

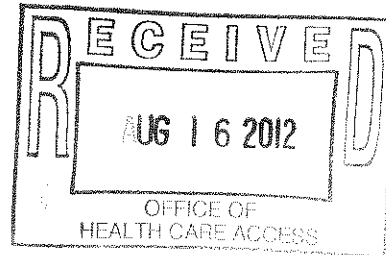


WESTERN CONNECTICUT  
HEALTH NETWORK

DANBURY HOSPITAL • NEW MILFORD HOSPITAL

24 Hospital Ave.  
Danbury, CT 06810  
203.739.4903

WesternConnecticutHealthNetwork.org  
DanburyHospital.org  
NewMilfordHospital.org



August 15, 2012

Kimberly R. Martone  
Director of Operations  
Department of Public Health  
Office of Health Care Access  
410 Capitol Avenue, MS#13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308

Re: CON Submission

Dear Ms. Martone,

Pursuant to Section 19a-638, C.G.S., please find enclosed a Certificate of Need for New Milford Hospital (NMH), Danbury Hospital (DH) and Western Connecticut Health Network (WCHN). NMH is requesting approval to relocate its inpatient obstetrical delivery service from NMH at 21 Elm Street, New Milford, CT to DH's Family Birthing Center located at 24 Hospital Avenue in Danbury, CT.

If you have any questions that the attached submission does not answer, please contact me so that we may provide whatever additional information you need in your deliberations. I can be reached directly at 203-739-4903, or [sally.herlihy@wchn.org](mailto:sally.herlihy@wchn.org).

Sincerely,

Sally F. Herlihy, FACHE  
Vice President, Planning  
Western Connecticut Health Network

cc: Enclosure

### Application Checklist

**Instructions:**

1. Please check each box below, as appropriate; and
2. The completed checklist *must* be submitted as the first page of the CON application.

- Attached is the CON application filing fee in the form of a certified, cashier or business check made out to the "Treasurer State of Connecticut" in the amount of \$500.

**For OHCA Use Only:**

Docket No.: 12-31781-CON Check No.: 798391  
 OHCA Verified by: SWL Date: 8-16-12

- Attached is evidence demonstrating that public notice has been published in a suitable newspaper that relates to the location of the proposal, 3 days in a row, at least 20 days prior to the submission of the CON application to OHCA. (*OHCA requests that the Applicant fax a courtesy copy to OHCA (860) 418-7053, at the time of the publication*)
- Attached is a paginated hard copy of the CON application including a completed affidavit, signed and notarized by the appropriate individuals.
- Attached are completed Financial Attachments I and II.
- Submission includes one (1) original and four (4) hard copies with each set placed in 3-ring binders.

**Note:** A CON application may be filed with OHCA electronically through email, if the total number of pages submitted is 50 pages or less. In this case, the CON Application must be emailed to the following email addresses: steven.lazarus@ct.gov and leslie.greer@ct.gov.

**Important:** For CON applications (less than 50 pages) filed electronically through email, the signed affidavit and the check in the amount of \$500 must be delivered to OHCA in hardcopy.

- The following have been submitted on a CD
1. A scanned copy of each submission in its entirety, including all attachments in Adobe (.pdf) format.
  2. An electronic copy of the documents in MS Word and MS Excel as appropriate.



CARBURY HOSPITAL • NEW HAVEN HOSPITAL

Wachovia Bank of Delaware, NA  
62-2311

Check No. 798391

Check Date  
07/31/2012

Account payable Telephone: 203-729-7100

PAY Two Hundred AND 00/100

Check Amount  
\$ \*\*\*\*\*600.00

TO THE  
ORDER  
OF

TREASURER STATE OF CT  
410 CAPITOL AVE  
HARTFORD, CT 06134

UW

*John De... [Signature]*

\*00798391\* 0011002250 2079960001550\*

### Order Confirmation

<b>Ad Order Number</b> 0001768121	<b>Customer</b> DANB.HOSP.WEST.CT.HEALT	<b>Payor Customer</b> DANB.HOSP.WEST.CT.HEALT
<b>Sales Rep.</b> dsettani	<b>Customer Account</b> 197666	<b>Payor Account</b> 197666
<b>Order Taker</b> dsettani	<b>Customer Address</b> 24 HOSPITAL AVENUE DANBURY CT 06810 USA	<b>Payor Address</b> 24 HOSPITAL AVENUE DANBURY CT 06810 USA
<b>Ordered By</b> andra	<b>Customer Phone</b> 203-739-7919	<b>Payor Phone</b> 203-739-7919
<b>Order Source</b> E-mail	<b>Customer Fax</b> 203-739-1689	<b>Customer EMail</b> Andrea.Rynn@wclhealthnetwork.org

### Ad Content Proof

New Milford Hospital, Inc. (NMH), a subsidiary of Western Connecticut Health Network, Inc. (WCHN), is filing a Certificate of Need with the Office of Health Care Access for the relocation of obstetrical delivery services at NMH to The Danbury Hospital's Family Birth Center (Dh). Dh is located at 24 Hospital Avenue, Danbury, CT and has a Family Birth Center with 38 beds and 26 bassinets, and a 19-bed state-of-the-art Neonatal Intensive Care Unit (a Level III), equipped to treat babies born as early as 24 weeks. The capital expenditure for this project is estimated to be under \$150,000.

<b>Tear Sheets</b>	<b>Proofs</b>	<b>Affidavits</b>	<b>Special Pricing</b>	<b>Promo Type</b>
0	0	0	None	

**Order Notes:** \$129.00 PER DAY

### Invoice Text:

<b>Blind Box</b>	<b>Materials</b>	<b>Payment Method</b>		
<b>Net Amount</b>	<b>Tax Amount</b>	<b>Total Amount</b>	<b>Payment Amt</b>	<b>Amount Due</b>
\$387.00	\$0.00	\$387.00	\$0.00	\$387.00

<b>Ad Number</b>	<b>Ad Type</b>	<b>Ad Size</b>	<b>Pick Up Number</b>
0001768121-01	Legal Liners	1.0 X 20 LI	

<b>External Ad #</b>	<b>Ad Released</b>	<b>Ad Attributes</b>
	No	

<b>Color</b>	<b>Production Method</b>	<b>Production Notes</b>
<NONE>	AdBooker	

Product	Placement/Class	# Inserts	Cost
<b>Run Dates</b>			
<b>Sort Text</b>			
<b>Run Schedule Invoice Text</b>			
Danbury News-Times:	Public Notices	3	\$357.00
5/28/2012, 5/29/2012, 5/30/2012			
NEWMILFORDHOSPITALINCNMHASUBSIDIARYOFWESTERNCONNECTICUTHEALTHNETWORK			
New Milford Hospital, Inc. (NMH), a subsidiary of Western Connec			
newstimes.com:	Public Notices	3	\$30.00
5/28/2012, 5/29/2012, 5/30/2012			
NEWMILFORDHOSPITALINCNMHASUBSIDIARYOFWESTERNCONNECTICUTHEALTHNETWORK			
New Milford Hospital, Inc. (NMH), a subsidiary of Western Connec			

B6 | The News-Times | Wednesday, May 30, 2012

Continued from page B-4

### PUBLIC NOTICES

**ADVERTISEMENT FOR BIDS**  
National Audubon Society, Inc.  
Owner  
Address: 225 Varick Street, 7th Floor, New York, NY 10014

Separate sealed BIDS for the Barn Renovation at Audubon Center at Head of the River, Southbury, CT including:

- Re-roof existing Barn with asphalt shingles and new plywood sheathing.
- Reconfiguration of entry with new ramp and overhead.
- Restoration of existing unoccupied barn structure space into two working offices.
- Demolish existing office space and renovate

will be received by National Audu-

### PUBLIC NOTICES

New Milford Hospital, Inc. (NMH), a subsidiary of Western Connecticut Health Network, Inc. (WCHN), is filing a Certificate of Need with the Office of Health Care Access for the relocation of obstetrical delivery services at NMH to The Danbury Hospital's Family Birth Center (Dh). Dh is located at 24 Hospital Avenue, Danbury, CT and has a Family Birth Center with 38 beds and 26 bassinets, and a 19-bed state-of-the-art Neonatal Intensive Care Unit (a Level III), equipped to treat babies born as early as 24 weeks. The capital expenditure for this project is estimated to be under \$100,000.

**Notice of Permit Application**  
Town(s): Redding, CT  
Notice is hereby given that Regional School District No.9, (the "applicant") of Joel Barlow High School, has submitted to the Department of Energy and Environmental Protection an application under section 22a-43b of the Connecticut

### GENERAL HELP WANTED

**LITIGATION PARALEGAL**  
Greenwich, CT Law Firm seeks experienced FT Litigation Paralegal to support busy Department. Responsibilities include drafting of subpoenas, affidavits, pleadings and memoranda, docketing, short calendar, assist in trial preparation, work closely with court clerks to ensure timely filings, including e-filing. Candidate must be adept in using CT Practice Book and must have NY procedures and filing experience. Practice areas include summary process, family, foreclosure, personal injury, and general litigation. Excellent computer and organizational skills are necessary.

We offer a competitive compensation package which includes bonus program, Medical, 401(k) and Flexible Benefit plans.

Please e-mail resume to: ibolaw@ibolaw.com or send via fax to 203-661-9462.

**MANUFACTURING-Kimchuk, Inc.**, a high tech manufacturing and anti-

### GENERAL HELP WANTED

## SPERRY

Sperry Rail Service, the world's leading & largest rail flaw detection company, operates from our global infrastructure for over 200 railroad customers. We provide rail flaw detection services to enhance the safety and productivity of railroad operations worldwide.

We are currently searching for a **PRODUCTION TEAM Lead Assembler**.

- Strong team leadership skills.
- Mechanical assembly skill.
- Build production and lead small production team ensuring safety and quality policies & procedures are followed to meet organizations targeted goals.
- Exp. with "Lean" practices a plus.
- Work with supervisor and train members to achieve maximum

### HEALTHCARE & EMPLOYMENT OPS

**ORTHOPAEDIC OPPORTUNITIES**  
Orthopaedic Practice has immediate FT openings. Candidates must have a minimum of 3-5 yrs of experience in a medical office setting and must possess outstanding administrative skills, as well as excellent telephone, computer and interpersonal skills.

**MEDICAL SECRETARY:**  
Candidate must have expertise in surgical scheduling & coordination, diagnostic test and appointment scheduling, as well as a strong insurance background.

**MEDICAL ASSISTANT:**  
Candidate must have a strong clinical background.

Competitive salary and excellent benefits.  
Please send cover letter, resume and references to:  
The Orthopaedic Group, LLC  
150 Whitney Avenue  
New Haven, CT 06511  
Attn: Clinical Manager

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**AFFIDAVIT**

Applicant:

Western Connecticut Health Network, Inc., New Milford Hospital, Inc. and Danbury Hospital, Inc.

Project Title:

Relocation of Obstetrical Delivery Service within the Western Connecticut Health Network: New Milford Hospital to Danbury Hospital

I, John M. Murphy, MD, President & CEO of Western Connecticut Health Network, Inc., being duly sworn, depose and state that the information submitted in this Certificate of Need Application is accurate and correct to the best of my knowledge.

John M. Murphy, MD  
Signature

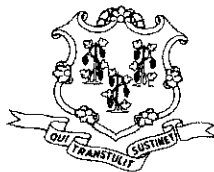
8/9/12  
Date

Subscribed and sworn to before me on August 9, 2012

Carol Freeman

Notary Public/~~Commissioner of Superior Court~~

My commission expires: 4-30-2014



**State of Connecticut  
Office of Health Care Access  
Certificate of Need Application**

**Docket Number:**

**Applicant:** New Milford Hospital, Inc., The Danbury Hospital,  
Western Connecticut Health Network, Inc.,

**Contact Person:** Sally F. Herlihy, FACHE

**Contact Person's  
Title:** WCHN Vice President, Planning

**Contact Person's  
Address:** 24 Hospital Avenue, Danbury, CT 06810

**Contact Person's  
Phone Number:** 203-739-4903

**Contact Person's  
Fax Number:** 203-739-1974

**Contact Person's  
Email Address:** sally.herlihy@wchn.org

**Project Town:** New Milford, CT

**Project Name:** Relocation of Obstetrical Delivery Service Within the  
Western Connecticut Health Network: New Milford Hospital  
to Danbury Hospital

**Statute Reference:** Section 19a-638, C.G.S.

**Estimated Total  
Capital Expenditure:** \$20,000

## 1. Project Description: Birthing Service Relocation

### Introduction

Western Connecticut Health Network, Inc. ("WCHN") is a health care network that combines the resources and expertise of New Milford Hospital, Inc. ("NMH"), The Danbury Hospital ("DH"), and their affiliates (see Appendix I, WCHN Family of Organizations). This Network commenced October 1, 2010 with approval from the Office of Health Care Access ("OHCA") in Docket No: 10-31560-CON. In this decision, OHCA recognized that the affiliation of WCHN (formerly Danbury Health System, Inc.) and NMH was intended "to create an integrated health care system capable of bringing best practices in health care delivery to enhance the health and well being of residents in western Connecticut and Eastern New York State." (Final Decision, OHCA Docket No.10-31560-CON, p. 20).

NMH is the primary applicant (with DH and WCHN as co-applicants) in this Certificate of Need application, and is requesting approval to relocate its inpatient obstetrical delivery service from NMH at 21 Elm Street, New Milford, CT to DH's Family Birthing Center located at 24 Hospital Avenue in Danbury, CT. Within the birthing process, only deliveries will be relocated to DH. Maternity patients, in conjunction with their physicians, can continue to receive all of their care at New Milford Hospital (prenatal, postnatal, gynecological and primary care) and can remain with their obstetrician/gynecologists ("OB/Gyn") throughout the entire process. Supportive to this planning to relocate the birthing program is the high level of care that can be provided at DH, with its Level IIIb, state-of-the-art Neonatal Intensive Care Unit ("NICU") and its refurbished Family Birth Center ("FBC").

Currently, less than one baby per day is delivered at NMH. The hospital has been experiencing an average annual decline of approximately 9% for several years, with 264 babies born in FY 2011, well documenting a downward trend. By contrast, DH delivered over 2,000 babies that same year. The three co-applicants concluded that before reaching a level of questionable sustainability, and with the opportunity to provide a state-of-the-art facility only 17 minutes away from NMH for the birthing service, that a relocation of the birthing center at NMH to DH was prudent and would make every decision possible to ensure that a birthing program can be available for all patients within the service area.

- a. **For each of the Applicant's programs, identify the location, population served, hours of operation, and whether the program is proposed for relocation.**

The co-applicants are requesting approval to terminate the inpatient obstetrical delivery service at NMH, currently available on a 24/7 basis, and consolidate the program to its affiliate partner location at the DH Family Birthing Center, also accessible on a 24/7 basis.

The WCHN primary and secondary catchment area includes 43 communities in Litchfield, Fairfield, and New Haven counties in Connecticut and Dutchess, Putnam and

Westchester counties in New York. The primary service area represents thirteen (13) Connecticut towns and four (4) New York towns with a combined population of 275,000 (see [Appendix II](#), WCHN Service Area Map). The network deploys services to provide stability, accessibility, excellent service and the ability to respond to patient health care needs across the service area. The resources of the entire network are available as necessary to support each part of the network, community demographics and need.

A review of NMH's historical patient volume demonstrates some operational facts about the obstetrical delivery service and the population served:

- The largest percentage of NMH's delivery patients come from residents of the town of New Milford.
  - For FY 2011, this was 47% of the hospital total activity (123 of 264 newborns).
  - For the first 6 months of FY 2012 this increased to 59% dependency (66 of 111 newborns at NMH).
- The next highest volumes based on patient origin come from towns adjacent to New Milford, and the scale for each town equates to one tenth of the New Milford volume.
  - For FY 2011, Sherman (13), Washington (10), Brookfield (10), Litchfield (10).
- NMH captures approximately half of the potential patient volume that originates from the towns immediately surrounding it.
  - In FY 2011 this newborn activity represented 52% penetration for NMH in that community, and for the first 6 months of FY 2012 it is 54% penetration.
  - DH captures an additional 45% and 43% respectively for each time period for New Milford, representing a collective total capture of greater than 93% for WCHN (see [Appendix III](#) for activity by town in the greater New Milford area).
  - Furthermore, New Milford and the six-town radius around it (New Milford) collectively utilize NMH for 51% of the deliveries and DH for 43% which is a total 94% penetration for WCHN, excluding any Sharon Hospital activity not included in the base volume.

**b. Describe the history of the service proposed for relocation, including when it began and whether CON authorization was received.**

NMH has provided family birthing services as part of its acute care hospital license for many years (and prior to CON regulations for authorization of services), and maintains 8 beds and 10 bassinets in its FBC. NMH only provides nursery level services and does not have a NICU program. NMH uses a Labor-Delivery-Recovery ("LDR") model for care and has a dedicated cesarean section operating room located within the unit and adjacent to the operating room suite. Standard of practice guidelines include those available from the American College of Obstetrics and Gynecology and the Association of Women's Health, Obstetric and Neonatal Nurses.

The current staffing of the OB delivery service includes 14 registered nurses (that total 10.5 full-time equivalents) who each maintain neonatal resuscitation certification. When

there are no deliveries occurring, or no patients on the FBC unit, staff may either be on-call or 'float' to another clinical unit where a need may exist.

Five OB/Gyn physicians have routinely been admitting patients to the FBC at NMH (one group with 3 physicians (just reduced to two), and 2 solo-practitioners). All the physicians also have admitting privileges at DH. There are no midwives at any practice.

With the decision made to relocate the NMH birth center pending OHCA approval, WCHN, NMH and DH collectively will work to make the transition for patients a smooth and comfortable one. This proposed change will impact deliveries only – patients would continue to receive pre- and post-natal care in New Milford. Our aim is to preserve the doctor/patient relationship that we recognize as an integral part of quality care.

**c. Explain in detail the Applicant's rationale for this consolidation of service, and the process undertaken by the Applicant in making its decision.**

Declining Utilization

The mission of WCHN is to improve the health and well being of those we serve by becoming the region's premier, patient-centered system of care. To evolve in that direction, there is an ongoing focus toward continuous evaluation of WCHN's "portfolio" of services, to determine how we can best serve our patients' needs and provide high-quality, cost-efficient care, while ensuring our own financial health and sustainability for our hospitals. The relocation of obstetrical deliveries from NMH to DH's Family Birth Center was identified as a move to enhance the birthing process for our patients and prevent duplicated services.

The total volume of deliveries at NMH has been declining for several years (see attached Appendix IV, New Milford Hospital Family Birth Center Volume). The current activity level represents the third lowest hospital volume in the State of CT in FY 2012 - 9 months actual (see attached Appendix V, Newborn Service Line Summary - CT Hospitals).

Overall birth count and fertility rates have declined nationwide (pure count of births in the U.S. show a 3% decline 2008 to 2009, and an additional 3% decline 2009 to 2010). NMH activity parallels this experience and this has resulted in an underutilized birth center at NMH. The low number of births and ability to sustain operations has led us to evaluate the option to relocate the program. The purpose of the affiliation of our two hospitals was to create a community asset that will provide the best quality, safety and value to area patients. In this particular case, those patients are mothers and babies. DH – which is in close proximity to NMH has all the resources to provide that highest level of care to the greater New Milford community (see Appendix VI for drive times to NMH and DH). DH's Family Birthing Center has round-the-clock neonatologists and anesthesia services. It has a recently refurbished Family Birthing Center (with 38 beds and 26 bassinets) and a brand-new, 19-bed state-of-the-art Neonatal Intensive Care Unit (a Level IIIb, equipped to treat babies born as early as 24 weeks). DH is one of only two hospitals in the State providing this high level of NICU care.

Giving our maternity patients the best possible OB/Gyn care in the community at NMH throughout the pregnancy, and then a state-of-the-art facility for the birth itself combines the best that WCHN has to offer for these very special patients.

### The Decision to Relocate

The process undertaken to arriving at the decision to relocate the service from NMH to DH is multifaceted and has involved numerous people in dozens of meetings and conversations about the priorities for obstetrical delivery services.

Beginning in June of 2011, NMH began an assessment of its obstetrical service. Internal evaluation of options included multiple meetings with key NMH staff. These discussions were very detailed, and while the desire expressed was to maintain a local presence and keep the unit open, the administrative conclusion included the following:

- DH already has an exceptional birthing center with the NICU unit on its campus a very short distance from the NMH campus and both hospitals belong to the same network.
- NMH is currently losing approximately \$650,000 annually from operation of the FBC program. Costs to refurbish the NMH facility for birthing, and retrain personnel would require a significant investment of \$2 million, with ongoing operational annual costs to sustain as well.
- With a present volume of less than one baby born per day at NMH, and no sign that the declining trend will reverse itself, the available resources might be better allocated at NMH to support critical community needs.
- It was determined that further external review of the Obstetrical Services was needed to corroborate the recommendation that relocation was the best option.
- DH has the available capacity to absorb the patient volume while providing the highest quality cost efficient care.

Dr. Louis Weinstein, a nationally known expert on obstetrical quality and safety (See Appendix VII, Curriculum Vitae), was engaged by WCHN to review a myriad of information, interview key constituents and render an opinion on the issue. Dr. Weinstein provided his assessment and recommendations to the WCHN Quality Committee on February 15, 2012, helping to form the conclusions drawn by the committee. Dr. Weinstein's key findings and recommendations included:

- Best practice, particularly within a proximate network, includes immediate availability of obstetrical services, anesthesiology services and neonatal services.
- Maintaining the concept of horizontal equity with one standard of care across the Network is a unique challenge with Obstetrics that relates to volume based concerns in achieving full coverage at the local level.
- Relocation of obstetrical delivery services from a smaller hospital to a proximate larger hospital is not uncommon, and it is projected that this will happen more frequently in the future. This generally strengthens the position of the smaller hospital over time.

With the decision to pursue consolidation of the programs within the network, our priority has been focused on a seamless transition for expectant parents, their families

and our staff. The anticipated next steps to moving this forward involve continued active discussion with key affected stakeholders, approval of this CON by OHCA, exploration for integration of NMH obstetrical practices into Danbury obstetric services, creation of appropriate services for pregnant women arriving at NMH in labor despite relocation, EMS awareness of the change in service at NMH, EMS coordination and access to a dedicated ambulance if the need occurs for emergent patient transfer from NMH to DH (equipped for OB/neonatal support), refurbishment of the NMH ED "labor room" and enhanced NMH ED physician training for OB/neonatal support (if the need arises to deliver a baby at NMH). The pre-natal, post-natal, pediatric and gynecological care will continue to be provided and accessible in New Milford. The only services to be relocated are the delivery services. We strongly believe the final decision regarding this initiative will fulfill the mission of the Network and serve the identified health needs of our community. The WCHN portfolio assessment process will be ongoing and will support our goal of becoming the region's premier patient-centered system of care. Reviewing our range of services and the way we provide them across the Network enables us to offer high-quality, cost-efficient services where they are most needed. This isn't simply about the consolidation of services. It can also result in our investment in additional or expanded services, or making changes to improve services.

**d. Did the proposed action require the vote of the Board of Directors of the Applicant? If so, provide copy of the minutes (excerpted for other unrelated material) for the meeting(s) the proposed action was discussed and voted.**

The WCHN Quality Committee reviewed and discussed whether or not NMH's obstetrical delivery services should be relocated to DH. After careful deliberation, the committee unanimously endorsed the program's relocation and recommended approval by the WCHN Board of Directors. The WCHN Board of Directors deliberated March 22, 2012 and voted to pursue relocation of the NMH obstetrical delivery services from NMH to DH (see Appendix VIII, Excerpt of WCHN Minutes).

**e. Explain why there is a clear public need for the proposal. Provide evidence that demonstrates this need.**

There are three basic reasons why there is a clear public need for the NMH birthing service to be consolidated with the DH service in Danbury:

- With less than one baby born per day at NMH (0.7) in 2011, and the trend not improving, there is insufficient need for the service at NMH.
- It is not cost effective to maintain 2 birthing centers within the same service area when the 2 hospitals are located approximately 15 minutes apart.
- The quality of the birthing experience for current or prospective NMH patients will be enhanced because of the quality of the service at DH: the new NICU service, the large and highly trained staff and 24-hour coverage of neonatologists and anesthesiologists provide the highest level of care available for babies, mothers, fathers and families.

The need for this relocation is centered on the concept of providing the best possible care for the patient. Within the WCHN network, DH has an outstanding family birthing center with a state-of-the-art NICU for babies who need extra assistance at birth. The service is large enough that it can provide 24-hour physician availability. This is an expensive program which cannot be duplicated without taking funding away from other needed health services. And there is sufficient space at DH to absorb the 200-250 babies who are currently being born annually at NMH.

The Applicants understand the issue for parents who live north of New Milford Hospital who will have to travel a longer distance to DH to give birth. However, it appears that the longest distance a pregnant mother living in the WCHN service area would have to travel to give birth is <30 miles. (see Appendix VI, Warren/Cornwall Bridge to Danbury). Those same families living in Warren or Cornwall Bridge currently have to travel 13 miles to NMH, so it is an additional 16 miles. The town of Washington will also have an additional 16 miles to drive since it is 24 miles to DH, but currently only 8 miles to NMH. Looking at Appendix VI, the average increase in time it takes to get from the service area towns to DH will be approximately 20 minutes, even though time of day and traffic may result in a slightly longer experience.

Giving birth to a baby is a significant life event. Ordinarily, it only happens on a few occasions during a woman's lifetime. While it is keenly understood that there is great comfort in having those babies delivered close to home, the distance involved is not so significant that it will jeopardize a safe delivery. With provisions for an emergency birthing center set up at NMH, trained staff, and ambulances that are prepared to handle the drive to DH for any patient that needs that transfer assistance, the delivery of both mother (to DH) and baby will be fully covered.

## **2. Consolidation's Impact on Patients and Provider Community**

- a. List all existing providers (name, address, services provided, hours and days of operation, and current utilization) of the services proposed for relocation in the towns served by the Applicant, and in nearby towns.**

The only two acute care hospitals located within the service area are NMH and DH, both affiliates of Western Connecticut Health Network, and co-applicants for this CON request.

- b. Discuss what steps the Applicant has undertaken to ensure continued access to the services proposed for relocation for the Applicant's patients.**

When the determination was made to move forward with planning for the proposed relocation of the obstetrical delivery services from NMH to DH a core group of individuals were charged with defining an implementation plan to achieve the outcome. This plan focused on considerations surrounding potential impact on the patients, community, physicians, Family Birth Center staff, Emergency Room, EMS providers, requirements of the CON approval process, and has been utilized as a weekly road map for preparing for the continued access of services.



Recognizing that there may be some patients who arrive at NMH with the delivery process already under way, plans have been developed to be prepared for those patients and their newborn babies. NMH is currently refurbishing its Emergency Department ("ED"). Appropriate space and the necessary staffing in the ED will be provided to cover births where a patient has not been able to reach Danbury Hospital.

NMH maintains a Transportation Service Agreement with Danbury Ambulance Service (see Appendix IX, The New Milford Hospital Transportation Service Agreement) to insure rapid safe transport of emergency cases from NMH to the appropriate resources at DH. It includes the transportation of critically ill patients, acute MI, and neonatal transfers. The ambulance provider has agreed to prioritize all emergency transports from NMH and to take any patient, regardless of their insurance status.

The emergency transportation process has been designed to emulate the public safety 911 system. The Hospital places a single call to Danbury Ambulance Service. An ambulance is priority dispatched to the Hospital while detailed patient information is exchanged with the provider. The process was put into place over a year ago. We have been reviewing the data monthly and have developed a high level of confidence in its quality and reliability.

Dialogue and discussion of the recommended action with constituents and stakeholders began in late 2011 and have been comprehensive and progressive. The results have included:

- Support for relocation from Anesthesia, ED services at NMH
- Support or at least understanding of logic from other physician leaders
- Multiple communications with media and local community leaders
- Meetings with NMH Obstetrical nurses impacted by the recommendation
- Multiple meetings with the Obstetricians at NMH.

Throughout this dialogue there has been expressed concern regarding the impact that the recommendation for relocation will have on physician practices, patients and families. Commitment has been provided by WCHN, DH, and Danbury Obstetrical leadership, along with Danbury Obstetrical practices to support and integrate NM practices into the Danbury environment. Everyone is dedicated to providing quality obstetrical care in the safest possible environment for mothers and babies, and we strongly believe this consolidation will best position us to fulfill that goal.

All efforts of the Nursing Services have been devoted to the provision of safe and quality patient care throughout the process. Assessment, data analysis, senior level decision making, implementation, communication, and transition of care for the FBC at NMH have been coordinated with complete involvement of Nursing, other Network Departments, and Medical Staff. No interruption of NMH services has occurred. In addition, commitments to the Nursing staff team have been acknowledged, respected, and fulfilled and collaboration within the Network has been coordinated with the Human Resources Department.

The following is reflected in our communication logs:

- Investment and commitment to patient safety

- Review of appropriate standards of care
- Review of financial needs and impact
- Monitoring of staffing patterns
- Collaboration on the network level
- Communication
- NMH and DH combined staffing guidelines

Communication efforts in anticipation of potential program closure have included:

- Community Awareness – In recognition of the hospital's potential closure of its obstetrical delivery service and relocation to the DH Family Birth Center, communications have been multifaceted. In addition, subsequent media outreach and ensuing press coverage following awareness of the potential change in services at NMH have resulted in several area newspapers focusing coverage on informational articles, editorials and Letters to the Editor whereby public awareness of the pending closure of the program was greatly increased. The hospital has also discussed the pending closure of the delivery service with a variety of elected public officials to enable them to communicate effectively with their constituents.
- Employees, Volunteers, and Board of Directors – There have been hospital-wide communication concerning the potential closure of the obstetrical delivery service at NMH. Direct correspondence from hospital leadership via letters, open forums and committee discussions provided multiple opportunities for education and clarification to all these stakeholder groups, and began in March 2012.
- New Milford Hospital Medical Staff – Ongoing dialogue has also occurred at Medical Executive Committee, Quarterly Medical Staff, OB Department, and Emergency Department meetings on multiple occasions between the fall of 2011 and the present. Physician providers are fully aware of the pending closure of the obstetrical delivery program pending CON approval.
- Emergency Responders – Region V emergency service providers will receive education to support pre-hospital care of the active labor patient or emergency patient prior to the program termination. These providers will also receive formal notification of the date that the program closure is effective for NMH. Going forward, the hospital will continue the work it has initiated with the region's medical community, municipalities and EMS organizations, which promises to truly improve treatment both in the field and in area hospitals.

As difficult as termination of a program that has been available for many years, WCHN recognizes that through the partnership of its hospitals it can provide the best care for the obstetrics patient and benefit its communities.

A summary of the many community stakeholder discussions to keep individuals informed of the potential relocation of the obstetrical delivery service from NMH is included in Appendix X.

- c. For each provider to whom the Applicant proposes to transfer or refer clients, provide the current available capacity, as well as the total capacity and actual utilization for the current year and last completed year.**

FBC Capacity - Current Danbury Hospital

Service	Beds Available	FY 11 Actual	FY 12 Annualized	Total Capacity	Capacity	
					FY 11 Actual	FY 12 Annualized
Maternity	32	6,309	6,245	11,680	54.0%	53.5%
Newborn	26	4,740	4,577	9,490	49.9%	48.2%

DH has the capacity to manage the obstetrical deliveries of the 250 patients currently utilizing NMH for this service. It is not anticipated that every patient who may have delivered at NMH would elect DH as their future site of care. Potential reasons for anticipating less than a 1:1 impact can be attributed to personal choice, provider relationships or other reasons. For this CON, it is anticipated that 60% of the historical activity will potentially utilize DH.

- d. Identify any special populations that utilize the services and explain how these clients will continue to access this service after the service location closes.**

Women of child-bearing age are the primary users of the obstetrical delivery service at NMH. With approval of this CON request to relocate the service from NMH to DH, they can access the Family Birthing Center at DH to meet their needs, or another hospital of their choosing. They can continue to receive prenatal and postnatal care with their community OB/Gyn providers and at NMH prior to delivery.

- e. Provide evidence (e.g. written agreements or memorandum of understanding) that other providers in the area are willing and able to absorb the displaced patients.**

Not applicable.

- f. Describe how clients will be notified about the relocation and transferred to other providers.**

Throughout the planning process for relocation of the obstetrical delivery service, there has been recognition of the potential impact that the recommendation would have on physician practices, patients and families. In our ongoing transparency we've made every effort toward pro-active communication an all levels. Commitment has been provided to support and integrate NM practices into the DH environment. Everyone is dedicated to providing the best quality obstetrical care in the safest possible environment for mothers and babies.

The scenario planning for a potential delivery occurring at NMH following relocation of the service has been built upon a foundation that includes:

- Close working relationships with obstetricians at the receiving facility (DH) ready to accept OB cases on a 24/7 basis.
- Expert guidance from Dr. Weinstein.
- Extensive discussion with leadership at Rockville General Hospital (part of the Eastern Connecticut Health Network) to understand “lessons learned”, best practices, policies and procedures, equipment needs, education and their actual experience over the past 12 months based on closure of their delivery service and relocation to their affiliate hospital partner, Manchester Hospital.
- Recognition that a transportation protocol already is in place between NMH and DH that has demonstrated safety and reliability (ie. STEMI transfers).
- ED staff education is in progress.
- EMS community education identified.

Emergency preparedness for presentation of laboring women at the NMH ED has been identified for how to respond to the patient’s unique clinical situation. These potential OB scenarios and course of action involve protocols for the determination and ability to stabilize and transport the patient to DH as needed. The bottom line, stabilize the obstetric patient and get the patient where they can receive appropriate and safe care:

- Ectopic Pregnancy– Emergency Physician evaluates patient and discusses with patient’s OB
- Ectopic Pregnancy (ruptured) – stabilize and transfer to DH
- Pre-eclampsia – Emergency Physician evaluates patient and discusses with patient’s OB
- Eclampsia – stabilize patient and discuss with patient’s OB
- Fetal Demise – Emergency Physician evaluates patient and discusses with patient’s OB
- Threatened Abortion – Emergency Physician evaluates patient and discusses with patient’s OB
- Incomplete Abortion – stabilize patient and discuss with patient’s OB
- Completed Abortion – Emergency Physician evaluates patient and discusses with patient’s OB
- Uterine Contractions (pre-term, term and Braxton-Hicks) – Emergency Physician evaluates patient and discusses with patient’s OB
- Maternal Trauma (minor) – Emergency Physician evaluates patient and discusses with patient’s OB
- Maternal Trauma (major) – stabilize and transfer to DH
- Rupture of membranes – Emergency Physician evaluates patient and discusses with patient’s OB
- Pregnancy with active bleeding (abruption, placenta previa, uterine rupture) – stabilize and transfer to DH
- Active Labor – Emergency Physician evaluates patient and discusses with patient’s OB
- Delivery – stabilize mother & baby and transfer to DH

- Postpartum hemorrhage – stabilize mother & baby and transfer to DH
- Maternal Death – stat C-section performed by Emergency Physician

### 3. Actual and Projected Volume

#### a. Provide volumes for the most recently completed FY by town.

<u>Town</u>	<u>FY 2011 Newborns (descending order)</u>
New Milford	123
Sherman	13
Brookfield	10
Washington	10
Litchfield	10
Danbury	9
Torrington	9
Kent	8
New Fairfield	6
Bethel	5
Roxbury	5
Cornwall & Warren	5
Woodbury	4
All Other towns	<3 deliveries per town

#### b. Complete the following table for the past three fiscal years (“FY”) and current fiscal year (“CFY”), for both number of visits and number of admissions, by service.

**Table 1: Historical and Current Visits & Admissions**

	Actual Volume (Last 3 Completed FYs)			CFY Volume*
	FY 2009	FY 2010	FY 2011	FY 2012*** (Oct 1- Mar 30)
NMH Deliveries**	296	261	264	237
<b>Total</b>	296	261	264	237

\* 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.

\*\* Identify each service type and add lines as necessary. Provide both number of visits and number of admissions for each service listed.

\*\*\* 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 seen in the tables above.

Total deliveries at NMH have declined at a cumulative rate of 10% since FY 2007.

- d. **For DMHAS-funded programs only, provide a report that provides the following information for the last three full FYs and the current FY to-date:**
- i. **Average daily census;**
  - ii. **Number of clients on the last day of the month;**
  - iii. **Number of clients admitted during the month; and**
  - iv. **Number of clients discharged during the month.**

Not Applicable.

#### 4. Quality Measures

- a. **Submit a list of all key professional, administrative, clinical, and direct service personnel related to the proposal. Attach a copy of their Curriculum Vitae.**

The Curriculum Vitae of Matthew Kim, MD, Medical Director of Labor & Delivery and Section Chief, Maternal Fetal Medicine at DH is enclosed (*see Appendix XI*).

- b. **Explain how the proposal contributes to the quality and cost effectiveness of health care delivery in the region.**

The clinical integration benefits of the proposed consolidation of NMH and DH services supports optimal delivery of obstetrical care for the Network. The proposal maximizes the use of an obstetrics infrastructure at DH that also reduces unnecessary duplication of existing health care services (physicians, staff and equipment) required to support obstetrical deliveries. This proposal also supports cost avoidance and a future need to provide the latest technology to service less than one delivery per day.

- c. **Identify when the Applicants' funding and/or licensing agencies (e.g. DPH, DMHAS) were notified of the proposed changes, and when the Applicants' licenses will be modified.**

There is no specific license for gynecology/obstetrics services: the services are included in the hospital's medical/surgical services and beds. WCHN is not requesting that the medical/surgical license for NMH be adjusted at this time.

Upon approval of the CON and identification of an effective date, program closure notification will be sent to the State of Connecticut Department of Public Health, The Joint Commission, and American Osteopathic Association for modification of New Milford Hospital's service profile associated with licensure and accreditation.

- d. **Identify accrediting standards used at all institutions involved for the service you are requesting to be relocated.**

NMH and DH both maintain accreditation by The Joint Commission on Accreditation of Healthcare Organizations.

**e. Identify the current payer mix and the proposed payer mix for the service at both hospitals.**

The Payor mix for the FBC program at both NMH and DH are shown below:

**New Milford Hospital  
FBC Payor Mix\***

	<b>Last FY11</b>	<b>Current FY12</b>	<b>Year 1 FY13</b>	<b>Year 2 FY14</b>	<b>Year 3 FY15</b>
Medicare	28.64%	29.06%	29.06%	29.06%	29.06%
Medicaid	6.07%	7.00%	7.00%	7.00%	7.00%
Champus	0.12%	0.10%	0.10%	0.10%	0.10%
<b>Total Govt</b>	<b>34.83%</b>	<b>36.16%</b>	<b>36.16%</b>	<b>36.16%</b>	<b>36.16%</b>
Comm Insurers	62.03%	60.70%	60.70%	60.70%	60.70%
Uninsured	0.46%	0.95%	0.95%	0.95%	0.95%
Workers Comp	2.67%	2.19%	2.19%	2.19%	2.19%
<b>Total Non-Govt</b>	<b>65.17%</b>	<b>63.84%</b>	<b>63.84%</b>	<b>63.84%</b>	<b>63.84%</b>
<b>Total Payer Mix</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>

**Danbury Hospital  
FBC Payor Mix\***

	<b>Last FY11</b>	<b>Current FY12</b>	<b>Year 1 FY13</b>	<b>Year 2 FY14</b>	<b>Year 3 FY15</b>
Medicare	34.45%	33.80%	33.80%	33.80%	33.80%
Medicaid	6.51%	6.84%	6.84%	6.84%	6.84%
Champus	0.09%	0.09%	0.09%	0.09%	0.09%
<b>Total Govt</b>	<b>41.05%</b>	<b>40.73%</b>	<b>40.73%</b>	<b>40.73%</b>	<b>40.73%</b>
Comm Insurers	57.77%	54.71%	54.71%	54.71%	54.71%
Uninsured	0.15%	3.21%	3.21%	3.21%	3.21%
Workers Comp	1.03%	1.34%	1.34%	1.34%	1.34%
<b>Total Non-Govt</b>	<b>58.95%</b>	<b>59.27%</b>	<b>59.27%</b>	<b>59.27%</b>	<b>59.27%</b>
<b>Total Payer Mix</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>

\*Based on Net Revenue

## 5. Organizational and Financial Information

### a. Identify the Applicant's ownership type(s) (e.g. Corporation, PC, LLC, etc.).

NMH is a non-stock corporation whose sole member is Western Connecticut Health Network, Inc.

### b. Does the Applicant have non-profit status?

Yes (Provide documentation)  No

### c. Financial Statements

- i. If the Applicant is a Connecticut hospital: Pursuant to Section 19a-644, C.G.S., each hospital licensed by the Department of Public Health is required to file with OHCA copies of the hospital's audited financial statements. If the hospital has filed its most recently completed fiscal year audited financial statements, the hospital may reference that filing for this proposal.

The audited financial statements for NMH are on file with OHCA as part of the OHCA Annual Reporting.

- ii. If the Applicant is not a Connecticut hospital (other health care facilities): Audited financial statements for the most recently completed fiscal year. If audited financial statements do not exist, in lieu of audited financial statements, provide other financial documentation (e.g. unaudited balance sheet, statement of operations, tax return, or other set of books.)

Not Applicable.

### d. Submit a final version of all capital expenditures/costs.

There is a \$20,000 capital expense associated with the proposal.

- e. List all funding or financing sources for the proposal and the dollar amount of each. Provide applicable details such as interest rate; term; monthly payment; pledges and funds received to date; letter of interest or approval from a lending institution.

Not Applicable.

- f. Demonstrate how this proposal will affect the financial strength of the state's health care system.

This proposal will eliminate unnecessary duplication of services by relocating an existing program patient base within the service area to a network partner. It will strengthen the state's health care system because there will be an operational savings



for NMH that has been experiencing a negative margin to maintain the service - the relocation will reduce overall costs through opportunities for shared resources. Additionally, there is potential cost avoidance for a program that would require significant investment for long-term sustainability of standards of practice.

