DPH

Connecticut Department
of Public Health

Supplemental CON Application Form
Increase of Two or More Operating Rooms
Conn. Gen. Stat. § 19a-638(a)(14)

Applicant:

Project Name:

Affidavit

Applicant: _____

Project Title: _____

I, _____, _____
        (Name)   (Position – CEO or CFO)

of _____ being duly sworn, depose and state that the
(Facility Name) said facility complies with the appropriate and applicable criteria as set
forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the
Connecticut General Statutes.

_____   _____
Signature   Date

Subscribed and sworn to before me on_____

_____

Notary Public/Commissioner of Superior Court

My commission expires: _____

1. **Project Description: Outpatient Surgical Facility Operating Room Increase**

    a. Report the number of existing operating rooms, identifying the number that are equipped and utilized and the number that were built and shelled for future use.

    b. Report the number of proposed operating rooms, identifying the number to be equipped and utilized and the number to be built and shelled for future use.

2. **Clear Public Need**

    a. Provide the calculations used to determine the proposed number of operating rooms (relate this to the projected volumes, including information such as the estimated number of procedures per room) and include relevant documentation to support these estimates.

        i. List all existing providers of the proposed service in the towns listed in Table 2 of the Main Application Form and in nearby towns.

TABLE A
EXISTING SERVICE PROVIDERS AND OPERATING ROOM CAPACITY

Facility Name	Facility ID*	Facility Address	Number of Operating Rooms				Estimated Capacity for Proposal		Current Utilization[7]
			Available[1]	Utilized[2]	Not Utilized[3]	Equipped for Proposal[4]	Min[5]	Max[6]	

* Please provide either the Medicare, Connecticut Department of Social Services (DSS), or National Provider Identifier (NPI) facility identifier and label column with the identifier used.

[1] Include used, equipped, and shell space.

[2] Include those actually used to perform surgeries.

[3] Include those not used and those that are equipped or are only shell space.

[4] Include those rooms that are uniquely equipped to perform the types of surgeries included in the proposal.

[5] Minimum number of surgical cases to be performed in a single operating room for one year. Provide an explanation of the criteria or basis used to estimate the number.

[6] Maximum number of surgical cases of the type included in the proposal that can optimally be performed in a single operating room in one year. Provide an explanation of the criteria or basis used to estimate the number.

[7] Report the number of surgical cases for the most current 12 month period and identify the period covered

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3. Actual and Projected Volume

    a. Complete the following tables for the past three fiscal years ("FYs"), current fiscal year ("CFY"), and first three projected FYs of the proposal for the outpatient surgical case volume of each of the Applicants and physicians involved in the proposal.

    b. In **Table B**, report the units of service by specialty (e.g., thoracic, orthopedic, etc.), and in **Table C**, report the units of service by each existing and proposed operating room.

TABLE B
HISTORICAL SURGICAL VOLUME BY SPECIALTY (E.G., THORACIC, ORTHOPEDIC, ETC.)

Specialty***	Actual Surgical Case Volume (Last 3 Completed FYs)			CFY Volume*	Projected Surgical Case Volume (First 3 Full Operational FYs)**		
	FY ****	FY ****	FY ****	FY ****	FY ****	FY ****	FY ****
Total							

*   For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than six months, report actual volume and identify the period covered.
**   If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary.
***   Identify the number of surgical cases for each specialty - add lines as necessary.
****   Fill in years. In a footnote, identify the period covered by the Applicant's FY (e.g., July 1-June 30, calendar year, etc.).

TABLE C
HISTORICAL SURGICAL VOLUME BY OPERATING ROOM

Operating Room***	Actual Surgical Case Volume (Last 3 Completed FYs)			CFY Volume*	Projected Surgical Case Volume (First 3 Full Operational FYs)**		
	FY ****	FY ****	FY ****	FY ****	FY ****	FY ****	FY ****
Total							

*   For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than six months, report actual volume and identify the period covered.
**   If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary.
***   Identify the number of surgical cases for each specialty - add lines as necessary.
****   Fill in years. In a footnote, identify the period covered by the Applicant's FY (e.g., July 1-June 30, calendar year, etc.).

    c. Explain any increases and/or decreases in volume in the tables above.

d. Provide a detailed description of all assumptions used in the derivation/calculation of the projected volumes.

e. Provide a discussion on any shift of surgical procedures from existing operating rooms to the proposed operating rooms.

f. For a hospital Applicant, provide inpatient volume in the formats presented in Tables D and E and describe any impact the proposal will have on the Applicant's inpatient surgery volumes.

g. Categorize the outpatient surgical procedures that have been performed by the Applicant during the past three fiscal years and report the total time required to perform the surgical cases by specialty. Note: totals should match those provided in **Tables B and C**.

TABLE D
PROCEDURE TIME BY SPECIALTY (E.G., THORACIC, ORTHOPEDIC, ETC.)

Specialty**	FY ***		FY ***		FY ***	
	Surgical Case Volume*	Total Time	Surgical Case Volume*	Total Time	Surgical Case Volume*	Total Time
Total*						

*   Ensure that the totals in this table correspond to the totals in Tables 2 and 3, or provide an explanation for why they do not.
**   Identify each specialty category, and add lines as necessary.
*** Fill in years. In a footnote, identify the period covered by each Applicant's FY (e.g., July 1-June 30, calendar year, etc.).

h. Using the total number of procedures performed and the total number of minutes as reported above, report the Applicant's historical operating room utilization as requested in the table below. Note: totals should match those provided in **Tables B and C**.

TABLE E
HISTORICAL OPERATING ROOM UTILIZATION

	FY*	FY*	FY*	CFY*
Total number of surgical cases performed				
Annual increase in surgical cases performed	%	%	%	%
Number of operating rooms				
Avg. annual number of surgical cases per room				
Total number of surgical case hours				
Number of hours available per year				
Percentage of Total Hours Utilized	**%**	**%**	**%**	**%**

* Fill in years. For current fiscal year, report annualized volume, identifying the number of actual months covered and the method of annualizing if different from above.

i. Identify the number of outpatient surgical cases actually performed and projected to be performed by the proposal's physicians by facility:

TABLE F
ACTUAL/PROJECTED NUMBER OF SURGICAL CASES BY FACILITY

Facility Name	Physician Name	Specialty*	Actual by Fiscal Year				Projected by Fiscal Year		
			FY**	FY**	FY**	CFY**	FY**	FY**	FY**

* Identify each specialty category, and add lines as necessary.
** Fill in years. In a footnote, identify the period covered by the Applicant's FY (e.g., July 1-June 30, calendar year, etc.). For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than six months, report actual volume and identify the period covered.

4. Organizational Information

a. Identify the current and proposed percentage of ownership.

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