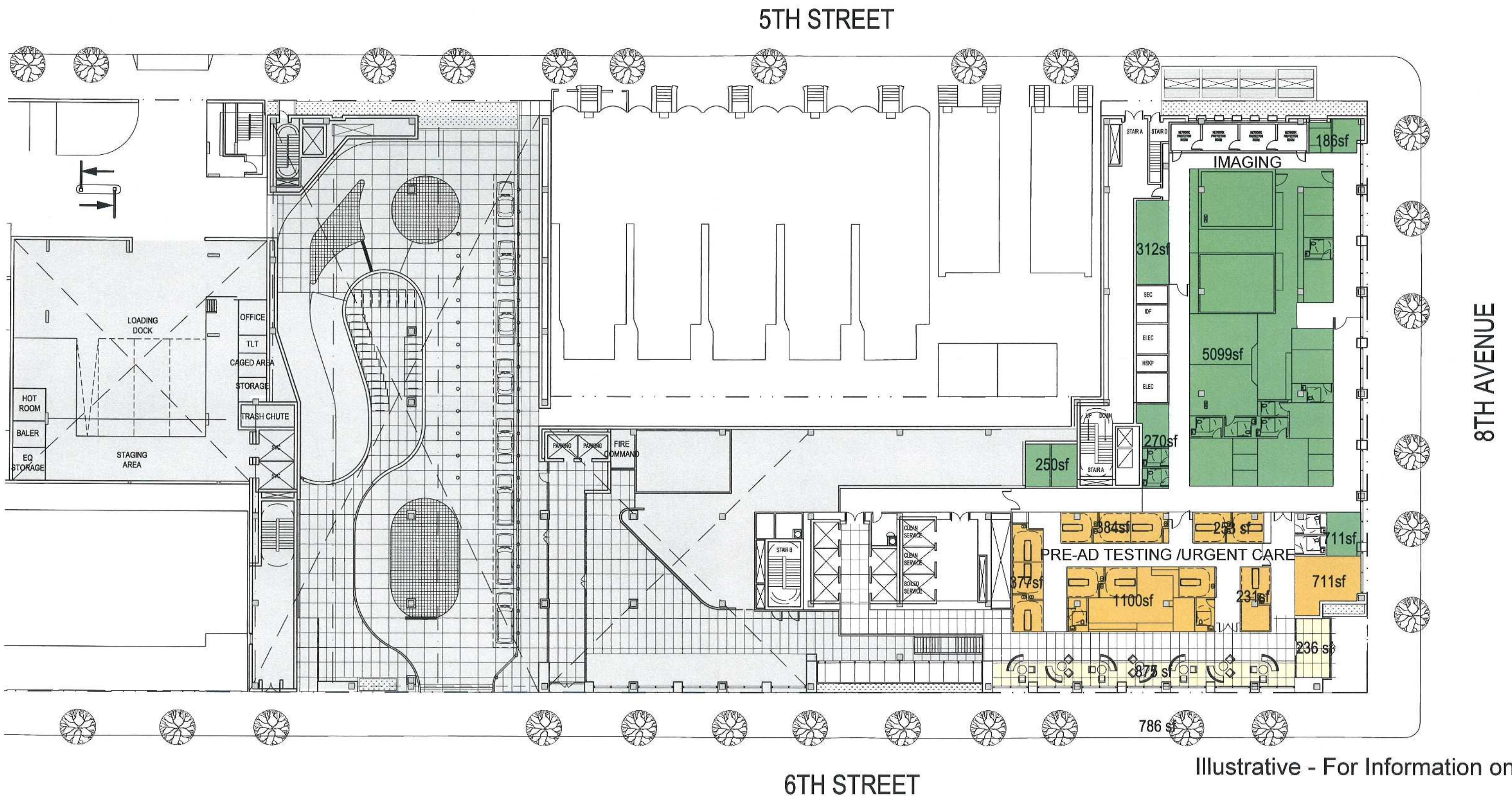
Departmental Net Program Areas

BSA

NY Methodist Hospital, Brooklyn
Ground Floor Plan

03-04-14 Scale: 1" = 32'-0"





