

## Greer, Leslie

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**From:** Martone, Kim  
**Sent:** Thursday, July 16, 2015 8:25 AM  
**To:** Greer, Leslie  
**Subject:** FW: Bridgeport Hospital CON Determination 7.15.15  
**Attachments:** Bridgeport Hospital CON Determination 7.15.15.pdf; 20150715162408616.pdf  
  
**Importance:** High

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**From:** Arminio, Rose [<mailto:Rose.Arminio@YNHH.ORG>]  
**Sent:** Thursday, July 16, 2015 8:24 AM  
**To:** Martone, Kim  
**Subject:** Bridgeport Hospital CON Determination 7.15.15  
**Importance:** High

Good morning Ms. Martone:

This is to let you know that a Fed Ex packet will be coming your way this morning (Fed Ex #8993 5920 7410) that contains the Bridgeport Hospital CON Determination.

Please advise when you receive.

Thank you, Rose

*Rose Arminio*

**Department Head Secretary  
Planning Department  
Yale New Haven Health System  
2 Howe Street - 315-05  
New Haven, CT 06511  
Ph: 203-688-2609  
Fax: 203-688-5013  
[rose.arminio@ynhh.org](mailto:rose.arminio@ynhh.org)**

This message originates from the Yale New Haven Health System. The information contained in this message may be privileged and confidential. If you are the intended recipient you must maintain this message in a secure and confidential manner. If you are not the intended recipient, please notify the sender immediately and destroy this message. Thank you.



July 15, 2015

Ms. Kimberly Martone  
Director of Operations  
Office of Healthcare Access  
410 Capitol Avenue  
MS #13HCA  
P.O. Box 340308  
Hartford, CT 06106

Re: Bridgeport Hospital - CON Determination

Dear Ms. Martone:

Enclosed please find one (1) original and three (3) copies of a CON Determination for the relocation of two (2) operating and two (2) procedure rooms from Bridgeport Hospital's main campus at 267 Grant Street, Bridgeport, CT to 5520 Park Avenue, Trumbull, CT.

Bridgeport Hospital believes this relocation does not require a Certificate of Need (CON), similar to the relocation of its linear accelerator from the main campus to the Trumbull location.

Please do not hesitate to contact me with any questions or concerns. I can be reached at (203) 863-3908.

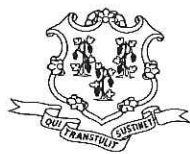
Thank you for your time and attention to this matter.

Sincerely,

Nancy Rosenthal  
SVP Health Systems Development, Strategy and Regulatory Planning

Enclosures

267 Grant Street  
Bridgeport, CT 06610



## State of Connecticut Office of Health Care Access CON Determination Form Relocation of a Health Care Facility

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed relocation of a health care facility must complete this form. 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                                                             | Petitioner |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| Full Legal Name                                                                                                                                                                  | Bridgeport Hospital                                                    |            |
| Doing Business As                                                                                                                                                                | Bridgeport Hospital                                                    |            |
| Name of Parent Corporation                                                                                                                                                       | Yale New Haven Health System                                           |            |
| Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail                                                                       | 267 Grant Street<br>Bridgeport, CT<br>06610                            |            |
| What is the Petitioner's Status:<br>P for profit and<br>NP for Nonprofit                                                                                                         | NP                                                                     |            |
| <b>Contact Person at Facility</b> , including Title/Position:<br>This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter. | Nancy Rosenthal/Senior Vice President Strategy and Regulatory Planning |            |

|                                                                                                  |                                              |  |
|--------------------------------------------------------------------------------------------------|----------------------------------------------|--|
| Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail | 5 Perryridge Road,<br>Greenwich, CT<br>06830 |  |
| Contact Person's Telephone Number                                                                | (203) 863-3908                               |  |
| Contact Person's Fax Number                                                                      | (203) 863-4736                               |  |
| Contact Person's e-mail Address                                                                  | nancy.rosenthal<br>@ynhh.org                 |  |

## SECTION II. INFORMATION ON PROPOSED RELOCATION

Please provide a description of the proposed relocation, 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.

**Name of the Health Care Facility:** Bridgeport Hospital Ambulatory Surgery

**Current Location:** 267 Grant Street, Bridgeport, CT 06610

**Proposed Location:** 5520 Park Avenue, Trumbull, CT 06601

**Current Population Served:** The vast majority of the population served resides in the Hospital's 8-town primary service area (Bridgeport, Easton, Fairfield, Milford, Monroe, Shelton, Stratford and Trumbull)

**Proposed Population Served:** Same as current population

**Current Payor Mix:** The ambulatory surgery payor mix at Bridgeport Hospital includes Medicaid (30%), HMO (27.4%), Blue Cross (16%), Medicare (13%), Managed Medicare (8%), Self Pay (3%), Workers Compensation (1.5%) and Commercial (1.4%).

