Chapter 3: Community Facilities and Services

A. INTRODUCTION

This chapter assesses the potential impacts of the proposed Lenox Hill Hospital (LHH) Redevelopment project (the Proposed Project) on community facilities and services, which are defined in the 2021 *City Environmental Quality Review (CEQR) Technical Manual* as public or publicly funded schools, early childhood programs, libraries, healthcare facilities, and fire and police protection services. The *CEQR Technical Manual* methodology focuses on direct effects on community facilities, such as when a facility is physically displaced or altered, and on indirect effects, which could result from increased demand for community facilities and services generated by new users, such as the new population that would result from the Proposed Project.

As described in Chapter 1, "Project Description," Lenox Hill Hospital (the Applicant) is requesting a series of discretionary actions from the City Planning Commission (CPC) to facilitate the enlargement and modernization of the existing LHH on Block 1411, Lots 1 and 113 (Projected Development Site 1), bounded by Park and Lexington Avenues and East 76th and East 77th Streets in Manhattan. The Proposed Project would include a new building fronting on Lexington Avenue, as well as additions and modifications to portions of the existing hospital complex on Projected Development Site 1 and connections between the new hospital building and the renovated buildings. Two building envelopes are proposed, each of which would accommodate the Proposed Project's program. Envelope 1 would include a new approximately 771,000-gross-square-foot (gsf) building on Lexington Avenue and 56,000 gsf of additions to the existing hospital. Envelope 2 would include a new approximately 867,000-gsf building and 8,000 gsf of additions to the existing hospital. With the existing buildings to remain, the overall gross floor area of the Proposed Project on Projected Development Site 1 would be approximately 1.4 million gsf with either envelope. The program, project population (staff, patients, visitors), site access, zoning actions, and construction duration would be the same for both Envelope 1 and Envelope 2.

This Environmental Impact Statement (EIS) also considers the as-of-right development of a building with hospital support functions at 111-115 East 77th Street between Lexington and Park Avenues (Block 1412, Lots 9, 10, and 11) (Projected Development Site 1a) as part of the Proposed Project. It would be connected to Projected Development Site 1 by a utility tunnel under East 77th Street. In addition, the Applicant proposes to provide improvements to the 77th Street subway station of the Lexington Avenue (No. 6) line, providing Americans with Disabilities Act (ADA) access to the downtown platform and increasing sidewalk conditions in the immediate area.

In accordance with CEQR guidance, increased population in an area caused by a project would increase demand for existing services, which may result in potential "indirect" effects on service delivery. The Proposed Project would not result in any new residential population. Therefore, it would not generate any population to increase demand on public schools, libraries, or early childhood programs that would warrant analyses of indirect effects to community facilities, and no significant adverse impacts to public schools, libraries, or early childhood programs would occur

with the Proposed Project. In other words, since no residential units are included in the Proposed Project, an indirect effects analysis of the Proposed Project is not needed.

This community facilities and services assessment is limited to direct effects of the Proposed Project on healthcare facilities. As described in Chapter 1, "Project Description," the Proposed Project would result in significant improvements to LHH, which provides a broad range of services with approximately 144,000 annual patient visits, including approximately 50,000 annual emergency department (ED) visits. LHH is dedicated to meeting the needs of patients who rely on the hospital for all levels of inpatient and emergency services. While LHH receives patients from all five boroughs of New York City (NYC) and beyond, the highest volume of its patients comes from the "service area" of Manhattan, parts of western Queens, and parts of southern Brooklyn.

As the service area population gets older, higher volumes of chronic disease and complexity of hospitalized patients are expected. The patient population is also expected to increase with programmatic growth; LHH continues to grow and invest in services including cardiac surgery, neurosurgery, orthopedics, and cancer services.

