

Greer, Leslie

From: Martone, Kim
Sent: Tuesday, February 24, 2015 3:59 PM
To: Hansted, Kevin
Cc: Greer, Leslie
Subject: FW: OHCA Determination
Attachments: OHCA Determination 02 24 2015.pdf

Importance: High

From: Johnson, Michelle [<mailto:Michelle.Johnson@wchn.org>]
Sent: Tuesday, February 24, 2015 3:43 PM
To: Martone, Kim
Cc: Herlihy, Sally
Subject: OHCA Determination
Importance: High

Sent on behalf of Sally Herlihy, VP Planning, Western Connecticut Health Network:

Please find attached a Determination Request on behalf of Western Connecticut Health Network, Inc. If you have any questions please contact Sally Herlihy, VP Planning at 203-739-4903, or sally.herlihy@wchn.org.

The original document will be sent to the OHCA offices by mail.

Thank you.

Michelle Johnson
Executive Assistant to Senior Administrators
Western Connecticut Health Network

203-739-4935



This transmittal is intended for a particular addressee(s). If it is not clear that you are the intended recipient, you are hereby notified that you have received this transmittal in error; any review, copying or distribution or dissemination is strictly prohibited. If you suspect that you have received this transmittal in error, please notify Western Connecticut Health Network immediately by email reply to the sender, and delete the transmittal and any attachments.

READER BEWARE: Internet e-mail is inherently insecure and occasionally unreliable. Please contact the sender if you wish to arrange for secure communication or to verify the contents of this message.



State of Connecticut Office of Health Care Access CON Determination Form Form 2020

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed project must complete this Form 2020. The completed form should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If this proposal has more than two Petitioners, please attach a separate sheet, supplying the same information for each Petitioner in the format presented in the following table.

	Petitioner
Full Legal Name	The Danbury Hospital
Doing Business As	New Milford Hospital
Name of Parent Corporation	Western Connecticut Health Network, Inc. (WCHN)
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	24 Hospital Avenue Danbury, CT 06810
What is the Petitioner's Status: P for profit and NP for Nonprofit	NP
Contact Person at Facility , including Title/Position: This Individual at the facility will be the	Sally F. Herlihy, MBA, FACHE VP, Planning

Petitioner's Designee to receive all correspondence in this matter.	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	24 Hospital Avenue Danbury, CT 06811
Contact Person's Telephone Number	203-739-4903
Contact Person's Fax Number	203-739-1974
Contact Person's e-mail Address	sally.herlihy@wchn.org

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Alignment of Clinical Services
- b. Estimated Total Project Cost: \$0
- c. Location of proposal, identifying Street Address, Town and Zip Code: New Milford Hospital, 21 Elm Street, New Milford, CT 06776
- d. List each town this project is intended to serve: Existing communities (no changes)
- e. Estimated starting date for the project: March 2015

SECTION IV. PROPOSAL DESCRIPTION

Please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following elements need to be addressed, if applicable:

1. If applicable, identify the types of services currently provided and provide a copy of each Department of Public Health license held by the Petitioner.
2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.
3. Identify the current population served and the target population to be served.

Overview

WCHN's mission is to "improve the health of every person we serve through the efficient delivery of excellent, innovative and compassionate care." In furtherance of this mission, we endeavor to provide the right care, at the right place and the right time. WCHN has been considering the appropriate management of the continuum of critical care patients at the New Milford Hospital (NMH) campus and the appropriate utilization of the recently opened new Critical Care Unit at the Danbury Hospital campus (DH) which features the latest medical technology and life-saving equipment, along with round-the-clock access to the specialists (neurologists, cardiologists, nephrologists, infectious diseases, etc.) required to deliver their care. Since 2009 (well before NMH's affiliation with WCHN), NMH has been transferring the most critically-ill patients from NMH to DH based on determinations by the NMH medical staff that DH offered critically-ill and injured patients a higher level of care. WCHN now desires to efficiently address the clinical needs of NMH's inpatients by consolidating its CCU beds within a progressive care unit located within NMH's 3-East medical-surgical unit. There is no proposed change to the DH license (see Exhibit 1).

Background

At NMH, the inpatient clinical care is currently provided in two locations, a 35-bed medical surgical unit located on its third-floor (referred to as "3-East"), and an 8-bed critical care unit located on the second floor of the same building (called the "CCU"). The average daily census ("ADC") at NMH for medical surgical patients during FY14 was 20 patients, with an ADC of only 2 patients in the CCU throughout FY14 and current FY15 (Q1) and no material change in activity from FY13. The CCU is operating at 25% occupancy (2 of the 8 available beds) and there is an average length of stay of 4.0 days. The CCU beds located on the second floor have separate staffing, and are underutilized, resulting in inefficiency.