**Proposed Payor Mix:** Same as current payor mix

**Any other information that the Petitioner deems relevant:** See Attachment I

**SECTION V. AFFIDAVIT**

**(Each Petitioner must submit a completed Affidavit.)**

Petitioner: Bridgeport Hospital

Project Title: Relocation of Two Operating Rooms and Two Procedure Rooms from 267 Grant Street, Bridgeport, CT to 5520 Park Avenue, Trumbull, CT

I, William Jennings, President & Chief Executive Officer  
(Name) (Position – CEO or CEO)

of Bridgeport Hospital being duly sworn, depose and state that the  
(Organization Name)

information provided in this CON Determination form is true and accurate to the best of my  
knowledge.

 07/14/15  
Signature Date

Subscribed and sworn to before me on July 14, 2015

  
Notary Public/Commissioner of Superior Court

My commission expires: MARCH 31, 2017

## ATTACHMENT I

Bridgeport Hospital plans to relocate two (2) operating rooms and two (2) endoscopy/procedure rooms from the main campus located at 267 Grant Street, Bridgeport, CT to 5520 Park Avenue, Trumbull, CT. Bridgeport Hospital believes this relocation does not require a Certificate of Need (CON), similar to the relocation of its linear accelerator from the main campus to the Trumbull location (please refer to DN: 10-31677-DTR included as Attachment II).

As Bridgeport Hospital informed OHCA as part of the CON proceedings related to its acquisition of certain imaging equipment from Russo Radiology (Docket No. 12-31766-CON), the Hospital is constructing a comprehensive outpatient center at 5520 Park Avenue, Trumbull, which will enhance access to key clinical services for residents of the Hospital's primary service area. The center is located on the Bridgeport/Trumbull/Easton border directly off exit 47 of the Merritt Parkway and currently has one building in use, which existed on the property, and a second under construction. It is approximately 8 miles and 11 minutes of driving time from the Hospital's main campus but offers easy access from the Merritt Parkway (see map in Attachment III). The center offers ample free parking, is accessible by public transportation and currently provides radiation oncology (DN: 10-31677-DTR), physician offices, a laboratory drawing station, and radiology services including PET/CT, Mammography, Breast Care Biopsy, Ultrasound, and General Radiography (certain components of which were approved as part of Docket No. 12-31766-CON) in the existing building on the site. Construction of a new building is proceeding on schedule and Bridgeport Hospital plans to open it in the spring of 2016, at which point an existing Bridgeport Hospital MRI and CT scanner will be relocated to Park Avenue (and separate notification for the scanner relocations will be provided to OHCA).

This planned operating room and endoscopy/procedure room relocation is part of Bridgeport Hospital's efforts to continually improve ease of access to its services. The possibility of housing ambulatory surgery at Park Avenue was included in materials submitted to OHCA as part of the CON proceedings related to the Russo Radiology acquisition (see, for example, the pre-filed testimony of Norman Roth, then COO of Bridgeport Hospital submitted as part of

Docket No. 12-31766-CON), and the Hospital has now determined that relocating certain ambulatory surgical capacity from the main campus to Park Avenue is the most efficient way to achieve this improvement in access. The Park Avenue operating and endoscopy/procedure rooms will serve the same patient population and payor mix, but provide a convenient alternative to traveling to the main campus for ambulatory surgery patients. The Park Avenue operating and endoscopy/procedure rooms will be licensed under Bridgeport Hospital's existing General Hospital license. It is expected that residents in northern Bridgeport, Trumbull, Easton and northern Fairfield will find the location easier to access than the main campus facility. The Park Avenue operating rooms will be utilized by a number of surgical specialists including ophthalmology, gynecology, plastic surgery, podiatry, lithotripsy, pain, general, and gastrointestinal procedures. The Park Avenue location will be the primary location for ophthalmology cases while the other specialties will be offered at both the main campus location and the new Park Avenue location. The Park Avenue facility will provide the necessary support spaces for the operating rooms including registration, waiting area, central sterile supply, pre-op and recovery space.

Currently the Hospital has six dedicated ambulatory operating rooms in its SurgEase area. SurgEase is located on the main campus but in a separate area from the main operating rooms. The main operating rooms, located in the Podium (3<sup>rd</sup> Floor) building, consist of 13 rooms which are utilized for a combination of inpatient and ambulatory surgeries. In addition the Hospital has two (2) cystoscopy procedure rooms, and six (6) gastroenterology/endoscopy rooms. In FY 2014, a total of 5,633 ambulatory cases were performed in SurgEase, 5,970 cases (includes inpatient and ambulatory) in the main operating rooms, 2,432 cystoscopy procedures and 6,681 endoscopy procedures. Following the relocation, SurgEase will have 5 ambulatory operating rooms, the main operating area will offer 12 rooms, and 4 gastroenterology/endoscopy procedure rooms will remain.

This planned operating and endoscopy/procedure room relocation is being pursued to better serve Bridgeport Hospital's existing and future ambulatory surgery patient population. Ambulatory surgery services at the Park Avenue facility will enhance access for a significant portion of existing Bridgeport Hospital patients, but will not in any way reduce access for those patients who choose to continue to receive ambulatory surgical services at the Hospital's main

campus. Similar to the relocation of Bridgeport Hospital's linear accelerator from the main campus to the Park Avenue facility, this relocation also involves existing services with no change expected in the patient population or payor mix served. Therefore, Bridgeport Hospital believes that a CON is not required.