B. PRINCIPAL CONCLUSIONS

According to the *CEQR Technical Manual*, if a project would physically alter a community facility, whether by displacement of the facility or other physical change, this "direct" effect triggers the need to assess the service delivery of the facility and the potential effect that the physical change may have on that service delivery. The Proposed Project would have direct effects on the LHH healthcare facility; it would not have direct effects on other types of community facilities. Since no residential units that would increase the population in the area are included in the project, an indirect effects analysis of the Proposed Project is not needed. As described in this chapter, the Proposed Project would not result in direct or indirect effects that would substantially deteriorate service delivery in the study area, and would not result in significant adverse impacts to community facilities and services. The Proposed Project would allow the enlargement and modernization of the existing LHH and the creation of a purpose-built hospital complex to address critical infrastructure challenges and space needs. The proposed hospital building, under either Envelope 1 or Envelope 2, would permit LHH to meet current standards of healthcare delivery, including single-bedded patient rooms, as well as address projected future needs for an expanded ED, new and larger state-of-the-art surgical suites, and other essential clinical and support spaces.

C. PRELIMINARY SCREENING

The Proposed Project would significantly improve LHH by providing 475 new and renovated single-bedded rooms, 30 state-of-the-art new and renovated operating rooms (ORs), 48 ED treatment positions, a new entrance and lobby for the Mother-Baby Hospital, internal ambulance access, additional truck docks that are adequately sized and allow separation of clean and soiled material, and improved subway access to the downtown subway platform at East 77th Street. According to the *CEQR Technical Manual*, a community facilities and services assessment is warranted if a project has the potential to result in either direct or indirect effects on community facilities. Community facilities include public schools, libraries, publicly funded early childhood programs, and healthcare facilities, as well as fire and police protection. Indirect effects result from increases in population that place added demand on community facility service delivery, and CEQR guidance provides that an indirect effects assessment of healthcare facilities and fire and police protection are typically only warranted when a proposed project would result in the introduction of a new neighborhood where none existed before. The Proposed Project would have

direct effects on the LHH healthcare facility; it would not have direct effects on other types of community facilities. Since no residential units that would increase the population in the area are included in the project, an indirect effects analysis of the Proposed Project is not needed.

Direct effects occur when a proposed project physically alters or displaces a community facility. The Proposed Project would not result in any physical alterations or displacement of police or fire services, and no further analysis is required of those facilities. The community facilities and services assessment therefore will be limited to direct effects of the Proposed Project on healthcare facilities. According to the *CEQR Technical Manual*, if a project would physically alter a community facility, whether by displacement of the facility or other physical change, this "direct" effect triggers the need to assess the service delivery of the facility and the potential effect that the physical change may have on that service delivery. Temporary direct effects should also be considered and are addressed in Chapter 16, "Construction." The study area for this analysis of community facilities and services encompasses the area in which the Proposed Project could reasonably be expected to have the greatest effect, which is the main hospital block where LHH provides its inpatient services.

D. EXISTING CONDITIONS

As a community facility serving its patients, the existing LHH faces critical infrastructure challenges and space needs. LHH was originally founded over 160 years ago, in 1857, as The German Dispensary of the City of New York. The first hospital building on Projected Development Site 1 opened in the late 1860s, and over the next century, the hospital complex grew to encompass the entire block. Between 1872 and 1972, the 10 existing buildings were built on the site (see Chapter 1, Project Description," Figure 1-7). Over the years, there were renovations, improvements, and interconnections among the buildings. In 2010, LHH became part of the Northwell Health network as its NYC flagship to provide world-class service to patients of all income levels from the local Upper East Side community and from across the five boroughs.

LHH is dedicated to meeting the needs of patients who rely on the hospital and its care providers for a broad range of services, including all levels of inpatient and emergency services. With approximately 144,000 annual patient visits, including approximately 50,000 emergency room visits, LHH is a vital component of the healthcare delivery system in NYC. While LHH receives patients from throughout all five boroughs of NYC and beyond, its "service area" is comprised of Manhattan, parts of western Queens, and parts of southern Brooklyn. This service area represents the geography from which the highest volume of the hospital's patients originates. There are currently 3.5 million people residing in this service area.

Existing hospital challenges that are addressed by the Proposed Project are identified in Chapter 1, "Project Description," and summarized below.