### Financial Attachments I & II

- a. Provide a summary of revenue, expense, and volume statistics, without the CON project, incremental to the CON project, and with the CON project. Complete Financial Attachment I. (Note that the actual results for the fiscal year reported in the first column must agree with the Applicant's audited financial statements.) The projections must include the first three full fiscal years of the project.
- b. Provide a three year projection of incremental revenue, expense, and volume statistics attributable to the proposal by payer. Complete Financial Attachment II. The projections must include the first three full fiscal years of the project.
- c. Provide the assumptions utilized in developing both Financial Attachments I and II (e.g., full-time equivalents, volume statistics, other expenses, revenue and expense % increases, project commencement of operation date, etc.).

Financial Attachments I & II and Assumptions for both the NMH and DH programs are enclosed in Appendix XII.

- d. Provide documentation or the basis to support the proposed rates for each of the FYs as reported in Financial Attachment II. Provide a copy of the rate schedule for the proposed service(s).

Not applicable.

- e. Was the Applicant being reimbursed by payers for these services? Did reimbursement levels enter into the determination to relocate the service?

NMH has been reimbursed by payers for obstetrical deliveries, and the decision to terminate the service at NMH and utilize the existing infrastructure at DH for future delivery patients was not impacted by reimbursement.

- f. Provide the minimum number of units required to show an incremental gain from operations for each fiscal year.

The minimum number of units (discharges) required to breakeven at NMH would be: Maternity - 311 discharges, and Newborn - 313 discharges.

- g. Explain any projected incremental losses from operations contained in the financial projections that result from the implementation and operation of the CON proposal.

Not applicable.

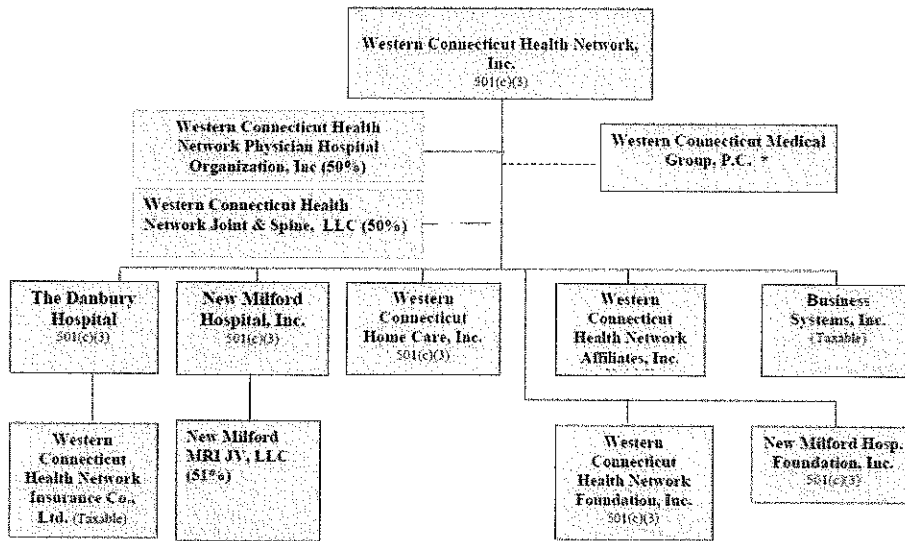
h. Describe how this proposal is cost effective.

The low number of births at NMH and ability to sustain operations has led WCHN to evaluate the option to relocate the program. The WCHN decision to terminate a program at one hospital and consolidate the service at an affiliate partner is based on careful evaluation of how we can best serve our patients' needs and provide high-quality, cost-efficient care, while ensuring our own financial health and sustainability for our hospitals. The purpose of the affiliation of our two hospitals was to create a community asset that will provide the best quality, safety and value to area patients.

# Appendix I

## Western Connecticut Health Network, Inc. Family of Organizations

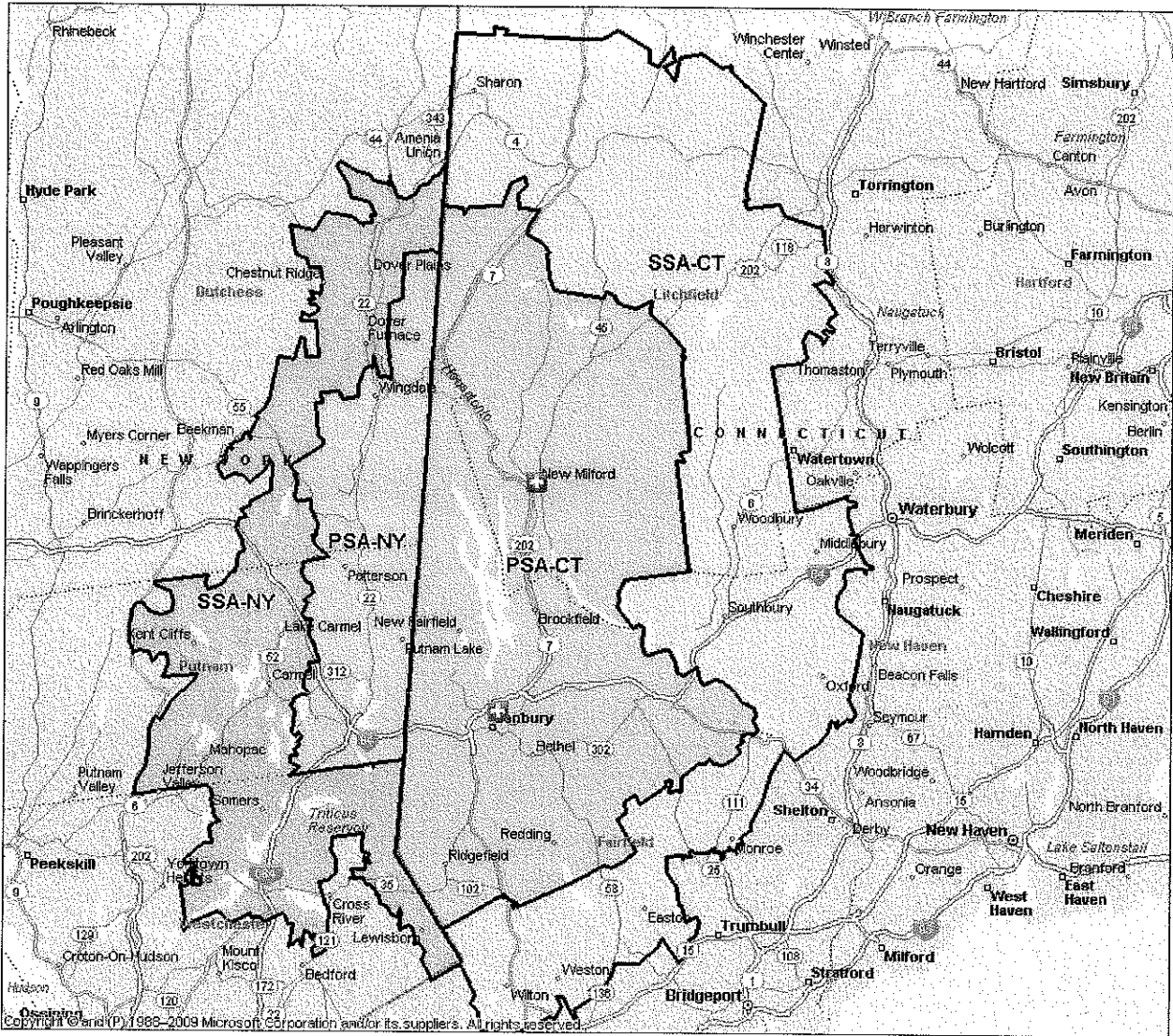
*Western Connecticut Health Network, Inc.  
Organization Chart*



\*Controlled entity via management agreement

## Appendix II

### Western Connecticut Health Network Service Area Map



## PRIMARY SERVICE AREA

## CONNECTICUT

Zip	Town
06805	BROOKFIELD
06404	NEWTOWN
06440	NEWTOWN
06470	NEWTOWN
06482	NEWTOWN
06752	BRIDGEWATER
06755	NEW MILFORD
06757	KENT
06776	NEW MILFORD
06777	NEW FRESHLIN MARBLE DALE
06783	ROXBURY
06784	SHERMAN
06785	KENT
06793	WASHINGTON
06794	WASHINGTON
06801	BETHEL
06804	BROOKFIELD
06810	DANBURY
06811	DANBURY
06812	NEW FAIRFIELD
06813	DANBURY
06814	DANBURY
06815	DANBURY
06816	DANBURY
06817	DANBURY
06875	REDDING
06876	REDDING
06877	RIDGEFIELD
06879	RIDGEFIELD
06885	REDDING

## NEW YORK

Zip	Town
10509	BREWSTER
12563	PATTERSON
12564	PAWLING
12594	WINGDALE

## SECONDARY SERVICE AREA

## CONNECTICUT

Zip	Town
06069	SHARON
06468	MONROE
06478	OXFORD
06487	SOUTHBJRY
06488	SOUTHBJRY
06491	MONROE
06612	EASTON
06750	BANTAM
06751	BETHLEHEM
06753	CORNWALL
06754	CORNWALL BRIDGE
06756	GOSHEN
06758	LAKESIDE
06759	LITCHFIELD
06763	MIDDLEBURY
06763	MORRIS
06796	CORNWALL
06798	WOODBURY
06879	REDDING
06883	WESTON
06897	WILTON

## NEW YORK

Zip	Town
10512	CARMEL
10526	GOLDEN'S BRIDGE
10536	KATONAH
10541	MAHOPAC
10560	NORTH SALEM
10578	PURDYS
10589	SOMERS
10590	SOUTH SALEM
12532	DOVER PLAINS
12531	HOLMES
12570	POUGHQUAG
12592	WASSAIC

## Appendix III

## New Milford Hospital Newborn Activity in Select Towns

## FY 2011 Newborn Activity - Selected Towns in greater New Milford

Zip Code	Name	NMH		DH		WCHN Total		Other		TOTAL
		#	% market	#	% market	#	% market	#	% market	
PRIMARY	CT Towns									
06752	Bridgewater	2	50.0%	2	50.0%	4	100.0%	0	0.0%	4
06757/06785	Kent	8	72.7%	3	18.2%	10	80.0%	1	0.1%	11
06755/06776	New Milford	123	52.1%	108	44.2%	229	97.0%	7	3.0%	236
06783	Roxbury	5	31.3%	11	68.8%	16	100.0%	0	0.0%	16
06784	Sherman	13	61.9%	8	38.1%	21	100.0%	0	0.0%	21
06754	Warren/Cornwall Bridge	5	41.7%	5	41.7%	10	83.3%	2	16.7%	12
06777/06793/06794	Washington	10	50.0%	10	50.0%	20	100.0%	0	0.0%	20
	TOTAL*	168	51.0%	144	45.0%	310	96.9%	10	3.1%	320

\* Total Newborns for FY 2011

Source: CHIME (excludes Sharon Hospital)

New Milford Hospital = 264

Danbury Hospital = 204

## FY 2012 - 6 Months Newborn Activity - Selected Towns in greater New Milford

Zip Code	Name	NMH		DH		WCHN Total		Other		TOTAL
		#	% market	#	% market	#	% market	#	% market	
PRIMARY	CT Towns									
06752	Bridgewater	0	0.0%	4	100.0%	4	100.0%	0	0.0%	4
06757/06735	Kent	2		2		4		1		5
06755/06776	New Milford	66	54.1%	52	42.8%	118	86.7%	4	3.3%	122
06783	Roxbury	3	75.0%	1	25.0%	4	100.0%	0	0.0%	4
06784	Sherman	2	40.0%	2	40.0%	4	80.0%	1	20.0%	5
06754	Warren/Cornwall Bridge	1	26.0%	3	75.0%	4	100.0%	0	0.0%	4
06777/06793/06794	Washington	4	44.4%	1	11.1%	5	55.0%	4	44.4%	9
	TOTAL**	78	61.0%	65	42.6%	143	93.5%	10	6.5%	153

\*\* Total Newborns for FY 2012 Q1 &amp; Q2

Source: CHIME (excludes Sharon Hospital)

New Milford Hospital = 111

Danbury Hospital = 94

**Appendix IV****New Milford Hospital Family Birth Center Volume****Obstetrics**

	FY Total	Annual % Change	4 Year Average % Change
FY 2008	342		
FY 2009	300	-14.00%	
FY 2010	270	-11.11%	
FY 2011	268	-0.75%	
FY 2012*	244	-9.76%	-8.90%

\*FY TOTAL projected based on average of FY10 & FY 11 Mar YTD % of total

**Newborn**

	FY Total	Annual % Change	4 Year Average % Change
FY 2008	341		
FY 2009	296	-15.20%	
FY 2010	261	-13.41%	
FY 2011	264	1.14%	
FY 2012*	237	-11.32%	-9.70%

\*FY TOTAL projected based on average of FY10 & FY 11 Mar YTD % of total

**Obstetrics and Newborn Combined**

	FY Total	Annual % Change	4 Year Average % Change
FY 2008	683		
FY 2009	596	-14.60%	
FY 2010	531	-12.24%	
FY 2011	532	0.19%	
FY 2012*	481	-10.53%	-9.29%

\*FY TOTAL projected based on average of FY10 & FY 11 Mar YTD % of total

**Appendix V****Newborn Service Line Summary – CT Hospitals**

October through June FY 2012

Source: PCR CT Hospital Association

<b><u>HOSPITAL</u></b>	<b><u>YTD DC's</u></b>
Yale-New Haven	3,567
Hartford	2,703
Saint Francis	2,267
Greenwich	1,600
Stamford	1,585
Bridgeport	1,549
Danbury	1,537
Norwalk	1,249
Hospital Central Connecticut	1,244
Lawrence & memorial	1,156
Manchester	938
Saint Raphael	847
Waterbury	817
Middlesex	813
St. Vincent's	782
Saint Mary's	740
CT Children's	688
Midstate	686
Backus	674
Bristol	472
Griffin	463
Day Kimball	447
John Dempsey	329
Windham	305
Charlotte Hungerford	295
New Milford	185
Milford	168
Johnson Memorial	153



## Appendix VI

## New Milford Hospital Service Area – Estimated Driving Times to Cities

Zip Code	CT Town	New Milford, 06776		Danbury, 06810		Torrington, 06794		Sharon, 06069	
		# Miles	# Min	# Miles	# Min	# Miles	# Min	# Miles	# Min
06752	Bridgewater	4	8	14	29	32	55	31	51
06757 06785	Kent	12	29	27	48	25	45	17	28
06755 06776	New Milford	4	9	19	32	28	50	24	40
06783	Roxbury	7	14	25	36	29	48	29	50
06784	Sherman	6	15	15	34	35	62	31	48
06754	Warren, Cornwall Bridge	13	29	29	54	20	36	11	20
06777 06793 06794	Washington	8	20	24	44	20	37	21	34
	<b>TOTAL</b>	<b>8</b>	<b>18</b>	<b>21</b>	<b>39</b>	<b>27</b>	<b>47</b>	<b>24</b>	<b>39</b>

Source: MapQuest

**Appendix VII**

**Curriculum Vitae**

**Louis Weinstein, MD**

## *CURRICULUM VITAE*

### PERSONAL INFORMATION

Name: Louis Weinstein, M.D.

BP: Cambridge, MA

Home Address: PO Box 21829 843-817-0620  
Charleston, SC 29413

### EDUCATION AND TRAINING

B.S. Bates College 1968  
Lewiston, Maine

M.D. Wake Forest University School of Medicine 1972  
Winston-Salem, North Carolina

### GRADUATE MEDICAL EDUCATION

#### **FROM - TO**

1972-1973 Internship: University of Colorado Medical Center  
Denver, Colorado

1973-1976 Residency: University of Colorado Medical Center  
Denver, Colorado

1979-1981 Fellowship: University of Arizona  
Maternal-Fetal Medicine  
Tucson, Arizona

1980 Fellowship: National Endowment for the Humanities  
Fellow - "Autonomy, Authority and Role:  
Ethical and Legal Perspectives on the  
Interdependencies of Health Care Professionals"

### EMPLOYMENT

#### **FROM - TO**

2010-2011 Thomas Jefferson University  
Department of Obstetrics and Gynecology  
Professor  
Philadelphia, PA  
Full time - Salaried

2004-2010	Thomas Jefferson University Department of Obstetrics and Gynecology Paul A. & Eloise B. Bowers Professor and Chairperson Philadelphia, PA Full time - Salaried
2000-2002	Associated Physicians of MCO, Inc. Toledo, Ohio Treasurer
1998-2000	Associated Physicians of MCO, Inc. Toledo, Ohio Treasurer
1998-1999	Medical College of Ohio Department of Obstetrics and Gynecology Director of Maternal-Fetal Medicine St. Vincent Mercy Medical Center Toledo, Ohio
1997-1999	Medical College of Ohio Department of Obstetrics and Gynecology Director, 3rd Year Student Clerkship Toledo, Ohio
1992-2004	Medical College of Ohio Department of Obstetrics and Gynecology Professor and Chairperson Toledo, Ohio Full-time - Salaried
1992-1993	Medical College of Ohio Department of Obstetrics and Gynecology Director of Maternal-Fetal Medicine The Toledo Hospital Toledo, Ohio Full-time - Salaried
1991-1992	University of Arizona Department of Obstetrics and Gynecology Director of Research Tucson, Arizona Full-time - Salaried
1988-1992	University of Arizona Department of Obstetrics and Gynecology Professor Tucson, Arizona

Full-time - Salaried

1984-1991 University of Arizona  
Department of Obstetrics and Gynecology  
Division of Maternal-Fetal Medicine  
Director  
Tucson, Arizona  
Full-time - Salaried

1982-1988 University of Arizona  
Department of Obstetrics and Gynecology  
Associate Professor  
Tucson, Arizona  
Full-time - Salaried

1982-1984 University of Arizona  
Department of Obstetrics and Gynecology  
Division of Maternal-Fetal Medicine  
Co-Director  
Tucson, Arizona  
Full-time - Salaried

1979-1991 University of Arizona  
Prenatal Genetics Unit  
Associate Director  
Tucson, Arizona  
Full-time - Salaried

1979-1984 University of Arizona  
Department of Obstetrics and Gynecology  
Division of Ultrasound  
Director  
Tucson, Arizona  
Full-time - Salaried

1978-1982 University of Arizona  
Department of Obstetrics and Gynecology  
Assistant Professor  
Tucson, Arizona  
Full-time - Salaried

1976-1978 Naval Regional Medical Center  
Department of Obstetrics and Gynecology  
Staff - Lieutenant Commander  
Charleston, South Carolina  
Full-time - Salaried

1976-1978      Naval Regional Medical Center  
 Department of Obstetrics and Gynecology  
 Division of Ultrasound  
 Director  
 Charleston, South Carolina

1976-1978      Medical University of South Carolina  
 Department of Obstetrics and Gynecology  
 Clinical Instructor  
 Charleston, South Carolina

1975             University of West Indies  
 Department of Obstetrics and Gynecology  
 Project Hope  
 Instructor  
 Kingston, Jamaica

### **CERTIFICATIONS/LICENSURES**

#### Certifications:

1979             Obstetrics and Gynecology  
 American Board of Obstetrics/Gynecology

1983             Maternal-Fetal Medicine Division  
 American Board of Obstetrics/Gynecology

#### Recertifications:

1993, 2003, 2005, 2007, 2008, 2009    Obstetrics and Gynecology - Maternal-Fetal Medicine  
 American Board of Obstetrics/Gynecology

#### Licensures:

Pennsylvania State Medical Board  
 Ohio State Medical Board  
 South Carolina State Medical Board

### **MILITARY SERVICE**

#### **FROM - TO**

1976-1978      U.S. Navy  
 Lieutenant Commander  
 Discharged: 1978  
 Type of Discharge: Honorable

**NATIONAL ACTIVITIES**

2007-2008	Association of Professors of Gynecology and Obstetrics Foundation Board
2007-2008	Task Force on Pain Management American College of Obstetricians and Gynecologists
2002-2011	PROLOG Advisory Committee (5 <sup>th</sup> , 6 <sup>th</sup> & 7 <sup>th</sup> Editions) American College of Obstetricians and Gynecologists
2002-2004	Scientific Program Committee Central Association of Obstetricians and Gynecologists
2001-2002	Co-Chair - PROLOG Unit 1 (5 <sup>th</sup> Edition) American College of Obstetricians and Gynecologists
2000-2001	Presidential Task Force on Neonatal Encephalopathy American College of Obstetricians and Gynecologists
1999-2000	Chair – CD Rom on Obstetrics American College of Obstetricians and Gynecologists
1999-2003	Committee on Quality Improvement and Patient Safety American College of Obstetricians and Gynecologists
1999-2003	Chair - Subcommittee on Accreditation Activities American College of Obstetricians and Gynecologists
1999	Course Director – Medical Diseases in Pregnancy, Virgin Islands American College of Obstetricians and Gynecologists
1997-1998	Presidential Task Force on Office Evaluation American College of Obstetricians and Gynecologists
1996-2001	Chair - PROLOG Advisory Committee (4 <sup>th</sup> Edition) American College of Obstetricians and Gynecologists
1995-1996	PROLOG Unit 5 Task Force (3 <sup>rd</sup> Edition) American College of Obstetricians and Gynecologists
1994	Course Director - High Risk Obstetrics, Barbados West Indies American College of Obstetricians and Gynecologists
1994-2009	Board Examiner - American Board of Obstetricians and Gynecologists
1991-1993	Chair - Committee on Course Coordination American College of Obstetricians and Gynecologists

- 1990-1991 PROLOG Unit 5 Task Force (2<sup>nd</sup> Edition)  
American College of Obstetricians and Gynecologists
- 1990 Course Director - Update in Obstetrics, Norfolk, Virginia  
American College of Obstetricians and Gynecologists
- 1989 Postgraduate Education Advisor, District VIII  
American College of Obstetricians and Gynecologists
- 1988-1991 District VIII Representative - Committee on Course Coordination  
American College of Obstetricians and Gynecologists
- 1988 Course Director - Update in Obstetrics, Juneau, Alaska  
American College of Obstetricians and Gynecologists
- 1987-1988 PROLOG Unit 5 Task Force (1<sup>st</sup> edition)  
American College of Obstetricians and Gynecologists

#### **AWARDS AND COMMENDATIONS**

- 2009 Association of Professors of Gynecology and Obstetrics – Excellence in Teaching Award
- 2006 Association of Professors of Gynecology and Obstetrics – Excellence in Teaching Award
- 2005 George Andros Excellence in Teaching Award – Thomas Jefferson University
- 2003 Residents Teaching Award - Medical College of Ohio, Department of Obstetrics and Gynecology
- 2003 Faculty Recognition Award - Medical College of Ohio, Department of Obstetrics and Gynecology,
- 2002 Alpha Omega Alpha Honor Society
- 1999 National Faculty Award for Excellence in Resident Education - Council of Resident Education in Obstetrics and Gynecology
- 1997-1998 Resident Teaching Award - Medical College of Ohio, Department of Obstetrics and Gynecology
- 1997 Central Prize Award of the Central Association of Obstetricians and Gynecologists. BONES - a new tool to determine who needs osteoporosis screening.
- 1995-1996 Resident Teaching Award - Medical College of Ohio, Department of



- Obstetrics and Gynecology
- 1994-1995 Resident Teaching Award - Medical College of Ohio, Department of Obstetrics and Gynecology
- 1977-1978 Best Overall Clinical Instructor - Naval Regional Medical Center, Charleston, SC
- 1977-1978 Best Instructor in Obstetrics and Gynecology - Naval Regional Medical Center, Charleston, SC
- 1972 Obstetrics and Gynecology Merit Award - Bowman Gray School of Medicine
- 1972 Frank Lock Travel Fellowship in Obstetrics and Gynecology - Bowman Gray School of Medicine
- 1966-1968 Jessie Smith Noyes Scholar - Bates College

### **EDITORIAL BOARDS**

- 2002-present Associate Editor – UPDATE – A Clinical Continuum in Obstetrics and Gynecology - American College of Obstetricians and Gynecologists
- 1996-2002 Editorial Board – UPDATE – A Clinical Continuum in Obstetrics and Gynecology - American College of Obstetricians and Gynecologists
- 1990 Advisory Board - *Gestational and Perinatal Hypertension*
- 1988-1990 Advisory Board - *The Fetus*
- 1985 Advisory Board - *Journal of Perinatology*
- 1983 Advisory Board - Factline
- 1979-1981 OB-GYN Section - *Arizona Medicine*
- 1978-1980 Advisory Board - *Current Prescribing*

### **JOURNAL REVIEWS**

*Obstetrics and Gynecology*  
*American Journal of Obstetrics and Gynecology*  
*Journal of Perinatology*  
*Journal of American Medical Association*  
*Archives of Internal Medicine*

*Life Sciences***ORGANIZATIONAL MEMBERSHIPS**

Fellow            American College of Obstetricians and Gynecologists  
                       Central Association of Obstetricians/Gynecologists  
                       Association of Professors of Gynecology/Obstetrics  
                       Society of Maternal-Fetal Medicine  
  
                       American Gynecological and Obstetrical Society

**COMMITTEES****Associated Physicians of Medical College of Ohio**

2000-2002            Treasurer, Associated Physicians of Medical College of Ohio  
  
 2000-2002            Chair, Finance Committee, Associated Physicians of Medical College of Ohio  
  
 1998-2000            Treasurer, Associated Physicians of Medical College of Ohio  
  
 1998-2000            Chair, Finance Committee, Associated Physicians of Medical College of Ohio  
  
 1994-1996            Physician Recruitment Committee  
  
 1992-2004            Board of Directors  
  
 1992-2004            Executive Committee  
  
 1992-1998            Finance Committee  
  
 1992-2004            Pension Committee  
  
 1992-2004            Toledo Area Medical Foundation  
  
 1992-1993            Search Committee for Executive Director

**Medical College of Ohio**

2003                    Chairperson, Task Force for Formation of a New 501c3 Practice Plan  
  
 2000                    Chairperson, Evaluation Committee

1999	Member, Search Committee for Department of Medicine Chair
1998-1999	Curriculum Subcommittee - Years 3 and 4
1998-1999	Strategic Plan Implementation Committee
1998-1999	Clinical Enterprise Committee
1998	Center of Excellence Development Committee
1997	Student Promotions Committee
1994-1998	Chairman - Tenure Committee
1993-1994	Chairman - Search Committee Microbiology Chair
1993-1994	Tenure Committee
1992-2004	Credentials Committee
1992-2000	Disaster Preparedness Committee
1992-2004	Executive Committee of Medical Staff
1992-2004	Executive Committee of School of Medicine
1992-2000	Curriculum Committee
1992-1998	Chairman's Study Group
1992-2004	Clinical Service Chief Committee

### **University of Arizona**

1989-1991	Quality Coordinating Council
1989-1991	Medical Director, Ob/Gyn Service
1989	Radiology Academic Review Committee
1989	Committee of Nine
1989	Chair - Residency Review Committee
1987-1991	University Medical Center Credentials Committee
1987-1991	Chair - Finance Committee
1986	Chair - Residency Evaluation Committee
1986	Faculty Evaluation Committee

1984-1989 Medical Staff Executive Committee  
 1984-1989 Elected Staff Executive Committee  
 1984-1989 Secretary Treasurer - Medical Staff University Medical Center  
 1984-1991 Pharmacy and Therapeutics Committee  
 1984 Chair - Psychiatry Academic Review Committee  
 1982-1984 Student Progress Committee

### GRANTS

"Neonatal Chlamydia Infection: Incidence and Treatment," National Institutes of Health

"Induction of Brain Tumors by Papilloma Virus," Biomedical Research Support Grant, University of Arizona

"Comparative Efficacy Studies of 100mg of Miconazole Nitrate Suppositories with Monistat 7 Vaginal Cream and Placebo for Seven and Fourteen Days," Ortho Pharmaceutical Company

"Effectiveness of Depo-Provera in the Postmenopausal Patient," Upjohn Company

"A Double-Blind Study of Tioconazole Cream vs Placebo in Patients with Vaginal Candidiasis," Pfizer Research, Inc.

"An Evaluation of Anti-D Immunoglobulin for Prevention of Rh Hemolytic Disease," Armour Pharmaceutical Company

"A Comparison of Single Dose Tioconazole Cream vs Clotrimazole Tablets in Patients with Vaginal Candidiasis," Pfizer Research, Inc.

"Randomized Study to Compare the Efficacy and Safety of Ceftriaxone to Cefoxitin Sodium in the Treatment of Pelvic Inflammatory Disease and Post Operative Gynecological Infections," Hoffman La Roche, Inc.

"Multiclinic Open Study of the Efficacy, Safety and Tolerance of Thienamycin Formamidine/Potentiator in the Parenteral Therapy of Infection Caused by Pathogenic Bacteria in Hospitalized Patients," Merck, Sharpe and Dohme, Inc.

"Tioconazole Single Dose Ointment in the Treatment of Pregnant Patients with Vaginal Candidiasis," Pfizer Research, Inc.

"An Open Labeled Multicenter Study of Oral UK-49,858 and Clotrimazole Intra-Vaginal Tablets in the Treatment of Patients With Vaginal Candidiasis," Pfizer Research, Inc.

"Combined Premarin Plus C.T. Provera for the Treatment of the Menopause," Upjohn Company

"Continuous Estrogen-Progestin Therapy for Postmenopausal Patients," Upjohn Company

"Endothelial Disruption and Pre-eclamptic Coagulopathy--An In-Vivo and In-Vitro Study," Flinn Foundation

"Prospective Double-Blind Randomized Parallel Study of the Safety and Efficacy of Premarin and Medroxyprogesterone Acetate for Postmenopausal Hormone Replacement Therapy," Wyeth-Ayerst Research

"Vaginal Retention of 2% Butoconazole Nitrate Standard Vaginal Cream," Syntex Research

"A Randomized Multicenter Study of a Single Dose Oral Fluconazole Tablet Compared With Seven Days of Clotrimazole Vaginal Tablets in the Treatment of Acute Candidal Vaginitis in Women 18-65 Years of Age," Pfizer Research, Inc.

"The Effects of Post Menopausal Estrogen/Provera Hormone Replacement Therapy (HRT) on Endometrial Histology and Bone Mineral Density," Upjohn Research

"The Effects of Post Menopausal Ogen/Provera Hormone Replacement Therapy on Endometrial Histology," Upjohn Research

"Progestin Efficacy Study to Compare Three Doses of RPR Estradiol/Norethisterone Acetate (NETA) Patches Worn Continuously to an Estradiol 50 Patch," Rhone-Poulenc Rorer Research

"A Prospective, Double-Blind, Randomized Study of the Safety and Efficacy of Lower Doses of Premarin and Medroxyprogesterone Acetate in Postmenopausal Women," Wyeth-Ayerst Research

"A Double-Blind, Randomized, Placebo- and Historical-Controlled Study of the Safety and Efficacy of Premarin/Trimegestone for Postmenopausal Hormone Replacement Therapy," Wyeth-Ayerst Research

"A Double-Blind, Randomized, Placebo and Active Controlled Safety and Efficacy Study of Bazedoxifene/Conjugated Estrogen Combinations in Postmenopausal Women," Wyeth-Ayerst Research

"A Double-Blind, Placebo-Controlled, Parallel Group Design Dose-Ranging Study of Three Doses of Lasofoxifene vs. Placebo for the Treatment of Sexual Dysfunction (Hypoactive Desire) in Postmenopausal Women," Pfizer Inc.

"A Double-Blind, Placebo-Controlled, Parallel Group Design Dose-Ranging Study of Three Doses of Lasofoxifene vs. Placebo for the Treatment of Sexual Dysfunction (Arousal Disorder) in Postmenopausal Women," Pfizer Inc.

"A Study of the Safety and Efficacy of Lasofoxifene in the Treatment of Vaginal Atrophy in Postmenopausal Women," Pfizer Inc.

#### **PUBLICATIONS PEER REVIEWED**

1. Farabow WS, Weinstein L, Gusdon JP. Transplacental hemorrhage presenting as severe fetal

- distress. *Obstet Gynecol* 1970; 36:212-4
2. **Weinstein L**, Farabow WS, Gusdon JP. Third stage of labor and transplacental hemorrhage. *Obstet Gynecol* 1971; 37:90-3
  3. **Weinstein L**, Taylor ES. Hemolytic disease of the newborn secondary to anti-Fy. *Am J Obstet Gynecol* 1975; 121:643-5
  4. **Weinstein L**. Irregular antibodies causing hemolytic disease of the newborn - a review. *Obstet Gynecol Surv* 1976; 31:581-91
  5. **Weinstein L**, Droegemueller W, Greer B. The synergistic effect of calcium and prostaglandin F2 in second trimester abortion - a pilot study. *Obstet Gynecol* 1976; 48:469-71
  6. **Weinstein L**. An open letter to all chairman. *Am J Obstet Gynecol* 1978; 131:915
  7. **Weinstein L**. Lightning - a rare cause of intrauterine death with maternal survival. *Southern Med J* 1979; 72:632-3
  8. **Weinstein L**. Cerebrospinal fluid rhinorrhea complicating pregnancy. *Southern Med J* 1979; 72:1026-7
  9. **Weinstein L**, Droegemueller W, Cornette J, Greer B, Gutknecht G. (15s) - 15 Methyl prostaglandin F2 levels in amniotic fluid and blood in second trimester abortions. *Southern Med J* 1979; 71:1159-60
  10. **Weinstein L**. A dying social grace. *Am J Obstet Gynecol* 1979; 135:548
  11. **Weinstein L**. Breast milk - a natural resource. *Am J Obstet Gynecol* 1980; 136:973-5
  12. **Weinstein L**, Allen R. Extra amniotic pregnancy - a rare event. *Southern Med J* 1980; 73:769-70
  13. **Weinstein L**, Anderson C. The in-utero diagnosis by ultrasound of the Beckwith-Wiedemann syndrome. *Radiology* 1980; 134:474
  14. **Weinstein L**. Sterilization via the mini-laparotomy technique. *Clin Obstet Gynecol* 1980; 23:273-80
  15. Chvapil M, Droegemueller W, Betts K, Heine W, Weinstein L. Postcoital tests with the collagen sponge. *Obstet Gynecol* 1980;56:503-6
  16. Dunn J, Weinstein L, Droegemueller W, Meinke W Immunological detection of condyloma acuminata specific antigens. *Obstet Gynecol* 1981; 57:351-6
  17. Morris M, Weinstein L. Caffeine and the fetus - is trouble brewing? *Am J Obstet Gynecol*

1981 140:607-10

18. **Weinstein L**, Janjan N, Droegemueller W, Katz M. Forearm plethysmography in normotensive and hypertensive pregnancies. *Southern Med J* 24 1981; 74:1230-2
19. **Weinstein L**, Anderson C. Atypical ultrasound findings in gestational trophoblastic Disease. *Southern Med J* 1981; 74:1537-8
20. **Weinstein L**. Syndrome of hemolysis, elevated liver enzymes, and low platelet count: a severe consequence of hypertension in pregnancy. *Am J Obstet Gynecol* 1982; 142:159-67
21. **Weinstein L**. Irregular antibodies causing hemolytic disease of the newborn - a continuing problem. *Clin Obstet Gynecol* 1982; 25:321-6
22. **Weinstein L**, Anderson C, Finley PR, Lichti DA. The in-utero management of urinary outflow tract obstruction. *J Clin Ultrasound* 1982; 10:465-8
23. Katz VL, Weinstein L. The antepartum treatment of *Listeria monocytogenes* septicemia. *Southern Med J* 1982; 75:1353-4
24. Davis JR, Weinstein L, Veomett IC, Shenker L, Giles HR, Hauck L. Balanced translocation karyotypes in repetitive aborters: a case study and literature review. *Am J Obstet Gynecol* 1982; 144:229-33
25. **Weinstein L**. Postpartum hemolytic uremic syndrome. (letter) *JAMA* 1982; 248:2449
26. Gililland J, Weinstein L. The effects of cancer chemotherapeutic agents on the developing fetus. *Obstet Gynecol Surv* 1983; 38:6-12
27. **Weinstein L**, Morris MB, Dotters D, Christian CD. Ectopic pregnancy - a new surgical epidemic. *Obstet Gynecol* 1983; 61:698-701
28. Weinstein P, Weinstein L, Dotters D, Bedrick A. Prenatal diagnosis of occipital encephalocele by ultrasound scanning. *Neurosurgery* 1983; 12:680-3
29. Harrison HR, Alexander ER, Weinstein L, Lewis M, Nash ML, Sim DA. The epidemiology and effects of genital *Chlamydia trachomatis* and Mycoplasmal infections in pregnancy. *JAMA* 1983; 250:1721-7
30. **Weinstein L**. Reproductive and fetal rights - a philosophical ideal or practical necessity. *Am J Obstet Gynecol* 1983; 147:848-9
31. Harrison HR, Boyce WT, Haffner WHG, Crowley B, Lewis M, Weinstein L, Alexander ER. Prevalence of genital *Chlamydia trachomatis* and Mycoplasmal infection in pregnancy in an American Indian population." *Sex Trans Dis* 1983; 10:184-6
32. Harrison HR, Riggan R, Alexander ER, Weinstein L. In vitro activity of clindamycin against strains of *Chlamydia trachomatis*, *Mycoplasma hominis*, and *Urealyticum* isolated from

- pregnant women. *Am J Obstet Gynecol* 1984; 149:477-80
33. Naumann RO, Weinstein L. Disseminated intravascular coagulation - the clinician's dilemma. *Obstet Gynecol Surv* 1985; 40:487-92
  34. **Weinstein L.** Preeclampsia/eclampsia with hemolysis, elevated liver enzymes, and thrombocytopenia. *Obstet Gynecol* 1985; 66:657-60
  35. **Weinstein L.** Ectopic pregnancy - growing threat of the 80's. *Human Sexuality* 1985; 19: 86-7
  36. **Weinstein L.** The HELLP syndrome - a severe consequence of hypertension in pregnancy. *J Perinatol* 1986; 6:316-20
  37. Weiner SA, Weinstein L. Fetal pulmonary maturity and antenatal diagnosis of RDS. *Obstet Gynecol Surv* 1987; 42:75-81
  38. **Weinstein L,** Hull BJ, Hagaman RM. The anatomy of an obstetrical service - an attempt to improve perinatal outcome. *J Perinatol* 1987; 7:40-2
  39. **Weinstein L.** Efficacy of a continuous estrogen-progestin regimen in the menopausal patient. *Obstet Gynecol* 1987; 69:929-32
  40. Jones OW, Reed K, Weinstein L. Vaginal delivery after cesarean section - a return to reason. *Am J Gynecol Health* 1987; 1:28-30
  41. Calvin S, Corrigan JJ, Weinstein L, Peter M. Factor VIII - Von Willebrand factor patterns in the plasma of patients with preeclampsia. *Am J Perinatol* 1988; 5:29-32
  42. Jones OW, Anderson CF, Weiner S, Weinstein L. Hydatidiform mole with coexistent fetus. *Am J Gynecol Health* 1988; 2:33-6
  43. Calvin S, Jones OW, Knieriem K, Weinstein L. Oxygen saturation in the supine hypotensive syndrome. *Obstet Gynecol* 1988; 71:872-7
  44. **Weinstein L.** Malpractice - the syndrome of the 80's. *Obstet Gynecol* 1988; 72:130-5
  45. **Weinstein L.** Vulvovaginitis. American College of Obstetricians and Gynecologists Technical Bulletin #135, November, 1989
  46. Calvin S, Weinstein L, Witte MH, Finley RR. Plasma levels of fibronectin and prostacyclin metabolite in peripartum preeclamptic women. *Am J Perinatol* 1990; 7:125-9
  47. **Weinstein L.** Hormonal therapy in the surgical menopause patient. *Obstet Gynecol* 1990; 75:47S-50S
  48. **Weinstein L,** Bewtra C, Gallagher JC. Evaluation of a continuous combined low-dose regimen of estrogen-progestin for treatment of the menopausal patient. *Am J Obstet*



*Gynecol* 1990; 162:1534-9

49. Pitts KS, Weinstein L. Cocaine and pregnancy - a lethal combination. *J Perinatol* 1990; 10:180-2
50. Rusin P, Petersen EA, Ryan KJ, Sinclair NA, Weinstein L. Haemophilus influenzae as a genital pathogen in children and adults: probability of maternal-fetal transmission. *Obstet Gynecol* 1991; 77:92-6
51. Calvin S, Silva M, Weinstein L, Finley P, Witte M. Characterization of ascites present at cesarean section. *Am J Perinatol* 1991; 8:99-102
52. **Weinstein L.** The oath of the healer: The Hippocratic oath for the 21st century. *JAMA* 1991; 265:2484
53. **Weinstein L.** Screening for Down's syndrome. (letter) *NEJM* 1992; 327:1951-2
54. **Weinstein L,** Dyne PL, Duerbeck NB. The PROEF diet - a new postoperative regimen for oral early feeding. *Am J Obstet Gynecol* 1993; 168:128-31
55. Taylor CA, Weinstein L, Mayhew HE. Residency directors responses to the concept of a proposed electronic residency application service (ERAS). *Acad Med* 1994; 69:2, p. 138-142
56. **Weinstein L,** Henzel MR, Tsina IW. Vaginal retention of 2% cutoconazole nitrate cream: Comparison of a standard and sustained release preparation. *Clin Ther* 1994; 16:6, p. 930-934
57. Taylor CA, Mayhew HE, Weinstein L. The process of resident selection: a view from the residency director's desk. *Obstet Gynecol* 1995; 85:299-303
58. Sobel JD, Brooker D, Stein GE, Thomason JL, Wermeling DP, Bradley B, Weinstein L, Gilbert G, Pancorbo S. Single oral dose fluconazole compared with conventional clotrimazole topical therapy of Candida vaginitis. *Am J Obstet Gynecol* 1995; 172:1263-8
59. Laya MB, Gallagher JC, Schreiman J, Larson EB, Watson P, Weinstein L. The effect of a regimen of postmenopausal hormone replacement therapy on mammographic parenchymal pattern and quantitative mammographic density. *Radiology* 1995; 196(2):433-7
60. **Weinstein L,** Okin CR, Fellens TE. The CLIPED procedure: an attempt to improve perinatal outcome in hopeless situations. *J Perinatol* 1996; 16(1):27-30
61. Horrigan TJ, Piazza NJ, Weinstein L. The substance sbuse subtle screening inventory (SASSI) is more cost effective and has better selectivity than urine toxicology for the detection of substance abuse in pregnancy. *J Perinatol* 1996;16(5):326-330
62. Lowden E, Weinstein L. Unexpected second trimester pregnancy loss due to maternal Parvovirus B-19 infection. *South Med J* 1997;90:702-704