Illustrative - For Information only

Departmental Net Program Areas

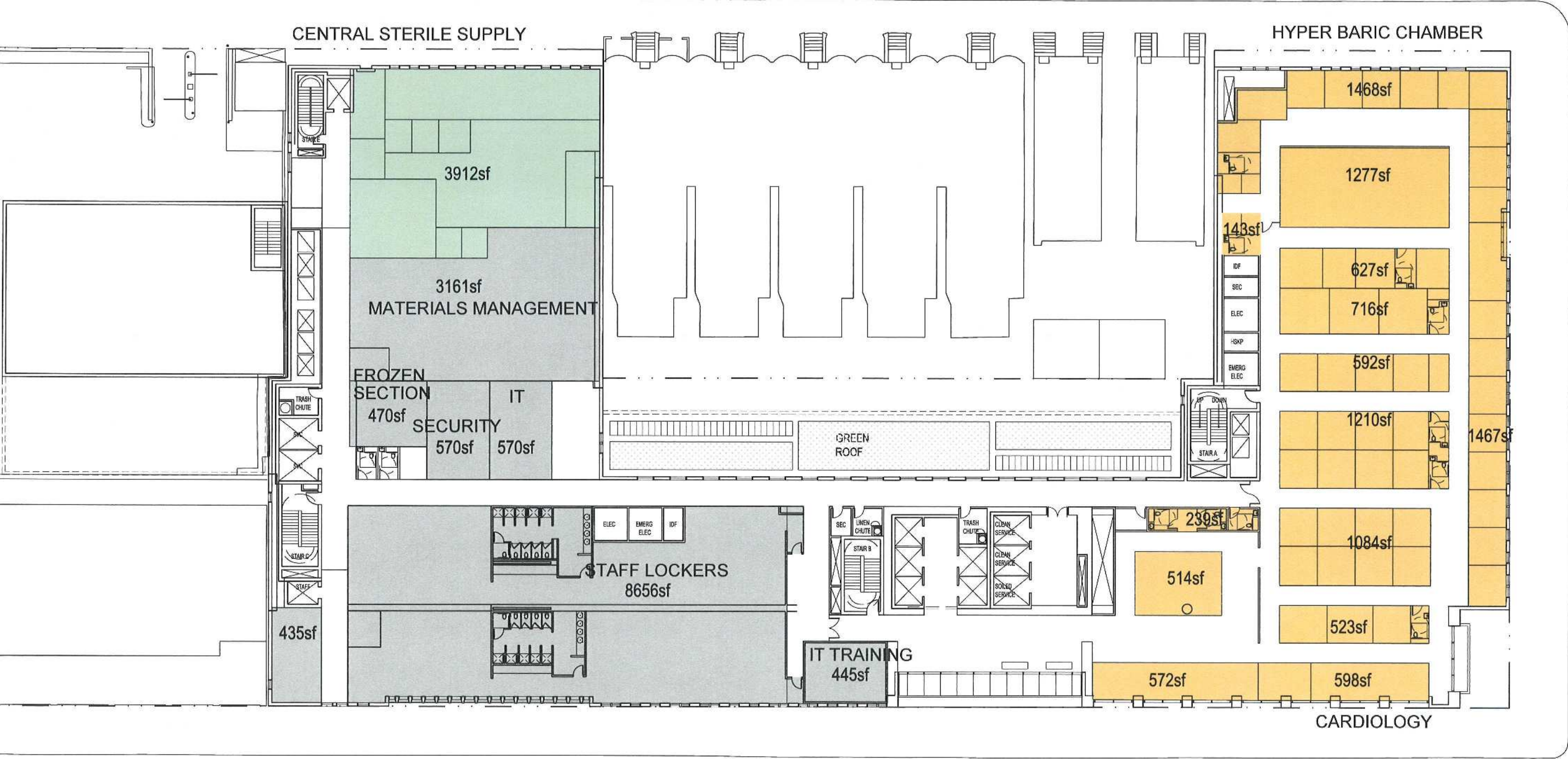
BSA

NY Methodist Hospital, Brooklyn
First Floor Plan

03-04-14 Scale: 1" = 32'-0"