- Of the existing 450 patient beds, 278 are in double-bedded rooms. Single-bedded patient rooms have been standard for new hospital projects for over a decade. Major new hospital construction projects in New York State, including the Kimmel Pavilion at NYU Langone and the Ruth Bader Ginsburg Hospital in South Brooklyn, are examples of recent hospitals with single-bedded patient rooms.
- At an average of 400 square feet (sf), the existing ORs do not have adequate space for modern monitoring, imaging, and robotic equipment. Many of the existing ORs have ceiling heights that limit the use of newer, larger equipment, and ceiling heights are difficult, if not

impossible, to change due to the floor slab above and any mechanical equipment or beams below the slab.

- At approximately 14,000 sf, the existing ED is undersized relative to the current demand of approximately 50,000 annual ED visits. The 34 existing ED positions are too few; 15 of the ED beds are in the hallway; the space is not adequate to separate infectious and non-infectious patients; and there is too little patient privacy.
- Mother-Baby services are spread across six different units of the hospital. Expectant mothers enter the hospital through the same lobby as all other patients. Over half of the postpartum rooms at LHH are currently double-bedded. At full capacity, 70 percent of mothers and newborns must share a room.
- Ambulances must park along the sidewalk on East 77th Street and take patients across the sidewalk into the hospital. This is an unpleasant experience for the patients and also results in pedestrian conflicts on the sidewalk. Further, limited ambulance parking requires some ambulances to double park, consequently causing traffic congestion.
- The hospital's three loading bays are too short for many of the trucks serving the hospital. Trucks must frequently park on the sidewalk, sometimes reaching into the street and hindering pedestrian and vehicular traffic. Further, the current configuration does not allow the separation of clean and soiled materials.

E. THE FUTURE WITHOUT THE PROPOSED PROJECT (NO ACTION CONDITION)

As described in Chapter 1, "Project Description," absent the Proposed Project, the main hospital complex on Projected Development Site 1 will remain in its current form, with most ambulatory uses on the main hospital block relocating to other facilities (including Projected Development Site 1a). Approximately 650 daily patients, 944 daily visitors, and 257 staff members will be relocated to facilities beyond the Project Site, including Northwell's as-of-right Third Avenue project, which is currently under development. In the No Action condition, these relocations will make approximately 13,500 sf within the existing hospital available to convert a limited number of double-bedded rooms to single-bedded rooms without any effect on the total number of beds, and will allow for reconfiguration of certain suboptimal spaces. As noted above, there are currently 3.5 million people residing in LHH's service area; the average age of this population is expected to increase over the next two decades. As the service area population gets older, higher volumes of chronic disease and complexity of hospitalized patients are expected. The patient population is also expected to increase with programmatic growth. Absent approvals for the Proposed Project, the issues described above—from double-bedded rooms, ORs with insufficient floor area, an undersized ED, divided maternal and newborn facilities, patients being taken across the sidewalk to the ED, and trucks being partially parked on the sidewalk and street—would continue to hamper LHH's operations and disadvantage the patients.

F. PROBABLE IMPACTS OF THE PROPOSED PROJECT (WITH ACTION CONDITION)

- As described in Chapter 1, "Project Description," the Proposed Actions would allow the enlargement and modernization of the existing LHH and the creation of a purpose-built hospital complex to address critical infrastructure challenges and space needs. There are two massing envelopes proposed that would accommodate the Proposed Project's program. The

program, project population, site access, zoning actions, and construction duration would be the same for both envelopes. With either envelope, the Proposed Project would permit LHH to meet current standards of healthcare delivery, including single-bedded patient rooms, as well as address projected future needs for an expanded ED, new and larger state-of-the-art surgical suites, and other essential clinical and support spaces. Buildings on the east end of the hospital block that are the oldest in the complex would be demolished and replaced by a new hospital building. Then, to the west of the new building, other existing buildings would be demolished and reconstructed or renovated and upgraded to current standards and connected to the new structure. Disruption or relocation of services due to construction and renovation are discussed in Chapter 16, "Construction." The Proposed Project would provide a total of 475 single-bedded patient rooms, a net increase of 303 single-bedded patient rooms. There would be 320 single-bedded rooms provided in the new building and 155 renovated rooms provided in the existing hospital buildings. There would no longer be any double-bedded rooms. Single-bedded rooms would reduce transmission of infectious diseases, provide sufficient space for modern hospital equipment in the rooms when needed, provide sufficient space for family members and other visitors, and enhance patients' privacy. These factors have been shown to improve patient outcomes relative to multiple-occupancy rooms.