63. Okin CR, Weinstein L. Flecainide and digoxin - combination therapy for fetal supraventricular tachycardia. *Prenatal and Neonatal Medicine* 1997;2:382-385
64. Sarver JG, Pryka R, Alexander KS, Weinstein L, Erhardt PW. Stability of magnesium sulfate in 0.9% sodium chloride and lactated ringers solutions. *Int J Pharm Comp* 1998; September/October:385-8
65. Horrigan TJ, Villarreal R, Weinstein L. Are obstetric personnel required for intra-operative fetal monitoring during non-obstetric surgery? *J Perinatol* 1999;19:124-126
66. **Weinstein L**, Ullery B, Bourguignon C. A simple system to determine who needs osteoporosis screening. *Obstet Gynecol* 1999;93:757-760
67. Curtin W, Weinstein L. A review on HELLP syndrome. *J Perinatol* 1999;19:138-143
68. **Weinstein L**. Six pearls to a successful defense. *Obstet Gynecol Surv* 2000;55:127-128
69. **Weinstein L**, Ullery B. Identification of at-risk women for osteoporosis screening. *Am J Obstet Gynecol* 2000;183:547-549
70. **Weinstein L**. Who should be screened for osteoporosis? (letter) *JAMA* 2001;286:1970
71. **Weinstein L**. The Laborist - a new focus of practice for the obstetrician. *Am J Obstet Gynecol* 2003;188:310-12
72. **Weinstein L**. Prevention of eclampsia. (letter) *N Engl J Med* 2003; 348:2154
73. **Weinstein L**. The Laborist – reply. (letter) *Am J Obstet Gynecol* 2003;189:899-00
74. **Weinstein L**. Is it time to take a ‘rest’? *Obstet Gynecol* 2004;104:623-25
75. Baxter J, Weinstein L. HELLP Syndrome: the state of the art. *Obstet Gynecol Surv* 2004;59:838-45
76. **Weinstein L**. It has been a great ride: the history of HELLP Syndrome. *Am J Obstet Gynecol* 2005;193:859-63
77. Johnston-MacAnanny E, Goldberg J, Bromberg JV, Diamond J, Weinstein L. Natural progression of uterine fibroids size: a comparison of pregnancy and post-pregnancy volumes. *J Min Invasive Gynecol* 2005;12(5): S50-51
78. **Weinstein L**. A multifaceted approach to improve patient safety, prevent medical errors and resolve the professional liability crisis. *Am J Obstet Gynecol* 2006;194:1160-67
79. Zubair I, Marcotte MP, Weinstein L, Brost BC. A novel amniocentesis model for learning stereotactic skills. *Am J Obstet Gynecol* 2006;194:846-8

80. **Weinstein L**, Garite T. On call for obstetrics – time for a change. *Am J Obstet Gynecol* 2007;196:3
81. Johnston-MacAnanny E, Ness A, Weinstein L. Diagnosis of gestational diabetes mellitus: is it time for a new critical value? *J Reprod Med* 2007;52:463-466
82. Fanning J, Larrick L, Weinstein L, Horrigan TJ, Marcotte MP, Flora RF. Findings from a 10-year follow-up of bone mineral density in competitive perimenopausal runners. *J Reprod Med*, 2007;52:874-878
83. **Weinstein L**, Wolfe HM. The downward spiral of physician satisfaction – an attempt to avert a crisis within the medical profession. *Obstet Gynecol*, 2007;109:1181-83
84. Airoidi J, Weinstein L. The clinical significance of proteinuria in pregnancy. *Obstet Gynecol Surv* 2007;62:117-24
85. Baxter JK, Boyle K, Weinstein L. Fetal injury associated with cesarean delivery. *Obstet Gynecol* 2007;109:783
86. Hayes EJ, Weinstein L. Improving patient safety and uniformity of care by a standardized regimen for the use of oxytocin. *Am J Obstet Gynecol*, 2008;198:622-25
87. **Weinstein L**. The perinatologist's lament. *Obstet Gynecol* 2008;111:1201
88. **Weinstein L**. The unbearable unhappiness of the ObGyn: A crisis looms. *Ob Gyn Management* 2008;20:34-42
89. Seibel-Seamon J, Visitine JF, Leiby BE, Weinstein L. Factors predictive of failure to perform postpartum tubal ligations following vaginal delivery. *J Reprod Med* 2009;54:160-64
90. **Weinstein L**. Improving patient safety and uniformity of care by a standardized regimen for the use of oxytocin. *Am J Obstet Gynecol* 2009;200(3):e10
91. **Weinstein L**. Improving patient safety and uniformity of care by a standardized regimen for the use of oxytocin. *Am J Obstet Gynecol* 2009;200(4):e16
92. Baxter JK, Weinstein L. Can a change in practice patterns reduce the number of OB malpractice claims? *Ob Gyn Management* 2009;21:16-18
93. **Weinstein L**, Wolfe HM. A unique solution to solve the pending medical school tuition crisis. *Am J Obstet Gynecol* 2010;203:19.e1-3
94. **Weinstein L**. RESPECT – the final mnemonic. *Obstet Gynecol* 2010;115:475-76
95. Funk C, Anderson BL, Schulkin J, Weinstein L. Study of Obstetric and Gynecologic hospitalists and laborists. *Am J Obstet Gynecol* 2010;203:177-78

96. **Weinstein L.** You may have not noticed, but your workload is lighter. *Ob Gyn Management* 2010;22:e1-2
97. **Weinstein L.** What can be safer than having a baby in the USA? *Ob Gyn Management.* 2010;22:16-18
98. **Weinstein L.** The residency certificate – the right of passage. *Obstet Gynecol* 2010; 116:744-46
99. **Weinstein L.** Where have all the young men gone’ – Certainly not into obstetrics & gynecology. *Ob Gyn Management* 2011;23:10-12
100. **Weinstein L.** Society for Women’s Health Oversight: Establishing Equality in the Profession of Obstetrics and Gynecology. *Obstet Gynecol* 2011;117:1392-93
101. **Weinstein L.** Society for Women’s Health Oversight: Establishing Equality in the Profession of Obstetrics and Gynecology – Reply *Obstet Gynecol* 2011;118:709-10
102. **Weinstein L.** Society for Women’s Health Oversight: Establishing Equality in the Profession of Obstetrics and Gynecology – Reply *Obstet Gynecol* **In Press**

#### **PUBLICATIONS NON PEER REVIEWED**

1. Reed K, Weinstein L. A practical guide to sexual counseling. *Arizona Med* 1979; 36:828
2. Droegemueller W, Weinstein L, Milzer G. Low dose prostaglandin for late second trimester abortion. *Contemporary Obstet Gynecol* 1980; 15:19-22
3. **Weinstein L.** Premature labor and method of delivery at 26 to 28 weeks gestational age. Collected Letters of the International Correspondence Society of Obstetricians/Gynecologists 1979; 20:52
4. **Weinstein L.** Prostaglandins in obstetrics - uses and abuses. *Obstet and Gynecol Audio-Digest Foundation.* 1979; 26:12
5. Freda V, Gorman J, Pollack W, Weinstein L, Jones J. Preventing erythroblastosis fetalis. *Current Prescribing* 1979; 5:54-7
6. **Weinstein L.** Preventing Rh hemolytic disease. *Arizona Med* 1980; 37:28-9
7. **Weinstein L.** Antibiotic prophylaxis in cesarean section. *Perinatal Neonatal* 1983; 7:29
8. **Weinstein L.** A just reward - an academician’s desire. *Resident and Staff Physician* 1985; 31:19
9. **Weinstein L.** Antibiotics - an understanding of their proper use during pregnancy. *Contemporary Obstet Gynecol* 1985; 26:137-40

10. **Weinstein L.** Isotretinoin - implications for patients at reproductive age. *Hosp Formulary* 1987; 22:397
11. Calvin S, Weinstein L. Anti-cardiolipin antibodies in primigravid preeclampsia. *The Fetus* 1989; 1:117
12. **Weinstein L.** Hormone replacement therapy - who, when, what, why. *Postgrad Med (Special Report)* 1990; 33-6
13. Gambrell RD, Hillard PJ, Jones KP, Mishell DR, Nachtigall LE, Weinstein L. Promoting compliance with HRT: a roundtable discussion. *Menopause Management* 1993; 2:10
14. **Weinstein L,** Kryc JJ, Lodge KP. Obstetric anesthesia. *ACOG Update* 1996;22:1
15. **Weinstein L,** Bryant D, Marcotte MP. Understanding pregnancy-induced hypertension – preeclampsia. *ACOG Update* 1997;23:8
16. **Weinstein L.** Let's take PORCC (PORK) out of the barrel. *J Perinatol* 1999;19:87
17. **Weinstein L,** Peckinpugh RA, Siegan RS. Managing your malpractice defense. *ACOG Update* 1999;25:5
18. **Weinstein L** Calvin SE, Trofatter KF. Operative vaginal delivery: risks & benefits. *ACOG Update* 2001;27:5
19. **Weinstein L.** Sterile glove and gowning – that dreaded day. *Physician's Money Digest* 2003;March/April
20. **Weinstein L.** Learn expensive lessons with experience. *Physician's Money Digest* 2003; May/June
21. **Weinstein L.** The laws taketh, but occasionally giveth. *Physician's Money Digest* 2003;July/August
22. **Weinstein L.** Discover the keys to investing success. *Physician's Money Digest* 2003;Sept/Oct
23. **Weinstein L.** Look beyond market hype to find success. *Physician's Money Digest* 2003;Nov/Dec
24. **Weinstein L.** What I would really rather be doing. *Physician's Money Digest* 2004;Jan/Feb
25. **Weinstein L.** Enjoy the fruits of your labor and REST. *Physician's Money Digest* 2004;July/Aug
26. **Weinstein L.** Election 2004: not simply one issue. *Physician's Money Digest,*

2004;Sept/Oct

### **BOOK CHAPTERS**

1. Chvapil M, Droegemueller W, Heine M, Weinstein L, Milzer G. Collagen Sponge as Intravaginal Contraceptive Barrier Method - Two Years Experience. In Sciarra JJ (editor). New Developments in Vaginal Contraception, Hagerstown, Maryland: Harper and Row, 1980
2. Meinke W, Weinstein L, Dunn J. Detection of Condyloma Acuminata Specific Nuclear Antigens. International Symposium of Biology of Papillomavirus. Spring Hill Center, Minnesota, 1980
3. Harrison HR, Alexander ER, Weinstein L, Lewis M, Sim DA. Epidemiologic Correlations of Genital Infections and Outcomes in Pregnancy. In Mardh PA et al. (editors). Chlamydial Infections, Amsterdam, The Netherlands: Elsevier Biomedical, 1982; 159:162
4. Droegemueller W, Weinstein L, Morell P. Surgical Contraception: The Optimal Method. Chapter in Controversy in Obstetrics and Gynecology. Christian CD, Zuspan FP (editors). Philadelphia, PA: W.B. Saunders Co., 1983; 536:540
5. **Weinstein L**, Christian CD. Leiomyomas of the Uterus. In Current Therapy, H.F. Conn (editor). 35th ed. Philadelphia, PA: W.B. Saunders, 1983; 874
6. **Weinstein L**. Vaginitis - An Overview of a Common Condition. In Sciarra JJ (editor). Gynecology and Obstetrics, Hagerstown, MD: Harper and Row, 1983; V I, Chap 40
7. **Weinstein L**. Prophylaxis for the Practitioner - Guidelines for Prevention of Infection. In Sciarra JJ (editor). Gynecology and Obstetrics. Hagerstown, MD: Harper and Row, 1984; V I, Chap 47
8. **Weinstein L**. Proper Evaluation and Management of the Antepartum Patient with an Irregular Antibody. In Cetrulo CL and Sbarra AJ (editors). The Problem Oriented Medical Record for High Risk Obstetrics. New York, NY: Plenum Press, 1984; 137:156
9. **Weinstein L**, Christian CD. Leiomyomas of the Uterus. In Rakel RE (editor). Current Therapy, 36th ed. Philadelphia, PA: W.B. Saunders, 1984; 869:870
10. **Weinstein L**, Christian D. Leiomyomas of the Uterus. In Rakel RE (editor). Current Therapy, 37th ed. Philadelphia, PA: W.B. Saunders, 1985; 893
11. **Weinstein L**, Ryan KJ. Management of the Ovarian Mass. In Eiseman B and Norton LW (editors). Surgical Decision Making. Philadelphia, PA: W.B. Saunders 1985; 296:297
12. **Weinstein L**. Epidemiology of an Escalating Disease - Ectopic Pregnancy. In DeCherney AH (editor). Ectopic Pregnancy, Rockville, MD: Aspen Systems Corporation, 1986; 3:13
13. **Weinstein L**. The Hematology of Toxemia. In Kitay DZ (editor). Hematologic Problems in

- Pregnancy. Oradell, NJ: Medical Economics Company, 1987; 360:385
14. **Weinstein L.** Vaginosis and Vaginitis - Infectious, Chemical and Other. In Sciarra JJ (editor). Gynecology and Obstetrics, Hagerstown, MD: Harper and Row, 1988; V I, Chap 40
  15. **Weinstein L.** Infection Prevention in the Obstetric or Gynecologic Patient. In Sciarra JJ (editor). Gynecology and Obstetrics, Hagerstown, MD: Harper and Row, 1990; VI, Chap 47
  16. **Weinstein L.** General Considerations for Proper Antibiotic Usage in Obstetrics and Gynecology. In Pastorek JG (editor). Obstetric and Gynecologic Infectious Disease, Rockville, MD: Aspen Publishers, 1994; Chap 61
  17. **Weinstein L.** New Perspectives on Vaginosis, Vaginitis and Vaginitis. In Sciarra JJ (editor). Gynecology and Obstetrics, Hagerstown, MD: Gynecology and Obstetrics 1994; V1, Chap 40
  18. Marcotte MP, Weinstein L. Bacterial Vaginosis and Group B Streptococcus. In Danakas GT, Pietrantonio M (editors). Practical Guide to the Care of the Gynecologic/Obstetric Patient, St. Louis, MO: Mosby, 1997
  19. **Weinstein L.** Infection Prevention and Treatment in the Obstetric/Gynecologic Patient. In Sciarra JJ (editor). Gynecology and Obstetrics, Hagerstown, MD: Harper and Row, 1998;V1, Chap 47
  20. **Weinstein L.** Understanding Medical-Legal Issues in Obstetrics and Gynecology. In Ransom SB, McNeeley G, Munkarah AR et al (editors). Practical Strategies in Obstetrics and Gynecology, Philadelphia, PA: W.B. Saunders Co., 1999; Chap 71
  21. **Weinstein L.** How to Give a Deposition. In Ransom SB, Dombrowski MP, Evans MI, Ginsburg K (editors). Contemporary Therapy in Obstetrics and Gynecology, Philadelphia, PA: W.B. Saunders Co., 2002; Chap 104
  22. **Weinstein L, Baxter JK.** The SPECIAL Approach to Solving the Profession's Liability Crisis, Improving Patient Safety and Preventing Medical Errors. Gibbs RS, Karlan BY, Haney AF, Nygard I (editors) Danforth's Obstetrics & Gynecology, Philadelphia, PA: Lippincott, Williams & Wilkins, 2008
  23. Baxter JK, Weinstein L. HELLP Syndrome. Hillard PJ (editor) The Five Minute Obstetric and Gynecologic Consult, Philadelphia, PA: Lippincott, Williams & Wilkins, 2008:584-85
  24. Rosen SJ, Baxter JK, Weinstein L. Antepartum and Intrapartum Fetal Assessment. Gomella TL, Cunningham MD, Eyal FG (editors) Neonatology, Sixth Edition, New York, NY, McGraw-Hill, 2009;1-9
  25. Horan CM, Weinstein L. Faculty Satisfaction and Retention in Obstetrics and Gynecology. Rayburn WF, Schulkin J (editors) Changing Landscape of Academic Women's Health Care in the United States, New York, NY, Springer Publishing, 2011

## Appendix VIII

### Western Connecticut Health Network, Inc. – Excerpt from Board of Directors meeting March 22, 2012

#### FAMILY BIRTH CENTER – Dr. M Miller/D. Weymouth

*Deborah Weymouth, Executive Director of New Milford Hospital (NMH) and Dr. Matthew Miller, Chief Medical Officer of Danbury Hospital presented the recommendations of the Quality Committee to relocate New Milford Hospital's Family Birth Center to Danbury Hospital.*

*It was noted that even with the Board's approval – the Hospital will need to file a public notice and apply to the Office of Healthcare Access (OHCA) for approval. During this time, the board members stressed the importance of keeping open communications on our progress between the key affected stakeholders.*

*Furthermore, it was reported that plans are in place to provide appropriate safety protocols for pregnant woman arriving at New Milford Hospital in labor. There will be coordination with Emergency Medical Services and a dedicated ambulance which will be equipped with the necessary obstetrical/neonatal support. In addition, the Emergency Department's Labor Room at New Milford will be refurbished and physicians will be provided with the appropriate training.*

**ACTION: VOTED to unanimously approve the relocation of the NMH Family Birth Center to Danbury Hospital (Of note – there was a quorum for this vote)**



**Appendix IX**

**The New Milford Hospital Transportation Service Agreement with Danbury Ambulance**

## The New Milford Hospital Transportation Service Agreement

THIS SERVICE AGREEMENT (hereinafter "The Agreement") is entered into and effective as of this 13<sup>th</sup> day of January, 2012 by and between The New Milford Hospital, a tax-exempt general hospital corporation having its office and principal place of business at 21 Elm, Street New Milford, Connecticut ("Hospital"), and Danbury Ambulance, a licensed ambulance provider, having its office and principal place of business at 14 Walnut Street Danbury, Connecticut ("Company").

WHEREAS, Company is in the business of providing paramedic level emergency and non-emergency ambulance services and wheelchair and medical assist livery transportation services; and

WHEREAS, Hospital, from time-to-time, must arrange for transportation of its patients to home or between the Hospital and other health care facilities; and

WHEREAS, Hospital, in securing such transportation services on behalf of its patients, desires to assure the promptness, safety and quality of such services

NOW, THEREFORE, in consideration of the premises and mutual promises and commitments contained herein, the parties agree as follows:

### HOSPITAL'S OBLIGATIONS

- 1.1 The Hospital shall call Company as a provider for the following emergency and non-emergency transportation services for both inpatient and outpatients, when up to and *including* the level of the EMT-Paramedic is required:
- (a) discharge transfers from the Hospital;
  - (b) transfers of Emergency Department patients from the Hospital to other hospitals;
  - (c) inter-facility transfers from New Milford Hospital and Danbury Hospital and other tertiary facilities

The Hospital shall call Company as a provider of Transportation Services unless (i) there is a specific request by or on behalf of a patient for another transportation provider; (ii) there is a medical reason for using another transportation provider; (iii) there is no agreement between Company and the third party payor who is responsible for the patient

The Hospital will need to place only one call to Company to initiate a request for Transportation Services. Company's response time shall begin from the time the Hospital places the call to request Transportation Services and will not exceed the response time requirement set forth in this Agreement regardless of the location of the ambulance which Company chooses to send to respond to the Hospital's request.

## The New Milford Hospital Transportation Service Agreement

- 1.2 The Hospital shall notify Company of any particular or special Transportation Services needs at the time of call, if possible.
- 1.3 The Hospital shall prepare the patient and all necessary paperwork, for Transportation Services at the agreed or scheduled time.
- 1.4 The Hospital shall notify Company of all problems and complaints about the Transportation Services promptly after they arise.

### Company's Responsibilities

#### A. Staffing Standards

1. The ambulance service and all of its personnel requiring licensure must be currently licensed by the State of Connecticut Office of Emergency Medical Service (OEMS). Said service shall comply with all Federal and State of Connecticut laws, rules and regulations for the administration, provision and operation of transportation services including without limitations, satisfaction of all the criteria of each category of service described in the Regulations of Connecticut State Agencies §19a-179-10. All employees operating any motor vehicle and thus providing transportation services hereunder shall be licensed by the Connecticut Department of Motor Vehicles with no moving violations which resulted in two or more points within the last calendar year or five or more points within the last five years. Company shall require staff to be neat, clean, uniformed, and properly identified, as well as courteous and considerate of the needs of all patients, co-workers and Hospital employees. Company shall promptly, thoroughly and in good faith investigate and resolve, to Hospital's reasonable satisfaction, any problems or complaints raised.
2. Routine scheduled transportation by ambulance-clinically stable patient, no reasonably anticipated changes in status: Two EMT's required, one of which must remain at patient side for the duration of the transport.
3. Emergent Advanced Life Support Transportation-Unstable or potentially unstable patient: Three technicians may be required; one at the MIC-P level, the other two may be basic EMT's with the Paramedic and one EMT remaining at patient side for the duration of the transport. The transferring physician has the responsibility for determining the number and level of technicians required.
4. In cases where the patient requires ventilator support, there must be at least two technicians in the patient compartment. If Hospital personnel are accompanying the patient, they may be used in lieu of the second technician in the patient compartment.
5. Neonatal transportation: one EMT, one MIC-Paramedic. The Paramedic must remain at patient side for the duration of the transport.

## The New Milford Hospital Transportation Service Agreement

6. Prior to employment and periodically Company must obtain a criminal background check on all of its employees and on all independent contractors who have direct patient contact or access to patient records.

### B. Training Standards

1. Mobile intensive care providers must meet State designated minimal annual recertification requirements. This training must also include current requirements for prevention of exposure to blood borne pathogens. (Federal Regulations Part 1910 of title 29; 1910.1030 Blood borne pathogens)
2. Additional certifications/training for MIC-P staffing must include:
  - a. Advance Cardiac Life Support
  - b. Pediatric Advanced Life Support
  - c. Use of I.V infusion pumps, ventilators and other transportable life support/ critical care transport and monitoring equipment including medications not listed in New Milford Hospital's Paramedic protocols.
3. Additional certification/training in the following areas is highly desirable:
  - a. Transfer of burn patients
  - b. Neonatal Life Support - power cot NICU transporter
  - c. Pre-Hospital Trauma Life Support
  - d. \*Specially Care SCT training - mandated
4. Training curriculums for transport of critically ill, or patients with special needs must be developed in conjunction with the Sponsor Hospital and the ambulance vendor. Training must not be limited to MIC-P level providers but include basic level EMT's and EMT - intermediates. Educational programs must be conducted at least semi-annually\*. Competency testing for MIC level staff must be provided and documented by the ambulance vendor.

\*Services with an employee turnover rate which exceeds industry standards at either the basic or advanced levels must provide this training at more frequent intervals and/or include it as part of employee orientation.

### C. Supplies and Equipment

1. Any ambulance vehicle that responds to the Hospital for the purpose of transportation must meet all Hospital, State and Federal requirements.
  - 2.1 Any service utilized for ALS transports will meet all the requirements and shall provide sufficient, qualified personnel, supplies, equipment and vehicles to meet its obligations hereunder. Equipment includes the provision of heart monitors in all vehicles providing Transportation Services, which heart monitors at a minimum, shall include defibrillation and pacing capabilities.

## The New Milford Hospital Transportation Service Agreement

2. All patient-related clinical equipment must be tested prior to use in the treatment of patients and at the beginning of every shift. Maintenance records of cardiac monitors shall be submitted at the end of each calendar year to the Hospital's Clinical Engineering Department.
3. Other equipment should include:
  - a. Ventilator, portable: gas or alternately powered, with variable rate, tidal volume, PEEP controls
  - b. Pulse oximetry monitor: portable, battery powered, waveform display
  - c. Intravenous Infusion pump(s) portable, AC/DC power supply
  - d. Monitor-defibrillator (required for ALS transports) portable, battery powered.
  - e. External Pacer: Integral part of the monitor-defibrillator unit

### D. Vehicles

1. Vehicles must meet all applicable State and Federal specifications for ground ambulances and possess current validated OEMS inspection and Connecticut motor vehicle registration.
2. Additionally required or desirable vehicle design or capabilities include:
  - a. 110 volt AC inverter. (required for neonatal transports)
  - b. Patient compartment design and hardware which assures the safe mounting and support of monitoring/life support equipment.
  - c. Patient compartment carbon monoxide monitoring equipment.
  - d. Environmental controls (heating, AC, lighting) sufficient to maintain comfortable functional environment for patient and staff.
  - e. Mobile med radio: proper PL's and frequencies to facilitate statewide communications.
  - f. Cellular phone capability / GPS mapping desired
  - g. Ramps (or a lift) for the safe loading of neonate isolettes.

### E. Vehicle and Equipment Maintenance

1. The ambulance vendor must have in place a preventative maintenance program that regularly inspects and replaces/repairs ambulance components most subject to failure due to normal wear and tear. The Hospital reserves the right to review all maintenance records and reports. A non-scheduled maintenance repair log shall be maintained by the ambulance vendor.
2. The ambulance vendor shall maintain equipment in such a manner as to reasonably assure against failure or malfunction. Clear and specific records of equipment inspections and servicing by qualified technicians shall be maintained by the service. Inspection and/or servicing standards shall meet or exceed those recommended/mandated by the manufacturer or regulating agency. (ANSI, etc.)

## The New Milford Hospital Transportation Service Agreement

### F. Response Times and Hospital Specific Standards

1. As a contractual minimum 80% of SNF/ECF discharges will occur within 35 minutes of the scheduled discharged time. This contractual minimum is subject to continual quality and performance improvement measures. As such over the period of this agreement on time performance contractual benchmark is 90% on time performance. In order to achieve this benchmark, continued collaboration through regularly scheduled over site meetings is essential.
2. Emergent response times: Those calls which require advanced life support emergency red light & siren response and transportation of a critically ill or injured patient to a tertiary care facility. The service will arrive at the Hospital and be prepared to commence transportation within **twenty five (25) minutes** following initial notification. There will be reasonable allowances for road or weather conditions, but not for systems activity. It is clearly understood that the transport arranging MD has the sole authority to take action and facilitate the safe and rapid transport of critically ill or injured patients to further reduce the aforementioned response times in situations deemed as time sensitive, including but not limited to supplementation and utilization of specialty care hospital staff, on duty hospital paramedics, or RN's in addition to the basic life support ambulance crew provided by the Company.
3. Emergency Department discharges and non-emergent transfers: The ambulance vendor will arrive at the hospital and be prepared to commence transportation **within thirty (35) minutes** following initial notification. There will be reasonable allowances for road or weather conditions, but not for system activity.
4. Scheduled calls: (ALS and Basic) the service will arrive on the patient floor **within thirty (35) minutes** of the scheduled time.
5. It is the responsibility of the ambulance vendor to notify the Hospital immediately if it cannot fulfill the response time criteria above. The service **shall not accept any call** if it cannot reasonably assure compliance with response time standards.
6. The ambulance vendor must agree to comply with all applicable Hospital security and safety standards. (i.e.-parking restrictions, entrance access, vendor policies/procedures, etc.)
7. The ambulance vendor will maintain and provide to all crews current and reliable directions to all tertiary facilities normally used by the Hospital. The service shall also be familiar with alternative routes to selected facilities in the event of traffic or road closure delays.
8. Dedicate at least one (1) transport ambulance to clinical resource management discharges during peak hours and add an additional ambulance when more transport needs have been identified
9. Adequately staff ambulances and accept transports each hour based on system activity and projected time requirements for transport completion.
10. Notify New Milford Hospital and the receiving facility (if applicable) of any delay more than thirty (30) minutes from the scheduled time.

## The New Milford Hospital Transportation Service Agreement

11. Develop a comprehensive service recovery program to ensure patient and family concerns /needs are properly handled and in a timely manner.
12. Document any delays on the floor such as paperwork not complete, patient not ready etc. and provide weekly report to case management.
13. Attend regular meetings with New Milford Hospital case management staff to continue development of performance improvement initiatives and open dialogue.
14. Report any occurrence of patients transported to and from The New Milford Hospital in writing to New Milford Hospital Quality Management Department and Matthew Cassavechia (mechanical failure, customer service issue, lifting incident, patient safety matter, etc.) **within two hours.**

### G. Livery Services

DA shall provide a livery vehicle and driver on an as needed adhoc basis to provide safe and reliable transportation for patients from the Department of Emergency Medicine and other applicable departments within New Milford Hospital to the desired destination. The transport shall be deemed complete after the patient and any accompanying personal belongings has been assisted and escorted by the DA driver to the destination point including but not limited to ensuring the patient has entered their place of residency safely. The Hospital Compensation for this service shall be at the flat base rate of \$10 plus \$2 each documented mile which you may bill bi-weekly. Bills are to clearly indicate LIVERY service and include patient, name, pick up and drop off time, destination location, person who called for service, date of service and odometer mileage readings.

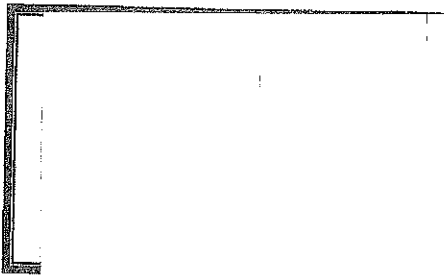
### H. Saga Patients Transfers

1. SAGA historically does not reimburse ambulance providers for transportation services. Therefore, The New Milford Hospital has made special billing arrangements with our local ambulance vendor, Danbury Ambulance. Specifically, Danbury Ambulance has agreed to invoice the Hospital at the State rates for SAGA patients. (Rate schedule below)
2. This policy applies to patients under the care of New Milford Hospital staff and who require specific psychiatric care at another specialized facility. The patient has been determined to require an ambulance and is insured by SAGA.
3. The responsible Administrator or Administrator on call *must* approve/authorize the ambulance transport *before* contacting Danbury Ambulance as The New Milford Hospital is deemed responsible for the ambulance transport fees. Once approved, contact Danbury Ambulance and notify them of the transport-specific information and the name of the Hospital official that approved the transport. Within two weeks of the transport, Danbury Ambulance will send all invoices to:

## The New Milford Hospital Transportation Service Agreement

Western Connecticut Health Network Inc.  
C/o New Milford Hospital  
21 Elm Street  
New Milford, CT 06776  
Attention: April Webb, Materials Management  
With a copy to

Western Connecticut Health Network Affiliates Inc.  
C/o Danbury Hospital Emergency Medical Services  
24 Hospital Avenue  
Danbury, CT 06810  
Attention: Matthew Cassavechia, Director Emergency Medical Services



### **I. Compliance/Auditing**

1. The ambulance vendor must make arrangements that will allow the Hospital to verify training and maintenance programs.
2. The service records for the fleet or a verifiable outline of the service's maintenance program must be provided to the Hospital. Specifically, any vehicle breakdown or equipment failure that occurs during any transport from the Hospital must be reported in writing to New Milford Hospital Quality Management Department and Matthew Cassavechia or his designee within two hours.

### **J. Risk Management/Insurance.**

1. The ambulance vendor must have in place a continuing quality improvement program that addresses the specific performance standards of the Hospital. On at least a quarterly basis, the vendor will provide the Hospital with a CQI summary of performance issues, their proposed resolution and follow up.
2. The Company shall adhere to requirements of each certified and/ or licensed ambulance service to be insured for professional and general liability. ( CGS 19a-180 and OEMS regulations: Section 19a-179-5 (a)
3. The Company shall maintain insurance covering all risks normally insured by ambulance provider, including comprehensive general liability and professional liability insurance in



## The New Milford Hospital Transportation Service Agreement

- adequate amounts as determined by the Company but no less than the amount of One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) annual aggregate. The Company's policies shall name The New Milford Hospital as an additional insured and shall not be cancelable except on thirty (30) days prior notice to The New Milford Hospital. The Company shall also maintain property insurance and automobile insurance (either through purchased insurance, self insurance, or a combination thereof, as determined by the Company in its sole discretion) covering normal hazards to the Company in amounts and with coverage deemed appropriate by the Company. The Company shall notify The New Milford Hospital as to matters material to the handling of the defense and settlement of all material claims made against such insurance affecting the Company, including, without limitation, promptly notifying in writing upon: (A) the making of a claim or institution of a lawsuit against the Company or the Company relating to any Services provided pursuant to this Agreement; and (B) the filing of a complaint against the Company or the Company with OEMS or with any other governmental agency or disciplinary board, or the loss, or suspension or voluntary relinquishment of any license or permit held by the Company. At all times, Company shall cause its insurance carriers to provide Hospital with certificates of insurance.
4. Notwithstanding anything to the contrary in this Agreement, the Company shall at all times maintain and exercise control over its assets and operations and shall retain legal responsibility for its operations. The Company shall be solely responsible for all aspects of the ambulance and related professional services delivered by or on behalf of the Company and for the selection, training, supervision, employment and engagement of all members of the emergency medical service staff employed by or contracting with the Company. The hiring, firing, disciplining and determination and administration of compensation and benefits of employees or members of the EMS Staff of the Company shall be the sole responsibility of the Company. Each member of the EMS Staff of the Company shall at all times have sole responsibility to exercise his or her own professional judgment as to care provided to patients of the Company. No provision of this Agreement is intended to limit or affect such independent judgment.
  5. It is agreed, however, that for good cause shown, the Hospital, acting through its Director of Emergency Medical Services, may require the replacement of any paramedic, EMT, EMT-I or livery service driver who fails to perform the services contemplated herein in a satisfactory manner, including the immediate or urgent replacement of such personnel in an emergency or appropriately serious situation.

### K. HIPAA

1. The Parties agree to fully comply with all confidentiality requirements, and will execute any documents required to reflect their responsibilities under, and compliance with, applicable provisions of law, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").
2. The Parties agree to enter into the appended business associate agreement, which by this reference is incorporated into this Agreement.

### L. Books and Records.

Final 01/13/2012

## The New Milford Hospital Transportation Service Agreement

The Company shall be the keeper and custodian of all records pertaining to emergency medical services, transport and care rendered in connection with the services. The Hospital shall periodically request any and all transport activity in the form of reports deemed most appropriate by the Hospital. At any time during the term of this Agreement reports may be requested of the Company to determine trends and system activity.

### M. Independent Contractor; No Third Party Beneficiaries

1. In the performance of their respective duties under this Agreement, Hospital, the Company and its EMS Staff shall at all times be acting and performing respectively as independent contractors. Without limiting the generality of the foregoing, neither Hospital nor any of its members or employees, except for medical control provided in accordance with CT law, shall in any particular instance exercise any control or direction over the medical methods, procedures and practices utilized by the Company or its EMS Staff either in the performance of their clinical duties or in the provision of emergency medical services and care hereunder, or interfere in the professional judgment of the EMS Staff, or cause the EMS Staff to do or take any action which would be inconsistent with their patient responsibilities.
2. Nothing contained in this Agreement shall be construed to render Hospital responsible for any professional liability or other obligations of the Company or its EMS Staff.
3. There are no third party beneficiaries to this Agreement.

### N. Term and Termination

1. This Agreement shall remain in full force and effect for an initial one(1) year term through the first year anniversary of the Effective Date (the "Initial Term"), unless earlier terminated in accordance with the terms hereof. The term shall be extended automatically for successive twelve (12) month periods thereafter, unless notice of termination has been given. In the event either Party shall give notice to the other of a material default in the performance of any obligation of the other Party under this Agreement, or the default is not cured within thirty (30) days following the receipt of the notice, this Agreement shall terminate on the date stated in the notice.
2. This Agreement shall immediately terminate upon: (i) the bankruptcy, insolvency or cessation of operations of Company, as applicable, or the filing of any voluntary petition for bankruptcy, dissolution, liquidation, or winding-up of the affairs of Company, or any assignment by Company for the benefit of creditors; or the filing of any involuntary petition for bankruptcy, dissolution, liquidation, or winding up of the affairs of Company, which petition is not dismissed within ninety (90) days of the date upon which it is filed; or (ii) the exclusion/debarment or suspension of either Hospital or Company from a federal or state health care program, including without limitation, the Medicare or Medicaid programs.
3. Either Party may terminate this Agreement without cause by providing the other Party with at least ninety (90) days advance written notice of termination. Upon the expiration or termination of this Agreement for any reason, neither Party shall have any further

## The New Milford Hospital Transportation Service Agreement

obligations to the other, except for (i) obligations arising prior to the date of termination or in connection therewith, and (ii) obligations, promises, or covenants that are intended to extend beyond the term of this Agreement, including without limitation the obligations described in Sections [HIPAA], [Risk Management/Insurance],[Term and Termination], [Non-Solicitation], [Confidentiality] and [General Provisions] hereof, and except that each Party shall remain liable to the other with respect to any liability arising prior to such termination.

4. The Parties agree to cooperate with one another in the fulfillment of their obligations hereunder in accordance with all applicable law. It is the further intention of the Parties hereto that the service arrangements provided for herein not constitute a practice in violation of any provision of federal or state law including, without limitation, the anti-fraud and abuse provisions, 42 U.S.C. 1320a-7(b)b, and this Agreement shall be construed accordingly. The Parties shall take such reasonable steps, including modification of this Agreement as may be appropriate to implement such intention while preserving the overall relationships contemplated hereby.

### O. Fees

Company shall be responsible for directly billing all patients and/or third party payors responsible for such patients for Transportation Services rendered pursuant to this Agreement. Company shall transport all patients for Transportation Services rendered pursuant to this Agreement. Company shall transport all patients to destinations assigned by the Hospital regardless of the patient's ability to pay. Company shall look solely to such patients and/or any third party payors responsible for such patients, for payment for Transportation Services provided hereunder. Hospital shall not be responsible for payment for any services rendered pursuant to this Agreement unless otherwise specifically indicated.

### P. Non-Solicitation

1. Except as otherwise provided in this Agreement, and unless waived by the Hospital until this Agreement is terminated or expires, and for a period of six (6) months after the date of termination or expiration of this Agreement, the Company shall not solicit for employment, verbally or in writing, or employ, any person who at any time during the term of this Agreement was an employee of Hospital or of Western Connecticut Healthcare, Inc., or any of its other subsidiaries including but not limited to New Milford Hospital, Inc., and Danbury Healthcare Affiliates, Inc. Any waiver of this requirement must be approved by the CEO of the relevant Western Connecticut Healthcare, Inc. entity.

### Q. Confidentiality

1. Unless required by law, neither Party shall, during or after the term of this Agreement, disclose the terms and conditions of this Agreement, the other Party's proprietary

## The New Milford Hospital Transportation Service Agreement

information or the other Party's trade secrets to any other firm, person, corporation, association, or other entity for any reason or purpose whatsoever, without the prior written consent of such other Party. If a disclosure is required by law, the disclosing party promptly shall notify the other party prior to the disclosure, and fully cooperate with the party whose information has been requested with respect to dealing with such disclosure.

### R. General Provisions

1. No failure by any Party to insist upon the strict performance of any covenant, agreement, term or condition of this Agreement or to exercise a right or remedy shall constitute a waiver. No waiver of any breach shall affect or alter this Agreement, but each and every covenant, condition, agreement and term of this Agreement shall continue in full force and effect with respect to any other existing or subsequent breach.
2. This Agreement is non-exclusive and constitutes the entire agreement between the Parties and contains all the agreements between the Parties with respect to the subject matter hereof. This Agreement supersedes any and all prior agreements among the Parties, and all such other prior agreements, and any duties and obligations arising there under, are hereby rendered null and void.
3. The provisions of this Agreement may be waived, altered, amended or supplemented, in whole or in part, only by writing signed by all of the Parties hereto.
4. Neither this Agreement nor any right or interest hereunder may be assigned in whole or in part by any Party without the prior written consent of the other Parties.
5. This Agreement shall be construed and enforced under and in accordance with the laws of the State of Connecticut without regard to its choice of law provisions.
6. Nothing in this Agreement shall be construed as creating or giving rise to any rights in any third parties or any persons other than the Parties hereto.
7. No Influence on Referrals. It is not the intent of either party to this Agreement that any remuneration, benefit or privilege provided for under this Agreement shall influence or in any way be based on the referral or recommended referral by either party of patients to the other party or its affiliated providers, if any, or the purchasing, leasing, or ordering of any services other than the specific services described in this Agreement.
8. Modification of Agreement. Any modification of this Agreement or any additional obligations of a party hereto, in order to be binding and effective, must be contained in a written document signed by both parties
9. All notices, requests, claims, demands and other communications hereunder shall be in writing and shall be delivered personally or sent by certified mail, postage prepaid, addressed to the Party, or by a recognized courier service, at the following address:

## The New Milford Hospital Transportation Service Agreement

If to: The New Milford Hospital

Western Connecticut Health Network, Inc.  
C/o The New Milford Hospital  
21 Elm Street  
New Milford, Connecticut 06776  
April Webb Director of Materials Management

With a copy to:  
Western Connecticut Health Network Affiliates Inc.  
Danbury Hospital Emergency Medical Services  
24 Hospital Avenue  
Danbury, Connecticut 06810  
Matthew Cassavechia Director of Emergency Medical Services

If to Company: Danbury Ambulance Service

Danbury Ambulance Service  
14 Walnut Street  
Danbury, CT 06811  
Joseph DeSimone  
President

Any Party may change its address for notice purposes by written notice to the other Party and such change shall be effective upon receipt. Notices shall be deemed to have been received at the earlier of actual receipt or three (3) days after deposit in the mail, or in the hands of a recognized courier service, as provided above.

### **S. Entire Agreement**

1. This Agreement contains the entire Agreement of the parties, and supersedes all prior agreements of the parties addressing the same subject matter. There have been no oral representations made by either party and there are no written documents that amend or modify this Agreement

# The New Milford Hospital Transportation Service Agreement

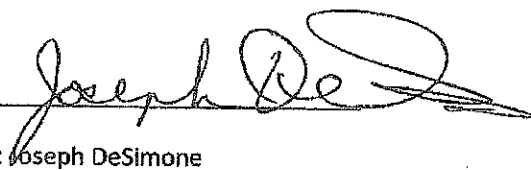
## SIGNATURE PAGE

IN WITNESS WHEREOF, the Parties hereto have caused this Agreement to be executed as of the date first above written and to be effective as of the Effective Date.

The New Milford Hospital

Danbury Ambulance Service

By: 

By: 

Name: John Murphy, M.D.