Discussion

Based on the patient-complexity and historical utilization of the CCU at NMH, NMH proposes to implement a progressive care unit on its third floor, within its medical-surgical unit on 3-East. This efficient management of clinical and operational resources supports the provision of the right care, in the right location, at the right time. This approach also bridges the gap between a critical care unit complexity level of service and the care provided on the current medical-surgical unit:

- The American Association of Critical Care Nurses ("AACN") recognizes progressive care as part of the continuum of critical care.
- Per AACN, progressive care patients are moderately stable with less complexity, require moderate resources and require intermittent nursing vigilance or are stable with high potential for becoming unstable and require an increased intensity of care.
 - Characteristics of progressive care patients include: a decreased risk of a life-threatening event, a decreased need for invasive monitoring, increased stability, and an increased ability to participate in their care.

The patients who have been treated on the second floor in the CCU satisfy the definition of progressive care patients. There will be no change in the clinical care provided for these patients with co-location of the progressive care unit within the 3-East medical-surgical unit:

- The co-location of patients on 3-East will offer additional nursing resources and efficiencies to better address patient needs.
- The patients will be managed with the same level of technology that currently exists in the separate CCU. The centralized monitoring will be relocated and the unit will be upgraded with wireless monitoring, ensuring the same standard of care with no reduction in capabilities.
- DH's new state of the art ICU opened in October 2014. It is staffed by intensivists, specially trained to address the complex medical needs of critically ill patients and supported by a variety of specialists not available at NMH.

We respectfully request confirmation that consolidation of the second floor CCU at NMH with the third floor 3-East medical surgical unit will not require a CON.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: The Danbury Hospital

Project Title: Alignment of Clinical Services

I, Dan DeBarba, EVP, Western Connecticut Health Network, Inc., and President, The Danbury Hospital, being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge.


Signature _____ Date 2/24/15

Subscribed and sworn to before me on 2-24-15


Notary Public/Commissioner of Superior Court

My commission expires: May 31, 2019

Exhibit I
The Danbury Hospital License

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0039

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

The Danbury Hospital of Danbury, CT d/b/a The Danbury Hospital is hereby licensed to maintain and operate a General Hospital.

The Danbury Hospital is located at 24 Hospital Avenue, Danbury, CT 06810.

The maximum number of beds shall not exceed at any time:

26 Bassinets
430 General Hospital Beds

This license expires September 30, 2015 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2013.

Satellites:

*New Milford Hospital Campus, 21 Elm Street, New Milford, CT
*New Milford Hospital Behavioral Health Services, 23 Poplar Street, New Milford, CT
Center for Child and Adolescent Treatment Services, 152 West Street, Danbury, CT
Community Center for Behavioral Health (ADH-PHP), 152 West Street, Danbury, CT
The Pediatric Health Center, 70 Main Street, Danbury, CT
Seifert & Ford Community Health Center, 70 Main Street, Danbury, CT
Ridgefield Surgical Center, 901 Ethan Allen Highway, Ridgefield, CT

License revised to reflect:

*Added (2) satellites and increase of 85 General Beds because The Danbury Hospital merged and took over New Milford Hospital effective 10/1/14.



Handwritten signature of Jewel Mullen in cursive.

Jewel Mullen, MD, MPH, MPA
Commissioner

Greer, Leslie

From: Hansted, Kevin
Sent: Friday, February 27, 2015 9:15 AM
To: Greer, Leslie
Cc: Martone, Kim
Subject: FW: Determination Report 15-31981-DTR

Leslie, please add the below to the record.
Thank you,

Kevin T. Hansted
Staff Attorney
Department of Public Health
Office of Health Care Access
410 Capitol Ave., MS #13HCA
P.O. Box 340308
Hartford, CT 06134
Phone: 860-418-7044

CONFIDENTIALITY NOTICE: This email and any attachments are for the exclusive and confidential use of the intended recipient. If you are not the intended recipient, please do not read, distribute or take action in reliance on this message. If I have sent you this message in error, please notify me immediately by return email and promptly delete this message and any attachments from your computer system. We do not waive attorney-client or work product privilege by the transmission of this message.

From: Herlihy, Sally [mailto:Sally.Herlihy@wchn.org]
Sent: Friday, February 27, 2015 8:47 AM
To: Hansted, Kevin
Subject: RE: Determination Report 15-31981-DTR

Dear Attorney Hansted,

The medical services provided in the CCU at New Milford Hospital will continue to be provided in the progressive care unit without any change. Some examples of these services follow:

- Unstable Non-invasive ventilation i.e. CPAP or BIPAP
- Hemodynamic instability due to hypovolemia, hemorrhage, sepsis, or other cause
- Central nervous system depression that threatens to compromise airway and protective reflexes
- Severe impairment of renal function or severe electrolyte abnormalities
- Patients requiring extended post-operative care
- Extended intra-operative time and vigorous fluid resuscitation with the probability of fluid shifts and massive third spacing
- Patients requiring frequent assessments (solid organ injury or abdominal pain with the possibility of emergent surgery)
- Patients with delirium tremens requiring continuous Ativan drip without respiratory failure requiring intubation
- Patients requiring continuous observation and pulse oximetry due to upper airway disease such as epiglottitis or tumor
- Possible intra-operative events (i.e. ST changes, arrhythmias, etc.) which are asymptomatic and hemodynamically stable
- Arrhythmias that are hemodynamically stable (IE. atrial fibrillation/flutter, supra ventricular tachycardia)