5TH STREET



8TH AVENUE

Illustrative - For Information only

6TH STREET

**Departmental Net
Program Areas**

BSA

NY Methodist Hospital, Brooklyn
Second Floor Plan

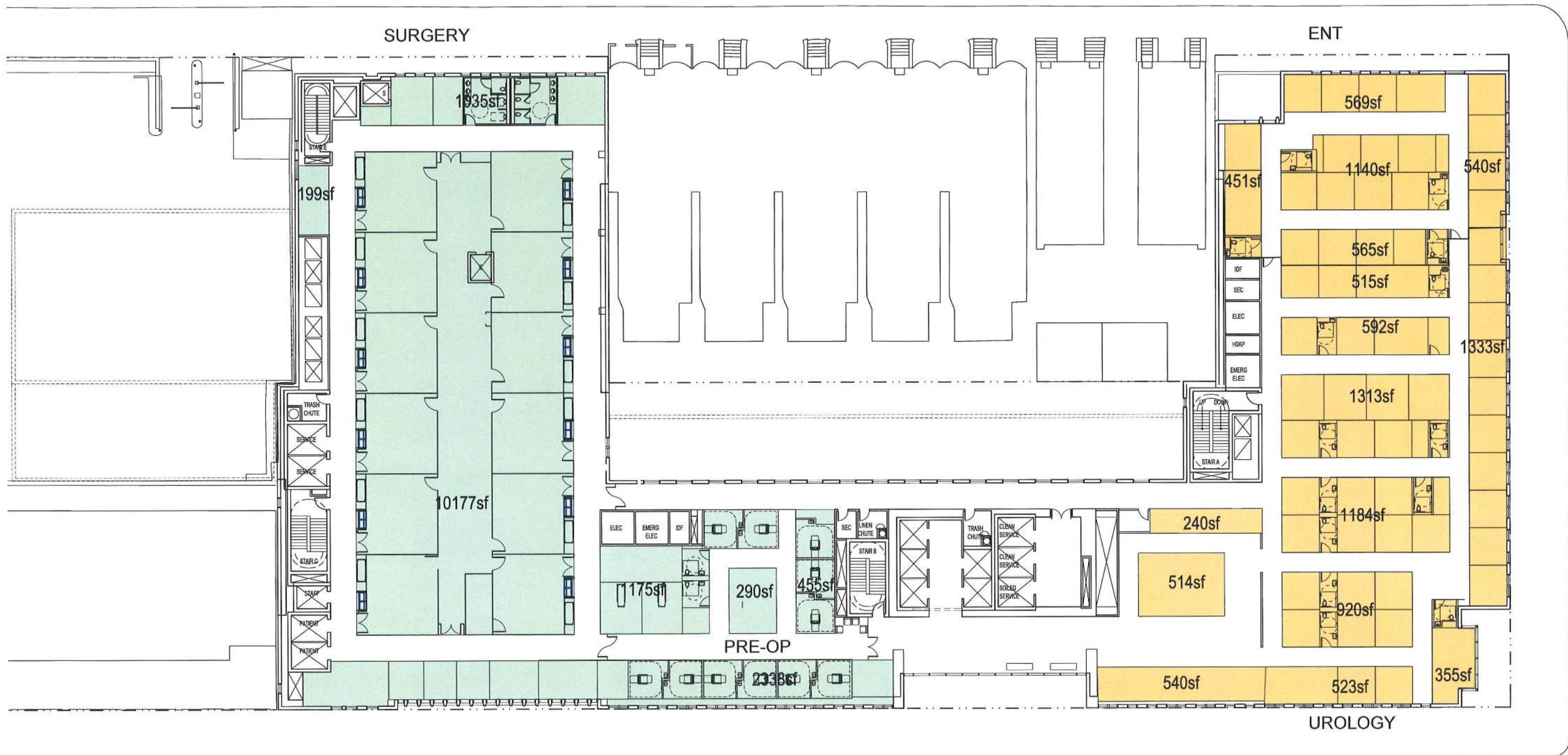
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Perkins Eastman