Name: Joseph DeSimone

Title: President & CEO

Title: President

## The New Milford Hospital Transportation Service Agreement

**THIS HIPAA BUSINESS ASSOCIATE ADDENDUM** (this "Addendum") is made as of the effective date of the main Agreement (above) (the "Effective Date"), by and between The New Milford Hospital ("Health Care Provider"), and Danbury Ambulance Service ("HIPAA Business Associate"), each individually a "Party" and together the "Parties."

### HIPAA BUSINESS ASSOCIATE ADDENDUM

**THIS HIPAA BUSINESS ASSOCIATE ADDENDUM** (this "Addendum") is made as of the effective date of the main Agreement (the "Effective Date"), by and between The New Milford Hospital, on behalf of itself and its affiliated corporations ("Health Care Provider") and Danbury Ambulance Service ("HIPAA Business Associate"), each individually a "Party" and together the "Parties."

#### **BACKGROUND STATEMENTS**

- A. The purpose of this Addendum is to comply with the business associate requirements of the Health Insurance Portability and Accountability Act of 1996 and the associated regulations (45 C.F.R. parts 142 and 160-164, as may be amended, including the "Privacy Rule" and "Security Rule") ("HIPAA") and the Health Information and Technology for Economic and Clinical Health Act and the associated regulations ("HITECH"), as may be amended. "HIPAA" and "HITECH" are collectively referred to in this Agreement as "HIPAA/HITECH." Unless otherwise defined in this Agreement, capitalized terms have the meanings given in HIPAA or HITECH, as applicable.
- B. Health Care Provider and HIPAA Business Associate have entered into one or more agreements (collectively, the "Agreement") under which HIPAA Business Associate receives and uses Protected Health Information ("PHI") in the course of providing certain services (the "Services") to or for Health Care Provider.
- C. Health Care Provider is a "Covered Entity" under the HIPAA statute and regulations. The Agreement is therefore subject to the Business Associate requirements in HIPAA/ HITECH.
- D. HIPAA and/or HITECH requires Health Care Provider's Business Associates to agree in writing to certain mandatory terms and conditions relating to the Business Associates' use and disclosure of PHI.

## The New Milford Hospital Transportation Service Agreement

### AGREEMENT

The Parties hereby agree as follows:

#### **Section 1. General Obligation.**

HIPAA Business Associate shall comply fully with all obligations imposed on Business Associates under the HIPAA Privacy and Security Rules regarding HIPAA Business Associate's use, disclosure or creation of PHI received from, or created or received by HIPAA Business Associate on behalf of, Health Care Provider.

#### **Section 2. Scope of Permitted Uses and Disclosures.**

- 2.1 HIPAA Business Associate acknowledges that Health Care Provider is the exclusive owner of all PHI. HIPAA Business Associate shall use and/or disclose PHI only as permitted or required by this Addendum or as otherwise Required by Law.
- 2.2 HIPAA Business Associate may disclose PHI to, and permit the use of PHI by, its employees, contractors, agents, or other representatives only if and to the extent directly related to, and necessary for, the performance of the Services for or on behalf of Health Care Provider. Disclosure of PHI to and use of PHI by, subcontractors, agents and other representatives is also subject to Section 5 below.
- 2.3 HIPAA Business Associate shall request, use and disclose only PHI that constitutes a Limited Data Set, if practicable. HIPAA Business Associate otherwise represents and warrants that it shall limit any request, use or disclosure of PHI to the minimum necessary to perform the Services.
- 2.4 HIPAA Business Associate shall not use or disclose PHI in a manner (i) inconsistent with Health Care Provider's obligations under HIPAA/HITECH, or (ii) that would violate HIPAA/HITECH if disclosed or used in such a manner by Health Care Provider. HIPAA Business Associate shall also comply with its own direct obligations under HIPAA/HITECH. HIPAA Business Associate shall not engage in Marketing or fundraising that involves the use or disclosure of PHI and shall not otherwise receive direct or indirect remuneration for PHI, except as expressly permitted in writing by Health Care Provider in connection with the provision of the Services.
- 2.5 HIPAA Business Associate may not transmit PHI over the Internet or over any other insecure or open communication channel unless the PHI is encrypted or otherwise safeguarded in a manner consistent with industry standards.



## The New Milford Hospital Transportation Service Agreement

### Section 3. Safeguards for the Protection of PHI.

- 3.1 HIPAA Business Associate represents and warrants that it shall implement and maintain commercially appropriate security safeguards to ensure that PHI obtained by or on behalf of Health Care Provider is not used or disclosed by HIPAA Business Associate in violation of this Addendum. Such safeguards shall be designed to protect the confidentiality and integrity of such PHI obtained, accessed or created from or on behalf of Health Care Provider. Security measures maintained by HIPAA Business Associate shall include administrative, physical, and technical safeguards that comply with the Security Rule, as required by HIPAA/HITECH. Upon request by Health Care Provider, HIPAA Business Associate shall provide a written description of such safeguards.

### Section 4. Reporting and Mitigating the Effect of Unauthorized Uses and Disclosures.

- 4.1 HIPAA Business Associate shall report, in writing, to Health Care Provider's Privacy Officer any Security Incident or breach concerning the use or disclosure of PHI ("Breach"). HIPAA Business Associate shall report the Breach as soon as practicable, but in all events no later than 48 hours after HIPAA Business Associate discovers the Breach. "Breach" means any use or disclosure (a) in violation of HIPAA/HITECH or (b) not provided for by this Agreement. HIPAA Business Associate shall be deemed to have discovered a Breach as of the first day on which the Breach is, or should reasonably have been, known to (a) HIPAA Business Associate or (b) any employee, officer, or other agent of HIPAA Business Associate other than the individual committing the Breach. HIPAA Business Associates further shall provide to Health Care Provider, as soon as possible, all information Health Care Provider may require to make notifications of the Breach to Individuals, or other persons or entities ("Notifications"). Covered Entity may elect, in its sole discretion, for HIPAA Business Associate to make the Notifications and implement other mitigation steps, in a form and manner and within timeframes directed by Health Care Provider, consistent with Health Care Provider's obligations under the law. Without limitation as to any other remedies available to Health Care Provider, HIPAA Business Associate shall pay, or reimburse Health Care Provider for, all costs of the Notifications, including all costs incurred to mitigate the harmful effects, or potentially harmful effects, of the Breach.
- 4.2 In addition to its obligations under Sections 4.1, HIPAA Business Associate shall establish policies and procedures for mitigating, to the greatest extent possible, any deleterious effects arising from any improper use and/or disclosure of PHI, and shall implement all such procedures and all other reasonable mitigation steps requested by Health Care Provider.

### Section 5. Use by and Disclosure to Subcontractors, Agents, and Representatives.

- 5.1 Prior to disclosing any PHI to any subcontractor, agent, or other representative that is authorized to receive, use, or have access to PHI under the Agreement, HIPAA Business Associate shall require such person to agree, in writing, to adhere to the same restrictions and conditions on the use and/or disclosure of PHI that apply to HIPAA Business Associate under this Addendum. Such agreement shall identify Health Care Provider as a third-party beneficiary with

## The New Milford Hospital Transportation Service Agreement

rights of enforcement in the event of any violations. The rights of Health Care Provider as a third-party beneficiary in no way limit HIPAA Business Associate's obligations to enforce the terms of such agreements nor shall such rights be construed in any way to impose an obligation on Health Care Provider to enforce the agreements.

### Section 6. Individual Rights.

- 6.1 HIPAA Business Associate shall notify Health Care Provider immediately of any disclosure to a third party of PHI that (1) is not directly related to, and necessary for, the performance of the Services for or on behalf of Health Care Provider (for example, a disclosure Required by Law, but not necessary for the performance of the Services); or (2) is not for the Health Care Provider's Treatment, Payment or Health Care Operations purposes. In addition, within fifteen (15) days of receiving a written request from Health Care Provider, HIPAA Business Associate shall provide to Health Care Provider all applicable information necessary to comply with the requirements of 45 C.F.R. § 164.528 regarding an individual's right to an accounting of disclosures of PHI. HIPAA Business Associate shall otherwise comply with its obligations regarding an Individual's right to an accounting of disclosures under HIPAA/HITECH.
- 6.2 HIPAA Business Associate shall allow access to PHI by Health Care Provider or the Individual to whom such PHI relates, at reasonable times and in a manner reasonably directed by Health Care Provider, in order to meet the access requirements under 45 C.F.R. § 164.524. HIPAA Business Associate shall otherwise comply with its obligations regarding an Individual's right of access to PHI under HIPAA/HITECH.
- 6.3 HIPAA Business Associate shall make any amendment(s) to PHI that Health Care Provider directs in order to meet the amendment requirements under 45 C.F.R. § 164.526.

### Section 7. Audit, Inspection and Enforcement.

- 7.1 From time to time upon reasonable notice, Health Care Provider may inspect the internal practices, facilities, systems, books, records, and policies and procedures of HIPAA Business Associate to monitor compliance with this Addendum. Health Care Provider's right of inspection does not imply any obligation to inspect. HIPAA Business Associate shall promptly remedy any violation of this Addendum found by Health Care Provider and shall certify the same to Health Care Provider in writing. The fact the Health Care Provider has the right to inspect HIPAA Business Associate's internal practices, facilities, systems, books, records and policies and procedures, whether or not it exercises such right, shall not relieve HIPAA Business Associate of its responsibility to comply fully with this Addendum. In addition, Health Care Provider's failure to detect any unsatisfactory practice does not constitute acceptance of such practice or a waiver of Health Care Provider's enforcement rights hereunder.
- 7.2 HIPAA Business Associate further agrees to make its internal practices, books, records, and policies and procedures relating to the use and disclosure of PHI available to the federal Department of Health and Human Services ("HHS"), the Office for Civil Rights ("OCR"), or its agents for the purposes of enforcing the provisions of this Addendum and HIPAA/HITECH.

## The New Milford Hospital Transportation Service Agreement

### Section 8. Term and Termination.

- 8.1 **Term.** This Addendum shall become effective on the Effective Date and shall continue in effect while the Agreement remains in force and thereafter with respect to those obligations intended to survive the termination of this Addendum. The Agreement shall terminate (and so also this Addendum) in accordance with the termination provisions of the Agreement and this Section 8.
- 8.2 **Termination.** In the event of a material breach of this Addendum, the non-breaching Party may immediately terminate the Agreement. Alternatively, in the non-breaching Party's sole discretion, the non-breaching Party may provide the breaching Party with written notice of the existence of the material breach and afford the breaching party thirty (30) days to cure the material breach. In the event the breaching Party fails to cure the material breach within such time period, the non-breaching Party may immediately terminate the Agreement. The non-breaching Party may also report the material breach to the Secretary of HHS or OCR.
- 8.3 **Effect of Termination.** Upon termination of the Agreement, HIPAA Business Associate shall recover any PHI in the possession of its subcontractors, agents, or representatives. HIPAA Business Associate shall return to Health Care Provider or destroy all such PHI, plus all other PHI in its possession, and shall retain no copies. If it is not feasible for HIPAA Business Associate to return or destroy the PHI as described above, HIPAA Business Associate shall notify Health Care Provider in writing. The notification shall include: (i) a statement that HIPAA Business Associate has determined that it is infeasible to return or destroy the PHI in its possession, and (ii) the specific reasons for such determination. If Health Care Provider agrees in its sole discretion that HIPAA Business Associate cannot feasibly return or destroy the PHI, HIPAA Business Associate shall ensure that any and all protections, limitations and restrictions contained in this Addendum will be extended to HIPAA Business Associate's use and/or disclosure of any PHI retained after the termination of the Agreement, and that any further uses and/or disclosures shall be limited to the purposes that make the return or destruction of the PHI infeasible.

### Section 9. Insurance and Indemnification. Omitted

### Section 10. Miscellaneous.

- 10.1 **Injunctive Relief.** Notwithstanding any dispute resolution requirements under the Agreement, either Party shall be entitled to seek injunctive relief in a court of law with respect to any breach of the terms of this Addendum.
- 10.2 **Survival.** The respective rights and obligations of HIPAA Business Associate and Health Care Provider under the provisions of Sections 7, 8.3, 9 and 10 shall survive termination of the Agreement indefinitely.
- 10.3 **Amendments; Waiver.** This Addendum may not be modified, nor shall any provision hereof be waived or amended, except in a writing duly signed by authorized representatives of the Parties; provided, however that Health Care Provider may amend this Agreement upon written notice to HIPAA Business Associate in the event: (a) any law or regulation regarding the protection of health information is in any way inconsistent with the terms of this Agreement, and the amendment is necessary to address the inconsistency; or (b) the provisions of HIPAA/HITECH are amended or modified such that an amendment to this Agreement is necessary to effectuate

## The New Milford Hospital Transportation Service Agreement

the change. A waiver with respect to one event shall not be construed as continuing, or as a bar to or waiver of any right or remedy as to subsequent events.

- 10.4 **No Third Party Beneficiaries.** Nothing express or implied in this Addendum is intended to confer, nor shall anything herein confer, upon any person other than the Parties and the respective successors and permitted assigns of the Parties, any rights, remedies, obligations, or liabilities whatsoever.
- 10.5 **Notices.** Any notice to be given under this Addendum to a Party shall be made via U.S. Mail, commercial courier or hand delivery to such Party at its address given below, and/or via facsimile to the facsimile telephone number listed below, or to such other address or facsimile number as shall hereafter be specified by notice from the Party. Any such notice shall be deemed given when so delivered to or received at the proper address.

If to HIPAA Business Associate, to:

Danbury Ambulance  
14 Walnut Street  
Danbury, CT 06811  
Attention: Joseph DeSimone  
Fax: 203-830-2165

If to Health Care Provider, to:

New Milford Hospital  
21 Elm Street  
New Milford, CT 06776  
Attention: Privacy Officer  
Fax: 203-739-8031.

- 10.6 **Counterparts.** This Agreement may be executed in any number of counterparts, each of which shall be deemed an original.
- 10.7 **Addendum Part of Agreement.** This Addendum is incorporated by reference and made a part of the Agreement.
- 10.8 **Inconsistencies; Other Agreements of the Same Subject Matter Supersede.** If any terms of this Addendum conflict with or are inconsistent with the terms of the Agreement with respect to the subject matter of this Addendum, the terms of this Addendum shall prevail. In addition, the provisions of this Agreement supersede any inconsistent provisions of agreements between the parties in regard to the same subject matter.

## Appendix X

**Communications Plan - Chronology of New Milford Hospital Family Birthing Center Discussions with Community Stakeholders through June 2012**

Date(s)	WCHN staff involved	Individual(s) involved	Messaging/Outcome
1/25/2012	Murphy, Rynn	Legislative Breakfast discussion with Senators Roraback, McLachlan, and Reps Taborsak, Scribner, Chapin, Giegler, Godfrey, Smith	Brief discussions regarding relocation of delivery services at NMH in context of WCHN plans and progress.
2/9/2012	Weymouth, Rynn	Media Interview – News Times/Spectrum editors A. Cumming, N. Cumming and reporter S. Tuz	Shared that we are discussing relocation of delivery services at NMH.
2/9/2012	Rynn	Discussion with New Milford Mayor Pat Murphy at an event	Shared that we are discussing relocation of delivery services at NMH and that Deborah Weymouth would be in touch with more details. Informed that she might get outreach from local media.
2/10/2012	Weymouth	Phone call to discuss with New Milford Mayor Pat Murphy	Shared that we are discussing relocation of delivery services at NMH (and she commented she understood).
2/22/2012	Rynn	Meeting with Rep Chris Lyddy	Brief discussions regarding relocation of delivery services at NMH in context of WCHN plans and progress
3/1/2012	Rynn	Phone call with Rep David Scribner	Brief discussions regarding relocation of delivery services at NMH in context of WCHN plans and progress (and he expressed personal sadness, understanding and support)
3/16/2012	Murphy, Weymouth, Rynn	Letters/e-mails sent to various legislative, municipal and community leaders	As we've informed you previously, we are discussing relocation of delivery services at NMH.
3/19/2012	Rynn	Phone call w/News Times editor A. Cummings	Shared that we are discussing relocation of delivery services at NMH and that we expect a status about pursuing in the near future.
3/22/2012	Weymouth, Rynn	Media Interview with News Times/Spectrum staff and also Housatonic Media staff. Media coverage follows on 3/23 and 3/24.	As we've informed you previously, we have been discussing relocation of delivery services. Today, the Board formally and unanimously decided to pursue the process to relocate services.
3/25/2012	Murphy, Weymouth, Rynn	Letters/e-mails sent to various legislative, municipal and community leaders	The Board formally and unanimously decided to pursue relocation of delivery services.

Date(s)	WCHN staff involved	Individual(s) involved	Messaging/Outcome
4/17/2012	Weymouth	General comments at NMVNA Breakfast	The decision to relocate has been made, albeit a difficult one. Now, we're working to plan a safe transition as we look to secure state approval.
5/17/2012	Rynn	General comments at NM Chamber Meeting with C. Blocker/Economic Supervisor/New Milford	The decision to relocate has been made, albeit a difficult one. Now, we're working to plan a safe transition as we look to secure state approval. The decision was about program sustainability.
5/25/2012	Weymouth, Rynn	Media Interview w/News Times, Spectrum staff resulting on media coverage	Clarification of misinformation. The decision to relocate has been made, albeit a difficult one. Now, we're working to plan a safe transition as we look to secure state approval. The decision was about program sustainability.
5/28-30/2012	Rynn	Public Notice of Intent to file CON	New Milford Hospital, Inc. (NMH), a subsidiary of Western Connecticut Health Network, Inc. (WCHN), is filing a Certificate of Need with the Office of Health Care Access for the relocation of obstetrical delivery services at NMH to The Danbury Hospital's Family Birth Center (DH). DH is located at 24 Hospital Avenue, Danbury, CT and has a Family Birth Center with 38 beds and 26 bassinets, and a 19-bed state-of-the-art Neonatal Intensive Care Unit (a Level IIIb, equipped to treat babies born as early as 24 weeks). The capital expenditure for this project is estimated to be under \$100,000.
6/1/2012	Weymouth, Rynn	News Times/Spectrum Interview	Brief clarification of misinformation. The decision to relocate has been made, albeit a difficult one. Now, we're working to plan a safe transition as we look to secure state approval. The decision was about program sustainability.
Summer and Fall 2012	Leadership	Community Conversations planned	Awareness to ongoing activities of WCHN and its affiliate hospitals.

**Appendix XI**

**Curriculum Vitae**

**Matthew Kim, MD**

**MATTHEW J. KIM, M.D.****CURRICULUM VITAE****PERSONAL HISTORY**

Current Status: Section Chief- Maternal Fetal Medicine  
Medical Director- Labor and Delivery  
Department of Obstetrics and Gynecology  
Danbury Hospital

Visiting Associate Professor  
School of Medicine  
Yale University

Office Address: Department of Ob/Gyn  
Danbury Hospital  
Danbury, CT 06810  
Phone: (203) 739-4943  
Fax: (203) 739-7160

Email matthew.kim@wcthn.org

Place of birth: South Korea

Citizenship: USA

Marital Status: Married

**EDUCATION**

1987-1991 B.A., Yale University,  
New Haven, CT

1991-1995 M.D., Baylor College of Medicine,  
Houston, TX

1995-1999 Residency, Obstetrics and Gynecology  
Parkland Memorial Hospital  
University of Texas-Southwestern Medical Center,  
Dallas, TX

1999-2002 Fellowship, Maternal Fetal Medicine  
Division of Perinatal Medicine  
Department of Reproductive Medicine  
University of California San Diego,  
San Diego, CA



**LICENSURE:**  
Connecticut, 48761  
California, A67704 (Inactive)  
Illinois, 036106388 (Inactive)  
Arizona, 34423 (Inactive)  
Texas, K0505 (Inactive)

**BOARD CERTIFICATION:**

2003 American Board of Obstetrics and Gynecology  
(Exp. Dec 31, 2012)  
2005 American Board of Obstetrics and Gynecology  
Subspecialty, Maternal-Fetal Medicine  
(Exp. Dec. 31, 2012)

**PROFESSIONAL EXPERIENCE:**

2007-2010 Director, In-patient Obstetrics  
2008-2010 Associate Director Maternal-Fetal Medicine Fellowship Program  
Department of Obstetrics and Gynecology  
Cedars-Sinai Medical Center  
Los Angeles, CA  
  
2005-2007 Director, Division of Maternal-Fetal Medicine  
St. Joseph's Hospital and Medical Center  
Catholic Healthcare West  
Phoenix, AZ  
  
2006-2007 Director, Division of Maternal-Fetal Medicine  
Maricopa Integrated Health System  
Phoenix, AZ  
  
2006-2007 Director, Maternal Fetal Services  
Flagstaff Medical Center  
Northern Arizona Healthcare  
Phoenix, AZ  
  
2002-2005 Attending Physician  
Division of Maternal-Fetal Medicine  
Evanston Northwestern Healthcare  
Evanston, IL

**PROFESSIONAL ACTIVITIES:**

**Committees**

Cedars-Sinai Medical Center 2007-2010

Interdisciplinary Obstetrics Operations Committee- Chair  
 RFO Task Force  
 OB/Gyn Performance Improvement Committee  
 MD/RN Collaborative Committee  
 Ob/Gyn Peer Review Committee  
 Cedars-Sinai Medical Center – IRB (B)  
 CS-Link Physician Advisory Council  
 OB/GYN Residency Curriculum Committee  
 CS-Medical Staff Leadership Development Program

Arizona 2005-2007

Perinatal M&M Committee (coordinator)-SJHMC  
 Flagstaff Medical Center M&M Committee  
 Maricopa Medical Center Perinatal Improvement Committee  
 Maricopa Medical Center Quality Assurance and Peer Review Committee  
 St. Joseph's Hospital and Medical Center IRB for Human Research (B)  
 University of Arizona Medical Student Core Clerkship Site Coordinator  
 Medical Director-Guardian Air Medical Transport

Illinois 2002-2005

OB Practice Committee-Evanston Hospital  
 Regional Perinatal M&M Committee-Northwestern Perinatal Network  
 Perinatal-Neonatal Multidisciplinary Conference (Coordinator)-Evanston Hospital  
 Lake Forest Hospital M&M Committee  
 Swedish Covenant Hospital M&M Committee  
 Northwest Community Hospital M&M Committee

**Community Service:**

Beverly Hills Little League-Coach  
 Advancement Committee-Chair Boy Scouts of America Troop 116

**Membership in professional societies:**

American College of Obstetrics and Gynecology (Fellow)  
 Society of Maternal-Fetal Medicine  
 American Institute of Ultrasound in Medicine  
 American College of Physician Executives  
 Association of Professors of Gynecology and Obstetrics (APGO)  
 Central Association of Obstetrics and Gynecology-Candidate Member  
 Pacific Coast Obstetrics and Gynecology Society- Candidate Member  
 International Society of Ultrasound in Obstetrics and Gynecology  
 PAC-LAC

**INVITED REVIEWER:**

Obstetrics and Gynecology  
American Journal of Obstetrics and Gynecology

**GRANTS:**

Agency: CDC  
ID#: 5U01IP000192  
Title: "Attitudes and knowledge of hospital based health care providers on Tdap and Influenza recommendations for post partum women."  
P.I.: Sylvia Yeh, M.D.  
Percent effort: 10%  
Total costs: \$449,448  
Project period: 7/1/2008-9/1/2010

Agency: Center for Research on Women and Newborn Health  
Title: "VEGF, PPROM and Preterm Birth: A Novel Pathway."  
P.I.: Ljubica Bogic, PhD  
Percent effort: 20%  
Total costs: \$50,000  
Project period: 1/1/2001-1/1/2002

**ACADEMIC APPOINTMENTS:**

1/1/2011-Current	Visiting Associate Professor School of Medicine Yale University New Haven, CT
2007-2/1/2011	Assistant Professor (Clinical Compensated Series) David Geffen School of Medicine-UCLA Los Angeles, CA
2005-2007	Assistant Professor (Contributive Services Faculty) Creighton University School of Medicine Omaha, Nebraska
2002-2005	Assistant Professor (Full time faculty) Feinberg School of Medicine Northwestern University Chicago, IL

**HONORS AND SPECIAL AWARDS:**

2008	Golden Apple Award for Excellence in Teaching, Cedars-Sinai Medical Center
2008	Friends of Nursing Award, Cedars-Sinai Medical Center
2006	APGO National Excellence in Teaching Award

2004	Northwestern University Resident Teaching Award
2003	Northwestern University Medical Student Teaching Award
1997	Wyeth-Ayerst Resident Reporter-CREOG/APGO
1996	Caput Screw for Most Outstanding Intern
1992	Essay Prize, Baylor History of Medicine Society
1986	United States Junior Olympics, Fencing (Sabre)

### LECTURES AND PRESENTATIONS:

- 2010: Danbury Hospital Cancer Symposium, "Management of the pregnant mother with malignant conditions"  
Medical student and resident core lecture series
- 2009: Pacific Coast Ob/Gyn Society, "Teaching 3-Dimensional Fetal Ultrasound: A Novel Figurative Technique"  
Kaiser Permanente Grand Rounds, "Management of Postpartum Hemorrhage"  
Cedars-Sinai Grand Rounds, "Art in Obstetrics: Figurative vs Literal"  
Medical student and resident core lecture series
- 2008: Cedars-Sinai Grand Rounds, "History of Obstetrics: A Magical Mystery Tour"  
PAC-LAC Annual Meeting, "Technological Advances in Labor Monitoring"  
Medical student and resident core lecture series
- 2007: Catholic Healthcare West-Perinatal Quality Initiative, "Fetal Monitoring: Riding the Tiger"  
Flagstaff Medical Center Symposium, "Preterm Birth: A problem".  
Medical student and resident core lecture series
- 2006: Medical student and resident core lecture series
- 2005: Medical student and resident core lecture series
- 2004: Evanston Historical Society, "Delivering babies: A mans job"  
Medical student and resident core lecture series
- 2002: BIMM 134, Biology Department Undergraduate Lecture, "Cervical Cancer: Molecular Approaches to an Infectious Disease"
- 2001: BIMM 134, Biology Department Undergraduate Lecture, "Cervical Cancer: Molecular Approaches to an Infectious Disease"  
Western Conference on Perinatal Research, "Preeclampsia and Hypoxia: The toxic cytokine hypothesis"  
Society for the Study of Reproductive Medicine, "Increased VEGF and Flt-1 gene expression at the rupture site in PPRM and its relation with the duration rupture to delivery."
- 2000: Fetal and Neonatal Physiological Society, "Placental expression of erythropoietin mRNA, protein and receptor in the ovine fetus."

Perinatal and Developmental Medicine Symposium, "PIH and VEGF mRNA expression in the deciduas: An Association."

Western Conference on Perinatal Research, "Birthweight and Gestational Diabetes: The Significance of glucose monitoring"

1999: Southern Gynecological Assembly, "Hepatitis B and breastfeeding."

## PUBLICATIONS

### RESEARCH PAPERS (PEER REVIEWED)

1. Turek P, **Kim MJ**, Gilbaugh J, Lipshultz L. "Clinical Characteristics of 82 Patients with Sertoli Cell Only Testis Histology." *Fertility and Sterility*. Dec 1995. 64:1197-2000.
2. **Kim MJ**, Bogic L, Cheung CY, Brace RA. "Placental expression of erythropoietin mRNA, protein and receptor in sheep". *Placenta* 2001 May; 22(5):484-9.
3. **Kim MJ**, Bogic L, Cheung CY, Brace RA. "Expression of erythropoietin mRNA, protein and receptor in ovine fetal membranes". *Placenta*. 2001 Nov; 22(10): 846-51.
4. Hill JB, Sheffield JS, **Kim MJ**, Alexander JM, Sercely B, Wendel GD. "Risk of hepatitis B transmission in breast-fed infants of chronic hepatitis B carries". *Obstet Gynecol*. 2002 Jun; 99(6):1049-52.
5. Mason SD, Howlett RA, **Kim MJ**, Olfert IM, Hogan MC, McNulty W, Hickey RP, Wagner PD, Kahn CR, Giordano FJ, Johnson RS. "Loss of skeletal muscle HIF-1alpha results in altered exercise endurance". *PLoS Biol*. 2004 Oct; 2(10):e288.
6. Jackson S, Morgan M, Nichols S, Shay A, **Kim MJ**. "Are open box gloves clean enough to perform vaginal examinations." *J Hosp Infect*. 2010 Jul;75(3):243-4.
7. Silasi M, Coonrod D, **Kim MJ**, Drachman D. "Transient tachypnea of the Newborn: Is labor prior to cesarean delivery protective?" *Am J Perinatol*. 2010 Nov;27(10):797-802.
8. Good MM, Solt I, Acuna JG, Rotmensch S, **Kim MJ**. "Methamphetamine use during pregnancy: maternal and neonatal implications." *Obstetrics and Gynecology*. 2010 Aug;116 (2Pt1):330-4.
9. Fareeduddin R, Williams J III, Solt I, Mirocha JM, **Kim MJ**, Rotmensch S. "Discordance of first trimester crown-rump length is a predictor of adverse outcome in structurally normal euploid dichorionic twins." *Journal of Ultrasound in Medicine*. 2010 Oct;29(10):1439-43.
10. Solt I, Acuna J, Ogunyemi D, Rotmensch S, **Kim MJ**. "Teaching 3-dimesional fetal ultrasound using analogical transfer, a randomized study". *Journal of Maternal-Fetal and Neonatal Medicine*. 2010 Dec 10 (Epub)
11. Solt I, **Kim MJ**, Rotmensch S. "Perimortem instrumental vaginal delivery." *Journal of Perinatal Medicine*. 2011. Jan:39:97-98.
12. Solt I, Jackson S, Moore T, Rotmensch S, **Kim MJ**. "Teaching forceps: The impact of proactive faculty". *AJOG*. 2011 Feb 17 (Epub)

### PAPERS SUBMITTED

1. Acuna JG, Solt I, Adeniji BA, Mirocha JM, **Kim MJ**, Rotmensch S. Visualization of the

fourth ventricle in first trimester fetuses with a normal spine versus spina bifida. Submitted to Journal of Ultrasound of Medicine.

2. Adeniji BA, Arora CP, Rotmensch S, **Kim MJ**, Hobel CJ. Isoprostanes and the Risk of Preeclampsia: A longitudinal study. Submitted to AJOG.
3. Vijayan V, **Kim M**, Zangwill K, Allred N, Mink C, Yeh S. "Knowledge and attitudes of Tdap and influenza vaccine recommendations for postpartum women." Submitted to AJOG.

## IN PREPARATION

1. Solt I, **Kim MJ**, Adeniji A, Acuna JG, Mirocha J, Rotmensch S. Visualization and measurement of the cisterna magna and maximal posterior fossa translucency for spina bifida screening at 11-13 weeks gestation.

## CHAPTERS IN BOOKS

1. Hacker N, Gambone R, Hobel C. Chapter 10 "Obstetric hemorrhage and puerperal sepsis" Essentials of Obstetrics and Gynecology. 2009.

## ABSTRACTS

1. **Kim MJ**, Alexander J, Sercely B, Jackson G, Wendel G. "Hepatitis B Transmission Associated with Breastfeeding in Infants of Chronic Carriers". Am J Obstet Gynecol. Jan 1997:176(1 Pt 2); S36.
2. **Kim JM**, Hull AD, Moore TR. Fasting but not postprandial blood glucose values predict birthweight in gestational and Type II diabetes. Am Obstet Gynecol. 2000:182(1Pt2); 213.
3. Chmait RH, **Kim MJ**, Daneshmand S, Moore TR, and Bogic L. 2001 The differential expression of VEGF and its receptor in the decidua of preeclamptic patients. J. Society for Gynecologic Investigation. Vol 8(1)(supplement) Jan-Feb 2001. 151A.
4. Lee S, **Kim MJ**, Moore T. The perinatal and economic impact of public funding of prenatal care. Am J Obstet Gynecol. Jan 2001:184(1); S168.
5. **Kim MJ**, Simpson R, Moore T. Teaching forceps: The Impact of pro-active faculty. Am J Obstet Gynecol. Jan 2001:184(1); S185.
6. **Kim MJ**, Bogic C, Cheung C, Brace R. A developmental analysis of cellular localization of erythropoietin mRNA, protein and receptor in the ovine placenta. Am J Obstet Gynecol. Jan 2001:184(1); S89.
7. **Kim MJ**, Tarsa M, Moore T, Bogic L. VEGF gene expression is increased in the decidua of preterm preeclamptic patients. Am J Obstet Gynecol. Jan 2001:184(1); S89.
8. **Kim MJ**, Bogic L, Cheung C, Brace R. Erythropoietin mRNA, protein and receptor are expressed in ovine membranes. Journal of the Society for Gynecologic Investigation. Vol 8(1)(supplement): January-February 1001;207A.
9. **Kim MJ**, Bogic L, Cheung C, Brace R. Differential expression of erythropoietin in the ovine placenta and fetal membranes during two forms of fetal hypoxia. Journal of the Society for Gynecologic Investigation. Vol 8 (1) (supplement) January-February 2001: 206A.
10. Chmait R, Dinise T, Daneshmand S, **Kim MJ**, Moore TR. Prospective cohort study to establish predictors of glyburide success in gestational diabetes mellitus. Am J Obstet Gynecol. Dec 2001:185:6; S226.
11. **Kim MJ**, Moore TR, Johnson R. Phenotypic expression in murine skeletal muscle: the

- impact of a tissue specific conditional knock-out of HIF-2 and 1- $\alpha$ ph. *Am J Obstet Gynecol.* Dec 2001: 185(6); S226.
12. Magallenez M, Drachman D, **Kim MJ**, Coonrod D. Transient tachypnea of the newborn: Is labor prior to cesarean delivery protective. *Am J Obstet Gynecol.* Dec 2006:195(6);S208.
  13. Bull M, **Kim MJ**, Mathieson K, Fajardo C, Coonrod D. The relationship between mode of oxygenation and development of HIV in the newborn. *Am J Obstet Gynecol.* Dec 2006:195(6);S191.
  14. Good M, Williamson K, Balducci J, **Kim MJ**. The methamphetamine epidemic: Neonatal implications. *Am J Obstet Gynecol.* Dec 2006:195(6);S213.
  15. Adeniji A, Arora C, **Kim M**, Hobel C. Urinary isoprostane levels show a biphasic pattern in patients who develop preeclampsia. *Am J Obstet Gynecol.* Dec 2008:199(6A);S21.
  16. **Kim M**, Arora C, Adeniji A, Hobel C. Diabetes in pregnancy is associated with oxidative stress: Longitudinal isoprostane expression. *Am J Obstet Gynecol.* Dec 2008:199(6A);S159.
  17. Arora C, **Kim M**, Adeniji A, Hobel C. Elevated urinary isoprostanes in early pregnancy are associated with subsequent fetal growth restriction. *Am J Obstet Gynecol.* Dec 2008:199(6A);S161.
  18. Jackson S, Morgan M, Shay A, Nichols S, **Kim M**. Sterile vs Open Box Gloves: How clean is clean? *Am J Obstet Gynecol.* Dec 2008:199(6A);S107.
  19. Vijayan V, **Kim MJ**, Zangwill K, Allred N, Mink C, Yeh S. Attitudes and knowledge of Health Care Personnel on Tdap and Influenza vaccination recommendations for postpartum women." Pediatric Academic Societies Annual Meeting, May 2010.
  20. Azziz R, Ogunyemi D, Christman P, Anest P, **Kim MJ**. "Implementing a CNM hospitalist program for obstetrical triage and labor and delivery: Preliminary results and impact on residency training." APGO/CREOG 2010.
  21. **Kim MJ**, Jackson S, Acuna JG, Adeniji A, Rotmensch S. The influenza pandemics of 1918, 1957, 2009: Obstetric consequences and connections. American College of Obstetrics and Gynecology. ACOG ACM, May 2010
  22. **Kim MJ**, Rotmensch S, Anest P, Hackmeyer P. Prenatal record availability at time of presentation: Multidisciplinary performance improvement utilizing PDSA. American College of Obstetrics and Gynecology. ACOG ACM, May 2010.
  23. Acuna JG, Solt I, Adeniji AB, Mirocha J, **Kim MJ**, Rotmensch S. Visualization of the fourth ventricle in first trimester fetuses with a normal spine versus spina bifida. International Society of Ultrasound in Obstetrics and Gynecology. ISUOG 2010..
  24. Solt I, **Kim MJ**, Acuna JG, Adeniji AB, Morales C, Rotmensch S. Spina bifida detection at 11-14 weeks: Systematic analysis of technical factors associated with false-positive and false-negative image interpretation. International Society of Ultrasound in Obstetrics and Gynecology. ISUOG 2010.
  25. Solt I, **Kim MJ**, Adeniji AB, Acuna JG, Mirocha J, Rotmensch S. Visualization and measurement of the cisterna magna and maximal posterior fossa translucency for spina bifida screening at 11-13weeks gestation. International Society of Ultrasound in Obstetrics and Gynecology. ISUOG 2010.
  26. Solt I, **Kim MJ**, Alanakian A, McMullen CL, Morales C, Rotmensch S. Visualization of first trimester intracranial translucency (IT): The axial plane is superior to the standard mid-sagittal NT screening plane. ISUOG April 2010.

**Appendix XII**

**Financial Attachments I & II**



**New Milford Hospital - FBC CON**

**6.A. Provide a summary of revenue, expense, and volume statistics, without the CON project, incremental to the CON project, and with the CON project.**

(Dollars are in thousands)

Description	FY 2011 Actual Results	FY 2012		FY 2013		FY 2014		FY 2015		FY 2015	
		Projected W/out CON	Projected Incremental	Projected W/out CON	Projected Incremental	Projected W/out CON	Projected Incremental	Projected W/out CON	Projected Incremental	Projected W/out CON	Projected Incremental
<b>NET PATIENT REVENUE</b>											
Non-Government	59,033	\$53,482	-	\$55,097	(1,164)	\$56,761	(1,187)	\$58,475	(1,211)	\$57,264	(1,211)
Medicare	25,943	\$24,344	-	24,587	-	24,833	-	25,081	-	25,081	-
Medicaid and Other Medical Assistance	5,500	\$5,867	-	5,926	(857)	5,985	(857)	6,045	(857)	5,189	(857)
Other Government	112	\$83	-	84	(17)	84	(17)	85	(17)	68	(17)
Total Net Patient Revenue	\$90,588	\$83,776	-	\$85,694	(2,037)	\$87,664	(2,061)	\$89,687	(2,084)	\$87,603	(2,084)
Other Operating Revenue	\$3,236	\$1,360	-	\$1,360	-	\$1,360	-	\$1,360	-	\$1,360	-
Revenue from Operations	\$93,824	\$85,136	-	\$87,054	(2,037)	\$89,024	(2,061)	\$91,047	(2,084)	\$88,962	(2,084)
<b>OPERATING EXPENSES</b>											
Salaries and Fringe Benefits	\$52,253	\$46,462	-	\$47,392	(2,431)	\$48,340	(2,485)	\$49,306	(2,535)	\$46,772	(2,535)
Professional / Contracted Services	6,916	\$6,706	-	6,840	(4)	6,977	(4)	7,116	(5)	7,112	(5)
Supplies and Drugs	13,101	\$10,544	-	10,755	(99)	10,970	(101)	11,190	(103)	11,087	(103)
Bad Debts	2,546	\$2,797	-	2,828	(67)	2,893	(68)	2,960	(69)	2,891	(69)
Other Operating Expense	12,353	\$15,670	-	15,983	(32)	16,303	(33)	16,629	(34)	16,595	(34)
Subtotal	\$87,168	\$82,179	-	\$83,798	(2,634)	\$85,482	(2,691)	\$87,201	(2,744)	\$84,456	(2,744)
Depreciation/Amortization	5,690	\$6,188	-	6,188	(19)	6,188	(18)	6,188	(18)	6,170	(18)
Interest Expense	483	\$285	-	285	-	285	-	285	-	285	-
Lease Expense	575	\$456	-	465	-	474	-	484	-	484	-
Total Operating Expenses	\$93,915	\$89,108	-	\$90,736	(2,653)	\$92,429	(2,709)	\$94,157	(2,762)	\$91,395	(2,762)
Income (Loss) from Operations	(\$91)	(\$3,972)	-	(\$3,682)	615	(\$3,406)	648	(\$3,110)	677	(\$2,433)	677
Non-Operating Income	(3)	\$283	-	-	-	-	-	-	-	\$0	-
Income before provision for income taxes	(\$94)	(\$3,689)	-	(\$3,682)	\$615	(\$3,406)	\$648	(\$3,110)	\$677	(\$2,433)	\$677
Provision for income taxes											
Net Income	(\$94)	(\$3,689)	-	(\$3,682)	\$615	(\$3,406)	\$648	(\$3,110)	\$677	(\$2,433)	\$677
FTEs	468.0	436.0	-	436.0	(14.5)	436.0	(14.5)	436.0	(14.5)	421.5	(14.5)
<b>*Volume Statistics:</b>											
Maternity	268	237	-	237	(237)	237	(237)	237	(237)	-	(237)
Newborn	264	238	-	238	(238)	238	(238)	238	(238)	-	(238)
Total Discharges	532	475	-	475	(475)	475	(475)	475	(475)	-	(475)

Provide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.

