

11 New York State Hospitals Have High Mortality Rates, U.S. Says

By DENA KLEIMAN

Eleven of New York State's 270 hospitals had mortality rates in 1987 significantly higher than the national average, according to a Federal study of Medicare patients.

No Connecticut hospitals were cited for abnormally high mortality rates. Four of New Jersey's hospitals were placed in that category.

The list, made public yesterday by the Health Care Financing Administration, places eight New York City hospitals that are still operating — including some of the city's largest municipal hospitals — in the category of higher-than-average mortality rates.

The death rates in New York State's 259 other hospitals, the agency said, were around the national average. At 35 hospitals in the state, the death rate was lower than the agency had expected.

The hospitals in New York City cited for abnormally high mortality rates were Bronx Municipal Hospital Center and St. Barnabas Hospital in the Bronx; the City Hospital Center at Elmhurst and Jamaica Hospital, both in Queens; Coney Island Hospital, Woodhull Hospital and Kings County Hospital Center in Brooklyn, and Harlem Hospital in Manhattan.

Also in this category were Nassau County Medical Center in East Meadow, L.I., and Tri County Memorial Hospital in Gowanda. The report also cites Baptist Medical Center in Brooklyn, which was closed last year because the quality of its care was deemed poor.

The New Jersey hospitals with above-predicted mortality rates last year, according to the survey, were Bergen Pines County Hospital in Paramus, Jersey City Medical Center, John F. Kennedy Memorial Hospital in

Stratford and Paul Kimball Hospital in Lakewood.

A spokesman for the State Health Department, Frances Tarlton, said that while the Federal data could be useful to prompt investigation at individual hospitals, the figures did not necessarily reflect the quality of care.

The New York City Health and Hospitals Corporation, which operates the city's municipal hospital system and individual hospitals, assailed the report.

"We feel the methodology does not take into account the very important characteristics of our patient population," said a spokesman for the corporation, Fred Winters. "It does not address race, socio-economic factors or types of communities we serve."

Kenneth E. Raske, president of the Greater New York Hospital Association, a trade association representing 105 nonprofit hospitals and nursing homes in New York City and some of its suburbs, echoed many critics of the report when he dismissed the statistics as "significantly flawed."

"It does not adjust for emergency admissions," Mr. Raske said. "It does not adjust for the severity of the illness. It does not take into account whether a patient has been transferred from a nursing home or the socio-economic status."

Spokesmen for hospitals cited in the study for high mortality dismissed the report.

"They consider only raw data coming out of their computers," said Edward G. Smith, a spokesman for Nassau County Medical Center. "They don't consider severity of illness. They don't even consider cases in which the family had requested that the patient be allowed to die in peace."