



Eastern Connecticut Health Network

71 Haynes Street
Manchester, CT 06040

(860) 535-3414
www.echn.org



June 30, 2015

Kimberly Martone, Director of Operations
State of Connecticut
Office of Health Care Access
410 Capital Avenue, MS #13HCA
P.O. Box 340308
Hartford, CT 06134-0308

RE: Equipment Replacement Notification (Report Number 01-S2)
Replacement of Existing CT Scanner

Dear Ms. Martone,

On July 31, 2001, Manchester Memorial Hospital ("MMH") received a Certificate of Need ("CON") determination (Report Number 01-S2) from the Office of Health Care Access ("OHCA") indicating that MMH was not required to obtain CON authorization to acquire a single-slice computed tomography ("CT") scanner to be located on the Hospital's main campus, 71 Haynes Street in Manchester, Connecticut. A subsequent request to waive the CON requirements (Docket Number 10-31636-WVR) in order to replace the existing single-slice CT scanner was granted by OHCA on June 11, 2010.

Due to ongoing capital constraints and other financial challenges experienced by ECHN and its affiliates, we were unable to proceed with the replacement of the existing CT scanner after the waiver was received until the current fiscal year. The replacement CT scanner was installed last month and the first patient was scanned on the new unit on May 27, 2015.

Pursuant to Connecticut General Statutes §19a-638(b)(18), an existing CT scanner may be replaced, if such equipment was acquired through CON approval or a CON determination, provided the health care facility notifies OHCA of the date on which the equipment is replaced and the disposition of the replaced equipment. Please find attached the completed Certificate of Need Equipment Replacement Notification Form with the requested information.

If you have any questions or require additional information regarding this notification, I can be reached at (860) 646-1222 x2285.

Sincerely,

Daniel Delgallo
Assistant Vice President Outpatient Services

cc: Dennis P. McConville, SVP and Chief Strategy Officer
Gregory M. Williams, SVP Ambulatory Network Services




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

Certificate of Need Equipment Replacement Notification Form

Pursuant to 19a-638(b)(18), an existing imaging equipment may be replaced, if such equipment was acquired through certificate of need approval or a certificate of need determination, provided a health care facility, provider physician or a person notifies OHCA of the date on which the equipment is replaced and the disposition of the replaced equipment.

Please complete the following:

Provider Name & Address:	Eastern Connecticut Health Network, Inc. Manchester Memorial Hospital 71 Haynes Street Manchester, CT 06040
Name and description of the equipment to be replaced:	GE Hispeed ZXi Single Slice CT Scanner (acquired in 2002)
Docket or Report number of the CON authorization of the existing imaging equipment being replaced:	01-S2 (Please Note: 10-31636-WVR expired prior to replacing the single-slice CT scanner)
Address of the existing imaging equipment:	71 Haynes Street Manchester, CT 06040
Name and description of the replacement equipment:	Siemens Perspective 64-1-AQUO5D 64 Slice CT Scanner
Location where replacement equipment will be operated:	71 Haynes Street Manchester, CT 06040
The date the replaced equipment was replaced:	May 23, 2015
The disposition of the replaced equipment	Equipment has been disposed of by Siemens

Person completing the form: Daniel Delgallo, AVP Outpatient Services
 Name Title

 Signature June 30, 2015
 Date