**New Milford Hospital - FBC CON**

(Dollars are in thousands)

**6.B. Financial Attachment II.**

Please provide three years of projections of incremental revenue, expense and volume statistics attributable to the proposal in the following reporting format:

Type of Service Description	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Type of Unit Description:	FBC									
# of Months in Operation	Discharges									
	12 months									
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	(\$2,653)									
<b>FY 2013</b>										
<b>FY Projected Incremental</b>										
Total Incremental Expenses:										
Total Facility by Payer Category:										
Medicare		(7)		\$0				\$0		\$0
Medicaid		(7)	147	(1,098)	(241)			(857)		(823)
CHAMPUS/Tricare		(7)	9	(64)	(47)			(17)		(48)
<b>Total Governmental</b>			156	(\$1,162)	(289)	\$0	\$0	(\$873)		(\$21)
Commercial Insurers		(7)	306	(2,284)	(1,086)	(18)	(34)	(1,145)		(1,712)
Uninsured		(7)	13	(93)		(56)	(19)	(19)		(70)
<b>Total NonGovernment</b>			319	(\$2,377)	(1,086)	(\$74)	(\$53)	(\$1,164)		(\$1,782)
<b>Total All Payers</b>		(7)	475	(\$3,539)	(\$1,374)	(\$74)	(\$53)	(\$2,037)		(\$2,653)

Type of Service Description	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Type of Unit Description:	FBC									
# of Months in Operation	Discharges									
	12 months									
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	(\$2,709)									
<b>FY 2014</b>										
<b>FY Projected Incremental</b>										
Total Incremental Expenses:										
Total Facility by Payer Category:										
Medicare		(7)		\$0				\$0		\$0
Medicaid		(7)	147	(1,098)	(241)			(857)		(16)
CHAMPUS/Tricare		(7)	9	(64)	(47)			(17)		(49)
<b>Total Governmental</b>			156	(\$1,162)	(289)	\$0	\$0	(\$873)		(\$890)
Commercial Insurers		(7)	306	(2,284)	(1,062)	(18)	(34)	(1,169)		(1,748)
Uninsured		(7)	13	(93)		(56)	(19)	(19)		(71)
<b>Total NonGovernment</b>			319	(\$2,377)	(\$1,062)	(\$74)	(\$53)	(\$1,187)		(\$1,819)
<b>Total All Payers</b>		(7)	475	(\$3,539)	(\$1,351)	(\$74)	(\$53)	(\$2,061)		(\$2,709)

Type of Service Description	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Type of Unit Description:	FBC									
# of Months in Operation	Discharges									
	12 months									
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	(\$2,762)									
<b>FY 2015</b>										
<b>FY Projected Incremental</b>										
Total Incremental Expenses:										
Total Facility by Payer Category:										
Medicare		(7)		\$0				\$0		\$0
Medicaid		(7)	147	(1,098)	(241)			(857)		(857)
CHAMPUS/Tricare		(7)	9	(64)	(47)			(17)		(50)
<b>Total Governmental</b>			156	(\$1,162)	(289)	\$0	\$0	(\$873)		(\$907)
Commercial Insurers		(7)	306	(2,284)	(1,039)	(18)	(34)	(1,192)		(1,782)
Uninsured		(7)	13	(93)		(56)	(19)	(19)		(73)
<b>Total NonGovernment</b>			319	(\$2,377)	(\$1,039)	(\$74)	(\$53)	(\$1,211)		(\$1,855)
<b>Total All Payers</b>		(7)	475	(\$3,539)	(\$1,327)	(\$74)	(\$53)	(\$2,084)		(\$2,762)

**New Milford Hospital - FBC CON**

**6.C. FINANCIAL ASSUMPTIONS**

Net Patient Revenue:	Determined using historical payment experience with 0% annual increase in govt rates and 2% annual increase in nongovt rates. Determined using historical payment experience with 0% annual increase in govt rates and 2% annual increase in nongovt rates after removing volume for FBC
Without Project:	
With Project:	
Volume:	
Without Project:	Assumption is based on 1% volume increase per year. No change in payormix. FBC volume assumed flat.
With Project:	Assumption is based on 1% volume increase per year. No change in payormix after removing volume for FBC
Other Operating Revenue:	
Without Project:	Assumes 0% increase annually
With Project:	Assumes 0% increase annually
Salaries and Fringe Benefits:	
Without Project:	Assumption is based on inflationary increases approx. 2% annually with no FTE increase.
With Project:	Assumption is based on inflationary increases approx 2% annually with no FTE Increase after removing FTE's in FBC
Professional / Contracted Svcs:	
Without Project:	Based on historical expense plus 2% annual inflation increase per year.
With Project:	Based on historical expense plus 2% annual inflation increase per year after removing expense for FBC.
Supplies and Drugs:	
Without Project:	Assumption is based on historical expenses plus 2% inflation increases per year.
With Project:	Assumption is based on historical expenses plus 2% inflation increases per year after removing expense fro FBC
Bad Debt:	
Without Project:	Assumption is based on 3.3% of Net Revenue consistent annually.
With Project:	Assumption is based on 3.3% of Net Revenue consistent annually after removing Bad Debt expense for FBC
Other Op Expense:	
Without Project:	Includes a 2% annual increase on expenses annually.
With Project:	Includes a 2% annual increase on expenses annually after removing expense for FBC
Depreciation:	
Without Project:	Assumption is based that capital spending will remain flat.
With Project:	Assumption is based that capital spending will remain flat.
Interest:	
Without Project:	Based on current interest of existing debt rolled forward annually.
With Project:	Based on current interest of existing debt rolled forward annually.
Lease Expense:	
Without Project:	Includes a 2% annual increase on expenses annually.
With Project:	Includes a 2% annual increase on expenses annually.
FTEs:	
Without Project:	Based on assumption that FTE will remain flat
With Project:	Based on assumption that FTE will remain flat after removing FTE's for FBC

**Danbury Hospital - FBC CON**

6.A Provide a summary of revenue, expense, and volume statistics, without the CON project, incremental to the CON project, and with the CON project.

(Dollars are in thousands)

Description	FY 2011 Actual Results		FY 2012 Projected		FY 2013 Projected		FY 2014 Projected		FY 2015 Projected		FY 2016 Projected	
	W/out CON	With CON	Incremental	With CON	W/out CON	Incremental	W/out CON	Incremental	W/out CON	Incremental	W/out CON	With CON
<b>NET PATIENT REVENUE</b>												
Non-Government	300,090			\$326,929	\$336,803	698	\$337,501	\$346,974	\$357,453	727	\$358,179	
Medicare	164,317			161,628	163,244	-	163,244	164,877	166,525	-	166,525	
Medicaid and Other Medical Assistance	31,992			32,313	33,150	514	33,150	32,962	33,292	514	33,806	
Other Government	1,321			1,598	1,614	10	1,624	1,630	1,646	10	1,656	
Total Net Patient Revenue	\$497,720			\$522,468	\$534,297	1,222	\$535,519	\$546,443	\$558,916	1,251	\$560,167	
Other Operating Revenue	\$11,802			\$14,832	\$12,163	-	\$12,163	\$12,163	\$12,163	-	\$12,163	
Revenue from Operations	\$509,523			\$537,300	\$546,459	1,222	\$547,682	\$558,606	\$571,079	1,251	\$572,330	
<b>OPERATING EXPENSES</b>												
Salaries and Fringe Benefits	\$262,632			\$261,499	\$268,062	332	\$268,395	\$273,970	\$278,636	344	\$278,980	
Professional / Contracted Services	45,909			54,870	55,968	-	55,968	56,247	56,529	-	56,529	
Supplies and Drugs	77,641			77,269	78,815	59	78,874	80,391	81,999	62	82,061	
Bad Debts	18,183			19,033	19,464	40	19,504	19,906	20,360	41	20,402	
Other Operating Expense	51,183			57,731	58,886	19	58,905	59,180	59,328	20	59,348	
Subtotal	\$455,547			\$470,402	\$481,194	451	\$481,645	\$489,695	\$496,852	467	\$497,319	
Depreciation/Amortization	27,370			30,814	30,800	-	30,800	32,679	38,022	-	38,022	
Interest Expense	4,588			4,274	3,938	-	3,938	3,919	10,882	-	10,882	
Lease Expense	5,839			7,150	7,293	-	7,293	7,439	7,588	-	7,588	
Total Operating Expenses	\$493,344			\$512,641	\$523,225	451	\$523,677	\$533,732	\$553,344	467	\$553,812	
Income (Loss) from Operations	\$16,179			\$24,660	\$23,234	771	\$24,005	\$24,873	\$17,735	784	\$18,518	
Non-Operating Income	13,862			\$13,779	\$10,000	-	\$10,000	\$10,000	\$10,000	-	\$10,000	
Income before provision for income taxes	\$30,041			\$38,439	\$33,234	\$771	\$34,005	\$34,873	\$27,735	\$784	\$28,518	
Provision for income taxes				\$0	\$33,234	\$771	\$34,005	\$34,873	\$27,735	\$784	\$28,518	
Net Income	\$30,041			\$38,439	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
FTEs	2,556.0			2,409.1	2,421.1	3.0	2,424.1	2,426.0	2,430.8	3.0	2,433.8	
<b>*Volume Statistics:</b>												
Maternity	2,110			2,100	2,100	142	2,242	2,100	2,100	142	2,242	
Newborn	1,851			1,820	1,820	143	1,963	1,820	1,820	143	1,963	
Total Discharges	3,961			3,920	3,920	285	4,205	3,920	3,920	285	4,205	

Provide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.

**Danbur Hospital - FBC CON**

Question 6b, Financial Attachment II.  
Please provide three years of projections of incremental revenue, expense and volume statistics attributable to the proposal in the following reporting format:

Type of Service Description	FBC	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Type of Unit Description:	Discharges		Rate	Units	Gross Revenue	Allowances/	Charity	Bad	Net	Operating	Gain/(Loss)
# of Months in Operation	12 months				Col. 2 * Col. 3	Deductions	Care	Debt	Revenue	Expenses	from Operations
									Col. 4 - Col. 5	Col. 1 Total *	Col. 8 - Col. 9
									-Col. 6 - Col. 7	Col. 4 / Col. 4 Total	
<b>FY 2013</b>											
<b>FY Projected Incremental</b>											
Total Incremental Expenses:											
<b>Total Facility by Payer Category:</b>											
Medicare					\$0				\$0	\$0	\$0
Medicaid					88	659			514	140	374
CHAMPUS/TriCare					5	39			10	8	2
<b>Total Governmental</b>					94	\$697	173	\$0	\$524	\$148	\$376
Commercial Insurers					184	1,370	651	11	687	291	396
Uninsured					8	56		34	11	12	(1)
<b>Total NonGovernment</b>					191	\$1,426	651	\$45	\$698	\$303	\$395
<b>Total All Payers</b>					285	\$2,123	\$825	\$45	\$1,222	\$451	\$771

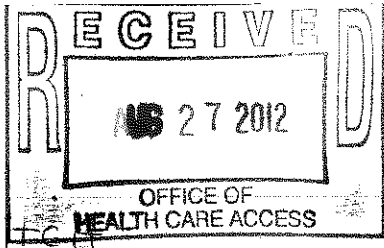
Type of Service Description	FBC	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Type of Unit Description:	Discharges		Rate	Units	Gross Revenue	Allowances/	Charity	Bad	Net	Operating	Gain/(Loss)
# of Months in Operation	12 months				Col. 2 * Col. 3	Deductions	Care	Debt	Revenue	Expenses	from Operations
									Col. 4 - Col. 5	Col. 1 Total *	Col. 8 - Col. 9
									-Col. 6 - Col. 7	Col. 4 / Col. 4 Total	
<b>FY 2014</b>											
<b>FY Projected Incremental</b>											
Total Incremental Expenses:											
<b>Total Facility by Payer Category:</b>											
Medicare					\$0				\$0	\$0	\$0
Medicaid					88	659	145		514	143	371
CHAMPUS/TriCare					5	39	28		10	8	2
<b>Total Governmental</b>					94	\$697	\$173	\$0	\$524	\$151	\$373
Commercial Insurers					184	1,370	637	11	701	297	404
Uninsured					8	56		34	11	12	(1)
<b>Total NonGovernment</b>					191	\$1,426	\$637	\$45	\$712	\$309	\$404
<b>Total All Payers</b>					285	\$2,123	\$811	\$45	\$1,236	\$460	\$777

Type of Service Description	FBC	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Type of Unit Description:	Discharges		Rate	Units	Gross Revenue	Allowances/	Charity	Bad	Net	Operating	Gain/(Loss)
# of Months in Operation	12 months				Col. 2 * Col. 3	Deductions	Care	Debt	Revenue	Expenses	from Operations
									Col. 4 - Col. 5	Col. 1 Total *	Col. 8 - Col. 9
									-Col. 6 - Col. 7	Col. 4 / Col. 4 Total	
<b>FY 2015</b>											
<b>FY Projected Incremental</b>											
Total Incremental Expenses:											
<b>Total Facility by Payer Category:</b>											
Medicare					\$0				\$0	\$0	\$0
Medicaid					88	659	145		514	145	369
CHAMPUS/TriCare					5	39	28		10	8	2
<b>Total Governmental</b>					94	\$697	\$173	\$0	\$524	\$153	\$371
Commercial Insurers					184	1,370	623	11	715	301	414
Uninsured					8	56		34	11	12	(1)
<b>Total NonGovernment</b>					191	\$1,426	\$623	\$45	\$727	\$314	\$413
<b>Total All Payers</b>					285	\$2,123	\$796	\$45	\$1,251	\$467	\$784

**Danbury Hospital - FBC CON**

**6.C. FINANCIAL ASSUMPTIONS**

Net Patient Revenue:	
Without Project:	Determined using historical payment experience with 0% annual increase in govt rates and 2% annual increase in nongovt rates.
With Project:	Utilized historic payment experience combined with FBC anticipated volume shift.
Volume:	
Without Project:	Assumption is based on 1% volume increase per year. No change in payormix.
With Project:	Assumption is based on 1% volume increase per year combined with 60% of anticipated FBC volume shift from NMH to DH.
Other Operating Revenue:	
Without Project:	Assumes 0% increase annually adjusted for one time sale of Dialysis in FY12
With Project:	Same as above
Salaries and Fringe Benefits:	
Without Project:	Assumption is based on historic and planned expense combined with inflationary increases of 2% annually.
With Project:	Same as above combined with expected Increase in staffing to accommodate FBC volume.
Professional / Contracted Shvs:	
Without Project:	Based on projected trend
With Project:	Based on projected trend
Supplies and Drugs:	
Without Project:	Assumption is based on historical expenses plus 2% inflation increases per year.
With Project:	Projected using historical actuals plus inflation applied to incremental FBC volume.
Bad Debt:	
Without Project:	Based on actual trend
With Project:	Based on actual trend
Other Op Expense:	
Without Project:	Based on historic trend combined
With Project:	Based on historic trend plus any incremental associated with FBC volume
Depreciation:	
Without Project:	Assumption is based on historic and planned annual capital spending
With Project:	Assumption is based on historic and planned annual capital spending
Interest:	
Without Project:	Based on current interest of existing debt rolled forward annually.
With Project:	Based on current interest of existing debt rolled forward annually.
Lease Expense:	
Without Project:	Includes a 2% annual increase on expenses annually.
With Project:	Includes a 2% annual increase on expenses annually.
FTEs:	
Without Project:	Includes annual increase in variable staffing required to support growth combined with continued productivity initiatives currently underway.
With Project:	Incremental staffing increase to support incremental volume.



8-23-12

We feel that it is imperative that public meetings be held concerning the closing of New Milford Hospital's Family Birthing Center. There are many "mistakes" in the Certificate of Need that has been filed.

Both staff, patients and area residents feel the closure is completely unsafe. We are not sure OCHA realizes that Route 7 is frequently traffic jammed, compromised by weather conditions or closed.

We feel that if the OCHA looks at the impact to the community & the many safety issues, they will not let this happen.

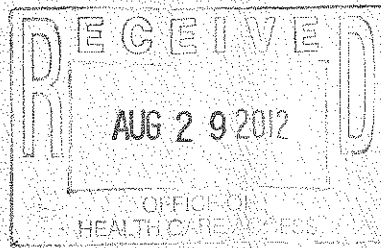
Sincerely,

Amanda Hokett, Linda Denmore,  
Bruce Denmore, Millissa M. Smith,  
Todd Middleton.

c.c.

COM-

Aug. 2012



To Whom it may concern:

I feel it is very important to have town meetings and serious discussions about the proposed closing of the Family Birthing Center in New Milford, CT. There are many discrepancies in Danbury Hospital's Certificate of Need Application, starting with the fact that it is not a "relocation." Neither doctors or staff are being relocated to Danbury Hospital. Also, there are many safety issues, only one being the distance between the towns affected and Danbury. It takes 15 minutes to get to Danbury if a patient lives on New Milford Hospital's doorstep, if one is traveling in the middle of the night and if route 7 is even open. Please do not let this happen to our community.

Sincerely,

Jenn Sewell  
116 Aspetuck  
New Milford, CT



## Greci, Laurie


---


**From:** Greci, Laurie  
**Sent:** Monday, September 10, 2012 11:04 AM  
**To:** Martone, Kim; Hansted, Kevin  
**Cc:** Riggott, Kaila  
**Subject:** Completeness Letter for 12-31781-CON  
**Attachments:** 12-31781-CON Completeness Letter with signature.pdf

Attached is the completeness letter than I have sent to Sally Herlihy, VP of Planning, for Western CT Health Network.

*Laurie K. Greci*

Associate Research Analyst  
Department of Public Health  
Health Care Access

 [laurie.greci@ct.gov](mailto:laurie.greci@ct.gov)

 860 418-7032

 860 418-7053



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

September 10, 2012

VIA FAX ONLY

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

RE: Certificate of Need Application; Docket Number: 12-31781-CON  
Termination of Inpatient Obstetrical Delivery Service at New Milford Hospital  
Completeness Letter

Dear Ms. Herlihy:

On August 16, 2012, the Office of Health Care Access ("OHCA") received your initial Certificate of Need ("CON") application filing on behalf of New Milford Hospital ("NMH"), Danbury Hospital ("DH") and Western Connecticut Health Network ("WCHN"). The Applicants propose to terminate inpatient obstetrical delivery service at New Milford Hospital.

OHCA has reviewed the CON application and requests the following additional information pursuant to General Statutes §19a-639a(c). The page numbers given in each question refer to the submitted initial Certificate of Need ("CON") application.

- 1) The Applicants state on page 6 of the initial application that with the declining number of babies being born at NMH that the inpatient obstetrical delivery service should be terminated before reaching a level of questionable sustainability. What alternate solutions were considered by the Applicants to address the decreasing utilization of the inpatient obstetrical delivery service at NMH? Provide a discussion with supporting documentation.
- 2) The Applicants state that the time to travel from NMH to DH is 17 minutes. Explain how this time was determined. Report the variability in the time to travel from NMH to DH under varying road and traffic conditions. Also report the maximum times and distances to DH for a number of locations in the towns of New Milford, Kent, Washington, Roxbury, Bridgewater and Sherman.
- 3) Please report the average daily census for the birthing services at NMH by month for the last 12 months. Report the average length of stay for the last 12 months.

- 4) Please complete the following table concerning the utilization of the inpatient obstetrical delivery service at NMH:

Fiscal Year	2009	2010	2011	2012 year to date
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Number of newborns that required transfer to another acute care hospital for neonatal intensive care services				
Number of patients that arrived at NMH's Emergency Department in labor				
Number of patients that arrived at NMH's Emergency Department in labor requiring transfer to another acute care hospital for delivery				
List the names of the facilities currently used for transfer of patients for delivery				
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- 5) On page 8 it states that five obstetricians routinely admitted patients to NMH. There are two group practices and two solo practitioners. Please list of the locations of the offices where these physicians meet their patients for pre- and post-natal care.
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If you have any questions concerning this letter, please feel free to contact me at (860) 418-7032.

Sincerely,

*Laurie K. Greci*

Laurie K. Greci  
Associate Research Analyst

Copy: Kim Martone, Director  
Kaila Riggott, CON Supervisor  
Kevin Hansted, Esq.

## Greci, Laurie

---

**From:** Greci, Laurie  
**Sent:** Monday, September 10, 2012 11:02 AM  
**To:** 'sally.herlihy@wchn.org'  
**Cc:** Riggott, Kaila  
**Subject:** Completeness Letter for CON Application - Termination of Inpatient Delivery Services at NMH  
**Attachments:** 12-31781-CON CL.docx; 12-31781-CON Completeness Letter with signature.pdf

Dear Ms. Herlihy,


I have faxed to you a copy of the completeness letter for the above CON application. With this email I am also providing you with two additional version, pdf and Word. This way you may simply copy the questions to your response document.


If you have any questions, please call me.


Laurie

*Laurie K. Greci*

Associate Research Analyst  
Department of Public Health  
Health Care Access

 [laurie.greci@ct.gov](mailto:laurie.greci@ct.gov)

 860 418-7032

 860 418-7053



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

September 10, 2012

VIA FAX ONLY

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

RE: Certificate of Need Application; Docket Number: 12-31781-CON  
Termination of Inpatient Obstetrical Delivery Service at New Milford Hospital  
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If you have any questions concerning this letter, please feel free to contact me at (860) 418-7032.

Sincerely,

*Laurie K. Greci*

Laurie K. Greci  
Associate Research Analyst

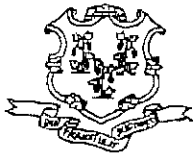
Copy: Kim Martone, Director  
Kaila Riggott, CON Supervisor  
Kevin Hansted, Esq.



\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

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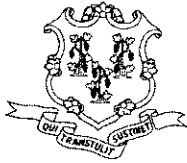
STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: Sally F. Herlihy  
FAX: 203 739 1974  
AGENCY: Western CT Health Network  
FROM: Louise K. Greci  
DATE: 9/10/2012 TIME: 10:50 AM  
NUMBER OF PAGES: 4  
*(including transmittal sheet)*

Comments: Competencies for CON Docket No. 12-31781-CON  
Proposal to terminate inpatient delivery services  
at New Milford Hospital

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.



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

September 10, 2012

VIA FAX ONLY

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

RE: Certificate of Need Application; Docket Number: 12-31781-CON  
Termination of Inpatient Obstetrical Delivery Service at New Milford Hospital  
Completeness Letter

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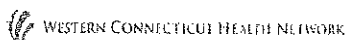
If you have any questions concerning this letter, please feel free to contact me at (860) 418-7032.

Sincerely,



Laurie K. Greci  
Associate Research Analyst

Copy: Kim Martone, Director  
Kaila Riggott, CON Supervisor  
Kevin Hansted, Esq.



# DANBURY HOSPITAL

24 Hospital Ave  
Danbury, CT 06810  
203.739.4903  
DanburyHospital.org

From: Sally Herlihy  
Vice President, Planning

To: Kimberly Martone

Fax: 860-418-7053

No. of Pages: 25

Phone: 860-418-7001

Date: October 10, 2012

RE: FBC CON Docket 12-31781-CON

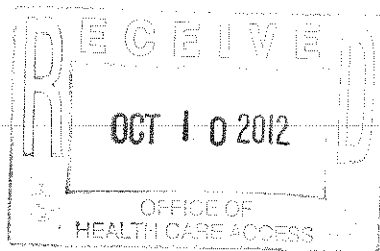
CC:

- Urgent
- For Review
- Please Comment
- Please Reply
- Please Recycle

## Fax

The original document plus 4 additional copies will be mailed today.

Thank you.



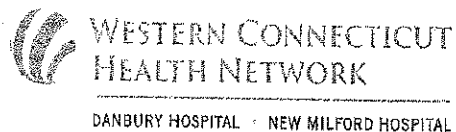
### CONFIDENTIALITY

The document accompanying this transmission contains information from Danbury Hospital, which is confidential and/or legally privileged. The information is intended only for use by the individual or entity named on the transmission sheet.

If you are not the intended recipient, you are hereby notified that using, disclosing, copying, distributing or taking any action in reliance on the contents of the transmitted information is strictly prohibited and that the document should be immediately returned to Danbury Hospital.

10/10/2012

NMH FBC CON -90

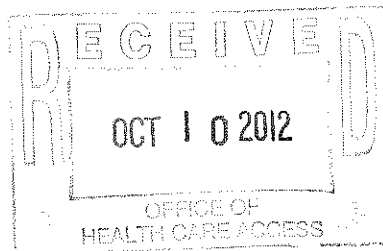


24 Hospital Ave.  
Danbury, CT 06810  
203.739.7000

WesternConnecticutHealthNetwork.org  
DanburyHospital.org  
NewMilfordHospital.org

October 10, 2012

Kimberly R. Martone  
Director of Operations  
Department of Public Health  
Office of Health Care Access  
410 Capitol Avenue, MS#13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308



Re: Docket Number: 12-31781-CON  
Termination of Inpatient Obstetrical Delivery Service at New Milford Hospital

Dear Ms. Martone,

Based on September 10, 2012 correspondence from your office requesting additional information on Docket Number: 12-31781-CON, please find enclosed WCHN responses to your questions.

If you have any questions that the attached submission does not answer, please contact me so that we may provide whatever additional information you need in your deliberations. I can be reached directly at 203-739-4903, or [sally.herlihy@wchn.org](mailto:sally.herlihy@wchn.org).

Sincerely,

A handwritten signature in cursive script that reads "Sally F. Herlihy".

Sally F. Herlihy, FACHE  
Vice President, Planning  
Western Connecticut Health Network

cc: Enclosure

10/10/2012

NMH FBC CON -91

- 1) The Applicants state on page 6 of the initial application that with the declining number of babies being born at NMH that the inpatient obstetrical delivery service should be terminated before reaching a level of questionable sustainability. What alternate solutions were considered by the Applicants to address the decreasing utilization of the inpatient obstetrical delivery service at NMH? Provide a discussion with supporting documentation.

Response:

Over the years, marketing outreach efforts, inclusive of advertising, promotion, open houses, education programs and website content have been routinely utilized to support awareness of the general public to the Family Birthing Center (FBC) program at NMH. In the last 12-15 months the following promotional activities about the program capabilities and its physicians included:

- Direct Mail/New Movers Campaign - sent monthly (see Attachment XIII)
- NMH Web Site Content listing FBC services and prenatal education classes/events calendar (also included in Attachment XIII)

Website Pageviews for the last two years:

Year	FBC-Birthing	FBC-Newborn	FBC-Education
2010-2011	1,381	377	607
2011-2012	1,562	423	611

- Physician Referral Service - obstetrics/gynecology listings in medical staff directory and online profiles

Beryl Call Center Activity for the last two years:

Year	MD Referral	# FBC Service Calls	# Class Registrations
2010-2011	19	29	190
2011-2012	7	17	79

- Spirit of Women Quarterly Magazine (Spring 2011, pg. 5 - FBC and back cover physician referral ad)
- Spirit of Women Quarterly Magazine (Fall 2011, pg. 13 - Dr. Carol Papov, OB/GYN)
- Spirit of Women Quarterly Magazine (Summer 2012, pg. 12 - Dr. Brooke Davidson, OB/GYN)

With a declining number of births in the region, and a market capture rate in FY11 of approximately 51% for NMH, and 45% for DH of selected towns in the region (Bridgewater, Kent, New Milford, Roxbury, Sherman, Warren, Washington; see Appendix III, page 25 of the CON), recapture of the outmigration to other providers would not result in a significant impact on the FBC program volumes:

10/10/2012

NMH FBC CON -92

- 96% of 320 deliveries is the market captured and utilizing either NMH or DH; the remaining 4% equates to approximately 10 newborns, or <1 delivery per month not delivered at NMH.

This potential volume would not assuage the continual operating loss and negative viability of the program, therefore recruitment of additional physicians was not considered an option as the number of obstetricians already on staff at NMH was felt to be addressing the needs of the community. Additional physicians would not equate to additional utilization since 96% of newborns in the service area are presently being born at NMH or DH.



10/10/2012

NMH FBC CON -93

2) The Applicants state that the time to travel from NMH to DH is 17 minutes. Explain how this time was determined. Report the variability in the time to travel from NMH to DH under varying road and traffic conditions. Also report the maximum times and distances to DH for a number of locations in the towns of New Milford, Kent, Washington, Roxbury, Bridgewater and Sherman.

Response:

An estimate of the driving times for the towns of New Milford, Kent, Washington, Roxbury, Bridgewater and Sherman to the hospitals located in New Milford, Danbury, Torrington and Sharon CT is included in Appendix VI, page 28 of the CON application and provided below. The figures on this chart were developed utilizing MapQuest, and the # miles and # minutes is captured from the zip code for each town to the specific zip code for New Milford, Danbury, Charlotte Hungerford and Sharon hospitals. Individual addresses across each town would yield slightly different figures.

The "average" for the towns represented in the chart indicate an additional 21 minutes to DH vs. NMH (ie. 39 minutes – 18 minutes = + 21 minutes):

Zip Code	CT Town	New Milford, 06776		Danbury, 06810		Torrington, 06794		Sharon, 06069	
		# Miles	# Min	# Miles	# Min	# Miles	# Min	# Miles	# Min
06752	Bridgewater	4	8	14	29	32	55	31	51
06757, 06785	Kent	12	29	27	48	25	45	17	28
06755, 06776	New Milford	4	9	19	32	28	50	24	40
06783	Roxbury	7	14	25	36	29	48	29	50
06784	Sherman	6	15	15	34	35	62	31	48
06754	Warren	13	29	29	54	20	36	11	20
06777, 06793, 06794	Washington	8	20	24	44	20	37	21	34
	<b>AVERAGE</b>	<b>8</b>	<b>18</b>	<b>21</b>	<b>39</b>	<b>27</b>	<b>47</b>	<b>24</b>	<b>39</b>

The statement of 17 minutes in the Introduction on page 6 of the CON application was inadvertently mistyped and should have read only 17 *miles* away. Per MapQuest, the travel time specifically from NMH (21 Elm Street, New Milford, CT) to DH (20 Hospital Avenue, Danbury, CT) is 15.66 miles, 24 minutes. Variability in time associated with road and traffic conditions (and reasons) cannot be predicted and can impact travel anywhere across the service area, and the state.

Contact was made with the New Milford Police Department to better understand the degree and frequency of Route 7 closures which might impact a laboring patient en route to DH from the New Milford community. Beginning with 9/1/11 to present, there were 11 partial or full Route 7 closures. All were accident related, and alternate routes were available to travel through the affected areas. Additionally, Danbury Ambulance Service, Inc. indicated "on the few occasions accidents closed Route 7 over the past year patient transport was not disrupted due to multiple alternate routes available."

10/10/2012

NMH FBC CON -94

- 3) Please report the average daily census for the birthing services at NMH by month for the last 12 months. Report the average length of stay for the last 12 months.

Response:

The FBC average daily census (reported as # of patients) by month at NMH for birthing services between 9/1/11 to 8/31/12 is:

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total
Maternity	2.1	1.6	2.0	2.2	1.9	1.6	1.1	2.5	2.4	1.9	1.8	1.4	1.9
Newborn	<u>1.9</u>	<u>1.7</u>	<u>1.7</u>	<u>2.0</u>	<u>1.7</u>	<u>1.4</u>	<u>1.3</u>	<u>2.6</u>	<u>2.2</u>	<u>1.7</u>	<u>1.6</u>	<u>1.2</u>	<u>1.7</u>
Total	4.0	3.3	3.7	4.2	3.6	3.0	2.3	5.0	4.6	3.6	3.4	2.6	3.6

The average length of stay (reported as # of days) for the same time period is:

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total
Maternity	2.6	2.7	2.9	2.7	2.9	2.4	2.8	3.7	3.0	2.9	2.7	2.3	2.8
Newborn	<u>2.3</u>	<u>2.7</u>	<u>2.6</u>	<u>2.7</u>	<u>2.7</u>	<u>2.1</u>	<u>2.6</u>	<u>3.5</u>	<u>2.8</u>	<u>2.4</u>	<u>2.5</u>	<u>2.2</u>	<u>2.6</u>
Total	2.5	2.7	2.7	2.7	2.8	2.2	2.7	3.6	2.9	2.7	2.6	2.3	2.7

10/10/2012

NMH FBC CON -95

- 4) Please complete the following table concerning the utilization of the inpatient obstetrical delivery service at NMH:

Fiscal Year	2009	2010	2011	2012 year to date
Number of patients that required transfer from NMH to another acute care hospital for delivery	0	5	7	8
Number of newborns that required transfer to another acute care hospital for neonatal intensive care services	0	5	12	7
Number of patients that arrived at NMH's Emergency Department in labor	2	0	0	0
Number of patients that arrived at NMH's Emergency Department in labor requiring transfer to another acute care hospital for delivery	0	0	0	0
List the names of the facilities currently used for transfer of patients for delivery	Danbury Hospital, UCONN Medical Center			
List the names of the facilities currently used for transfer of newborns from NMH for neonatal intensive care services	Danbury Hospital, UCONN Medical Center, CCMC, Yale			

10/10/2012

NMH FBC CON -96

- 5) On page 8 it states that five obstetricians routinely admitted patients to NMH. There are two group practices and two solo practitioners. Please list of the locations of the offices where these physicians meet their patients for pre- and post-natal care.

Response:

The statement on page 8 of the CON application indicates one group practice with 3 physicians (which reduced to 2 physicians just prior to the submission of the CON). This office is as follows:

Women's Healthcare of New Milford (WHCNM)  
 Claudia Johnson-Baxter, MD and Carol Papov, MD  
 120 Park Lane Road  
 New Milford, CT 06776

The remaining two solo physician practices are as follows:

New Milford OB/Gyn John Sussman, MD 2 Old Park Lane Road New Milford, CT 06776	Orlito Trias, MD 9 Aspetuck Avenue New Milford, CT 06776
---	--

The projected deliveries as of 9/11/12 for the next 6 months are estimated as follows:

Physician	Sept '12	Oct '12	Nov '12	Dec '12	Jan '13	Feb '13
WHCNM	6	12*	16*	4*	6*	3*
Sussman	3	2	5	4	3	3
Trias	5	3	9	7	3	1
TOTAL	14	17	30	15	12	7

\*Since the submission of the CON, there has been an additional change in the mix of physicians at NMH. Specifically, Drs. Baxter and Papov (WHCNM) have indicated that effective October 1, 2012 they will relocate all of their deliveries to Charlotte Hungerford Hospital\*.

Included as Appendix XIV please find correspondence between Deborah Weymouth, Executive Director and SVP at New Milford Hospital and Carol Papov, MD related to this change.

10/10/2012

NMH FBC CON -97

- 6) On page 9 the Applicants state that the birthing facility at NMH requires refurbishing. Please describe the current facility and explain what improvements are needed.

Response:

The FBC is comprised of 9,621 square feet of space in the 1988 building, on the second floor, east side of the NMH facility. According to the 2010 Guidelines for Design and Construction of Health Care Facilities from the Facility Guideline Institute, Section A2.202.11.1a, this FBC is designed as a Traditional Model obstetrical unit, meaning that labor, delivery, recovery, and post-partum occur in separate spaces. Additionally, this section tells us that guidelines for new construction of traditional delivery rooms have been eliminated from the guideline document, as this model is no longer built or used for obstetrical units.

Therefore, to renovate the FBC in any way we would need to develop plans to build one of the two other models in the guidelines: LDRs (Labor-Delivery-Recovery model) or LDRPs (Labor-Delivery-Recovery-Postpartum model). This would require a major construction project, basically an almost deck to deck gut renovation. This would be at a significant cost, approximated at a total estimated cost of between \$3,533,300 and \$4,976,450 as follows:

- Minimum cost for renovation with utilizing existing walls where applicable - \$300/sq. ft. X 9,621 sq. ft. = \$2,886,300
- Major gut and renovate to install all new systems and room capacities -- \$450/sq. ft. X 9,621 sq. ft. = \$4,329,450

In addition, the air handling units and mechanical equipment servicing this area are nearing 25 years old. Although they appear to be in relatively good condition for their age, there are systems that are failing related to the chilled water system, specifically distribution and the respective pumping systems for both chilled and hot water to get to the respective coils in the air handling units. This work could add significantly more cost to a major renovation project for this area.

Concerning fixtures, furniture and equipment, the birthing and patient beds currently in use on the FBC range from 10 years old to 22 years old, respectively. Currently there are 2 birthing beds and 11 patient beds. For comparative purposes only, to replace those beds in kind would cost the following:

- 2 birthing beds @ approximately \$30,000 each = \$60,000
- 11 patient beds @ approximately \$12,000 each = \$132,000
- A specialty bed used in LDR or LDRP rooms, would be 13 needed @ approximately \$35,000 each = \$455,000

10/10/2012

NMH FBC CON -98

- 7) On page 7 it states that the 14 registered nurses staffing the delivery service each maintain neonatal resuscitation certification. On page nine it states that retraining of personnel would require a significant investment of money. What retraining is required?

Response:

Updates to all policies and procedures as well as new additional policies are necessary to standardize practice within the health network, and training would be necessary for the nurses on these policies. Nurses need continuing education on OB emergencies and current evidence based labor and delivery practices. To maintain standard of practices, all 14 RNs are due for Neonatal Resuscitation recertification this fall. This recertification training is currently being planned. Also, all nurses should be Electronic Fetal Monitoring (EFM) certified. At the time of the initial CON submission, only 5 of the regular staff had this credential, leaving 9 RNs to be EFM certified. Due to our continued commitment to the community, we have validated the competency of all 14 RNs on EFM, and have provided certification preparation training to 3 additional staff, with 2 more scheduled for this certification preparation training within the next month. We have also contracted with an additional travelling RN who is EFM certified. Advanced Cardiac Life Support (ACLS) certification/recertification of all nurses would also be required to bring staff up to standard due to anesthesia not being on site 24/7 at NMH.

10/10/2012

NMH FBC CON -99

- 8) On page 10 it states that with the proposal the labor room located within NMH's Emergency Department will require refurbishing and that ED physician staff will require training for obstetrical and neonatal support. Please describe the refurbishments required and the training that needs to be provided prior to implementation of the proposal by the Applicants.

Response:

The proposed labor room in the ED is currently designated as the "Consult" room. It is equipped with an OB/Gyn stretcher, medical gasses, and gynecologic exam equipment. Additional obstetrical equipment will be placed in a room across the hall and include an isolette, infant warmer and ultrasound machine to support management of the obstetrical and newborn patient.

Education for MDs, RNs, PAs and EMS personnel is planned. The MDs are all Residency trained and board certified in Emergency Medicine which includes training and testing for proficiency in managing OB emergencies. The MDs and PAs will be provided a PowerPoint educational tool on OB emergencies as a refresher. A series of presentations to local EMS services is being arranged with the assistance of Dr. Matt Kim, Danbury Maternal Fetal Medicine (see Appendix XI, page 74 for CV in the CON application).

The following educational components have been implemented in regards to OB/GYN education:

- Specialty Care Transport course – ALS providers specially trained to provide inter-facility transportation of high-risk OB patient population. There are two installments of this course to capture a greater populace, October 3<sup>rd</sup> and November 6<sup>th</sup>.
- Continuing Medical Education – Training for all service level providers. There was one presentation held for Danbury Area services, September 29<sup>th</sup>. There are two upcoming scheduled presentations, October 9<sup>th</sup> for greater Danbury/ New Milford Area services and October 25<sup>th</sup> for the greater New Milford area services.

Education services are being coordinated with Eastern Connecticut Health Network as well. ED RNs will be trained in the normal physiological changes in pregnancy, nursing management of OB emergencies, and assisting in precipitous births. The RNs will be certified in Pediatric Advanced Life Support (PALS) and Neonatal Resuscitation Program (NRP). They will also participate in a shadowing experience in the Labor & Delivery unit and the Newborn nursery at Danbury Hospital.

10/10/2012

NMH FBC CON -100

9) Please provide any available documentation that supports the continuance of prenatal, post-natal, pediatric and gynecological care at a facility that does not provide delivery services.

Response:

Current and future obstetric patients residing in the local communities will continue to have a choice of which obstetrician they will utilize. The NMH OB/Gyn physicians located in the community is explained in question 5 above. The only difference in the birthing process would be the location of the birth itself.

Access to prenatal and postnatal care is critical to a successful outcome of the pregnancy. NonStress testing and labor checks that have been conducted on the FBC unit will continue to be available in partnership with the OB/Gyn offices. Diagnostic or therapeutic services required outside of the OB/Gyn office would still be accessible at NMH for any necessary care for patients during the course of their pregnancy.

Additionally, the following Family Birthing Center educational resources will continue to be accessible for residents of the community: Prepared Childbirth Education; Infant Care Class; Breastfeeding Group for Pregnant Women; and a Breastfeeding Support Group. The classes will be centrally coordinated for the Network and offered in New Milford based on demand. If and when necessary, due to low utilization of these programs, patients would be offered a smooth transition to programs offered at DH. Programs that would be discontinued include Massage for New Mothers and a Celebration Dinner for New Parents as both these programs were part of the inpatient experience following delivery at NMH.

NMH has an Obstetrical Program that all four obstetricians are currently active participants in the program along with several radiologists and anesthesiologists. The program is administered through NMH social workers who connect directly with patients from the community. The program has been in existence since 1988 and current participation for individuals who meet social and financial eligibility is as follows:

- FY 2009 – 7 patients
- FY 2010 – 8 patients
- FY 2011 – 12 patients
- FY 2012 – 5 patients

Objectives of the program include: providing a program of observation, guidance, education and management with the intent of making pregnancy and delivery a healthy, satisfying experience resulting in a health baby. Proper instruction and information in good nutrition, general activity, personal hygiene, and personal guidance by providing a team approach. This program also considers the entire family structure during prenatal, intrapartum, and postpartum care.



10/10/2012

NMH FBC CON -101

10) Other than the possibility that a delivery will take place in the ED at NMH what are other possible scenarios have been envisioned by the Applicants that will need to be addressed in order to move forward with the proposal?

Response:

The following scenario planning and course of action (which involve protocols for the determination and ability to stabilize and transport the patient to DH as needed) was provided on page 15 of the CON application for the following situations:

- Ectopic Pregnancy – Emergency Physician evaluates patient and discusses with patient's OB
- Ectopic Pregnancy (ruptured) – stabilize and transfer to DH
- Pre-eclampsia – Emergency Physician evaluates patient and discusses with patient's OB
- Eclampsia – stabilize patient and discuss with patient's OB
- Fetal Demise – Emergency Physician evaluates patient and discusses with patient's OB
- Threatened Abortion – Emergency Physician evaluates patient and discusses with patient's OB
- Incomplete Abortion – stabilize patient and discuss with patient's OB
- Completed Abortion – Emergency Physician evaluates patient and discusses with patient's OB
- Uterine Contractions (pre-term, term and Braxton-Hicks) – Emergency Physician evaluates patient and discusses with patient's OB
- Maternal Trauma (minor) – Emergency Physician evaluates patient and discusses with patient's OB
- Maternal Trauma (major) – stabilize and transfer to DH
- Rupture of membranes – Emergency Physician evaluates patient and discusses with patient's OB
- Pregnancy with active bleeding (abruption, placenta previa, uterine rupture) – stabilize and transfer to DH
- Active Labor – Emergency Physician evaluates patient and discusses with patient's OB
- Delivery – stabilize mother & baby and transfer to DH
- Postpartum hemorrhage – stabilize mother & baby and transfer to DH
- Maternal Death – stat C-section performed by Emergency Physician

10/10/2012

NMH FBC CON -102

11) Discuss the availability of public transportation within New Milford and NMH's other service area towns. If there is no public transportation, how do patients without personal transportation travel to NMH?