The Center for Community Health

5TH STREET



8TH AVENUE

Illustrative - For Information only

6TH STREET

**Departmental Net
Program Areas**

BSA

NY Methodist Hospital, Brooklyn
Third Floor Plan

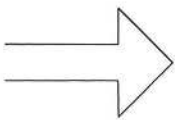
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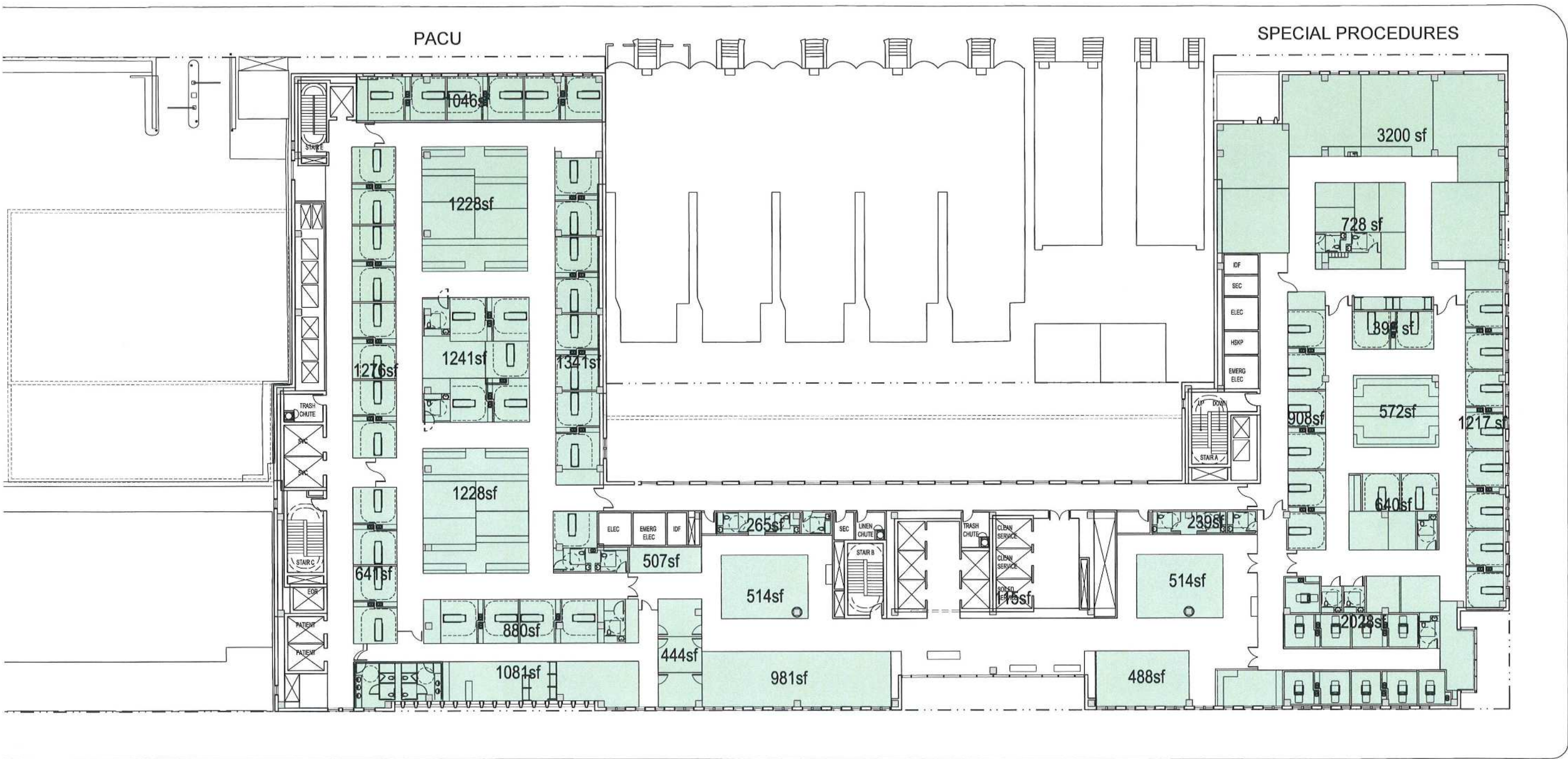
Perkins Eastman

