

An architectural rendering of a modern hospital complex. The main building is a multi-story structure with a mix of brick and glass facades. A prominent glass skybridge connects it to a large, curved glass building on the right. The scene includes a paved road, landscaped greenery with trees and shrubs, and several people walking in the foreground. The sky is blue with scattered white clouds. The text 'Downstate Hospital' is visible on the top of the main building.

Downstate 3.0

Specialty Community Outpatient Center
And Tertiary /Quaternary Care Hospital

What to Build

- A 10–story Outpatient Surgical/Advanced Procedural Center rising 8 stories above ground, with two floors of underground parking on the current parking lot site. Departments include radiology, surgery, oncology, cardiology, endoscopy, and women's health.
- A 5-story, 100-200 bed tertiary/quaternary care hospital (beds only) is physically connected to the Outpatient Center on the site of the current nursing residence.
- An overpass/bridge connects the Outpatient Center to the hospital.

What to do with the current USB

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- Keep in place during construction and maintain current services.
 - Complete the construction of the maternity floor
 - Continue to upkeep and repair the HVAC
 - After the New Buildings are constructed, repurpose the current USB for administrative offices, physical/occupational therapy, speech therapy, commercial use, on-call rooms, and medical offices.
 - Upgrade and continue using the kitchen, laundry, cafeteria, emergency department, and clinics.

Clinical Services

Surgical

- Transplant (kidney and liver) *
- Orthopedics *
- Cardiac *
- Ophthalmology *
- General surgery (robotics) *
- Urology *
- Radiology (CT, MRI, PET, RT, IR) *
- Pediatric*
- Endocrine*

Medical

- Oncology *
- Cardiology *
- Hematology
- Obstetrics (high risk) and Gynecology
- Nephrology*
- Rheumatology
- Endocrinology
- Gastroenterology*
- Pediatric Specialties

* Services in the New Outpatient Building or New Hospital

Key points

- This plan keeps the current services in place while construction is ongoing, ensuring minimal service disruption.
- The new buildings will be low-profile (8 stores or less), remain in close proximity, and be connected to the medical center's core.
- The New hospital will be simple to build as it will not need the usual hospital services such as an ER, kitchen, laundry, pharmacy, cafeteria, and lecture halls. These facilities already exist at the University and the USB
- The New Hospital will mostly provide “hotel services” (lobby and floors with nursing stations and rooms with beds and bathrooms). It should be built as small as possible initially, with possible vertical expansion if needed. As the New Hospital will be close to USB, a bridge connection will be possible if needed.

Key points

- As most experts and futurists predict hospital bed obsolescence ([Emanuel](#), [Dowling](#)), this plan calls for a significant reduction in future beds, keeping current beds in service but still leaving the possibility of increasing new bed construction.
- Sustainability will require a change in the culture and current processes at Downstate. Under the State's mandate, the Downstate Leadership must embrace the Brooklyn community hospitals through mutually beneficial affiliation agreements. City and Federal governments must contribute financially and with easements, exclusions, and mandates.
- Regional planning must start now.



Key Points

- A new Electronic Health Record System must be implemented as soon as possible under the guidance of the SHIN-NY, NYeC, and Healthix.
- Use the hope and vision of a New Downstate to enhance and develop Community Health Programs with private sector financing