Response:

The only public transportation available in New Milford is operated by the Housatonic Area Regional Transit (HART) which offers a fixed route schedule (HART 7) at various points through New Milford south on Route 7 to Brookfield and Danbury. This schedule runs 6 days per week: 6 AM - 6 PM Monday-Friday and 8 AM - 5 PM on Saturdays. There is no public transportation service to other service area towns adjacent to New Milford, resulting in the use of private transportation by patients.

In any emergency situation involving an imminent birth or a pre-birth emergency, an ambulance would be discharged to the mother's location in response to receipt of a 911 call.

10/10/2012

NMH FBC CON -103

Appendix XIII

Marketing and Promotion Examples

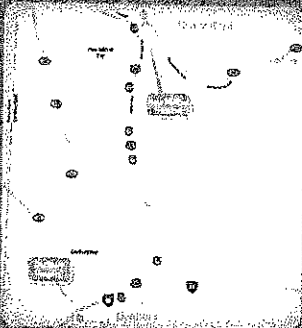
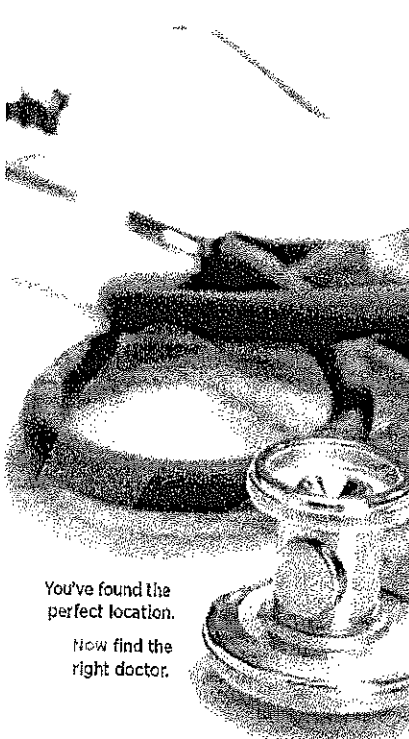
10/10/2012

NMH FBC CON -104

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 Our Emergency departments are located in two convenient locations and accredited with stroke, trauma and chest pain designations.

**Family Birth Center**  
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**Children's Health & Wellness Center**  
 Offers an innovative, family-friendly environment with a wide range of pediatric specialists.

**Radiology and Lab**  
 Available throughout the community, our imaging facilities and labs offer state-of-the-art technology with a focus on patient comfort.

**Wellness and Prevention**  
 A full calendar of educational and empowering events includes FREE Spirit of Women programs - focused on helping women take care of themselves and their families. Become a member and learn more at [www.DanburyHospital.org/SpiritofWomen](http://www.DanburyHospital.org/SpiritofWomen).



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10/10/2012


NMH FBC CON -105

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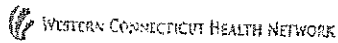


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10/10/2012

NMH FBC CON -106



# NEW MILFORD HOSPITAL

AFFILIATED WITH DANBURY HOSPITAL

Find a Doctor  
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New Milford, CT 06854



### Hospital News

- New Milford Hospital Receives \$15,000 Grant from the Ellen Knowles Harcourt Foundation
- New Milford Hospital Offers Quit Now Smoking Cessation Program
- Strong Women™ Strong Bones Fitness Program Helps Prevent and Reverse Osteoporosis/Osteopenia
- More news articles

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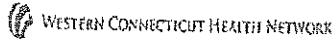
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10/10/2012

NMH FBC CON -107



# NEW MILFORD HOSPITAL

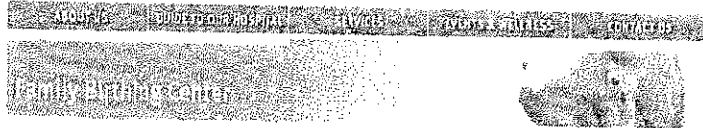
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- Emergency Care
- Medical Services
- Regional Cancer Center
- Family Birthing Center  
Family Birthing Team  
Classes
- One Day Surgery
- Orthopedic
- Regional Heart Center
- Sleep Medicine
- Specialized Services
- Surgical Services

The team of the Family Birthing Center at New Milford Hospital is committed to helping you welcome your new baby with confidence and medical expertise to help ensure a beautiful beginning for you and your family. Our board-certified obstetrician/gynecologists, together with our maternity registered nurses, will be by your side to guide you through labor and delivery, monitoring your progress and providing support and encouragement. Our nurses are trained in lactation support to assist new mothers in getting to know their newborn, and establishing critical early feeding habits that will help foster successful breastfeeding. Based on your expectations for your birth experience and standards for high-quality care, our board-certified anesthesiologists provide a variety of pain control methods to ensure your comfort and safety during your delivery.

Our facility offers a private, restful environment that includes including a rocking chair and recliner in each room, a private bath and shower, and personalized touches to create a serene, home-like surroundings.

Because personalized care is our hallmark, nurturing comes naturally at New Milford Hospital. We look forward to serving you and to making the birth of your baby an extraordinary experience that you will cherish for years to come.

### Family Birthing Center Resources

- |  |                                  |
|--|----------------------------------|
| Prepared Childbirth Education          | Sibling Preparation              |
| Infant Care Class                      | Message for New Mothers          |
| Breastfeeding Group for Pregnant Women | Celebration Meal for New Parents |
| Breastfeeding Support Group            |                                  |

For more information on New Milford Hospital's Family Birthing Center classes or referral to an obstetrician/gynecologist visit our web-based [physician referral](#) and [events](#), or call 1-800-585-7155

Use our online [find a Doctor](#) tool, or call 1-800-585-7155 if you need a doctor referral





10/10/2012

NMH FBC CON -109

Fee: \$150 for series. Registration limited to women scheduled to deliver at New Milford Hospital.

**Schedule for 2012**

- January 19, 21, 24
- February 14, 21, 28
- March 13, 20, 27
- April 10, 17, 24
- May 8, 15, 22
- June 12, 19, 26
- July 10, 17, 24
- August 14, 21, 28
- September 11, 18, 25
- October 9, 16, 23
- November 13, 20, 27
- December 11, 18, TED

**Location:** 2nd Floor Conference Room (next to Family Bathing Center), New Milford Hospital

**Fee: \$150 for series. Please call toll-free 1-800-350-1595 to register. Registration limited to women scheduled to deliver at New Milford Hospital.**

Use our online [Find a Doctor](#) tool, or call 1-800-585-7198 if you need a doctor referral

10/10/2012

NMH FBC CON -110

Appendix XIV

Weymouth-Papov Correspondence

10/10/2012

NMH FBC CON -111

Carol Papov, M.D.  
Women's Health Care of New Milford  
120 Park Lane Road  
Unit B202  
New Milford, CT 06776

HAND DELIVERED

September 10, 2012

Dear Dr. Papov:

Given our meeting that took place on Tuesday, September 4<sup>th</sup> that included Dr. Koobation, this letter serves to clarify and document the decision you shared during that meeting to relocate all deliveries under the care of Women's Healthcare New Milford to Charlotte Hungerford Hospital by October 1, 2012.

We further understood your offices would continue to be located in New Milford but you desire to have all on-call obligations for OB services at New Milford end on October 1, 2012. Finally, you are currently considering potential alternatives to the location of the GYN procedures and surgeries provided by your group, but you would prefer to keep those services in New Milford Hospital assuming we can mutually resolve on-call responsibilities in a fair and equitable manner.

Given this short notification period, we do understandably require time to adequately plan and prepare appropriately for the care and safety of our patients. I also learned from our OB/FBC nursing team that you have shared your plan of 10/1/12 relocation directly with them and that your office has started contacting patients in our community to share this news. Both of these facts further support our need to respond quickly.

Although we are not certain of the impact it will have on the processing of our CON (12-31781-C) application to relocate OB services to Danbury Hospital, we do intend to share this communication with the State of Connecticut Office of Health Care Access so they are aware of your intentions.

If your plans have changed please let me know within the next 24 hours. If we do not hear from you we will move forward based on the above information.

Together over the years we have collectively cared for thousands of patients successfully. Thank you for your dedication to providing OB services to our community and we wish you continued success in the future.

Sincerely,

Deborah K Weymouth, FACHE  
Executive Director and SVP  
New Milford Hospital

10/10/2012

NMH FBC CON -112

WOMEN'S HEALTHCARE OF NEW MILFORD  
 OBSTETRICS, GYNECOLOGY, & INFERTILITY  
 CAROL S. PAPOV, M.D., F.A.C.O.G.  
 CLAUDIA M. BAXTER, M.D., F.A.C.O.G.  
 KAREN M. WUNDERLICH, R.N.C., M.S.

120 Park Lane Road • Unit B202  
 New Milford, CT 06776

Tel: (860) 210-0082  
 Fax: (860) 210-1633

September 12, 2012

Deborah Weymouth, FACHE

Executive Director and Senior Vice President

New Milford Hospital

21 Elm Street

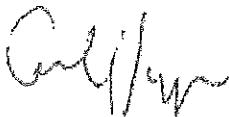
New Milford, CT 06776

Dear Deborah,

Dr. Claudia Baxter and I would like to request a change in our Medical Staff Category from Active Staff to  
Courtesy Staff effective October 1<sup>st</sup>.

We have reviewed the qualifications and guidelines for this category and believe it meets our needs.  
 We would like to further discuss this change at the OB/Gyn department meeting on 9/20/2012.

Sincerely,



Carol S. Papov, M.D.

10/10/2012

NMH FBC CON -113

WOMEN'S HEALTHCARE OF NEW MILFORD  
 OBSTETRICS, GYNECOLOGY, & INFERTILITY  
 CAROL S. PAPOV, M.D., F.A.C.O.G.  
 CLAUDIA M. BAXTER, M.D., F.A.C.O.G.  
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120 Park Lane Road • Unit B202  
 New Milford, CT 06776

Tel: (860) 210-0082  
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September 21, 2012

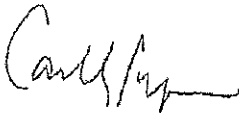
Deborah Weymouth, FACHE  
 Executive Director and Senior Vice President  
 New Milford Hospital  
 21 Elm Street  
 New Milford, CT 06776

Dear Deborah,

I would like to request a change in my Medical Staff Category from Active Staff to Active Staff with waived ER call effective October 1<sup>st</sup>, 2012.

I have am aware of the qualifications and guidelines for this category and believe it meets my needs.

Sincerely,



Carol S. Papov, M.D.

10/10/2012

NMH FBC CON -114

WOMEN'S HEALTHCARE OF NEW MILFORD  
 OBSTETRICS, GYNECOLOGY, & INFERTILITY  
 CAROL S. PAPOV, M.D., F.A.C.O.G.  
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 New Milford, CT 06776

Tel: (860) 210-0082  
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September 21, 2012

Deborah Weymouth, FACHE  
 Executive Director and Senior Vice President  
 New Milford Hospital  
 21 Elm Street  
 New Milford, CT 06776

Dear Deborah,

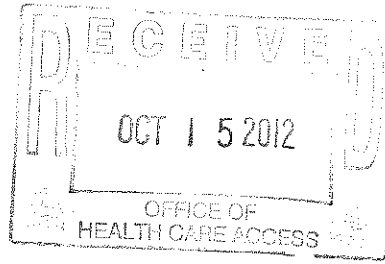
I would like to request a change in my Medical Staff Category from Active Staff to Active Staff with  
 waived ER call effective October 1<sup>st</sup>, 2012.

I have am aware of the qualifications and guidelines for this category and believe it meets my needs.

Sincerely,

Claudia M. Baxter, M.D.

# DANBURY HOSPITAL



24 Hospital Ave  
Danbury, CT 06810  
203.739.4903  
DanburyHospital.org

From: Sally Herlihy  
Vice President, Planning

To: Kimberly Martone

Fax: 860-418-7053

No. of Pages: 25

Phone: 860-418-7001

Date: October 10, 2012

RE: FBC CON Docket 12-31781-CON

CC:

Urgent     For Review     Please Comment     Please Reply     Please Recycle

## Fax

The original document plus 4 additional copies will be mailed today.

Thank you.

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10/10/2012

NMH FBC CON -90



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203.739.7000

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NewMilfordHospital.org

October 10, 2012

Kimberly R. Martone  
Director of Operations  
Department of Public Health  
Office of Health Care Access  
410 Capitol Avenue, MS#13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308

Re: Docket Number: 12-31781-CON  
Termination of Inpatient Obstetrical Delivery Service at New Milford Hospital

Dear Ms. Martone,

Based on September 10, 2012 correspondence from your office requesting additional information on Docket Number: 12-31781-CON, please find enclosed WCHN responses to your questions.

If you have any questions that the attached submission does not answer, please contact me so that we may provide whatever additional information you need in your deliberations. I can be reached directly at 203-739-4903, or [sally.herlihy@wchn.org](mailto:sally.herlihy@wchn.org).

Sincerely,

A handwritten signature in cursive script that reads "Sally F. Herlihy".

Sally F. Herlihy, FACHE  
Vice President, Planning  
Western Connecticut Health Network

cc: Enclosure



- 1) The Applicants state on page 6 of the initial application that with the declining number of babies being born at NMH that the inpatient obstetrical delivery service should be terminated before reaching a level of questionable sustainability. What alternate solutions were considered by the Applicants to address the decreasing utilization of the inpatient obstetrical delivery service at NMH? Provide a discussion with supporting documentation.

Response:

Over the years, marketing outreach efforts, inclusive of advertising, promotion, open houses, education programs and website content have been routinely utilized to support awareness of the general public to the Family Birthing Center (FBC) program at NMH. In the last 12-15 months the following promotional activities about the program capabilities and its physicians included:

- Direct Mail/New Movers Campaign - sent monthly (*see Attachment XIII*)
- NMH Web Site Content listing FBC services and prenatal education classes/events calendar (*also included in Attachment XIII*)

Website Pageviews for the last two years:

Year	FBC-Birthing	FBC-Newborn	FBC-Education
2010-2011	1,381	377	607
2011-2012	1,562	423	611

- Physician Referral Service - obstetrics/gynecology listings in medical staff directory and online profiles

Beryl Call Center Activity for the last two years:

Year	MD Referral	# FBC Service Calls	# Class Registrations
2010-2011	19	29	190
2011-2012	7	17	79

- Spirit of Women Quarterly Magazine (Spring 2011, pg. 5 - FBC and back cover physician referral ad)
- Spirit of Women Quarterly Magazine (Fall 2011, pg. 13 - Dr. Carol Papov, OB/GYN)
- Spirit of Women Quarterly Magazine (Summer 2012, pg. 12 - Dr. Brooke Davidson, OB/GYN)

With a declining number of births in the region, and a market capture rate in FY11 of approximately 51% for NMH, and 45% for DH of selected towns in the region (Bridgewater, Kent, New Milford, Roxbury, Sherman, Warren, Washington; see Appendix III, page 25 of the CON), recapture of the outmigration to other providers would not result in a significant impact on the FBC program volumes:

- 96% of 320 deliveries is the market captured and utilizing either NMH or DH; the remaining 4% equates to approximately 10 newborns, or <1 delivery per month not delivered at NMH.

This potential volume would not assuage the continual operating loss and negative viability of the program, therefore recruitment of additional physicians was not considered an option as the number of obstetricians already on staff at NMH was felt to be addressing the needs of the community. Additional physicians would not equate to additional utilization since 96% of newborns in the service area are presently being born at NMH or DH.

- 2) The Applicants state that the time to travel from NMH to DH is 17 minutes. Explain how this time was determined. Report the variability in the time to travel from NMH to DH under varying road and traffic conditions. Also report the maximum times and distances to DH for a number of locations in the towns of New Milford, Kent, Washington, Roxbury, Bridgewater and Sherman.

Response:

An estimate of the driving times for the towns of New Milford, Kent, Washington, Roxbury, Bridgewater and Sherman to the hospitals located in New Milford, Danbury, Torrington and Sharon CT is included in Appendix VI, page 28 of the CON application and provided below. The figures on this chart were developed utilizing MapQuest, and the # miles and # minutes is captured from the zip code for each town to the specific zip code for New Milford, Danbury, Charlotte Hungerford and Sharon hospitals. Individual addresses across each town would yield slightly different figures.

The "average" for the towns represented in the chart indicate an additional 21 minutes to DH vs. NMH (ie. 39 minutes – 18 minutes = + 21 minutes):

Zip Code	CT Town	New Milford, 06776		Danbury, 06810		Torrington, 06794		Sharon, 06069	
		# Miles	# Min	# Miles	# Min	# Miles	# Min	# Miles	# Min
06752	Bridgewater	4	8	14	29	32	55	31	51
06757, 06785	Kent	12	29	27	48	25	45	17	28
06755, 06776	New Milford	4	9	19	32	28	50	24	40
06783	Roxbury	7	14	25	36	29	48	29	50
06784	Sherman	6	15	15	34	35	62	31	48
06754	Warren	13	29	29	54	20	36	11	20
06777, 06793 06794	Washington	8	20	24	44	20	37	21	34
	<b>AVERAGE</b>	<b>8</b>	<b>18</b>	<b>21</b>	<b>39</b>	<b>27</b>	<b>47</b>	<b>24</b>	<b>39</b>

The statement of 17 minutes in the Introduction on page 6 of the CON application was inadvertently mistyped and should have read only 17 *miles* away. Per MapQuest, the travel time specifically from NMH (21 Elm Street, New Milford, CT) to DH (20 Hospital Avenue, Danbury, CT) is 15.66 miles, 24 minutes. Variability in time associated with road and traffic conditions (and reasons) cannot be predicted and can impact travel anywhere across the service area, and the state.

Contact was made with the New Milford Police Department to better understand the degree and frequency of Route 7 closures which might impact a laboring patient en route to DH from the New Milford community. Beginning with 9/1/11 to present, there were 11 partial or full Route 7 closures. All were accident related, and alternate routes were available to travel through the affected areas. Additionally, Danbury Ambulance Service, Inc. indicated "on the few occasions accidents closed Route 7 over the past year patient transport was not disrupted due to multiple alternate routes available."

- 3) Please report the average daily census for the birthing services at NMH by month for the last 12 months. Report the average length of stay for the last 12 months.

Response:

The FBC average daily census (reported as # of patients) by month at NMH for birthing services between 9/1/11 to 8/31/12 is:

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total
Maternity	2.1	1.6	2.0	2.2	1.9	1.6	1.1	2.5	2.4	1.9	1.8	1.4	1.9
Newborn	<u>1.9</u>	<u>1.7</u>	<u>1.7</u>	<u>2.0</u>	<u>1.7</u>	<u>1.4</u>	<u>1.3</u>	<u>2.6</u>	<u>2.2</u>	<u>1.7</u>	<u>1.6</u>	<u>1.2</u>	<u>1.7</u>
Total	4.0	3.3	3.7	4.2	3.6	3.0	2.3	5.0	4.6	3.6	3.4	2.6	3.6

The average length of stay (reported as # of days) for the same time period is:

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total
Maternity	2.6	2.7	2.9	2.7	2.9	2.4	2.8	3.7	3.0	2.9	2.7	2.3	2.8
Newborn	<u>2.3</u>	<u>2.7</u>	<u>2.6</u>	<u>2.7</u>	<u>2.7</u>	<u>2.1</u>	<u>2.6</u>	<u>3.5</u>	<u>2.8</u>	<u>2.4</u>	<u>2.5</u>	<u>2.2</u>	<u>2.6</u>
Total	2.5	2.7	2.7	2.7	2.8	2.2	2.7	3.6	2.9	2.7	2.6	2.3	2.7

- 4) Please complete the following table concerning the utilization of the inpatient obstetrical delivery service at NMH:

Fiscal Year	2009	2010	2011	2012 year to date
Number of patients that required transfer from NMH to another acute care hospital for delivery	0	5	7	8
Number of newborns that required transfer to another acute care hospital for neonatal intensive care services	0	5	12	7
Number of patients that arrived at NMH's Emergency Department in labor	2	0	0	0
Number of patients that arrived at NMH's Emergency Department in labor requiring transfer to another acute care hospital for delivery	0	0	0	0
List the names of the facilities currently used for transfer of patients for delivery	Danbury Hospital, UCONN Medical Center			
List the names of the facilities currently used for transfer of newborns from NMH for neonatal intensive care services	Danbury Hospital, UCONN Medical Center, CCMC, Yale			

- 5) On page 8 it states that five obstetricians routinely admitted patients to NMH. There are two group practices and two solo practitioners. Please list of the locations of the offices where these physicians meet their patients for pre- and post-natal care.

Response:

The statement on page 8 of the CON application indicates one group practice with 3 physicians (which reduced to 2 physicians just prior to the submission of the CON). This office is as follows:

Women's Healthcare of New Milford (WHCNM)  
 Claudia Johnson-Baxter, MD and Carol Papov, MD  
 120 Park Lane Road  
 New Milford, CT 06776

The remaining two solo physician practices are as follows:

New Milford OB/Gyn  
 John Sussman, MD  
 2 Old Park Lane Road  
 New Milford, CT 06776

Orlito Trias, MD  
 9 Aspetuck Avenue  
 New Milford, CT 06776

The projected deliveries as of 9/11/12 for the next 6 months are estimated as follows:

Physician	Sept '12	Oct '12	Nov '12	Dec '12	Jan '13	Feb '13
WHCNM	6	12*	16*	4*	6*	3*
Sussman	3	2	5	4	3	3
Trias	5	3	9	7	3	1
TOTAL	14	17	30	15	12	7

\*Since the submission of the CON, there has been an additional change in the mix of physicians at NMH. Specifically, Drs. Baxter and Papov (WHCNM) have indicated that effective October 1, 2012 they will relocate all of their deliveries to Charlotte Hungerford Hospital\*.

Included as Appendix XIV please find correspondence between Deborah Weymouth, Executive Director and SVP at New Milford Hospital and Carol Papov, MD related to this change.

- 6) On page 9 the Applicants state that the birthing facility at NMH requires refurbishing. Please describe the current facility and explain what improvements are needed.

Response:

The FBC is comprised of 9,621 square feet of space in the 1988 building, on the second floor, east side of the NMH facility. According to the 2010 Guidelines for Design and Construction of Health Care Facilities from the Facility Guideline Institute, Section A2.202.11.1a, this FBC is designed as a Traditional Model obstetrical unit, meaning that labor, delivery, recovery, and post-partum occur in separate spaces. Additionally, this section tells us that guidelines for new construction of traditional delivery rooms have been eliminated from the guideline document, as this model is no longer built or used for obstetrical units.

Therefore, to renovate the FBC in any way we would need to develop plans to build one of the two other models in the guidelines: LDRs (Labor-Delivery-Recovery model) or LDRPs (Labor-Delivery-Recovery-Postpartum model). This would require a major construction project, basically an almost deck to deck gut renovation. This would be at a significant cost, approximated at a total estimated cost of between \$3,533,300 and \$4,976,450 as follows:

- Minimum cost for renovation with utilizing existing walls where applicable - \$300/sq. ft. X 9,621 sq. ft. = \$2,886,300
- Major gut and renovate to install all new systems and room capacities – \$450/sq. ft. X 9,621 sq. ft. = \$4,329,450

In addition, the air handling units and mechanical equipment servicing this area are nearing 25 years old. Although they appear to be in relatively good condition for their age, there are systems that are failing related to the chilled water system, specifically distribution and the respective pumping systems for both chilled and hot water to get to the respective coils in the air handling units. This work could add significantly more cost to a major renovation project for this area.

Concerning fixtures, furniture and equipment, the birthing and patient beds currently in use on the FBC range from 10 years old to 22 years old, respectively. Currently there are 2 birthing beds and 11 patient beds. For comparative purposes only, to replace those beds in kind would cost the following:

- 2 birthing beds @ approximately \$30,000 each = \$60,000
- 11 patient beds @ approximately \$12,000 each = \$132,000
- A specialty bed used in LDR or LDRP rooms, would be 13 needed @ approximately \$35,000 each = \$455,000

- 7) On page 7 it states that the 14 registered nurses staffing the delivery service each maintain neonatal resuscitation certification. On page nine it states that retraining of personnel would require a significant investment of money. What retraining is required?

Response:

Updates to all policies and procedures as well as new additional policies are necessary to standardize practice within the health network, and training would be necessary for the nurses on these policies. Nurses need continuing education on OB emergencies and current evidence based labor and delivery practices. To maintain standard of practices, all 14 RNs are due for Neonatal Resuscitation recertification this fall. This recertification training is currently being planned. Also, all nurses should be Electronic Fetal Monitoring (EFM) certified. At the time of the initial CON submission, only 5 of the regular staff had this credential, leaving 9 RNs to be EFM certified. Due to our continued commitment to the community, we have validated the competency of all 14 RNs on EFM, and have provided certification preparation training to 3 additional staff, with 2 more scheduled for this certification preparation training within the next month. We have also contracted with an additional travelling RN who is EFM certified. Advanced Cardiac Life Support (ACLS) certification/recertification of all nurses would also be required to bring staff up to standard due to anesthesia not being on site 24/7 at NMH.



- 8) On page 10 it states that with the proposal the labor room located within NMH's Emergency Department will require refurbishing and that ED physician staff will require training for obstetrical and neonatal support. Please describe the refurbishments required and the training that needs to be provided prior to implementation of the proposal by the Applicants.

Response:

The proposed labor room in the ED is currently designated as the "Consult" room. It is equipped with an OB/Gyn stretcher, medical gasses, and gynecologic exam equipment. Additional obstetrical equipment will be placed in a room across the hall and include an isolette, infant warmer and ultrasound machine to support management of the obstetrical and newborn patient.

Education for MDs, RNs, PAs and EMS personnel is planned. The MDs are all Residency trained and board certified in Emergency Medicine which includes training and testing for proficiency in managing OB emergencies. The MDs and PAs will be provided a PowerPoint educational tool on OB emergencies as a refresher. A series of presentations to local EMS services is being arranged with the assistance of Dr. Matt Kim, Danbury Maternal Fetal Medicine (see Appendix XI, page 74 for CV in the CON application).

The following educational components have been implemented in regards to OB/GYN education:

- Specialty Care Transport course – ALS providers specially trained to provide inter-facility transportation of high-risk OB patient population. There are two installments of this course to capture a greater populace, October 3<sup>rd</sup> and November 6<sup>th</sup>.
- Continuing Medical Education – Training for all service level providers. There was one presentation held for Danbury Area services, September 29<sup>th</sup>. There are two upcoming scheduled presentations, October 9<sup>th</sup> for greater Danbury/ New Milford Area services and October 25<sup>th</sup> for the greater New Milford area services.

Education services are being coordinated with Eastern Connecticut Health Network as well. ED RNs will be trained in the normal physiological changes in pregnancy, nursing management of OB emergencies, and assisting in precipitous births. The RNs will be certified in Pediatric Advanced Life Support (PALS) and Neonatal Resuscitation Program (NRP). They will also participate in a shadowing experience in the Labor & Delivery unit and the Newborn nursery at Danbury Hospital.

- 9) Please provide any available documentation that supports the continuance of pre-natal, post-natal, pediatric and gynecological care at a facility that does not provide delivery services.

Response:

Current and future obstetric patients residing in the local communities will continue to have a choice of which obstetrician they will utilize. The NMH OB/Gyn physicians located in the community is explained in question 5 above. The only difference in the birthing process would be the location of the birth itself.

Access to prenatal and postnatal care is critical to a successful outcome of the pregnancy. NonStress testing and labor checks that have been conducted on the FBC unit will continue to be available in partnership with the OB/Gyn offices. Diagnostic or therapeutic services required outside of the OB/Gyn office would still be accessible at NMH for any necessary care for patients during the course of their pregnancy.

Additionally, the following Family Birthing Center educational resources will continue to be accessible for residents of the community: Prepared Childbirth Education; Infant Care Class; Breastfeeding Group for Pregnant Women; and a Breastfeeding Support Group. The classes will be centrally coordinated for the Network and offered in New Milford based on demand. If and when necessary, due to low utilization of these programs, patients would be offered a smooth transition to programs offered at DH. Programs that would be discontinued include Massage for New Mothers and a Celebration Dinner for New Parents as both these programs were part of the inpatient experience following delivery at NMH.

NMH has an Obstetrical Program that all four obstetricians are currently active participants in the program along with several radiologists and anesthesiologists. The program is administered through NMH social workers who connect directly with patients from the community. The program has been in existence since 1988 and current participation for individuals who meet social and financial eligibility is as follows:

- FY 2009 – 7 patients
- FY 2010 – 8 patients
- FY 2011 – 12 patients
- FY 2012 – 5 patients

Objectives of the program include: providing a program of observation, guidance, education and management with the intent of making pregnancy and delivery a healthy, satisfying experience resulting in a health baby. Proper instruction and information in good nutrition, general activity, personal hygiene, and personal guidance by providing a team approach. This program also considers the entire family structure during prenatal, intrapartum, and postpartum care.

10) Other than the possibility that a delivery will take place in the ED at NMH what are other possible scenarios have been envisioned by the Applicants that will need to be addressed in order to move forward with the proposal?

Response:

The following scenario planning and course of action (which involve protocols for the determination and ability to stabilize and transport the patient to DH as needed) was provided on page 15 of the CON application for the following situations:

- Ectopic Pregnancy– Emergency Physician evaluates patient and discusses with patient's OB
- Ectopic Pregnancy (ruptured) – stabilize and transfer to DH
- Pre-eclampsia – Emergency Physician evaluates patient and discusses with patient's OB
- Eclampsia – stabilize patient and discuss with patient's OB
- Fetal Demise – Emergency Physician evaluates patient and discusses with patient's OB
- Threatened Abortion – Emergency Physician evaluates patient and discusses with patient's OB
- Incomplete Abortion – stabilize patient and discuss with patient's OB
- Completed Abortion – Emergency Physician evaluates patient and discusses with patient's OB
- Uterine Contractions (pre-term, term and Braxton-Hicks) – Emergency Physician evaluates patient and discusses with patient's OB
- Maternal Trauma (minor) – Emergency Physician evaluates patient and discusses with patient's OB
- Maternal Trauma (major) – stabilize and transfer to DH
- Rupture of membranes – Emergency Physician evaluates patient and discusses with patient's OB
- Pregnancy with active bleeding (abruption, placenta previa, uterine rupture) – stabilize and transfer to DH
- Active Labor – Emergency Physician evaluates patient and discusses with patient's OB
- Delivery – stabilize mother & baby and transfer to DH
- Postpartum hemorrhage – stabilize mother & baby and transfer to DH
- Maternal Death – stat C-section performed by Emergency Physician

11) Discuss the availability of public transportation within New Milford and NMH's other service area towns. If there is no public transportation, how do patients without personal transportation travel to NMH?

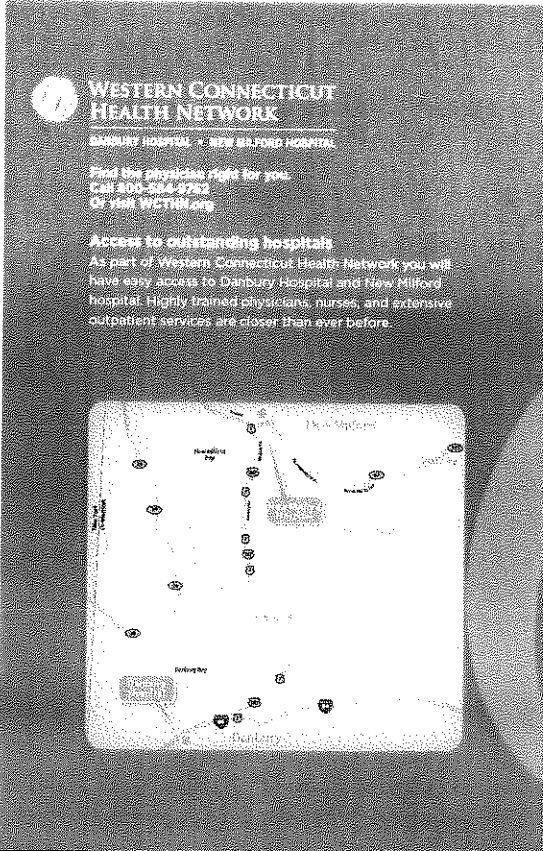
Response:

The only public transportation available in New Milford is operated by the Housatonic Area Regional Transit (HART) which offers a fixed route schedule (HART 7) at various points through New Milford south on Route 7 to Brookfield and Danbury. This schedule runs 6 days per week: 6 AM - 6 PM Monday-Friday and 8 AM - 5 PM on Saturdays. There is no public transportation service to other service area towns adjacent to New Milford, resulting in the use of private transportation by patients.

In any emergency situation involving an imminent birth or a pre-birth emergency, an ambulance would be discharged to the mother's location in response to receipt of a 911 call.

## Appendix XIII

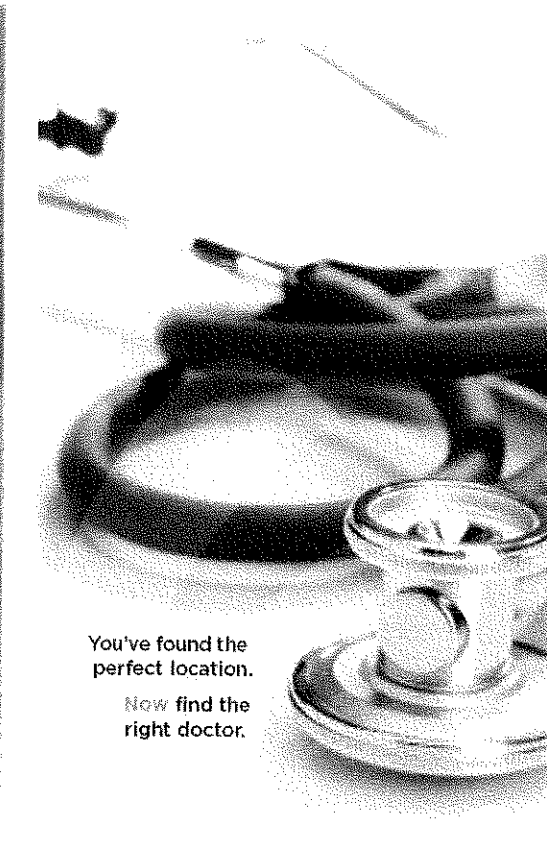
### Marketing and Promotion Examples



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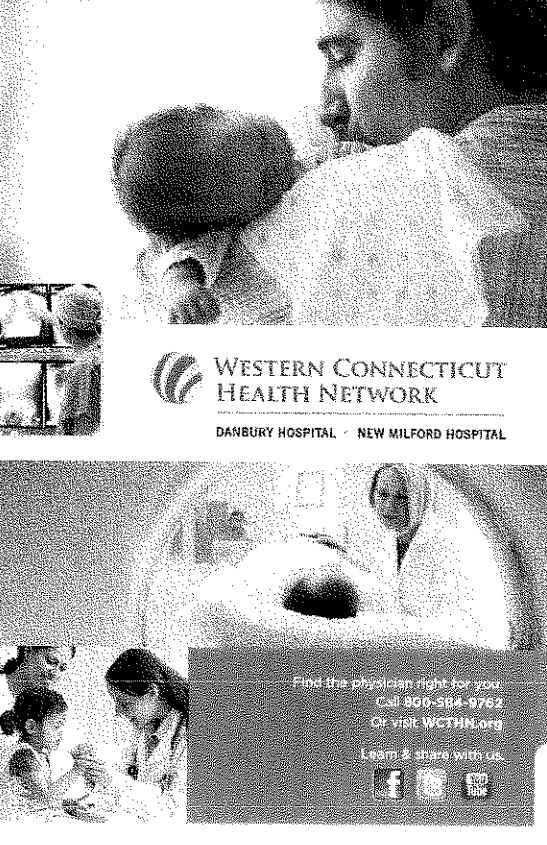
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<p><b>Emergency Care</b>                  Our Emergency departments are located in two convenient locations and accredited with stroke, trauma and chest pain designations.</p>	<p><b>Radiology and Lab</b>                  Available throughout the community, our imaging facilities and labs offer state-of-the-art technology with a focus on patient comfort.</p>
<p><b>Family Birth Center</b>                  Expecting? Expect comfort. Families can find a birthing experience customized to their preferences along with hotel-like amenities and a level IIIb NICU for reassured support.</p>	<p><b>Wellness and Prevention</b>                  A full calendar of educational and empowering events include FREE Spirit of Women programs - focused on helping women take care of themselves and their families. Become a member and learn more at <a href="http://www.DanburyHospital.org/SpiritofWomen">www.DanburyHospital.org/SpiritofWomen</a>.</p>
<p><b>Children's Health &amp; Wellness Center</b>                  Offers an innovative, family-friendly environment with a wide range of pediatric specialists.</p>	



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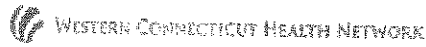


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# NEW MILFORD HOSPITAL

AFFILIATED WITH DANBURY HOSPITAL

51 Elm Street  
New Milford, CT 06776  
Phone 860 265 1000  
http://www.nmhc.org



HOME	ABOUT US	OUR SERVICES	EMERGENCY SERVICES	CONTACT US
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### 1. Hospital News

- New Milford Hospital Receives \$15,000 Grant from the Ellen Knowles Hancock Foundation
- New Milford Hospital Offers Quit Now Smoking Cessation Program
- Strong Women™ Strong Bones Fitness Program Helps Prevent and Reverse Osteoporosis/Osteopenia
- More news articles

- Board Login
- Physician Login
- Employee Login

### Quick Links

- Affiliations
- Directions
- Emergency Medicine
- Employment
- Facts & Statistics
- Find a Doctor
- Foundation
- Media Information
- News
- Patient Satisfaction
- Publications/Ads
- Quality Rankings
- Visiting Hours
- How to Volunteer
- Webinars

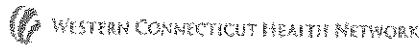
Plow to Plate

Online Giving

Planetree

Use our online [Find a Doctor](#) tool, or call 1-800-535-2196 if you need a doctor referral





# NEW MILFORD HOSPITAL

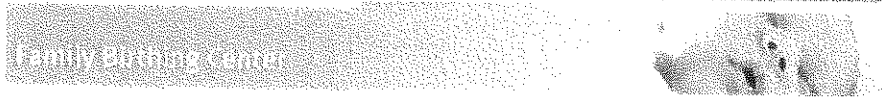
AFFILIATED WITH DANBURY HOSPITAL

21 Elm Street  
New Milford, CT 06776  
Phone: 860-255-2111  
info@newmilfordhospital.org



- > Board Log i
- > Physician Log i
- > Employee Log n

HOME	ABOUT US	CONTACT US	PHYSICIAN REFERRAL	OUR SERVICES
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- Quick Links
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- Publications/Ads
- Quality Rankings
- Visiting Hours
- How to Volunteer
- WebMuseum

- Emergency Care
- Medical Services
- Regional Cancer Center
- Family Birthing Center  
Family Birthing Team  
Classes
- One Day Surgery
- Orthopedics
- Regional Heart Center
- Sleep Medicine
- Specialized Services
- Surgical Services

The team of the Family Birthing Center at New Milford Hospital is committed to helping you welcome your new baby with confidence and medical expertise to help ensure a beautiful beginning for you and your family. Our board-certified obstetrician/gynecologists, together with our maternity registered nurses, will be by your side to guide you through labor and delivery, monitoring your progress and providing support and encouragement. Our nurses are trained in lactation support to assist new mothers in getting to know their newborn, and establishing critical early feeding habits that will help foster successful breastfeeding. Based on your expectations for your birth experience and standards for high-quality care, our board-certified anesthesiologists provide a variety of pain control methods to ensure your comfort and safety during your delivery.

Our facility offers a private, restful environment that includes including a rocking chair and recliner in each room, a private bath and shower, and personalized touches to create a serene, home-like surroundings.

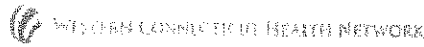
Because personalized care is our hallmark, nurturing comes naturally at New Milford Hospital. We look forward to serving you and to making the birth of your baby an extraordinary experience that you will cherish for years to come.

### Family Birthing Center Resources

- |  |                                  |
|--|----------------------------------|
| Prepared Childbirth Education          | Sibling Preparation              |
| Infant Care Class                      | Message for New Mothers          |
| Breastfeeding Group for Pregnant Women | Celebration Meal for New Parents |
| Breastfeeding Support Group            |                                  |

For more information on New Milford Hospital's Family Birthing Center classes or referral to an obstetrician/gynecologist visit our web-based [physician referral](#) and [events](#), or call 1-800-565-7196.

Use our online [Find a Doctor](#) tool, or call 1-800-565-7196 if you need a doctor referral.



# NEW MILFORD HOSPITAL

AFFILIATED WITH DANBURY HOSPITAL

100 Hospital Street  
New Milford, CT 06854  
Phone: 860.350.3000  
http://www.nmhc.org



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- Find a Doctor
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- Publications/Arts
- Quality Rankings
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- How to Volunteer
- Webinars

- Emergency Care
- Medical Services
- Regional Cancer Center
- Family Birthing Center  
• Family Birthing Team  
• Classes
- One Day Surgery
- Orthopedics
- Regional Heart Center
- Sleep Medicine
- Specialized Services
- Surgical Services

## Classes

### Breastfeeding Support Group, 2012 Schedule

11:00 a.m. - 1:00 p.m.

A one-session postpartum breastfeeding class, held monthly on Tuesdays.

Need some mommy time? Breastfeeding your baby is a big job. After the baby arrives, you may need to go out with your baby and get the added benefit of breastfeeding support. Mothers and their babies are encouraged to attend one of our sessions with a certified lactation consultant. These groups encourage sharing experiences and questions which naturally come up as the baby grows.

You may also have a private session with one of our credentialed nurse lactation specialists.

Or... (comfortably!)