The Center for Community Health

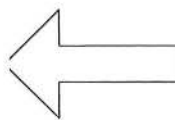
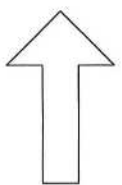




5TH STREET



8TH AVENUE



6TH STREET

Illustrative - For Information only

Departmental Net Program Areas

BSA

NY Methodist Hospital, Brooklyn
Fourth Floor Plan

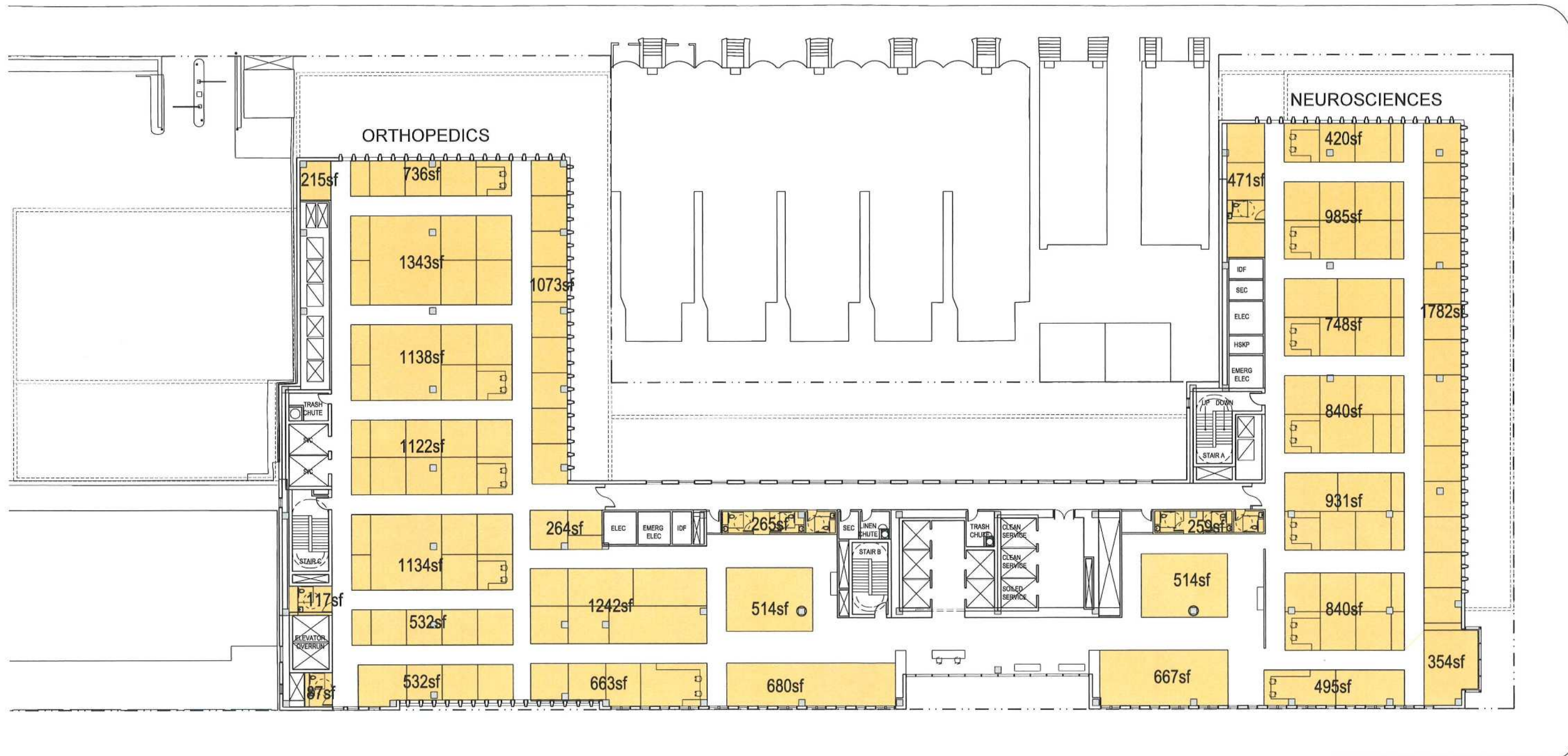
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Perkins Eastman