- Angina pectoris, that is hemodynamically stable but requires intravenous nitroglycerin for prophylaxis of the angina
- Mild to moderate congestive heart failure without signs/symptoms of shock
- Hypertensive urgency without evidence of end-organ damage
- Drug drips appropriate for PCU management as defined by the institutional critical care committee.
- Patients requiring initiation of and maintenance intravenous infusions of anti-arrhythmics, and vasoactive inotropic medications.
- Patients with a tracheostomy tube requiring aggressive pulmonary toileting or requiring arterial blood gases than once per eight hours. Suctioning is provided every 4 hours or less.
- Hemodynamically stable patients with evidence of compromised gas exchanges and underlying disease with the potential for worsening respiratory insufficiency who require frequent observation and/or continuous positive airway pressure
- Post-op patients after being fully recovered in PACU and meeting all other CSD criteria
- Patients requiring monitoring for seizure activity (should be controlled with anticonvulsant medication)
- Patient requiring vital signs, lab tests, neuro checks, peripheral pulse checks, I & O no more often than every two hours routinely. Exceptions: a) patient' s receiving blood products and B) certain IV infusions, and C) Dilantin loading doses may have more frequent vital signs
- Patient requiring monitoring for obstructive sleep apnea

Please reach out if you require additional information.

Sincerely,
Sally

Sally F. Herlihy, FACHE

Vice President, Planning

Western Connecticut Health Network

203-739-4903

From: Hansted, Kevin [<mailto:Kevin.Hansted@ct.gov>]

Sent: Thursday, February 26, 2015 11:44 AM

To: Herlihy, Sally

Subject: Determination Report 15-31981-DTR

Dear Ms. Herlihy,

I am in recent of your determination request concerning the consolidation of New Milford Hospital's CCU beds into a progressive care unit. Please provide a list of medical services currently provided in the CCU along with a list of the medical services proposed to be offered in the progressive care unit.

Thank you,

Kevin T. Hansted

Staff Attorney

Department of Public Health

Office of Health Care Access

410 Capitol Ave., MS #13HCA

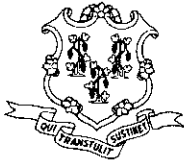
P.O. Box 340308

Hartford, CT 06134

Phone: 860-418-7044

CONFIDENTIALITY NOTICE: This email and any attachments are for the exclusive and confidential use of the intended recipient. If you are not the intended recipient, please do not read, distribute or take action in reliance on this

message. If I have sent you this message in error, please notify me immediately by return email and promptly delete this message and any attachments from your computer system. We do not waive attorney-client or work product privilege by the transmission of this message.



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

March 11, 2015

Sally F. Herlihy, MBA, FACHE
Vice President, Planning
Western Connecticut Health Network, Inc.
24 Hospital Avenue
Danbury, CT 06810

RE: Certificate of Need Determination Report Number 15-31981-DTR
Alignment of Clinical Services at New Milford Hospital

Dear Ms. Herlihy:

On February 24, 2015, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Western Connecticut Health Network, Inc. ("Petitioner") with respect to the alignment of clinical services at New Milford Hospital ("NMH").

NMH is a licensed nonprofit hospital and part of the Western Connecticut Health Network, Inc. NMH currently provides inpatient critical care in two locations, a 35-bed medical surgical unit located on its third-floor, and an 8-bed critical care unit ("CCU") located on the second floor of the same building. NMH is proposing to implement a progressive care unit on its third floor, within its medical surgical unit. The medical services currently provided in the CCU will continue to be provided in the new progressive care unit without any change.

Pursuant to Conn. Gen. Stat. § 19a-638(a)(5), as amended by P.A. 14-168, a certificate of need is required for the "termination of inpatient or outpatient services offered by a hospital..." The Petitioner has represented that the proposed progressive care unit will offer the same clinical care services that are currently offered in the CCU and the medical surgical unit will remain operational once the progressive care unit is opened. As a result, no termination of services is taking place. Therefore, a **CON is not required** for the Petitioner's proposal.

Sincerely,

Kimberly R. Martone
Director of Operations

C: Rose McLellan, License and Applications Supervisor, DPH, DHSR

An Equal Opportunity Provider

(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)

410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

* * * COMMUNICATION RESULT REPORT (MAR. 11. 2015 1:28PM) * * *

FAX HEADER:

TRANSMITTED/STORED : MAR. 11. 2015 1:28PM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

952 MEMORY TX

912037391974

OK

2/2

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-3) NO ANSWER

E-2) BUSY
E-4) NO FACSIMILE CONNECTION



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: Sally F. Herlihy
FAX: 203 739-1974
AGENCY: WCHN
FROM: OHCA
DATE: 3/11/15 Time: _____
NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:
Determination for Report Number 15-31981-DTR is attached.

PLEASE PHONE Barbara K. Olejrz IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001

Fax: (860) 418-7053

410 Capitol Ave., MS#13HCA
P.O.Box 340308
Hartford, CT 06134