## ATTACHMENT II



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

*January 24, 2011*

Lyn Salsgiver  
Senior Vice President, Planning & Marketing  
Bridgeport Hospital  
267 Grant Street  
Bridgeport, CT 06610

Re: Certificate of Need Determination; Report Number: 10-31677-DTR  
Bridgeport Hospital  
Relocate Existing Linear Accelerator from Hospital Campus to Hospital's Radiation  
Therapy Center in Trumbull.

Dear Ms. Salsgiver:

On December 10, 2010, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Bridgeport Hospital ("Hospital") to relocate its current Linear Accelerator ("LinAc") from the Hospital campus to the Hospital's Radiation Therapy Center located at 5520 Park Avenue in Trumbull. Based upon the information provided, a CON is not required for the hospital to relocate its linear accelerator.

Thank you for informing OHCA of your plans and if you have any questions regarding this letter, please contact Steven W. Lazarus, Associate Health Care Analyst, at (860) 418-7012.

Sincerely,

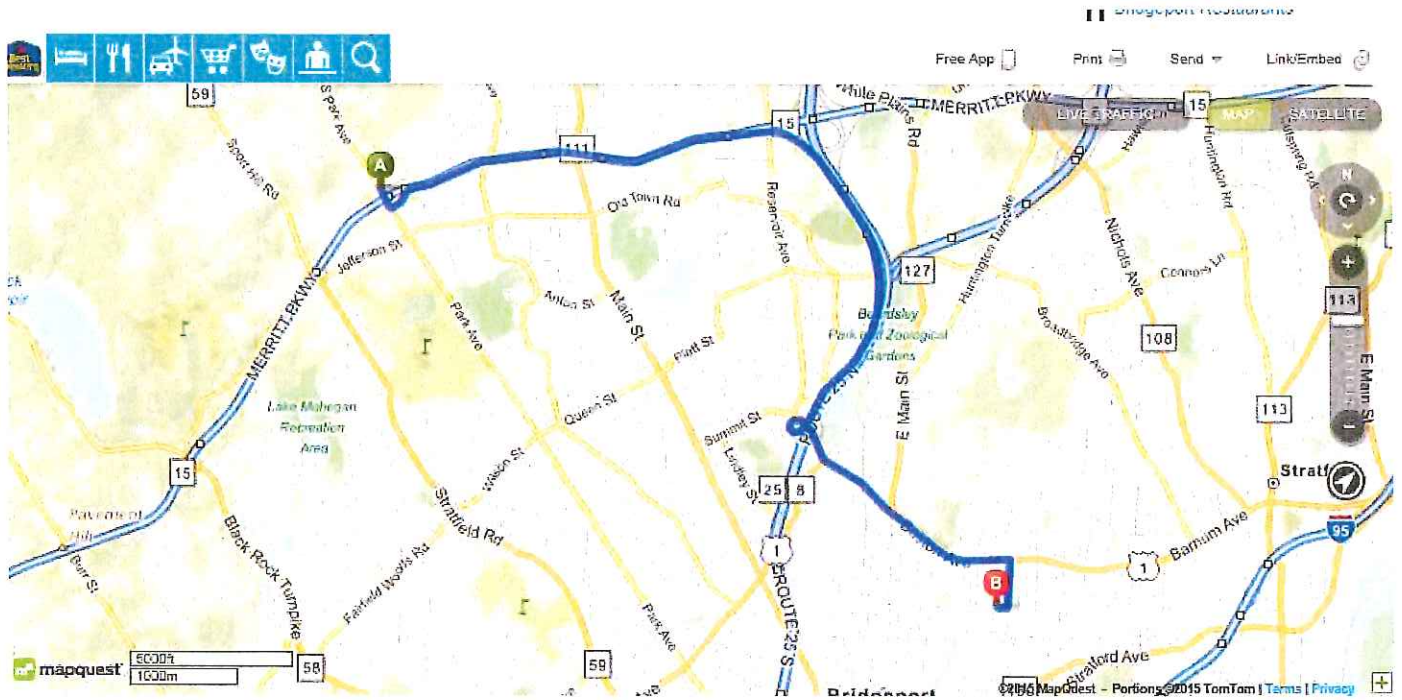
A handwritten signature in cursive script, appearing to read "Norma D. Gyle".