The Center for Community Health

5TH STREET



8TH AVENUE

6TH STREET

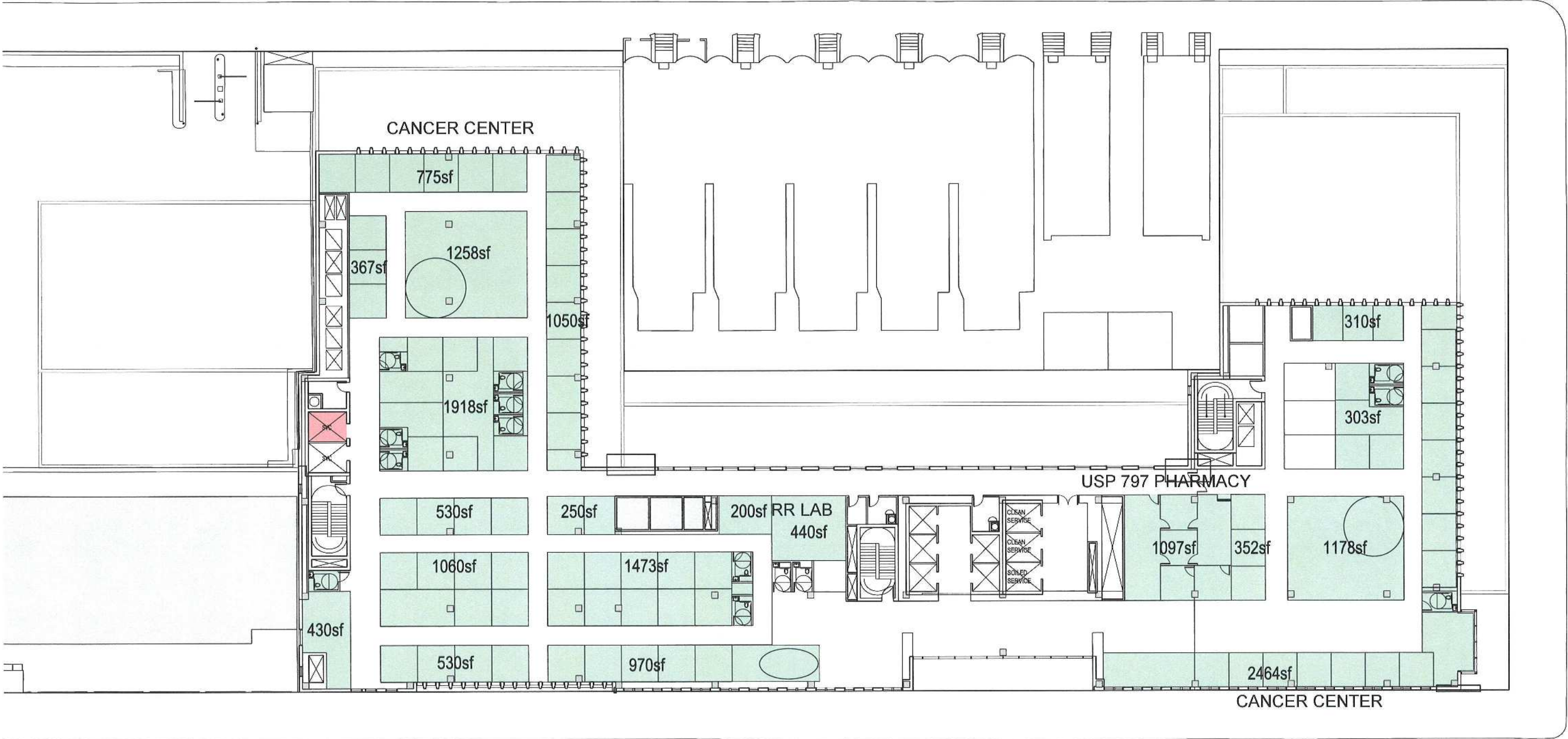
Illustrative - For Information Only

**Departmental Net
Program Area**



5TH STREET

8TH AVENUE



Illustrative - For Information only

6TH STREET

**Departmental Net
Program Areas**

BSA

NY Methodist Hospital, Brooklyn
Sixth Floor Plan

03-04-14 Scale: 1" = 32'-0"