- The Proposed Project would provide a total of 30 ORs, 25 of which would be new ORs located in the new building. The other five ORs would be renovated in the existing buildings. The Proposed Project would create a mix of ORs ranging from approximately 600 to 1,000 sf to provide sufficient space for new technology (mobile and image-guided equipment, ceiling booms, cameras, high-definition monitors, and robotic technology) and larger surgical teams.
- The Proposed Project would increase the number of ED treatment positions from 34 to 48; all of these positions would be 150 sf and hard-walled rather than curtained. Overall, the proposed ED would be approximately 41,500 sf. This expansion would create space to isolate infectious or immuno-compromised patients and would offer patients more comfort and privacy.
- The proposed Mother-Baby Hospital improvements would include a new entrance and lobby on Park Avenue to separate these non-infectious patients from all other services provided at LHH, thereby improving the experience of expectant families. An additional labor and delivery room would be provided (increasing that number from 12 to 13). The single-bedded rooms provided by the Proposed Project would allow adequate space for mothers to be joined by their families and ensure a better quality of sleep while recovering from childbirth. Additionally, the Proposed Project would expand LHH's state of the art neonatal intensive care unit to comply with industry standards and afford families and neonates with adequate levels of privacy and quiet.

OTHER IMPROVEMENTS

AMBULANCE ARRIVALS

The new ambulance bay on East 77th Street would allow six ambulances to park and discharge patients under the building in a weather-protected space off the street, greatly improving both the patient experience and the flow of traffic on the street.

TRUCK DOCKS

The new truck docks would allow four additional trucks to be accommodated off the street and off the sidewalk. The new docks would also provide for the separation of clean and soiled

materials. Loading activities would no longer interfere with pedestrian and vehicular movement on East 76th Street.

SUBWAY STATION ACCESS AND SIDEWALK IMPROVEMENTS

The Proposed Project would replace the two existing 5-foot-wide stairways on the sidewalk adjacent to Projected Development Site 1 with a new 15-foot-wide stairway located within Projected Development Site 1, increasing space on the sidewalk by approximately 175 sf as well as increasing stair capacity by approximately 50 percent. The Proposed Project would also install an elevator between the street level and the mezzanine and a ramp from the mezzanine to the southbound platform level of the subway station to provide ADA access. Further, it would improve lighting and security systems within the station. The proposed subway stairway and elevator access would be set back from the property line, increasing the sidewalk by approximately 725 sf of open area adjacent to the new stairway and ADA elevator. These improvements would provide ADA access to the downtown side of the station and increase street level circulation space at the street corner adjacent to the station's nearest access point to LHH.

With the new building on the east end of the hospital block, the main hospital entrance would be moved from the midpoint of the East 77th Street frontage to a more accessible location on Lexington Avenue near East 76th Street, convenient to patients and visitors travelling by bus on Lexington Avenue as well as the subway entrances. The setback of the ground floor of the building under an anticipated arcade would also provide pedestrians with more sidewalk space and more protection from inclement weather.

The Proposed Project would not result in direct or indirect effects that would substantially deteriorate service delivery in the study area, which is the *CEQR Technical Manual* guidance for determining if a project would result in significant adverse impacts to community facilities and services. Rather, the Proposed Actions would allow the enlargement and modernization of the existing LHH and the creation of a purpose-built hospital complex to address critical infrastructure challenges and space needs. The proposed hospital building would permit LHH to meet current standards of healthcare delivery, including single-bedded patient rooms, as well as address projected future needs for an expanded ED, new and larger state-of-the-art surgical suites, and other essential clinical and support spaces. ✶