Norma D. Gyle, R.N., Ph.D.  
OHCA Deputy Commissioner

NDG: swl

*An Equal Opportunity Employer*  
410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308  
Telephone: (860) 418-7001 Toll-Free: 1-800-797-9688  
Fax: (860) 418-7053

**ATTACHMENT III**  
**MAP: BRIDGEPORT HOSPITAL MAIN CAMPUS AND PARK AVENUE LOCATION**



**A – 5520 Park Avenue, Trumbull, CT**

**B- 267 Grant Street, Bridgeport, CT**

## Greer, Leslie

---

**From:** Hansted, Kevin  
**Sent:** Friday, July 17, 2015 7:12 AM  
**To:** Greer, Leslie  
**Cc:** Martone, Kim  
**Subject:** FW: Determination Docket #15-32009-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

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**From:** Rosenthal, Nancy [<mailto:Nancy.Rosenthal@greenwichhospital.org>]  
**Sent:** Thursday, July 16, 2015 3:29 PM  
**To:** Hansted, Kevin  
**Cc:** Martone, Kim  
**Subject:** RE: Determination Docket #15-32009-DTR

Kevin,

1. We used the "Relocation of a Health Care Facility" form because it was the only relocation form available on the website. We are moving a portion of a service from the main campus to Park Avenue and the ORs/procedure rooms, cited in the Determination Form, are not a "health care facility".
2. Ophthalmology services will continue to be offered at the main campus based on patient preference, anesthesia risk and appropriate pediatric cases. As stated in the Determination Form, Park Avenue will be the primary site for low-risk ophthalmology cases.

Thanks.

Nancy

**Nancy Rosenthal**

SVP Health Systems Development, Strategy and Regulatory Planning

**Greenwich Hospital**

5 Perryridge Rd.  
Greenwich, CT 06830  
Phone:(203) 863-3908

[Nancy.Rosenthal@greenwichhospital.org](mailto:Nancy.Rosenthal@greenwichhospital.org)  
[www.greenwichhospital.org](http://www.greenwichhospital.org)

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

**Sent:** Thursday, July 16, 2015 11:25 AM

**To:** Rosenthal, Nancy

**Cc:** Martone, Kim

**Subject:** Determination Docket #15-32009-DTR

Dear Ms. Rosenthal,

I am in receipt of your determination request regarding the relocation of certain operating and procedure rooms at Bridgeport Hospital. I have the following questions regarding same:

1. The determination request was filed using the "Relocation of a Health Care Facility" form. Is it your position that this proposal constitutes the relocation of a health care facility? If so, please identify the "health care facility" being relocated as identified in Conn. Gen. Stat. § 19a-630(11); and
2. Please confirm that the ophthalmology services currently offered at the hospital's main campus will no longer be available at the hospital's main campus.

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

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July 15, 2015



Ms. Kimberly Martone  
Director of Operations  
Office of Healthcare Access  
410 Capitol Avenue  
MS #13HCA  
P.O. Box 340308  
Hartford, CT 06106

Re: Bridgeport Hospital - CON Determination

Dear Ms. Martone:

Enclosed please find one (1) original and three (3) copies of a CON Determination for the relocation of two (2) operating and two (2) procedure rooms from Bridgeport Hospital's main campus at 267 Grant Street, Bridgeport, CT to 5520 Park Avenue, Trumbull, CT.

Bridgeport Hospital believes this relocation does not require a Certificate of Need (CON), similar to the relocation of its linear accelerator from the main campus to the Trumbull location.

Please do not hesitate to contact me with any questions or concerns. I can be reached at (203) 863-3908.

Thank you for your time and attention to this matter.

Sincerely,

Nancy Rosenthal  
SVP Health Systems Development, Strategy and Regulatory Planning

Enclosures

267 Grant Street  
Bridgeport, CT 06610



# State of Connecticut Office of Health Care Access CON Determination Form Relocation of a Health Care Facility

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed relocation of a health care facility must complete this form. 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                                                             | Petitioner |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| Full Legal Name                                                                                                                                                                  | Bridgeport Hospital                                                    |            |
| Doing Business As                                                                                                                                                                | Bridgeport Hospital                                                    |            |
| Name of Parent Corporation                                                                                                                                                       | Yale New Haven Health System                                           |            |
| Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail                                                                       | 267 Grant Street<br>Bridgeport, CT<br>06610                            |            |
| What is the Petitioner's Status:<br>P for profit and<br>NP for Nonprofit                                                                                                         | NP                                                                     |            |
| <b>Contact Person at Facility</b> , including Title/Position:<br>This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter. | Nancy Rosenthal/Senior Vice President Strategy and Regulatory Planning |            |

|                                                                                                  |                                              |  |
|--------------------------------------------------------------------------------------------------|----------------------------------------------|--|
| Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail | 5 Perryridge Road,<br>Greenwich, CT<br>06830 |  |
| Contact Person's Telephone Number                                                                | (203) 863-3908                               |  |
| Contact Person's Fax Number                                                                      | (203) 863-4736                               |  |
| Contact Person's e-mail Address                                                                  | nancy.rosenthal<br>@ynhh.org                 |  |

## SECTION II. INFORMATION ON PROPOSED RELOCATION

Please provide a description of the proposed relocation, 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.

**Name of the Health Care Facility:** Bridgeport Hospital Ambulatory Surgery

**Current Location:** 267 Grant Street, Bridgeport, CT 06610

**Proposed Location:** 5520 Park Avenue, Trumbull, CT 06601

**Current Population Served:** The vast majority of the population served resides in the Hospital's 8-town primary service area (Bridgeport, Easton, Fairfield, Milford, Monroe, Shelton, Stratford and Trumbull)

**Proposed Population Served:** Same as current population

**Current Payor Mix:** The ambulatory surgery payor mix at Bridgeport Hospital includes Medicaid (30%), HMO (27.4%), Blue Cross (16%), Medicare (13%), Managed Medicare (8%), Self Pay (3%), Workers Compensation (1.5%) and Commercial (1.4%).