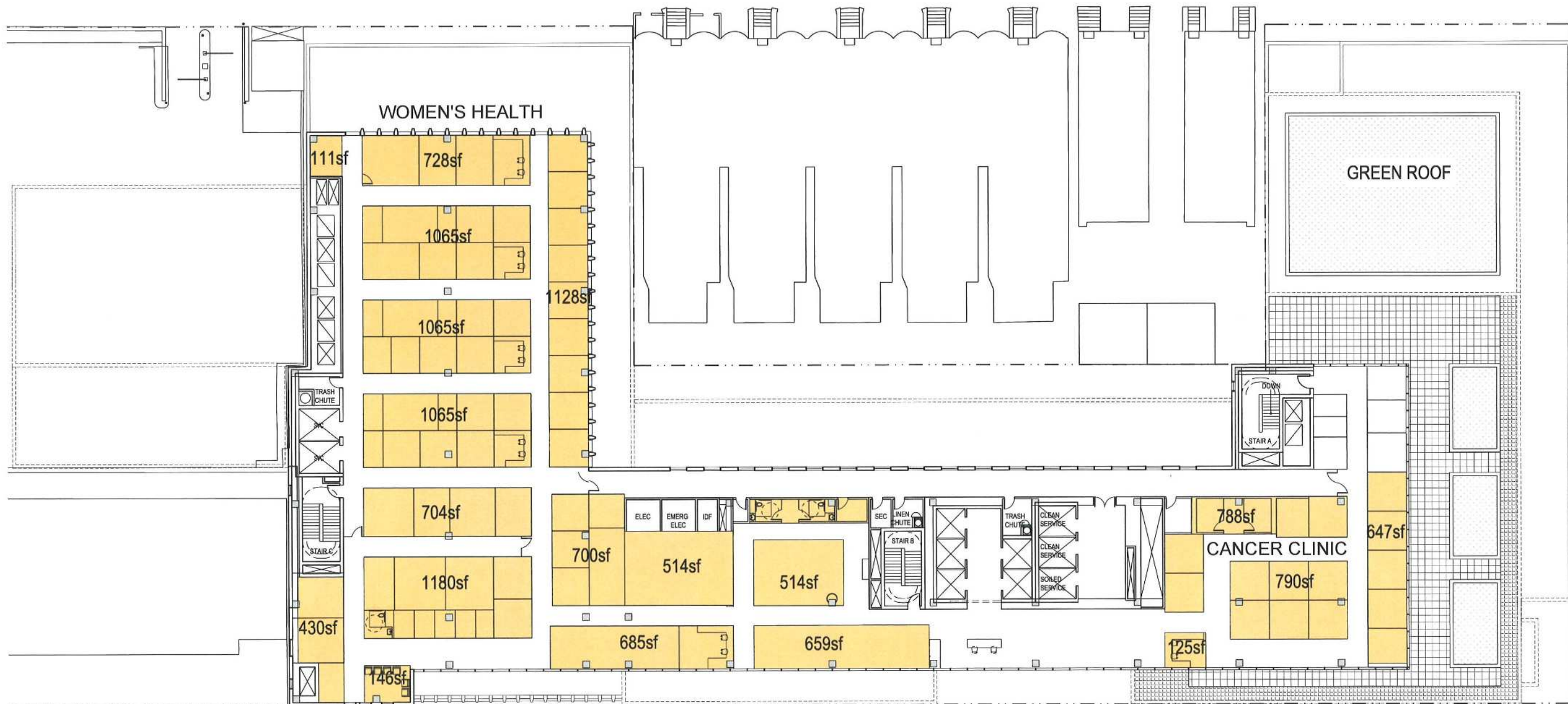


Perkins Eastman

The Center for Community Health

5TH STREET

8TH AVENUE



Illustrative - For Information Only

6TH STREET

**Departmental Net
Program Area**

BSA

NY Methodist Hospital, Brooklyn
Seventh Floor Plan

03-04-2014

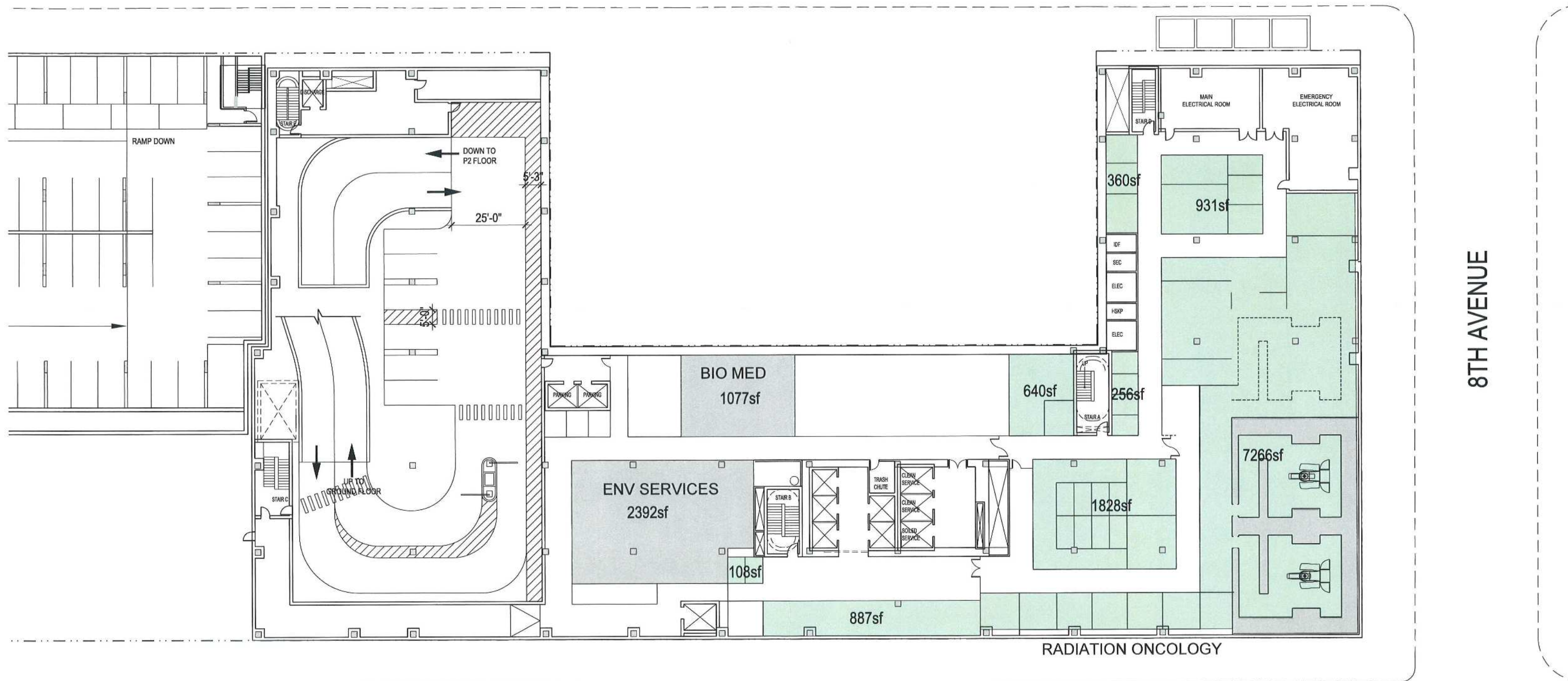
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Perkins Eastman

The Center for Community Health

5TH STREET



8TH AVENUE

6TH STREET

Illustrative - For Information only

**Departmental Net
Program Areas**

BSA

NY Methodist Hospital, Brooklyn
Rad Onc (B1) Floor Plan

03-04-14 Scale: 1" = 32'-0"



Perkins Eastman

The Center for Community Health