#### Schedule for 2012:

- January 3
- February 7
- March 6
- April 3
- May 1
- June 5
- July 17
- August 7
- September 18
- October 16
- November 6
- December 4

**Location:** Family Birthing Center, New Milford Hospital.

**Registration is required; no fee. Please call toll-free 1-800-350-1595 to register. For mothers who have delivered at New Milford Hospital.**

### Infant Care Class, 2012 Schedule

6:30 - 9:00 pm

A 2 1/2-hour, one-session class, offered monthly on Tuesdays.

This class covers a variety of topics relevant to caring for your new baby, including bathing, cord care, circumcision care, feeding, swaddling, temperature taking, and when to call the pediatrician. The class also focuses on safety. You will learn about preparing your home for your new baby. Car seat safety is also covered.

It is recommended that you attend this class about 4 to 8 weeks before your due date.

This class is open to patients delivering at New Milford Hospital.

#### Schedule for 2012:

- January 3
- February 7

Fee: \$150 (w/ series. Registration limited to women scheduled to deliver at New Milford Hospital)

**Schedule for 2012**

January 14, 17, 24  
February 14, 21, 28  
March 14, 20, 27  
April 10, 17, 24  
May 6, 13, 20  
June 12, 19, 26  
July 10, 17, 24  
August 14, 21, 28  
September 11, 18, 25  
October 9, 16, 23  
November 13, 20, 27  
December 11, 18, TBD

Location: 2nd Floor Conference Room (next to Family Birthing Center), New Milford Hospital

**Fee: \$150 for series. Please call toll-free 1-800-350-1595 to register. Registration limited to women scheduled to deliver at New Milford Hospital.**

Use our online [Find a Doctor](#) tool, or call 1-800-585-7198 if you need a doctor referral.

Appendix XIV

Weymouth-Papov Correspondence

Carol Papov, M.D.  
Women's Health Care of New Milford  
120 Park Lane Road  
Unit B202  
New Milford, CT 06776

HAND DELIVERED

September 10, 2012

Dear Dr. Papov:

Given our meeting that took place on Tuesday, September 4<sup>th</sup> that included Dr. Koobatian, this letter serves to clarify and document the decision you shared during that meeting to relocate all deliveries under the care of Women's Healthcare New Milford to Charlotte Hungerford Hospital by October 1, 2012.

We further understood your offices would continue to be located in New Milford but you desire to have all on-call obligations for OB services at New Milford end on October 1, 2012. Finally, you are currently considering potential alternatives to the location of the GYN procedures and surgeries provided by your group, but you would prefer to keep those services in New Milford Hospital assuming we can mutually resolve on-call responsibilities in a fair and equitable manner.

Given this short notification period, we do understandably require time to adequately plan and prepare appropriately for the care and safety of our patients. I also learned from our OB/FBC nursing team that you have shared your plan of 10/1/12 relocation directly with them and that your office has started contacting patients in our community to share this news. Both of these facts further support our need to respond quickly.

Although we are not certain of the impact it will have on the processing of our CON (12-31781-C) application to relocate OB services to Danbury Hospital, we do intend to share this communication with the State of Connecticut Office of Health Care Access so they are aware of your intentions.

**If your plans have changed please let me know within the next 24 hours. If we do not hear from you we will move forward based on the above information.**

Together over the years we have collectively cared for thousands of patients successfully. Thank you for your dedication to providing OB services to our community and we wish you continued success in the future.

Sincerely,

Deborah K. Weymouth, FACHE  
Executive Director and SVP  
New Milford Hospital

**WOMEN'S HEALTHCARE OF NEW MILFORD**  
**OBSTETRICS, GYNECOLOGY, & INFERTILITY**  
CAROL S. PAPOV, M.D., F.A.C.O.G.  
CLAUDIA M. BAXTER, M.D., F.A.C.O.G.  
KAREN M. WUNDERLICH, R.N.C., M.S.

120 Park Lane Road • Unit B202  
New Milford, CT 06776

Tel: (860) 210-0082  
Fax: (860) 210-1633

September 12, 2012

Deborah Weymouth, FACHE

Executive Director and Senior Vice President

New Milford Hospital

21 Elm Street

New Milford, CT 06776

Dear Deborah,

Dr. Claudia Baxter and I would like to request a change in our Medical Staff Category from Active Staff to  
Courtesy Staff effective October 1<sup>st</sup>.

We have reviewed the qualifications and guidelines for this category and believe it meets our needs.  
We would like to further discuss this change at the OB/Gyn department meeting on 9/20/2012.

Sincerely,



Carol S. Papov, M.D.

**WOMEN'S HEALTHCARE OF NEW MILFORD**  
OBSTETRICS, GYNECOLOGY, & INFERTILITY  
CAROL S. PAPOV, M.D., F.A.C.O.G.  
CLAUDIA M. BAXTER, M.D., F.A.C.O.G.  
KAREN M. WUNDERLICH, R.N.C., M.S.

120 Park Lane Road • Unit B202  
New Milford, CT 06776

Tel: (860) 210-0082  
Fax: (860) 210-1633

September 21, 2012

Deborah Weymouth, FACHE

Executive Director and Senior Vice President

New Milford Hospital

21 Elm Street

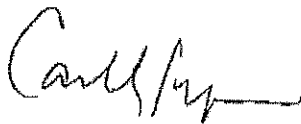
New Milford, CT 06776

Dear Deborah,

I would like to request a change in my Medical Staff Category from Active Staff to Active Staff with waived ER call effective October 1<sup>st</sup>, 2012.

I have am aware of the qualifications and guidelines for this category and believe it meets my needs.

Sincerely,



Carol S. Papov, M.D.

WOMEN'S HEALTHCARE OF NEW MILFORD  
OBSTETRICS, GYNECOLOGY, & INFERTILITY  
CAROL S. PAPOV, M.D., F.A.C.O.G.  
CLAUDIA M. BAXTER, M.D., F.A.C.O.G.  
KAREN M. WUNDERLICH, R.N.C., M.S.

120 Park Lane Road • Unit B202  
New Milford, CT 06776

Tel: (860) 210-0082  
Fax: (860) 210-1633

September 21, 2012

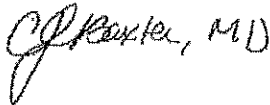
Deborah Weymouth, FACHE  
Executive Director and Senior Vice President  
New Milford Hospital  
21 Elm Street  
New Milford, CT 06776

Dear Deborah,

I would like to request a change in my Medical Staff Category from Active Staff to Active Staff with waived ER call effective October 1<sup>st</sup>, 2012.

I have am aware of the qualifications and guidelines for this category and believe it meets my needs.

Sincerely,



Claudia M. Baxter, M.D.



**Result Summary**

<b>Job Number</b>	433952	<b>Submitted</b>	10/10/2012 3:17:11 PM
<b>Subject</b>		<b>Recipients</b>	1
<b>Total Pages</b>	26	<b>Status</b>	1 of 1 successful
<b>Billing Info</b>	prn131		

**Recipient Results**

<b>Name</b>	<b>Number/ Address</b>	<b>Result</b>	<b>Elapsed Time</b>
	918604187053	Success	12:47

THE HOSPITAL, 1100 N. MAIN ST.  
**DANBURY HOSPITAL**

1100 N. MAIN ST.  
DANBURY, CT 06810  
203.793.7900  
DANBURYHOSPITAL.ORG

---

**From:** Kelly Martzke  
**Vice President, Planning**

**To:** Kimberly Martzke

**From:** 882-418-7053      **No. of Pages:** 26

**Phone:** 882-418-7001      **From:** Connection ID: 22912

**At:** PSC 2000 Danbury, CT 06810-4224      **CC:**

Copies     Fax Number     Filled Container     Manual Reply     Pause Recycle

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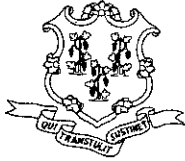
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The original document plus a duplicate copy of the original copy

Thank you

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

November 5, 2012

Via Fax and Regular Mail

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

RE: Certificate of Need Application; Docket Number: 12-31781-CON  
New Milford Hospital, The Danbury Hospital and Western Connecticut Health Network  
Propose to Terminate Inpatient Obstetrical Delivery Service at New Milford Hospital  
Notification Deeming CON Application Complete

Dear Ms. Herlihy:

This letter is to inform you that, pursuant to Section 19a-639a(d) of the Connecticut General Statutes, the Office of Health Care Access has determined that the above-referenced application has been deemed complete as of November 2, 2012.

If you have any questions regarding this matter, please feel free to contact me at (860) 418-7032.

Sincerely,

A handwritten signature in cursive script that reads "Laurie K. Greci".

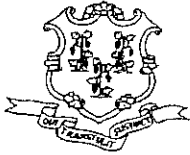
Laurie K. Greci  
Associate Research Analyst, DPH OHCA

Copy:

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

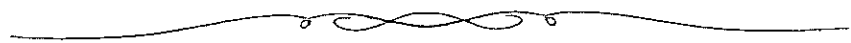
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STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: Sally Werlihy  
FAX: 203 739 1974  
AGENCY: Western CT Health Network  
FROM: Laurie K. Greci  
DATE: 11/5/2012 TIME: 3:05 pm  
NUMBER OF PAGES: 2  
*(including transmittal sheet)*



Comments: Re: 12-31787-COM

## Greer, Leslie

---

**From:** Greci, Laurie  
**Sent:** Tuesday, November 06, 2012 3:34 PM  
**To:** Olejarz, Barbara; Hansted, Kevin  
**Cc:** Riggott, Kaila; Martone, Kim; Greer, Leslie  
**Subject:** FW: Public Hearing on Docket # 12-31781-CON

**Importance:** High

---

**From:** Herlihy, Sally [<mailto:Sally.Herlihy@wchn.org>]  
**Sent:** Tuesday, November 06, 2012 3:28 PM  
**To:** Greci, Laurie  
**Cc:** Rynn, Andrea J.  
**Subject:** Public Hearing on Docket # 12-31781-CON  
**Importance:** High

Hi Laurie,

Per your request we have been able to identify a location for hosting the Public Hearing on the New Milford Family Birth Center CON application (Docket # 12-31781-CON) for the week of December 2, 2012, for the 3-6 PM time period.

The preferred date to ensure all our team is available to participate is Thursday, December 6<sup>th</sup>, with the second choice being Tuesday, December 4<sup>th</sup>. Please let us know what will work best for OHCA.

We have received approval to utilize the New Milford High School for the hearing, and the room can accommodate 80 persons. The high school address is 386 Danbury Road, New Milford, CT 06776. The contact individuals are Dennie DeBellis or John Calhoun, 860-354-6265. Arrangements were coordinated on our end through Andrea Rynn, Director of Government and Public Relations (203-739-7919).

If you have any questions please do not hesitate to contact me.

Sincerely,  
Sally

---

**Sally F. Herlihy, FACHE**  
*Vice President, Planning*  
*Western Connecticut Health Network*

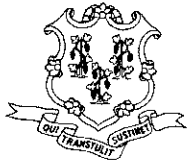
203-739-4903

*Executive Assistant:* Michelle Johnson  
*Voice:* (203) 739-4935  
*Email:* [michelle.johnson@wchn.org](mailto:michelle.johnson@wchn.org)



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  
DEPARTMENT OF PUBLIC HEALTH  
*Office of Health Care Access*

November 15, 2012

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

RE: Certificate of Need Application, Docket Number 12-31781-CON  
New Milford Hospital, Inc., The Danbury Hospital, Western Connecticut Health  
Network, Inc.  
Termination of Obstetrical Delivery Service at New Milford Hospital

Dear Ms. Herlihy,

With the receipt of the completed Certificate of Need ("CON") application information submitted by New Milford Hospital, Inc., The Danbury Hospital, Western Connecticut Health Network, Inc. ("Applicants") on November 2, 2012, the Office of Health Care Access ("OHCA") has initiated its review of the CON application identified above.

Pursuant to General Statutes § 19a-639a (f), OHCA may hold a hearing with respect to any Certificate of Need application.

This hearing notice is being issued pursuant to General Statutes § 19a-639a (f)

Applicant(s): New Milford Hospital, Inc.  
The Danbury Hospital  
Western Connecticut Health Network, Inc.

Docket Number: 12-31781-CON

Proposal: Termination of Obstetrical Delivery Service at New Milford  
Hospital with a total capital expenditure of \$20,000

Notice is hereby given of a public hearing to be held in this matter to commence on:

Date: December 4, 2012

Time: 3:00 p.m.

Place: New Milford High School  
386 Danbury Road  
New Milford, CT 06776

The Applicants are designated as party in this proceeding. Enclosed for your information is a copy of the hearing notice for the public hearing that will be published in *The News Times* pursuant to General Statutes § 19a-639a (f).

Sincerely,

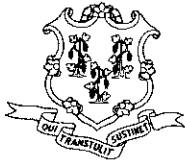


Kimberly R. Martone  
Director of Operations

Enclosure

cc: Henry Salton, Esq., Office of the Attorney General  
Marianne Horn, Department of Public Health  
Kevin Hansted, Department of Public Health  
Wendy Furniss, Department of Public Health  
Marielle Daniels, Connecticut Hospital Association

KRM:LG:lmg



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

November 15, 2012

Requisition # 40337

The News Times  
333 Main Street  
Danbury, CT 06810

Gentlemen/Ladies:

Please make an insertion of the attached copy, in a single column space, set solid under legal notices, in the issue of your newspaper by no later than **Monday, November 19, 2012**. Please provide the following **within 30 days** of publication:

- Proof of publication (copy of legal ad. acceptable) showing published date along with the invoice.

If there are any questions regarding this legal notice, please contact Kaila Riggott at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kimberly R. Martone".

---

Kimberly R. Martone  
Director of Operations

Attachment

cc: Danielle Pare, DPH  
Marielle Daniels, Connecticut Hospital Association

KRM:LKG:img



**PLEASE INSERT THE FOLLOWING:**

Office of Health Care Access Public Hearing

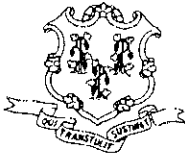
Statute Reference: 19a-638  
Applicant(s): New Milford Hospital, Inc.  
The Danbury Hospital  
Western Connecticut Health Network, Inc.  
Town: New Milford  
Docket Number: 12-31781-CON  
Proposal: Termination of Obstetrical Delivery Service at New Milford Hospital  
with a total capital expenditure of \$20,000  
Date: December 4, 2012  
Time: 3:00 p.m.  
Place: New Milford High School  
386 Danbury Road  
New Milford, CT 06776

Any person who wishes to request status in the above listed public hearing may file a written petition no later than November 29, 2012 (5 calendar days before the date of the hearing) pursuant to the Regulations of Connecticut State Agencies §§ 19a-9-26 and 19a-9-27. If the request for status is granted, such person shall be designated as a Party, an Intervenor or an Informal Participant in the above proceeding. Please check OHCA's website at [www.ct.gov/ohca](http://www.ct.gov/ohca) for more information or call OHCA directly at (860) 418-7001.

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

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

FAX SHEET

TO: SALLY F. HERILIHY, FACHE  
FAX: (203) 739-1974  
AGENCY: WESTERN CT HEALTH NETWORK, INC.  
FROM: LAURIE GRECI  
DATE: 11/16/12 TIME: \_\_\_\_\_  
NUMBER OF PAGES: 5  
*(including transmittal sheet)*



Comments: DN: 12-31781-CON Notice of Public Hearing

**PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.**

## Greer, Leslie

---

**From:** ADS <ADS@graystoneadv.com>  
**Sent:** Friday, November 16, 2012 10:49 AM  
**To:** Greer, Leslie  
**Subject:** Re: Hearing Notices

Good day!

Thanks so much for your ad submission.  
We will be in touch shortly and look forward to serving you.

If you have any questions or concerns, please don't hesitate to contact us at the number below.

We sincerely appreciate your business.

*PLEASE NOTE: New Department of Labor guidelines allow web base advertising when hiring foreign nationals. To provide required documentation Graystone will retrieve & archive verification for the 1st and 30th days of posting for \$115.00/web site. If required, notify Graystone when ad placement is approved.*

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Fax: 203-549-0061

*E-mail new ad requests to: [ads@graystoneadv.com](mailto:ads@graystoneadv.com)  
<http://www.graystoneadv.com/>*

---

**From:** <Greer>, Leslie <[Leslie.Greer@ct.gov](mailto:Leslie.Greer@ct.gov)>  
**Date:** Friday, November 16, 2012 10:45 AM  
**To:** ads <[ads@graystoneadv.com](mailto:ads@graystoneadv.com)>  
**Subject:** Hearing Notices

Please post the three attached hearing notices by 11/19/12.

DN: 12-31775-CON	Record Journal	Requisition # 40333
DN: 12-31780-CON	The Advocate	Requisition # 40337
DN: 12-31781-CON	The News Times	Requisition # 40337

If you have any questions, please feel free to call me.

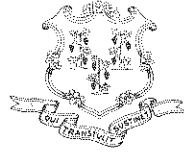
Thank you,

*Leslie M. Greer* &  
CT Department of Public Health  
Office of Health Care Access  
410 Capitol Avenue, MS#13HCA  
Hartford, CT 06134  
Phone: (860) 418-7013  
Fax: (860) 418-7053  
Website: [www.ct.gov/ohca](http://www.ct.gov/ohca)

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STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

Jewel Mullen, M.D., M.P.H., M.P.A.  
Commissioner



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

TO: Kevin Hansted, Hearing Officer

FROM: Jewel Mullen, M.D., M.P.H., M.P.A., Commissioner 

DATE: November 20, 2012

RE: Certificate of Need Application; Docket Number: 12-31781-CON  
New Milford Hospital, Inc., The Danbury Hospital, Western Connecticut Health  
Network, Inc.  
Termination of Obstetrical Delivery Service at New Milford Hospital

---

I hereby designate you to sit as a hearing officer in the above-captioned matter to rule on all motions and recommend findings of fact and conclusions of law upon completion of the hearing.



Phone: (860) 509-8000 • Fax: (860) 509-7184 • VP: (860) 899-1611  
410 Capitol Avenue, P.O. Box 34038  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

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## Greer, Leslie

---

**From:** Laurie <Laurie@graystoneadv.com>  
**Sent:** Friday, November 16, 2012 3:30 PM  
**To:** Greer, Leslie  
**Subject:** FW: Hearing Notices  
**Attachments:** 12-31780 Advocate.doc; 12-31781News-Times.doc; 12-31775np Record Journal resaved[1].doc

Your legal notice is all set to run as follows:

DN: 12-31775-CON      Record Journal, 11/19 issue - \$140.29  
DN: 12-31780-CON      The Advocate, 11/19 issue - \$196.64  
DN: 12-31781-CON      The News Times, 11/19 issue - \$438.93

Thanks,  
Laurie Miller

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**From:** <Greer>, Leslie <[Leslie.Greer@ct.gov](mailto:Leslie.Greer@ct.gov)>  
**Date:** Friday, November 16, 2012 10:45 AM  
**To:** ads <[ads@graystoneadv.com](mailto:ads@graystoneadv.com)>  
**Subject:** Hearing Notices

Please post the three attached hearing notices by 11/19/12.

DN: 12-31775-CON      Record Journal      Requisition # 40333  
DN: 12-31780-CON      The Advocate      Requisition # 40337  
DN: 12-31781-CON      The News Times      Requisition # 40337

If you have any questions, please feel free to call me.

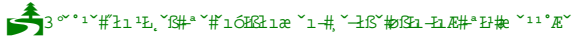
Thank you,

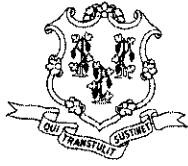
*Leslie M. Greer*   
CT Department of Public Health  
Office of Health Care Access  
410 Capitol Avenue, MS#13HCA  
Hartford, CT 06134

Phone: (860) 418-7013

Fax: (860) 418-7053

Website: [www.ct.gov/ohca](http://www.ct.gov/ohca)





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

November 21, 2012

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

RE: Certificate of Need Application; Docket Number: 12-31781-CON  
Termination of Inpatient Obstetrical Delivery Service at New Milford Hospital  
Request for Prefile Testimony

Dear Ms. Herlihy:

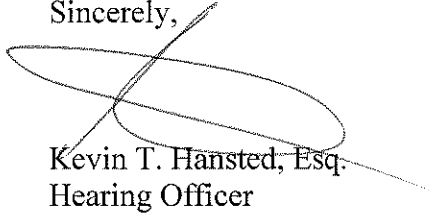
The Office of Health Care Access ("OHCA") will hold a public hearing on Tuesday, December 4, 2012, at 3:00 p.m. at New Milford High School, 386 Danbury Rd, New Milford, Connecticut, regarding the Certificate of Need ("CON") application identified above. Pursuant to the Regulations of Connecticut State Agencies § 19a-9-29 (e), any party or other participant is required to prefile in written form all substantive, technical, or expert testimony that it proposes to offer at the hearing. New Milford Hospital, Danbury Hospital and Western Connecticut Health Network, Inc. (together herein known as "Applicants") must submit prefiled testimony to OHCA no later than **12:00 p.m. on Thursday, November 29, 2012.**

All persons providing prefiled testimony must be present at the public hearing to adopt their written testimony under oath and must be available for cross-examination for the entire duration of the hearing. If you are unable to meet the specified time for filing the prefiled testimony you must request a time extension in writing, detailing the reasons for not being able to meet the specified deadline. When submitting the prefiled testimony, please provide one original and six copies. Please number and date each page sequentially from the Applicants' document immediately preceding it.

Additionally, please find attached OHCA's interrogatories outlining the topics that will be discussed at the hearing.

Please contact Laurie Greci at (860) 418-7032 if you have any questions concerning this request.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin T. Hansted, Esq.", is written over the typed name. The signature is stylized with a large loop and a long horizontal stroke.

Kevin T. Hansted, Esq.  
Hearing Officer

Attachment



## **ISSUES**

**for Public Hearing:**

**Certificate of Need Application, Docket Number: 12-31781-CON**

**New Milford Hospital, Danbury Hospital and Western Connecticut  
Health Network, Inc.**

**Termination of Inpatient Obstetrical Delivery Service  
at New Milford Hospital**

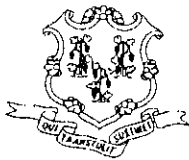
**Please be fully prepared to discuss topics as described below:**

1. Detailed description of the services that have been provided to women admitted for delivery at New Milford Hospital.
2. Detailed description of the services currently available at New Milford Hospital and at Danbury Hospital.
3. How the services to be provided at Danbury Hospital will provide value to patients coming from the greater New Milford area.
4. Explain the efforts that will be made by the Applicants to coordinate the care of New Milford Hospital's obstetrical patients at time of delivery.

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

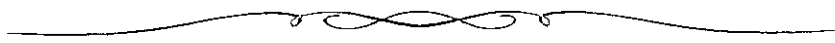
TX/RX NO 3165  
RECIPIENT ADDRESS 912037391974  
DESTINATION ID  
ST. TIME 11/21 15:22  
TIME USE 01'10  
PAGES SENT 4  
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STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: SALLY HERILIHY  
FAX: (203) 739-1974  
AGENCY: WESTERN CT HEALTH NETWORK  
FROM: LESLIE GREER  
DATE: 11/21/12 TIME: \_\_\_\_\_  
NUMBER OF PAGES: \_\_\_\_\_  
*(including transmittal sheet)*



Comments: DN; 12-31781-CON Request for Prefile Testimony

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.

The Law Office of Patricia A. Gerner, LLC  
240 Ramstein Road P.O. Box 209  
New Hartford, CT 06057  
Phone: (860) 794-1907 Fax: (860) 489-9380

Facsimile Transmittal

Date: NOVEMBER 28, 2012

To: DPH: OFFICE OF HEALTH CARE ACCESS

Attn. LAURIE GRECI

Fax #: (860) 418-7053

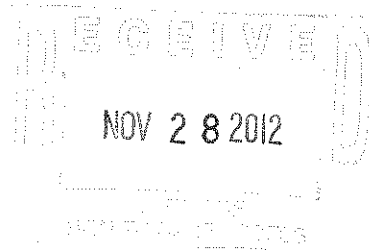
Phone#: (860) 418-7001

From: Pat Gerner

Fax #: (860) 489-9380

Phone #: (860) 794-1907

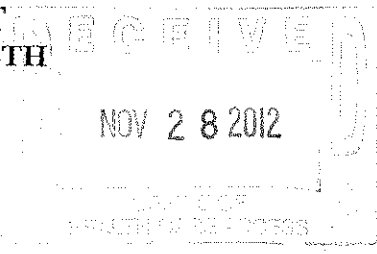
Number of Pages 2  
(including cover)



RE: OHCA DOCKET # 12-31781-CON

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



By Facimilie and First Class Mail

OHCA Docket No: 12-31781-CON :  
New Milford Hospital, The Danbury :  
Hospital, Western CT Health Network, Inc. :  
Termination of Obstetrical Delivery Service :  
at New Milford Hospital :

November 28, 2012

APPEARANCE

Please enter the appearance of the Law Office of Patricia A. Gerner, LLC in the above-captioned docket on behalf of the Applicants; New Milford Hospital, The Danbury Hospital and Western Connecticut Health Network, Inc.

I would also ask that you send any future correspondence related to this docket to me at the address listed below.

Respectfully submitted,

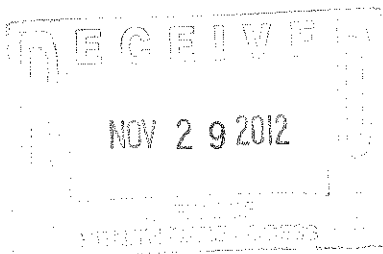
Patricia A. Gerner  
Patricia A. Gerner, Esq.

The Law Office of Patricia A. Gerner, LLC  
240 Ramstein Road  
P.O. Box 209  
New Hartford, CT 06057  
Phone: (860) 794-1907  
Fax: (860) 489-9380  
Email: [klgl@aol.com](mailto:klgl@aol.com)

c: Sally F. Herlihy: Vice President, Planning  
Western Connecticut Health Network, Inc.

WESTERN CONNECTICUT HEALTH NETWORK

# DANBURY HOSPITAL



24 Hospital Ave  
Danbury, CT 06810  
203.739.4903  
DanburyHospital.org

From: Sally Herlihy  
Vice President, Planning

To: Kimberly Martone

Fax: 860-418-7053

No. of Pages: 30 (incl cover)

Phone: 860-418-7001

Date: November 29, 2012

RE: FBC CON Docket 12-31781-CON

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Thank you.

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11/29/2012

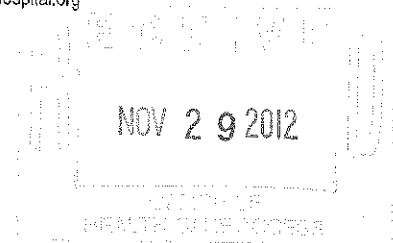
NMH FBC CON -115



24 Hospital Ave.  
Danbury, CT 06810  
203.739.7000

WesternConnecticutHealthNetwork.org  
DanburyHospital.org  
NewMilfordHospital.org

November 29, 2012



By Facsimile

Kimberly R. Martone  
Director of Operations  
410 Capitol Ave., MS # 13HCA  
P.O. Box 340308  
Hartford, CT 06810

Re: Certificate of Need Application, Docket No. 12-31781-CON  
Termination of Inpatient Obstetrical Delivery Service at New Milford Hospital

Dear Ms. Martone,

Attached please find the prefile testimony for New Milford Hospital, The Danbury Hospital and Western Connecticut Health Network, Inc. in the above-captioned docket. This testimony is for the hearing scheduled for next Tuesday, December 4, 2012 in New Milford, CT.

Per your approval, the original and six (6) copies are being sent by Federal Express delivery for your receipt tomorrow morning.

Respectfully submitted,

Sally F. Herlihy, FACHE  
Vice President, Planning

C: Ms. Laurie Greci, OHCA Staff Analyst

11/29/2012

NMH FBC CON -116

Relocation of NMH Birthing Service  
OHCA Docket No. 12-31781-CON

Hearing  
Profile for Dr. Murphy

Good afternoon Hearing Officer Hansted and OHCA staff. I am Dr. John Murphy, the President & CEO of Western Connecticut Health Network (WCHN). I hereby adopt my profile testimony. I would like to make some opening remarks, which will be followed by testimony from Deborah Weymouth who is the Executive Director of New Milford Hospital. Also presenting testimony will be Dr. Matthew Kim, medical director of the Family Birthing Center and section chief for Maternal Fetal Medicine at Danbury Hospital, and Dr. Thomas Koobatian, chief of staff and chairman of Emergency Medicine at New Milford Hospital.

We are seeking your approval of our application to relocate the inpatient obstetrical delivery service from New Milford Hospital to the family birthing center already located at Danbury Hospital for expectant mothers in our service area. Many at this hearing understand that the issue of sustainable birthing services at New Milford Hospital is not a new topic of conversation in this community. The recent decision to relocate birthing services was made through informative and inclusive discussions with many staff and community members and after careful analysis of actual births, demographic trends and birthing location preferences. Deborah Weymouth will speak to the extensive level of analysis and outreach that brought us here today.

Before we review the specifics of the New Milford issue, let me share, in general, some of our philosophy at the Western Connecticut Health Network. We are committed to serve our communities with high quality, accessible care. Our commitment to the New Milford community reaches beyond our investments in the New Milford facility. We look at how to serve the residents and visitors no matter where they may be at any time of day in the area we serve. And we listen to every voice, opinion, comment and concern. We are committed to improve the health of our area one person at a time.

Currently, New Milford Hospital is delivering less than one baby (0.7) per day. This low volume reflects a multi-year downward trend in births in New Milford, across Connecticut and even the United States. This is an important fact because, in medicine, frequency of care impacts what can be reasonably delivered. Based on current data from a variety of demographic sources, the low birthing volume is not expected to increase over the next few years in a way that indicates a need for full birthing service at New Milford Hospital. To compare volumes, Danbury Hospital delivered 2,003 babies for the most recent fiscal year completed, while New Milford Hospital delivered only 243 babies in the same time period. Danbury Hospital provides one of the premier birthing services in the State of Connecticut, complete with a state-of-the-art Level IIIB Neonatal Intensive Care Unit ("NICU") – that is one of just two in Connecticut. Having a consistent and steady volume of patients allows Danbury Hospital to maintain a full maternity coverage 24 hours a day, 7 days a week, with quality care for routine births as well as those more complicated.

11/29/2012

NMH FBC CON -117

As important as monitoring demographic trends is to this consideration, defining of the care we provide also matters.

For most women, giving birth is a nine-month process. The application before you specifically requests permission to relocate just the birthing services within our service area to Danbury Hospital. It is our intent that all routine pre-natal and post natal care would remain in New Milford according to patient needs. Current and future obstetric patients residing in the local communities will continue to have a choice of which obstetrician they will utilize. Dr. Matthew Kim will testify in more detail regarding clinical programming and expertise.

Statistics indicate that over 90-95% of births are generally uncomplicated. Our planning for this proposed relocation of birthing services included extensive research of best practices. We want to be sure to address the proposed transition in a responsible way to provide for the safety of every mother and every baby entrusted to us. Comprehensive training is now underway with staff at both hospitals as well as within the EMS community. If an expectant mother arrives at New Milford Hospital and requires services that only exist at Danbury Hospital, an ambulance will carefully transport the patient to Danbury Hospital with highly-trained and attentive staff ready for the short trip. Dr. Koobatian will provide you more details about emergency response and care.

We understand and respect how much the community treasures having the capability of delivering babies at the local hospital and to that point, we are grateful for their loyalty. But when we consider community health needs, the trending demographics are too compelling to ignore, and the declining volume of births supports our responsible decision. With the affiliation of Danbury and New Milford Hospitals to form WCHN, we have created a network of two hospitals allowing for a well-coordinated and accessible system of care, building on the strengths of each organization with seamless connectivity between the two hospitals to best serve our patients and their needs.

Our application submitted previously, and our ensuing testimony today outlines a careful planning process which lead to undeniable facts and a safe and responsible decision made to relocate these services. I ask for your consideration and approval of this application to allow the New Milford Hospital birthing service to relocate to Danbury Hospital, understanding we have provided for accessible high-quality services and appropriate safety measures to accommodate emergency births in New Milford. I am happy to answer any questions that you may have now or at the end of the remaining presentations.

If there are no questions, I would like to introduce Deborah Weymouth, Executive Director at New Milford Hospital.



11/29/2012

NMH FBC CON -118

Relocation of NMH Birthing Service  
OHCA Docket No. 12-31781-CON

Hearing  
Profile for Deborah Weymouth

Good afternoon Hearing Officer Hansted and OHCA staff. My name is Deborah Weymouth and I am the Executive Director of New Milford Hospital. I hereby adopt my prefile testimony.

To put today's conversation in context, I would like to build on Dr. Murphy's comments. The decision to relocate the Family Birthing Center was not an easy decision for anyone involved. Bringing a new member of a family into the world is a special event. Years later most parents can recall with vivid detail the specifics of the "big day". We at New Milford Hospital are very proud of our long history of bringing thousands of new babies into this community and the precious memories we helped create.

Unfortunately, both times and healthcare have changed. Our service area is marked by flat to declining population growth projections; the birth rate among women of child bearing age is declining both nationwide and within our service area; and women within our service area are increasingly opting to give birth in larger tertiary hospitals like Danbury Hospital where, should a complication occur, they have the added assurance of a NICU and sub-specialists. As evidence of this trend, over 50% of the expectant mothers in New Milford service area already choose to go to Danbury Hospital for birthing services.

Other numbers confirm this. In FY2012, 243 babies were born in New Milford Hospital. With physician redirected births and the continued downtrend in the birth rate, we estimate that only 142 women would utilize the New Milford Hospital birthing service this year, representing a daily rate 0.4 babies per day.

Since the filing of our CON application, two (2) OB/Gyn physicians have relocated their deliveries to other facilities. Both physicians remain on the medical staff at New Milford Hospital. At this time we continue to have two (2) additional OB/Gyn's delivering at New Milford Hospital.

Unfortunately, we do not believe bringing in additional OB/Gyn physicians or implementing a costly marketing program will address this lack of birthing volume. While we have made every effort to boost utilization through outreach programs including advertising and direct mail campaigns, open houses, education programs, and enhanced online content about our Family Birthing services, we have been unable to generate growth in program volumes. This fact, combined with the associated operational financial losses and significant capital investment required to refurbish the unit, further support our decision. The issue is, simply larger than any preference or tradition.

11/29/2012

NMH FBC CON -119

Historically, New Milford has provided the following services to expectant mothers: Betamethasone injections, serial blood pressure checks, non-stress tests, labor checks, laboratory tests, and fetal heart rate checks. Services for babies include: Phototherapy and weight checks. Classes offered include: Childbirth Preparation, Infant Care, Prenatal Lactation, and Postnatal Lactation support group.

In the future, laboratory tests and diagnostic testing such as ultrasounds will continue to be offered at New Milford Hospital. We understand that community-based care and testing through our four OB/Gyn physicians will continue to be provided.

Healthcare at the national level will undergo significant changes in the next few years and, as demonstrated by our most recent elections, these changes are the topic of much political energy. Within this new environment, New Milford Hospital must position itself along with our network partner to provide care and services that respond to the both the broad and specialized needs of the community. As health care leaders, this is our mission. We take this responsibility seriously. In the past year, I have personally interacted with over 70 different community groups in our area, reaching over 4,000 residents; listening to their ideas and concerns over the future of healthcare while at the same time sharing with them our plans for the future of their community hospital.

To that point, we have made significant investments in New Milford Hospital since our affiliation with Danbury Hospital in late 2010. These include major investments in our Cancer Center, more than \$5 million other new technologies, infrastructure, and physical plant improvements. In the coming months we plan to break ground on a new \$11 million Emergency Department with 15 private high-tech rooms to meet the broader needs of our community while at the same time being fully outfitted to care for emergency deliveries, the full details of which will be provided in later testimony. We believe these investments provide ample evidence of our long-term commitment to provide state of the art, high-quality services to our community.

All hospitals are not the same. Community hospitals enjoy an intimacy of scale that make us ideal for the delivery of primary and secondary care which includes many common conditions and illnesses that are treated successfully close to home. Regional University Medical Centers, such as Danbury Hospital, offer a needed compliment via the specialty tertiary and quaternary care. Supporting the patient in the right setting at the right time is a hallmark of our network.

To reiterate, we are asking for birthing services to be relocated to Danbury Hospital because it is an outstanding birthing facility with a 24/7 care team in place. Given our aging demographics and declining utilization coupled with improved access to exceptional quality care, we are confident this is the right decision for our community both for today and in the years to come.

In closing, we wish to thank the many people in the community we have talked with about this issue and their understanding shared with us. As I indicated earlier it has been a difficult decision. More importantly, I would also like to acknowledge and thank the staff of our Family Birthing Center. This dedicated team - some of whom have worked with us for over twenty years - has made the best of a very difficult situation. We asked our nurses to stay with us through this process and we provided them with financial incentives to do so. Because New

11/29/2012

NMH FBC CON -120

Milford and Danbury Hospitals are distinct corporate entities serviced by two nursing unions we cannot simply transfer nurses from one location to the other. Nurses who wish to relocate to Danbury Hospital may complete the standard application and interview process at each institution. At this time, Danbury Hospital is waiting to fill several open positions they have in their staffing compliment in hopes that interested New Milford nurses will apply once this transition is complete. We strongly encourage and hope they will consider this alternative.

As Executive Director of New Milford Hospital, I ask that you consider approving our CON request to move the New Milford birthing service to Danbury Hospital. Danbury Hospital is one of the best hospitals in the State in which to deliver a baby. I am happy to answer any questions that you may have now or at the end of the presentation.

If there are no questions, I would like to introduce Dr. Matthew Kim who will briefly discuss the birthing center at Danbury Hospital.

11/29/2012

NMH FBC CON -121

Relocation of NMH Birthing Service  
OHCA Docket No. 12-31781-CON

Hearing  
Profile for Dr. Kim

Good afternoon Hearing Officer Hansted and OHCA staff. My name is Dr. Matthew Kim, and I am the medical director of the Family Birthing Center and section chief for maternal fetal medicine at Danbury Hospital. I hereby adopt my prefile testimony.

As you know from our application, Danbury Hospital operates a high-quality, patient-centered Family Birthing Center committed to a personalized birthing experience for every expectant mother who chooses us to provide her with this important care. We have recently refurbished our Family Birthing Center with 38 beds and 26 bassinets. We also operate a brand-new 19 bed state-of-the-art Neonatal Intensive Care Unit which is a Level III unit equipped to treat babies born as early as 24 weeks, one of only 2 such centers in the state. In addition, we are proud to have a very caring staff with a high-level of education and expertise. This team includes multiple board certified obstetricians, a neonatologist and anesthesia service continuously present on campus 24 hours a day, 7 days a week, all complimented by our exceptional nursing staff. Not being immune to nationwide as well as local trends in decreasing birth rates, we have capacity to accommodate the births now occurring at New Milford Hospital and welcome those mothers and babies who would travel to Danbury just for the birth.

Slightly more than half the expectant population of the New Milford area already chooses to deliver at Danbury Hospital, so we are very familiar with the community and the community with us. In fact, the choice of delivering in Danbury has historically been an attractive choice. The reasons for local New Milford residents to come to a hospital a little further away from home are many, but I am often struck at expressions by patients I come into contact with that relate to their recognition of quality services and high standards that exist at Danbury Hospital.

When a pregnant woman walks into a building that has the word 'hospital' on the side, there are expectations of expertise, quality and service. At Danbury Hospital, we strive to meet those expectations in a wide variety of ways that are continuously reviewed, revised and improved. For the healthy laboring mother, we have the only hospital based Doula program in the state as well as a Jacuzzi bath in each labor room. We offer a full-time, onsite anesthesiologist typically only steps away should she request pain relief. Once their baby is born, we provide the dedicated expertise and guidance of certified professional lactation consultants. For the complicated pregnancy, we have high risk obstetric specialists on staff as well as a full list of medical and surgical subspecialists on call and in-hospital. For those few cases that require quaternary care, we have strong and historically lengthy relationships with all the major university medical centers in the region. Whether a mother needs a lot or a little support through the birthing process, we at Danbury Hospital stand ready to fulfill every expectation of that mother and her family for a personal and memorable experience.

11/29/2012

NMH FBC CON -122

Finally, I want to assure you that every effort has been made to make the transition of services as seamless as possible. Over the past half year, the physicians of the Danbury community have reached out to the New Milford physicians and staff and mutual arrangements for support and cross coverage have been agreed upon. I am so pleased to share that to date this aspect has worked out beautifully. In fact, the largest practice in New Milford has joined the two largest practices in Danbury by becoming a partner in Women's Health Connecticut which provides clinical and administrative structure to over a hundred OB/Gyn practices in CT. In short, they are literally partners. Furthermore, all New Milford OB/Gyn physicians hold full admitting and treating privileges at Danbury Hospital. All of this was organized to ensure that no patient should ever feel lost in the shuffle.

The future is a bright one. We hope to provide the finest health care for all of our patients and with our efforts in building a multi-million dollar simulation center, hiring a full time perinatal safety coordinator, or practicing for rare but dangerous complications by having emergency drills in the unit, we stand with the residents of New Milford and the region in having high expectations; but expectations that we understand must be, and are confident will be, met.

I am happy to answer any questions. If there are none, I would like to introduce Dr. Koobatian to you.

11/29/2012

NMH FBC CON -123

Relocation of NMH Birthing Service  
OHCA Docket No. 12-31781-CON

Hearing  
Profile for Dr. Koobatian

Good afternoon Hearing Officer Hansted and OHCA staff. My name is Dr. Thomas Koobatian. I am the Chief of Staff and Chairman of Emergency Medicine at New Milford Hospital. I hereby adopt my prefile testimony.

Although we do not expect to see a large number of babies born at the New Milford Hospital Emergency Department, we are prepared for all emergencies. We have carefully assessed the training and equipment necessary to insure that we can appropriately manage all the emergency obstetrical needs of our community, including births. The Danbury Hospital Obstetrical unit has an Obstetrician available 24/7 to discuss and coordinate care with the New Milford Hospital emergency physician on duty. All our emergency physicians and nurses will be provided additional obstetrical and neonatal education in advance of the transition. We have also reached out to the Rockville General Hospital Emergency Department physician director and nurse manager to benefit from their insights and experience once their hospital's birthing service successfully relocated to Manchester Memorial Hospital within the Eastern Connecticut Health Network.