**Proposed Payor Mix:** Same as current payor mix

**Any other information that the Petitioner deems relevant:** See Attachment I

**SECTION V. AFFIDAVIT**

**(Each Petitioner must submit a completed Affidavit.)**

Petitioner: Bridgeport Hospital

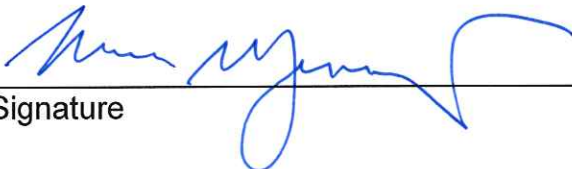
Project Title: Relocation of Two Operating Rooms and Two Procedure Rooms from 267 Grant Street, Bridgeport, CT to 5520 Park Avenue, Trumbull, CT

I, William Jennings, President & Chief Executive Officer  
(Name) (Position – CEO or ~~CEO~~)

of Bridgeport Hospital being duly sworn, depose and state that the  
(Organization Name)

information provided in this CON Determination form is true and accurate to the best of my

knowledge.

      07/14/15  
Signature      Date

Subscribed and sworn to before me on July 14, 2015

  
Notary Public/Commissioner of Superior Court

My commission expires: MARCH 31, 2017



## ATTACHMENT I

Bridgeport Hospital plans to relocate two (2) operating rooms and two (2) endoscopy/procedure rooms from the main campus located at 267 Grant Street, Bridgeport, CT to 5520 Park Avenue, Trumbull, CT. Bridgeport Hospital believes this relocation does not require a Certificate of Need (CON), similar to the relocation of its linear accelerator from the main campus to the Trumbull location (please refer to DN: 10-31677-DTR included as Attachment II).

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campus. Similar to the relocation of Bridgeport Hospital's linear accelerator from the main campus to the Park Avenue facility, this relocation also involves existing services with no change expected in the patient population or payor mix served. Therefore, Bridgeport Hospital believes that a CON is not required.

## ATTACHMENT II



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

January 24, 2011

Lyn Salsgiver  
Senior Vice President, Planning & Marketing  
Bridgeport Hospital  
267 Grant Street  
Bridgeport, CT 06610

Re: Certificate of Need Determination; Report Number: 10-31677-DTR  
Bridgeport Hospital  
Relocate Existing Linear Accelerator from Hospital Campus to Hospital's Radiation  
Therapy Center in Trumbull.

Dear Ms. Salsgiver:

On December 10, 2010, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Bridgeport Hospital ("Hospital") to relocate its current Linear Accelerator ("LinAc") from the Hospital campus to the Hospital's Radiation Therapy Center located at 5520 Park Avenue in Trumbull. Based upon the information provided, a CON is not required for the hospital to relocate its linear accelerator.

Thank you for informing OHCA of your plans and if you have any questions regarding this letter, please contact Steven W. Lazarus, Associate Health Care Analyst, at (860) 418-7012.

Sincerely,

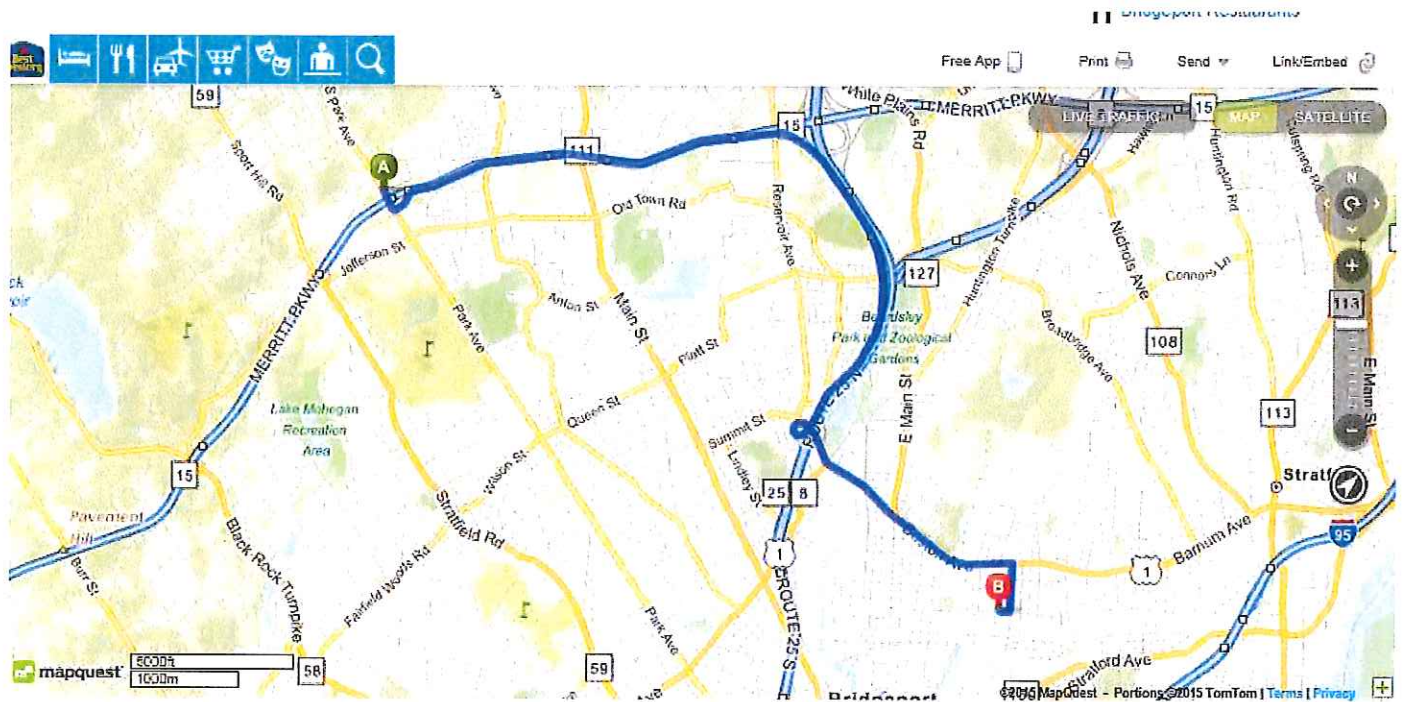
A handwritten signature in cursive script, appearing to read "Norma D. Gyle".

