



Supplemental CON Application Form
Establishment of an Outpatient Surgical Facility
Conn. Gen. Stat. § 19-638(a)(6)

Applicant:

Project Name:

1. Project Description: Outpatient Surgical Facility

- a. Report the number of proposed operating rooms. Identify the number to be equipped and utilized and the number to be built and shelled for future use.

2. Clear Public Need

- a. List all existing providers of the proposed service in the towns listed in Table 2 of the Main Application (Applicant’s service area towns) 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 that are equipped but not used.

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

3. Projected Volume

- 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). Include relevant documentation to support these estimates.
- b. Complete the following tables for the first three projected FYs of the proposal for the outpatient surgical volume of each of the Applicants and physicians involved in the proposal.

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

Specialty**	Projected Surgical Case Volume (First 3 Full Operational FYs)*		
	FY ***	FY ***	FY ***
Total			

- * 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
PROJECTED SURGICAL VOLUME BY OPERATING ROOM

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

- * 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 operating room – 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. Provide a detailed description of all assumptions used in the derivation/calculation of the projected volumes.

4. Quality Measures

- a. For non-hospital Applicants only, provide transfer agreements with hospitals in close proximity to the proposed facility.