Norma D. Gyle, R.N., Ph.D.  
OHCA Deputy Commissioner

NDG:swl

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Fax: (860) 418-7053

**ATTACHMENT III**  
**MAP: BRIDGEPORT HOSPITAL MAIN CAMPUS AND PARK AVENUE LOCATION**



**A – 5520 Park Avenue, Trumbull, CT**

**B- 267 Grant Street, Bridgeport, CT**

## Greer, Leslie

---

**From:** Hansted, Kevin  
**Sent:** Friday, July 24, 2015 10:54 AM  
**To:** Greer, Leslie  
**Cc:** Martone, Kim  
**Subject:** FW: Determination Docket #15-32009-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  
Email: kevin.hansted@ct.gov



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---

**From:** Rosenthal, Nancy [mailto:Nancy.Rosenthal@greenwichhospital.org]  
**Sent:** Friday, July 24, 2015 9:41 AM  
**To:** Hansted, Kevin  
**Subject:** RE: Determination Docket #15-32009-DTR

Good Morning Kevin,

The plan that is being discussed is to combine two ORs in the main hospital to create one larger hybrid operating room. This will reduce the total number of operating rooms in the main hospital. In the Surgease center, the plan is to combine a small OR with another to create a larger, more usable OR and this will reduce its total number by 1. Our request is that both of these displaced operating rooms to be relocated to the Park Avenue center. The plan for the BH GI space that will be relocated to Park Avenue is to convert them into storage and maybe an office.

Please let me know if you have any other questions.

Nancy

**Nancy Rosenthal**

SVP Health Systems Development, Strategy and Regulatory Planning

**Greenwich Hospital**

5 Perryridge Rd.  
Greenwich, CT 06830  
Phone:(203) 863-3908

[Nancy.Rosenthal@greenwichhospital.org](mailto:Nancy.Rosenthal@greenwichhospital.org)  
[www.greenwichhospital.org](http://www.greenwichhospital.org)

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before printing this email.

---

**From:** Hansted, Kevin [<mailto:Kevin.Hansted@ct.gov>]  
**Sent:** Thursday, July 23, 2015 1:45 PM  
**To:** Rosenthal, Nancy  
**Subject:** RE: Determination Docket #15-32009-DTR

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Kevin T. Hansted  
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Phone: 860-418-7044  
Email: [kevin.hansted@ct.gov](mailto:kevin.hansted@ct.gov)



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I'm sorry it is unclear. If you would like to discuss further, I can call you.

Nancy

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**Sent:** Thursday, July 23, 2015 9:56 AM  
**To:** Rosenthal, Nancy  
**Cc:** Martone, Kim  
**Subject:** RE: Determination Docket #15-32009-DTR

Nancy,

What will be done with the operating rooms at Bridgeport Hospital after the proposed relocation?

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**From:** Rosenthal, Nancy [<mailto:Nancy.Rosenthal@greenwichhospital.org>]  
**Sent:** Thursday, July 16, 2015 3:29 PM  
**To:** Hansted, Kevin  
**Cc:** Martone, Kim  
**Subject:** RE: Determination Docket #15-32009-DTR

Kevin,

1. We used the "Relocation of a Health Care Facility" form because it was the only relocation form available on the website. We are moving a portion of a service from the main campus to Park Avenue and the ORs/procedure rooms, cited in the Determination Form, are not a "health care facility".
2. Ophthalmology services will continue to be offered at the main campus based on patient preference, anesthesia risk and appropriate pediatric cases. As stated in the Determination Form, Park Avenue will be the primary site for low-risk ophthalmology cases.

Thanks.

Nancy

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**From:** Hansted, Kevin [<mailto:Kevin.Hansted@ct.gov>]  
**Sent:** Thursday, July 16, 2015 11:25 AM  
**To:** Rosenthal, Nancy  
**Cc:** Martone, Kim  
**Subject:** Determination Docket #15-32009-DTR

Dear Ms. Rosenthal,

I am in receipt of your determination request regarding the relocation of certain operating and procedure rooms at Bridgeport Hospital. I have the following questions regarding same:

1. The determination request was filed using the "Relocation of a Health Care Facility" form. Is it your position that this proposal constitutes the relocation of a health care facility? If so, please identify the "health care facility" being relocated as identified in Conn. Gen. Stat. § 19a-630(11); and
2. Please confirm that the ophthalmology services currently offered at the hospital's main campus will no longer be available at the hospital's main campus.

Thank you,

Kevin T. Hansted  
Staff Attorney

Department of Public Health  
Office of Health Care Access  
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Hartford, CT 06134  
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## Greer, Leslie

---

**From:** Hansted, Kevin  
**Sent:** Tuesday, July 28, 2015 12:00 PM  
**To:** Greer, Leslie  
**Cc:** Martone, Kim  
**Subject:** FW: Determination Docket #15-32009-DTR

Leslie, please add the below to the record.

Thanks,

Kevin T. Hansted  
Staff Attorney  
Department of Public Health  
Office of Health Care Access  
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Hartford, CT 06134  
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**From:** Rosenthal, Nancy [mailto:Nancy.Rosenthal@greenwichhospital.org]  
**Sent:** Tuesday, July 28, 2015 11:58 AM  
**To:** Hansted, Kevin  
**Subject:** RE: Determination Docket #15-32009-DTR

No, we are not seeking an outpatient surgical facility license.

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**Sent:** Tuesday, July 28, 2015 11:56 AM  
**To:** Rosenthal, Nancy  
**Subject:** RE: Determination Docket #15-32009-DTR

Hi Nancy,

Just to confirm, you are not seeking an outpatient surgical facility license for the Park Avenue facility, correct?

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**Sent:** Friday, July 24, 2015 9:41 AM  
**To:** Hansted, Kevin  
**Subject:** RE: Determination Docket #15-32009-DTR

Good Morning Kevin,

The plan that is being discussed is to combine two ORs in the main hospital to create one larger hybrid operating room. This will reduce the total number of operating rooms in the main hospital. In the Surgease center, the plan is to combine a small OR with another to create a larger, more usable OR and this will reduce its total number by 1. Our request is that both of these displaced operating rooms to be relocated to the Park Avenue center. The plan for the BH GI space that will be relocated to Park Avenue is to convert them into storage and maybe an office.

Please let me know if you have any other questions.

Nancy

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Phone: 860-418-7044  
Email: [kevin.hansted@ct.gov](mailto:kevin.hansted@ct.gov)



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**From:** Rosenthal, Nancy [<mailto:Nancy.Rosenthal@greenwichhospital.org>]  
**Sent:** Thursday, July 16, 2015 3:29 PM  
**To:** Hansted, Kevin  
**Cc:** Martone, Kim  
**Subject:** RE: Determination Docket #15-32009-DTR

Kevin,

1. We used the "Relocation of a Health Care Facility" form because it was the only relocation form available on the website. We are moving a portion of a service from the main campus to Park Avenue and the ORs/procedure rooms, cited in the Determination Form, are not a "health care facility".
2. Ophthalmology services will continue to be offered at the main campus based on patient preference, anesthesia risk and appropriate pediatric cases. As stated in the Determination Form, Park Avenue will be the primary site for low-risk ophthalmology cases.

Thanks.

Nancy

**Nancy Rosenthal**

SVP Health Systems Development, Strategy and Regulatory Planning

**Greenwich Hospital**

5 Perryridge Rd.  
Greenwich, CT 06830  
Phone:(203) 863-3908

[Nancy.Rosenthal@greenwichhospital.org](mailto:Nancy.Rosenthal@greenwichhospital.org)  
[http://secure-web.cisco.com/1727UWGP9V9ZZpTJeaAoBKJVO9kZvvnvSN6TCEWIYnD7cJFyxvpW6ZG6Bki0iyKMVyyNv71QdE3X-y8jKwFNPWoSjuVCJZ8QMK6C55StuPMqblBA-fXP9N54G-nRZc57ymQDb5\\_e8w2-RKH2lesG7yC0PBI4T-IEgy8A4rEczA2DGuWPtqPV1WSLLld3e3Lw1raB45oJctWYV2up5Xj413AFihgA8iuDuNoRfZYwFuflo-MxbOkQYORrMkfQ6LPA0q4tx2lCQJsNFpLWnk9jXkPijW17OTNm5lpzT9kqN0lw--9YzVC1om7JAS-NUWTKSSbM4fHigQqdv9deGFOHZw/http%3A%2F%2Fwww.greenwichhospital.org](http://secure-web.cisco.com/1727UWGP9V9ZZpTJeaAoBKJVO9kZvvnvSN6TCEWIYnD7cJFyxvpW6ZG6Bki0iyKMVyyNv71QdE3X-y8jKwFNPWoSjuVCJZ8QMK6C55StuPMqblBA-fXP9N54G-nRZc57ymQDb5_e8w2-RKH2lesG7yC0PBI4T-IEgy8A4rEczA2DGuWPtqPV1WSLLld3e3Lw1raB45oJctWYV2up5Xj413AFihgA8iuDuNoRfZYwFuflo-MxbOkQYORrMkfQ6LPA0q4tx2lCQJsNFpLWnk9jXkPijW17OTNm5lpzT9kqN0lw--9YzVC1om7JAS-NUWTKSSbM4fHigQqdv9deGFOHZw/http%3A%2F%2Fwww.greenwichhospital.org)

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**From:** Hansted, Kevin [<mailto:Kevin.Hansted@ct.gov>]  
**Sent:** Thursday, July 16, 2015 11:25 AM  
**To:** Rosenthal, Nancy  
**Cc:** Martone, Kim  
**Subject:** Determination Docket #15-32009-DTR

Dear Ms. Rosenthal,

I am in receipt of your determination request regarding the relocation of certain operating and procedure rooms at Bridgeport Hospital. I have the following questions regarding same:

1. The determination request was filed using the "Relocation of a Health Care Facility" form. Is it your position that this proposal constitutes the relocation of a health care facility? If so, please identify the "health care facility" being relocated as identified in Conn. Gen. Stat. § 19a-630(11); and
2. Please confirm that the ophthalmology services currently offered at the hospital's main campus will no longer be available at the hospital's main campus.

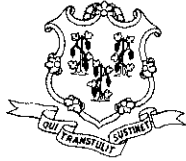
Thank you,

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

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

July 28, 2015

VIA FACSIMILE ONLY

Nancy Rosenthal  
Senior Vice President, Strategy and Regulatory Planning  
Yale New Haven Health System/Bridgeport Hospital  
267 Grant Street  
Bridgeport, CT 06610

RE: Certificate of Need Determination Report Number 15-32009-DTR  
Relocation of Operating and Procedure Rooms

Dear Ms. Rosenthal:

On July 16, 2015, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Yale New Haven Health System ("Petitioner") with respect to the relocation of certain operating and procedure rooms..

The Petitioner is the parent corporation of Bridgeport Hospital. Bridgeport Hospital currently has six (6) dedicated ambulatory operating rooms in its SurgEase area and thirteen (13) operating rooms in its Podium building. Additionally, Bridgeport Hospital has two (2) cystoscopy procedure rooms and six (6) gastroenterology/endoscopy rooms. The Petitioner seeks to relocate two (2) operating rooms and two (2) endoscopy/procedure rooms from Bridgeport Hospital's main campus located to 267 Grant Street, Bridgeport, Connecticut to 5520 Park Avenue, Trumbull, Connecticut ("Park Avenue"). The Park Avenue operating and endoscopy/procedure rooms will be licensed under Bridgeport Hospital's existing General Hospital license. The Petitioner plans to combine two (2) of the existing operating rooms in the Podium building into one (1) larger hybrid operating room thereby reducing the number of operating rooms in the Podium building. Additionally, two (2) of the operating rooms in the SurgEase area will be combined into one (1) larger operating room, thereby reducing its total number by one (1). The services currently being offered at the Podium building and the SurgEase area will continue to be offered in those locations as well as the Park Avenue location.

Pursuant to Connecticut General Statutes § 19a-638(a)(5), a CON is required for the termination of inpatient or outpatient services offered by a hospital. Since the Petitioner will continue offering the same services at the Podium building and the SurgEase area, there is no termination of services occurring.

*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

Pursuant to Connecticut General Statutes § 19a-638(a)(6), a CON is required for the establishment of an outpatient surgical facility as established by a short-term acute care general hospital. The Petitioner has represented that it will not seek an outpatient surgical facility license for the Park Avenue location.

Pursuant to Connecticut General Statutes § 19a-638(a)(14), a CON is required for an “increase of two or more operating rooms within any three-year period...by a short-term acute care general hospital”. Since Bridgeport Hospital is reducing the number of operating rooms at the Podium building and the SurgEase area, there is no increase in operating rooms associated with this proposal.

Based upon the foregoing, OHCA hereby determines that *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

\* \* \* COMMUNICATION RESULT REPORT ( JUL. 28. 2015 12:57PM ) \* \* \*

FAX HEADER:

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

**FAX SHEET**

**TO:** NANCY ROSENTHAL

**FAX:** 203 863-4736

**AGENCY:** YALE NEW HAVEN HEALTH SYSTEM

**FROM:** OHCA

**DATE:** 7/28/15 **Time:** \_\_\_\_\_

**NUMBER OF PAGES:** 3  
*(including transmittal sheet)*

**Comments:**  
 Determination for DN: 15-32009, Relocation of Operating and Procedure Rooms.

**PLEASE PHONE Barbara K. Olejarz 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**