Educational sessions on obstetrical emergencies and neonatal resuscitation have been provided to area EMS providers. New Milford Hospital emergency physicians are able to provide real time radio communication with pre-hospital providers to assist them with treatment and transport decisions. Arrangements and protocols have been developed with a local ambulance service to safely and rapidly transfer patients from the New Milford Hospital Emergency Department to Danbury Hospital.

I would be happy to answer any questions you may have.

11/29/2012

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Appendix XV

Curriculum Vitaes

John M. Murphy, MD

Deborah K. Weymouth

Matthew J. Kim, MD

Thomas J. Koobatian, MD

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JOHN M. MURPHY, M.D.Professional Experience

**Western Connecticut Health Network**  
**President & Chief Executive Officer**

July 2010 - PRESENT

Responsible for direction of core strategic programs, objectives and the enhancement of operational excellence, growth and financial performance of the \$750M integrated delivery network. Work in collaboration with physician and nursing leadership to align operational areas to support quality care, patient safety and service excellence initiatives of Danbury Hospital, New Milford Hospital, Western Connecticut Medical Group, Western Connecticut Home Care and associated subsidiaries and the surrounding communities

**Danbury Health Systems, Danbury, CT**  
**Executive Vice President (President /CEO Designee)**

July 2008 - June 2010

As a senior member of the management team, was responsible for the direction of core strategic programs and objectives. Worked closely with the retiring President/CEO during this transition period on all aspects of the hospital's core strategic goals to ensure a smooth transition.

**Associated Neurologists, P.C., Danbury, CT**

1989- 2008

Clinical neurologist with a particular interest in stroke, MS, and neurodegenerative disorders. I was active both clinically as well as administratively serving as the president of the group for 18 years and actively expanded the group to include clinical research, neurophysiology, neuropsychology and infusion therapy. In addition I was active in clinical research and both undergraduate as well as graduate medical education.

**EDUCATION:**

Fordham University, Bronx, NY  
 Major: Biology  
 Summa cum Laude (G.P.A. 4.0)  
 B.S., May 1981

UMDNJ -Rutgers Medical School  
 Piscataway, NJ  
 M.D., May 1985

**MEDICAL TRAINING:**

1985-1986: Internship, Internal Medicine  
 UMDNJ-Rutgers Medical School  
 Middlesex General University Hospital  
 New Brunswick, NJ

1986-1988: Resident in Neurology  
 UMDNJ-New Jersey Medical School  
 University Hospital



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Newark, NJ

1988-1989: Chief Resident in Neurology  
 UMDNJ-New Jersey Medical School  
 University Hospital  
 Newark, NJ

**MEDICAL LICENSURE:** Connecticut  
 New Jersey

**DIPLOMATE:** National Board of Medical Examiners  
 American Board of Psychiatry and Neurology

**HONORS & AWARDS:**

- 1980 Rhodes Scholarship Candidate
- 1981 Graduated Summa Cum Laude, Fordham University
- 1985 Alpha Omega Alpha National Medical Honor Society
- 1986 Intern of the Year Award, Middlesex General University Hospital
- 1995 Recipient of the Melville G. Magida Award for  
 "Demonstrated Notable Capability in Patient Treatment and Care".  
 Presented jointly by the Fairfield County Medical Association and  
 the Richard and Hinda Rosenthal Foundation.
- Listed in Connecticut Magazine's "Best Doctors in Connecticut"
- Listed in "Best Doctors in New York Metropolitan Area"
- Listed in New York Magazine's "Best Doctors in New York"
- Listed in "Best Doctors in America"
- 2011 Entrepreneur of the Year Award - Western Connecticut  
 State University

**MEMBERSHIPS:** American Heart Association, Council on Stroke  
 American Academy of Neurology  
 Connecticut State Medical Society  
 Connecticut State Neurological Society  
 The Movement Disorder Society  
 Fairfield County Medical Society  
 Fairfield County Neurology Society  
 Parkinson's Study Group (PSG)

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APPOINTMENTS:

Attending Neurologist, Danbury Hospital  
Danbury, CT.  
1989-Present

American Heart Association, Connecticut Affiliate  
Statewide Stroke Task Force  
1993-1995

Consultant in Neurology  
Southbury Training School, Southbury, CT.  
1990-2008

Treasurer, Connecticut State Neurological Society  
1993-2010

Fellow, American Academy of Neurology

Clinical Assistant Professor of Neurology  
New York Medical College  
1994-Present

Executive Committee, Danbury Hospital  
1992-2001

Board of Directors, Danbury Hospital and Danbury Health Systems  
1995-2008

Medical Affairs Committee  
Danbury Hospital Board of Directors  
1997-2000

Governance Committee  
Danbury Health Systems Board of Directors  
2003-2008

President of the Medical Staff, Danbury Hospital  
1998-2000

Board of Trustees, Connecticut Hospital Association  
2000

Danbury Health Systems & Danbury Hospital,  
Vice Chairman, Board of Directors, 2003-2005

Danbury Hospital & Danbury Health Systems, Inc  
Chairman, Board of Directors,  
2005-2008

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Union Savings Bank  
Board of Trustees  
2006-Present

**RESEARCH:**

Investigator, "A Treatment IND (Investigational New Drug) Protocol for the Use of Cognex® (Tacrine Hydrochloride) for the Management of Patients with Mild to Moderate Alzheimer's Dementia" 1993

Investigator, "A Double Blind, Randomized, Placebo-Controlled Study to Determine the Effectiveness and Safety of Migramist™ (Dihydroergotamine Mesylate Nasal Spray) for the Acute Treatment of Migraine Headache With or Without Aura in Migraineur Families." 1994-1995

Co-Investigator, "A Placebo-Controlled Study to Determine the Effects of 500 mg, 1000 mg, and 2000 mg, Citicoline in Ischemic Stroke Patients" (Protocol #IP302-001A) 1995

Co-Investigator, "The Clomethiazole Acute Stroke Study in t-PA Treated Ischemic Stroke (CLASS-T): A double blind, parallel group, multinational, multicenter study of safety of i.v. clomethiazole compared to placebo in patients treated with t-PA (tissue plasminogen activator) for acute ischemic stroke. 1997

Principal Investigator, "A prospective, randomized, parallel-group, double-blind, placebo-controlled, multi-center study to evaluate the short-term efficacy and safety of entacapone administered together with levodopa in subjects with Parkinson's Disease without motor fluctuations." 1998-2000

Co-Investigator, "Pregabalin BID Add-On Trial: A Randomized, Double-Blind, Placebo-Controlled, Parallel Group, Multicenter Study in Patients With Partial Seizures (Protocol 1008-034)." 1998

Co-Investigator, "Topamax Monotherapy Comparison Trial to Standard Monotherapy in the Treatment of Newly Diagnosed Epilepsy. Protocol TOPMAT-EPMN-105. Phase IIIb." 1998

Principal Investigator, "An open label study to evaluate the long-term safety and effectiveness of subcutaneous apomorphine in the treatment of "off" episodes in patients with "on-off" or "wearing-off" effects associated with late-stage Parkinson's Disease." 2000

Principal Investigator, "A multicenter, double-blind, placebo-controlled study to assess the tolerability and effect of entacapone on the quality of life in Parkinson's Disease patients treated with levodopa/carbidopa experiencing end-of-dose wearing off." 2000

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Principal Investigator, "A multicenter, randomized, double-blind, placebo-controlled study of three fixed doses of aripiprazole in the treatment of psychosis in patients with Parkinson's Disease." 2001

Principal Investigator, "A prospective, randomized, placebo-controlled, parallel groups study of the continued efficacy and safety of subcutaneous injections of apomorphine in the treatment of "off" episodes in patients with "on/off" or "wearing-off" effects associated with late-stage Parkinson's Disease after apomorphine use for at least a three month duration." 2001

Principal Investigator, "A multicenter, multinational, phase III randomized, double blind, placebo-controlled trial of the efficacy and safety of the rotigotine CDS patch in subjects with early stage, idiopathic Parkinson's disease (Part I) and open-label extension to assess the safety of long-term treatment of rotigotine CDS (Part II)." 2001

Principal Investigator, "A multicenter, multinational, phase III randomized, double blind, placebo-controlled trial of the efficacy and safety of the rotigotine CDS patch in subjects with advanced stage idiopathic Parkinson's disease who are not well controlled on levodopa (Part I) and open-label extension to assess the safety of long-term treatment of rotigotine CDS (Part II)." 2002

Principal Investigator, "A Phase II, multi-center, randomized, double-blind, placebo-controlled, parallel-group, 2-year study to evaluate the effects of GPI 1485 on SPECT scanning and clinical efficacy in symptomatic Parkinson's disease receiving dopamine agonist therapy". 2002

Principal Investigator, "A Phase II fourteen-week placebo-controlled dose-response efficacy and safety study of NS 2330 in early Parkinson's disease patients (Study for Proof of Concept in Early Parkinson's Disease of a Triple Reuptake Inhibitor, NS 2330/SCEPTRE)" 2003

Principal Investigator, "A 12 week, double-blind, placebo controlled, parallel group study to assess the efficacy and safety of ropinorole in patients suffering from Restless Legs Syndrome (RLS) 101468/249." 2003

Principal Investigator, "A Phase II double-blind, randomized dose-ranging, placebo-controlled, multicenter safety and efficacy evaluation of three doses of NS 2330 in patients with mild to moderate Dementia of the Alzheimer's Type." 2003

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Principal Investigator, "A double-blind, placebo-controlled, multicenter, multinational Phase II study to evaluate the safety and efficacy of Sarizotan HCL 1 mg b.i.d. in patients with Parkinson's disease suffering from treatment-associated dyskinesia (PADDY1)." 2004

Sub-Investigator, "A Phase 2, Multi-Center, Single-Arm, Open-Label Study to Evaluate the Safety and Efficacy of GPI 1485 (1000 mg QID) in Symptomatic Parkinson's Disease Patients." 2004

Principal Investigator, "A Phase 2, multicenter, placebo-controlled, double blind trial of ACP-103 in the treatment of Psychosis in Parkinson's Disease." 2004

Principal Investigator, "An open-label safety study of ACP-103 in Parkinson's Disease patients." 2005

Principal Investigator, "An open-label, multicenter, multinational Phase III follow-up study to investigate the long-term safety and efficacy of Sarizotan HCl 1 mg b.i.d. in patients with Parkinson's disease suffering from treatment-associated dyskinesia (PADDY 0)." 2005

Principal Investigator, "A multi-center, double-blind, randomized start, placebo-controlled, parallel-group study to assess the effect of rasagaline mesylate on disease progression in early Parkinson's Disease patients." 2005

"A two year phase IIIb randomized, multicenter, double-blind, Sinemet-controlled, parallel group, flexible dose study, to assess the effectiveness of controlled release ropinorole add-on therapy to L-dopa at increasing the time to onset of dyskinesias in Parkinson's disease subjects." 2005

Principal Investigator, "Compass1: A study to assess the sensitivity and specificity of the wearing-off questionnaire-9." 2005

Principal Investigator, "A multi-center, double-blind, placebo-controlled, parallel-group study to assess rasagaline as a disease modifying therapy in early parkinson's disease subjects." 2005

Principal Investigator, "A multi-center, double-blind, placebo-controlled, parallel-group study of the efficacy, safety, and tolerability of E2007 in levodopa treated Parkinson's Disease patients with motor fluctuations." 2006

Principal Investigator, "A cross-sectional, retrospective screening and case-control study examining the frequency of, and risk factors associated with, impulse control disorders in Parkinson's disease

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patients treated with MIRAPEX® (pramipexole) and other anti-parkinson agents (DOMINION Study)." 2006

Principal Investigator, "A randomized, double-blind, active (pramipexole 0.5 mg tid) and placebo controlled efficacy study of pramipexole given 0.5 mg and 0.75 mg bid over a 12-week treatment phase in early Parkinson's disease patients (PramiBID)." 2006

Principal Investigator, "A multi-center, open label extension study to evaluate the long-term safety, tolerability and efficacy of E2007 as an adjunctive therapy in levodopa treated Parkinson's Disease patients with motor fluctuations." 2007

Principal Investigator, "A multi-center, placebo-controlled, double-blind trial to examine the safety and efficacy of ACP-103 in the Treatment of Psychosis in Parkinson's Disease." 2007

Principal Investigator, "A multi-center, open-label extension study to examine the safety and tolerability of ACP-103 in the treatment of psychosis in Parkinson's Disease." 2007

Principal Investigator, "A double-blind, double-dummy, placebo-controlled, randomized, three parallel groups study comparing the Efficacy, Safety and Tolerability of Pramipexole ER versus placebo and versus Pramipexole IR administered orally over a 26-week maintenance phase in patients with early Parkinson's disease (PD)." 2007

Principal Investigator, "Long-term safety study of open-label pramipexole extended release (ER) in patients with early Parkinson's disease (PD)." 2007

**PUBLICATIONS:**

Murphy JM., Sage JI. Trimethaphan or Nitroprusside in the Setting of Intracranial Hypertension.  
*Clinical Neuropharmacology* 1988; 11(5): 436-442.

Murphy JM., Mashman J., Miller J., Bell J.  
Suppression of Carbamazepine-Induced Rash with Prednisone.  
*Neurology* 1991; 41:436-442.

Murphy JM., Motiwala R., Devinsky O. Phenytoin Intoxication.  
*Southern Medical Journal* 1991; 84(10): 1199-1204.

Murphy JM., Meyer S., Hurley E., Preston L., Culligan N.  
Transcranial Doppler and Stroke Outcome  
*Connecticut Medicine* 1995; 59 (10): 610-611.

Syed N, Murphy J, Zimmerman T, Mark M, Sage J.

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Ten Years' Experience with Enteral Levodopa Infusions for Motor Fluctuations in Parkinson's Disease.  
**Movement Disorders** 1998; 13(2): 336-338.

Garzon R, Murphy JM. Acute Bulbar Dysfunction in Hyperthyroidism.  
**Connecticut Medicine** 2002; 66(1) 3-6.

Jennings DL, Seibyl JP, Murphy JM, Marek K.  $\beta$ -CIT/SPECT vs. Clinical Examination in Parkinsonian syndrome: Unmasking an Early Diagnosis.  
**Movement Disorders** 2002; Vol. 17, Suppl 5, P521.

Jennings DL, Seibyl JP, Oakes D, Eberly S, Murphy J, Marek K.  $^{123}\beta$ -CIT and Single-Photon Emission Computed Tomographic Imaging vs Clinical Evaluation in Parkinsonian Syndrome. **Arch Neurology** 2004; 61:1224-1229.

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**Deborah Kinney Weymouth, MBA/FACHE****EMPLOYMENT HISTORY**

<b>Executive Director, Senior Vice President, New Milford Hospital</b> • New Milford, CT Western Connecticut Health Network, Danbury, CT	<b>2011 – Present</b>
<b>Executive Vice President/Chief Operating Officer, Thompson Health</b> • Canandaigua, NY	<b>2010 – 2011</b>
<b>Chief Financial Officer/Senior Vice President, Thompson Health</b> • Canandaigua, NY	<b>2004 – 2010</b>
<b>Senior Vice President of Support Services, Thompson Health</b> • Canandaigua, NY	<b>1999 – 2004</b>
<b>Vice President of Operations, F.F. Thompson Continuing Care Center</b> • Canandaigua, NY	<b>1995 – 1999</b>
<b>Vice President, Key Bank of New York</b> • Rochester, NY	<b>1992 – 1994</b>
<b>Chief Operating Officer, Concierge Services of America</b> • Washington, D.C.	<b>1990 – 1992</b>
<b>Vice President, Citicorp NA/Citibank</b> • Los Angeles, CA and Phoenix, AZ	<b>1985 – 1990</b>
<b>Vice President of Operations, Great Western Bank</b> • Phoenix, AZ	<b>1984 – 1985</b>

**AFFILIATIONS/AWARDS**

• <b>Member, New Milford Economic Development Corporation Board</b>	<b>2012 – Present</b>
• <b>Member, DNS-Connecticut Hospital Association Fee-Based Services Board</b>	<b>2011 – Present</b>
• <b>Member, United Way of Western Connecticut Board</b>	<b>2011 – Present</b>
• <b>Chair, CFO Committee - Rochester Regional Healthcare Association</b>	<b>2009-11</b>
• <b>Member, Finance Committee – Healthcare Association of NY</b>	<b>2008-11</b>
• <b>Member, Information Technology Committee – Healthcare Association of NY</b>	<b>2009-11</b>
• <b>Member, Board of Directors - Rochester Healthcare Financial Management Association</b>	<b>2010</b>
• <b>Financial Executive of the Year - Rochester Business Journal</b>	<b>2008</b>
• <b>Associate of the Year - Thompson Health Shining Star Award</b>	<b>2006</b>
• <b>Athena Award, Outstanding Female Leadership - Canandaigua Chamber of Commerce</b>	<b>2002</b>
• <b>Lifetime Achievement Award - Canandaigua Chamber of Commerce</b>	<b>1999</b>
• <b>Employee of the Year - Great Western Bank</b>	<b>1984</b>
• <b>8 Time NCAA All-American Swimmer</b>	<b>1975-79</b>

**EDUCATION & PROFESSIONAL DEVELOPMENT**

• <b>Fellow, American College of Healthcare Executives (FACHE)</b>	<b>2007</b>
• <b>Master in Business Administration - Master of International Management / Finance</b> Thunderbird Global Management School • Phoenix, AZ	<b>1984</b>
• <b>Bachelor of Science - Education and Rehabilitation, Cum Laude</b> Springfield College • Springfield, MA	<b>1979</b>

**Additional Training**

Examiner, Malcolm Baldrige National Quality Award Program	<b>2010 - 2011</b>
Institute of Healthcare Improvement (IHI) Executive Hospital Operations	<b>2009</b>
Graduate of Citibank Global Credit Training Program • New York, NY	<b>1987</b>
<b>Other</b>	
American Society for Quality (ASQ) World Conference on Healthcare Quality Improvement, Presenter	<b>2012</b>
National Institute of Healthcare Improvement (IHI) Annual Meeting, Presenter	<b>2011</b>
National Health Care CFO Summit Presenter	<b>2009 / 2010</b>
Healthcare Financial Management (HFMA) International CFO Exchange Delegate, US/UK	<b>2009</b>
Healthcare Financial Management Magazine	<b>2006</b>
Money Driven Medicine, Maggie Mahar	<b>2006</b>
Time Magazine	<b>1977</b>
Sports Illustrated	<b>1975</b>



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## MATTHEW J. KIM, M.D.

## CURRICULUM VITAE

## PERSONAL HISTORY

Current Status: Section Chief- Maternal Fetal Medicine  
Medical Director- Labor and Delivery  
Department of Obstetrics and Gynecology  
Danbury Hospital

Visiting Associate Professor  
School of Medicine  
Yale University

Office Address: Department of Ob/Gyn  
Danbury Hospital  
Danbury, CT 06810  
Phone: (203) 739-4943  
Fax: (203) 739-7160

Email matthew.kim@wcthn.org

Place of birth: South Korea

Citizenship: USA

## EDUCATION

1987-1991 B.A., Yale University,  
New Haven, CT

1991-1995 M.D., Baylor College of Medicine,  
Houston, TX

1995-1999 Residency, Obstetrics and Gynecology  
Parkland Memorial Hospital  
University of Texas-Southwestern Medical Center,  
Dallas, TX

1999-2002 Fellowship, Maternal Fetal Medicine  
Division of Perinatal Medicine  
Department of Reproductive Medicine  
University of California San Diego,  
San Diego, CA

LICENSURE: Connecticut, 48761  
California, A67704 (Inactive)  
Illinois, 036106388 (Inactive)  
Arizona, 34423 (Inactive)  
Texas, K0505 (Inactive)

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**BOARD CERTIFICATION:**

2003 American Board of Obstetrics and Gynecology  
(Exp. Dec 31, 2012)

2005 American Board of Obstetrics and Gynecology  
Subspecialty, Maternal-Fetal Medicine  
(Exp. Dec. 31, 2012)

**PROFESSIONAL EXPERIENCE:**

2007-2010 Director, In-patient Obstetrics  
2008-2010 Associate Director Maternal-Fetal Medicine Fellowship Program  
Department of Obstetrics and Gynecology  
Cedars-Sinai Medical Center  
Los Angeles, CA

2005-2007 Director, Division of Maternal-Fetal Medicine  
St. Joseph's Hospital and Medical Center  
Catholic Healthcare West  
Phoenix, AZ

2006-2007 Director, Division of Maternal-Fetal Medicine  
Maricopa Integrated Health System  
Phoenix, AZ

2006-2007 Director, Maternal Fetal Services  
Flagstaff Medical Center  
Northern Arizona Healthcare  
Phoenix, AZ

2002-2005 Attending Physician  
Division of Maternal-Fetal Medicine  
Evanston Northwestern Healthcare  
Evanston, IL

**PROFESSIONAL ACTIVITIES:****Committees**

Cedars-Sinai Medical Center 2007-2010  
Interdisciplinary Obstetrics Operations Committee- Chair  
RFO Task Force  
OB/Gyn Performance Improvement Committee  
MD/RN Collaborative Committee  
Ob/Gyn Peer Review Committee  
Cedars-Sinai Medical Center -- IRB (B)  
CS-Link Physician Advisory Council  
OB/GYN Residency Curriculum Committee  
CS-Medical Staff Leadership Development Program

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Arizona 2005-2007

Perinatal M&M Committee (coordinator)-SIHMC  
 Flagstaff Medical Center M&M Committee  
 Maricopa Medical Center Perinatal Improvement Committee  
 Maricopa Medical Center Quality Assurance and Peer Review Committee  
 St. Joseph's Hospital and Medical Center IRB for Human Research (B)  
 University of Arizona Medical Student Core Clerkship Site Coordinator  
 Medical Director-Guardian Air Medical Transport

Illinois 2002-2005

OB Practice Committee-Evanston Hospital  
 Regional Perinatal M&M Committee-Northwestern Perinatal Network  
 Perinatal-Neonatal Multidisciplinary Conference (Coordinator)-Evanston Hospital  
 Lake Forest Hospital M&M Committee  
 Swedish Covenant Hospital M&M Committee  
 Northwest Community Hospital M&M Committee

**Community Service:**

Beverly Hills Little League-Coach  
 Advancement Committee-Chair Boy Scouts of America Troop 116

**Membership in professional societies:**

American College of Obstetrics and Gynecology (Fellow)  
 Society of Maternal-Fetal Medicine  
 American Institute of Ultrasound in Medicine  
 American College of Physician Executives  
 Association of Professors of Gynecology and Obstetrics (APGO)  
 Central Association of Obstetrics and Gynecology-Candidate Member  
 Pacific Coast Obstetrics and Gynecology Society- Candidate Member  
 International Society of Ultrasound in Obstetrics and Gynecology  
 PAC-LAC

**INVITED REVIEWER:**

Obstetrics and Gynecology  
 American Journal of Obstetrics and Gynecology

**GRANTS:**

Agency: CDC  
 ID#: 5U01IP000192  
 Title: "Attitudes and knowledge of hospital based health care providers on Tdap  
 and Influenza recommendations for post partum women."  
 P.I.: Sylvia Yeh, M.D.

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Percent effort: 10%  
 Total costs: \$449,448  
 Project period: 7/1/2008-9/1/2010

Agency: Center for Research on Women and Newborn Health  
 Title: "VEGF, PPRM and Preterm Birth: A Novel Pathway."  
 P.I.: Ljubica Bogic, PhD  
 Percent effort: 20%  
 Total costs: \$50,000  
 Project period: 1/1/2001-1/1/2002

**ACADEMIC APPOINTMENTS:**

1/1/2011-Current	Visiting Associate Professor School of Medicine Yale University New Haven, CT
2007-2/1/2011	Assistant Professor (Clinical Compensated Series) David Geffen School of Medicine-UCLA Los Angeles, CA
2005-2007	Assistant Professor (Contributive Services Faculty) Creighton University School of Medicine Omaha, Nebraska
2002-2005	Assistant Professor (Full time faculty) Feinberg School of Medicine Northwestern University Chicago, IL

**HONORS AND SPECIAL AWARDS:**

2008	Golden Apple Award for Excellence in Teaching, Cedars-Sinai Medical Center
2008	Friends of Nursing Award, Cedars-Sinai Medical Center
2006	APGO National Excellence in Teaching Award
2004	Northwestern University Resident Teaching Award
2003	Northwestern University Medical Student Teaching Award
1997	Wyeth-Ayerst Resident Reporter-CREOG/APGO
1996	Caput Screw for Most Outstanding Intern
1992	Essay Prize, Baylor History of Medicine Society
1986	United States Junior Olympics, Fencing (Sabre)

**LECTURES AND PRESENTATIONS:**

2010: Danbury Hospital Cancer Symposium, "Management of the pregnant mother with malignant conditions"  
 Medical student and resident core lecture series

2009: Pacific Coast Ob/Gyn Society, "Teaching 3-Dimensional Fetal Ultrasound: A Novel Figurative Technique"

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- Kaiser Permanente Grand Rounds, "Management of Postpartum Hemorrhage"  
 Cedars-Sinai Grand Rounds, "Art in Obstetrics: Figurative vs Literal"  
 Medical student and resident core lecture series
- 2008: Cedars-Sinai Grand Rounds, "History of Obstetrics: A Magical Mystery Tour"  
 PAC-LAC Annual Meeting, "Technological Advances in Labor Monitoring"  
 Medical student and resident core lecture series
- 2007: Catholic Healthcare West-Perinatal Quality Initiative, "Fetal Monitoring: Riding the Tiger"  
 Flagstaff Medical Center Symposium, "Preterm Birth: A problem".  
 Medical student and resident core lecture series
- 2006: Medical student and resident core lecture series
- 2005: Medical student and resident core lecture series
- 2004: Evanston Historical Society, "Delivering babies: A mans job"  
 Medical student and resident core lecture series
- 2002: BIMM 134, Biology Department Undergraduate Lecture, "Cervical Cancer: Molecular  
 Approaches to an Infectious Disease"
- 2001: BIMM 134, Biology Department Undergraduate Lecture, "Cervical Cancer: Molecular  
 Approaches to an Infectious Disease"  
 Western Conference on Perinatal Research, "Preeclampsia and Hypoxia: The toxic cytokine  
 hypothesis"  
 Society for the Study of Reproductive Medicine, "Increased VEGF and Flt-1 gene expression  
 at the rupture site in PPROM and its relation with the duration rupture to delivery."
- 2000: Fetal and Neonatal Physiological Society, "Placental expression of erythropoietin mRNA,  
 protein and receptor in the ovine fetus."  
 Perinatal and Developmental Medicine Symposium, "PIH and VEGF mRNA expression in  
 the deciduas: An Association."  
 Western Conference on Perinatal Research, "Birthweight and Gestational Diabetes: The  
 Significance of glucose monitoring"
- 1999: Southern Gynecological Assembly, "Hepatitis B and breastfeeding."

## PUBLICATIONS

### RESEARCH PAPERS (PEER REVIEWED)

1. Turek P, Kim MJ, Gilbaugh J, Lipshultz L. "Clinical Characteristics of 82 Patients with Sertoli Cell Only Testis Histology." *Fertility and Sterility*. Dec 1995. 64:1197-2000.
2. Kim MJ, Bogic L, Cheung CY, Brace RA. "Placental expression of erythropoietin mRNA, protein and receptor in sheep". *Placenta* 2001 May; 22(5):484-9.
3. Kim MJ, Bogic L, Cheung CY, Brace RA. "Expression of erythropoietin mRNA, protein and receptor in ovine fetal membranes". *Placenta*. 2001 Nov; 22(10): 846-51.

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4. Hill JB, Sheffield JS, Kim MJ, Alexander JM, Sercely B, Wendel GD. "Risk of hepatitis B transmission in breast-fed infants of chronic hepatitis B carriers". *Obstet Gynecol.* 2002 Jun; 99(6):1049-52.
5. Mason SD, Howlett RA, Kim MJ, Olfert IM, Hogan MC, McNulty W, Hickey RP, Wagner PD, Kahn CR, Giordano FJ, Johnson RS. "Loss of skeletal muscle HIF-1alpha results in altered exercise endurance". *PLoS Biol.* 2004 Oct; 2(10):e288.
6. Jackson S, Morgan M, Nichols S, Shay A, Kim MJ. "Are open box gloves clean enough to perform vaginal examinations." *J Hosp Infect.* 2010 Jul;75(3):243-4.
7. Silasi M, Coonrod D, Kim MJ, Drachman D. "Transient tachypnea of the Newborn: Is labor prior to cesarean delivery protective?" *Am J Perinatol.* 2010 Nov;27(10):797-802.
8. Good MM, Solt I, Acuna JG, Rotmensch S, Kim MJ. "Methamphetamine use during pregnancy: maternal and neonatal implications." *Obstetrics and Gynecology.* 2010 Aug;116 (2Pt1):330-4.
9. Fareeduddin R, Williams J III, Solt I, Mirocha JM, Kim MJ, Rotmensch S. "Discordance of first trimester crown-rump length is a predictor of adverse outcome in structurally normal euploid dichorionic twins." *Journal of Ultrasound in Medicine.* 2010 Oct;29(10):1439-43.
10. Solt I, Acuna J, Ogunyemi D, Rotmensch S, Kim MJ. "Teaching 3-dimensional fetal ultrasound using analogical transfer, a randomized study". *Journal of Maternal-Fetal and Neonatal Medicine.* 2010 Dec 10 (Epub)
11. Solt I, Kim MJ, Rotmensch S. "Perimortem instrumental vaginal delivery." *Journal of Perinatal Medicine.* 2011. Jan;39:97-98.
12. Solt I, Jackson S, Moore T, Rotmensch S, Kim MJ. "Teaching forceps: The impact of proactive faculty". *AJOG.* 2011 Feb 17 (Epub)

#### PAPERS SUBMITTED

1. Acuna JG, Solt I, Adeniji BA, Mirocha JM, Kim MJ, Rotmensch S. Visualization of the fourth ventricle in first trimester fetuses with a normal spine versus spina bifida. Submitted to *Journal of Ultrasound of Medicine.*
2. Adeniji BA, Arora CP, Rotmensch S, Kim MJ, Hobel CJ. Isoprostanes and the Risk of Preeclampsia: A longitudinal study. Submitted to *AJOG.*
3. Vijayan V, Kim M, Zangwill K, Allred N, Mink C, Yeh S. "Knowledge and attitudes of Tdap and influenza vaccine recommendations for postpartum women." Submitted to *AJOG.*

#### IN PREPARATION

1. Solt I, Kim MJ, Adeniji A, Acuna JG, Mirocha J, Rotmensch S. Visualization and measurement of the cisterna magna and maximal posterior fossa translucency for spina bifida screening at 11-13 weeks gestation.

#### CHAPTERS IN BOOKS

1. Hacker N, Gambone R, Hobel C. Chapter 10 "Obstetric hemorrhage and puerperal sepsis" *Essentials of Obstetrics and Gynecology.* 2009.

#### ABSTRACTS

1. Kim MJ, Alexander J, Sercely B, Jackson G, Wendel G. "Hepatitis B Transmission Associated with Breastfeeding in Infants of Chronic Carriers". *Am J Obstet Gynecol.* Jan 1997;176(1 Pt 2); S36.
2. Kim JM, Hull AD, Moore TR. Fasting but not postprandial blood glucose values predict

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- birthweight in gestational and Type II diabetes. *Am Obstet Gynecol.* 2000;182(1Pt2); 213.
3. Chmait RH, Kim MJ, Daneshmand S, Moore TR, and Bogic L. 2001 The differential expression of VEGF and its receptor in the decida of preeclamptic patients. *J. Society for Gynecologic Investigation.* Vol 8(1)(supplement) Jan-Feb 2001. 151A.
  4. Lee S, Kim MJ, Moore T. The perinatal and economic impact of public funding of prenatal care. *Am J Obstet Gynecol.* Jan 2001;184(1); S168.
  5. Kim MJ, Simpson R, Moore T. Teaching forceps: The Impact of pro-active faculty. *Am J Obstet Gynecol.* Jan 2001;184(1); S185.
  6. Kim MJ, Bogic C, Cheung C, Brace R. A developmental analysis of cellular localization of erythropoietin mRNA, protein and receptor in the ovine placenta. *Am J Obstet Gynecol.* Jan 2001;184(1); S89.
  7. Kim MJ, Tarsa M, Moore T, Bogic L. VEGF gene expression is increased in the decidua of preterm preeclamptic patients. *Am J Obstet Gynecol.* Jan 2001;184(1); S89.
  8. Kim MJ, Bogic L, Cheung C, Brace R. Erythropoietin mRNA, protein and receptor are expressed in ovine membranes. *Journal of the Society for Gynecologic Investigation.* Vol 8(1)(supplement); January-February 1001;207A.
  9. Kim MJ, Bogic L, Cheung C, Brace R. Differential expression of erythropoietin in the ovine placenta and fetal membranes during two forms of fetal hypoxia. *Journal of the Society for Gynecologic Investigation.* Vol 8 (1) (supplement) January-February 2001: 206A.
  10. Chmait R, Dinise T, Daneshmand S, Kim MJ, Moore TR. Prospective cohort study to establish predictors of glyburide success in gestational diabetes mellitus. *Am J Obstet Gynecol.* Dec 2001;185;6; S226.
  11. Kim MJ, Moore TR, Johnson R. Phenotypic expression in murine skeletal muscle: the impact of a tissue specific conditional knock-out of HIF-2 and 1-alaph. *Am J Obstet Gynecol.* Dec 2001: 185(6); S226.
  12. Magallenez M, Drachman D, Kim MJ, Coonrod D. Transient tachypnea of the newborn: Is labor prior to cesarean delivery protective. *Am J Obstet Gynecol.* Dec 2006;195(6);S208.
  13. Bull M, Kim MJ, Mathieson K, Fajardo C, Coonrod D. The relationship between mode of oxygenation and development of HIV in the newborn. *Am J Obstet Gynecol.* Dec 20006;195(6);S191.
  14. Good M, Williamson K, Balducci J, Kim MJ. The methamphetamine epidemic: Neonatal implications. *Am J Obstet Gynecol.* Dec 2006;195(6);S213.
  15. Adeniji A, Arora C, Kim M, Hobel C. Urinary isoprostane levels show a biphasic pattern in patients who develop preeclampsia. *Am J Obstet Gynecol.* Dec 2008;199(6A);S21.
  16. Kim M, Arora C, Adeniji A, Hobel C. Diabetes in pregnancy is associated with oxidative stress: Longitudinal isoprostane expression. *Am J Obstet Gynecol.* Dec 2008;199(6A);S159.
  17. Arora C, Kim M, Adeniji A, Hobel C. Elevated urinary isoprostanes in early pregnancy are associated with subsequent fetal growth restriction. *Am J Obstet Gynecol.* Dec 2008;199(6A);S161.
  18. Jackson S, Morgan M, Shay A, Nichols S, Kim M. Sterile vs Open Box Gloves: How clean is clean? *Am J Obstet Gynecol.* Dec 2008;199(6A);S107.
  19. Vijayan V, Kim MJ, Zangwill K, Allred N, Mink C, Yeh S. Attitudes and knowledge of Health Care Personnel on Tdap and Influenza vaccination recommendations for postpartum women." *Pediatric Academic Societies Annual Meeting, May 2010.*
  20. Azziz R, Ogunayemi D, Christman P, Anest P, Kim MJ. "Implementing a CNM hospitalist program for obstetrical triage and labor and delivery: Preliminary results and impact on residency training." *APGO/CREOG 2010.*

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21. **Kim MJ**, Jackson S, Acuna JG, Adeniji A, Rotmensch S. The influenza pandemics of 1918, 1957, 2009: Obstetric consequences and connections. American College of Obstetrics and Gynecology. ACOG ACM, May 2010
22. **Kim MJ**, Rotmensch S, Anest P, Hackmeyer P. Prenatal record availability at time of presentation: Multidisciplinary performance improvement utilizing PDSA. American College of Obstetrics and Gynecology. ACOG ACM, May 2010.
23. Acuna JG, Solt I, Adeniji AB, Mirocha J, **Kim MJ**, Rotmensch S. Visualization of the fourth ventricle in first trimester fetuses with a normal spine versus spina bifida. International Society of Ultrasound in Obstetrics and Gynecology. ISUOG 2010..
24. Solt I, **Kim MJ**, Acuna JG, Adeniji AB, Morales C, Rotmensch S. Spina bifida detection at 11-14 weeks: Systematic analysis of technical factors associated with false-positive and false-negative image interpretation. International Society of Ultrasound in Obstetrics and Gynecology. ISUOG 2010.
25. Solt I, **Kim MJ**, Adeniji AB, Acuna JG, Mirocha J, Rotmensch S. Visualization and measurement of the cisterna magna and maximal posterior fossa translucency for spina bifida screening at 11-13 weeks gestation. International Society of Ultrasound in Obstetrics and Gynecology. ISUOG 2010.
26. Solt I, **Kim MJ**, Alanakian A, McMullen CL, Morales C, Rotmensch S. Visualization of first trimester intracranial translucency (IT): The axial plane is superior to the standard mid-sagittal NT screening plane. ISUOG April 2010.



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**THOMAS J. KOOBATIAN, M.D.**  
thomas.koobatian@wchn.org

**Education:**

Tufts University  
Medford, Massachusetts  
B.S. – Biology - 1986

Tufts University  
Medford, Massachusetts  
M.S. – Public Health - 1987

University of Vermont  
Burlington, Vermont  
M.D. – 1991

The Medical College of Pennsylvania  
Philadelphia, Pennsylvania  
Residency in Emergency Medicine 1991 – 1994

**Medical Licensure:**

State of Connecticut – May 1996

**Board Certification:**

American Board of Emergency Medicine  
Diplomate – 1995, 2005

**Staff Appointments/  
Positions:**

New Milford Hospital, New Milford, CT  
Chief of Staff  
July 2012 - Present

New Milford Hospital, New Milford, CT  
Chairman, Department of Emergency Medicine  
1997 – Present

President of New Milford Hospital Medical Staff  
Chairman, Medical Staff Executive Committee  
2003 – 2005

Bradley Memorial Hospital, Southington, CT  
Associate Chairman, Emergency Medicine  
Director, Emergency Medical Services  
Associate Attending Physician  
1996 – 1997

St. Francis – St. George Hospital, Cincinnati, Ohio  
Associate Attending Physician  
1994 – 1996

Providence Hospital, Cincinnati, Ohio  
Associate Attending Physician  
1994 – 1996

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Mercy Anderson Hospital, Cincinnati, Ohio  
Associate Attending Physician  
1994 - 1996

Cermont Mercy Hospital, Batavia, Ohio  
Associate Attending Physician  
1994 - 1996

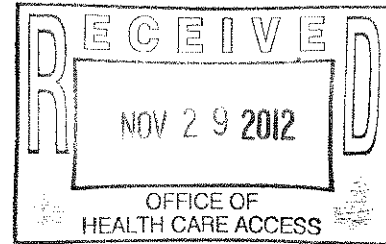
Good Samaritan Hospital, Cincinnati, Ohio  
Associate Attending Physician  
1994 - 1996

**Publications:**

1. Koobatian TJ, et al. The use of hospital discharge date for public health surveillance of Guillain-Barre Syndrome. *Annals of Neurology*. 1991; 30: 618-621
2. Koobatian TJ, Robert JR. Falsely elevated serum digoxin levels secondary to endogenous digoxin-like immunoreactive substances. *Academic Emergency Medicine*. 1995; 2: (4) 322.
3. McNamara R, Koobatian T. Simultaneous uvulitis and epiglottitis in adults. *Am J Emerg Med* 1997; 15(2): 161-3.

249 Stilson Hill Road  
New Milford, CT 06776

Office of Health Care Access  
Certificate of Need Program  
410 Capitol Avenue, MS#OHCA  
Hartford, CT 06134



Re: Application 12-31781-CON

To Whom It May Concern,

I am writing to express my concern with regard to the closing of New Milford Hospital's Maternity Department at the end of 2012.

I was born in New Milford Hospital, as well as my children and grandchildren, and now have two more grandchildren on the way. The closing of this department is a huge inconvenience, given the fact that Danbury hospital is 15 miles away, and at least a 30 minute drive from New Milford.

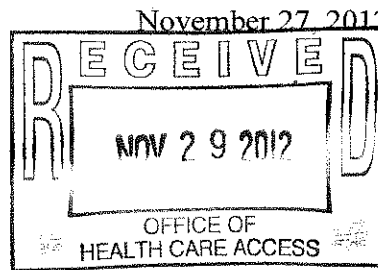
Danbury Hospital is a teaching facility and does not provide the intimate environment that New Milford Hospital has. My daughter and daughter in law will most likely choose to travel all the way to Sharon Hospital as opposed to going to Danbury.

New Milford Hospital has been a great full service community hospital for many years, and it is a shame that it is becoming an "a la carte" facility, only providing the services that are profitable. We no longer can go there for bloodwork as well. What is next?

Sincerely,

Deborah Jewell

Office of Health Care Access  
Certificate of Need Program  
410 Capital Avenue  
MS #OHCA  
Hartford, CT 06134



Dear Dr. Mullen,

This letter is in reference to application 12-31781-CON regarding the closing of the Birthing Center at New Milford Hospital.

My name is Susan Patrick and I have been a registered nurse for 45 years. The bulk of my career has been in Maternal/Child Health. Two of my children and all six of my grandchildren were born at New Milford Hospital.

New Milford Hospital's Family Birthing Center is made up of two families. One being the birth family and the other being the staff "family" made up of obstetricians, nurses, ancillary personnel and volunteers. I have been a member of both families. These two families have interacted for years to insure a healthy and favorable birthing experience. I feel the closing of this unit would be a sad ending to what New Milford Hospital has given to our region.

Will expectant mothers wait until the last minutes before delivery to arrive at the emergency room at NMH so their babies will be born at NMH with their own obstetricians delivering their newborns? Probably not. Will some use obstetricians out of the area and deliver at Sharon Hospital or Charlotte Hungerford Hospital? Probably. Will some use Danbury obstetricians and deliver at Danbury Hospital? Probably. What a loss for New Milford Hospital's area residents.

Labor and delivery has always had ups and downs as far as delivery outcome. An extra 15 minutes in travel time could make a difference in a favorable or tragic ending.

A parody comes to mind. Products and services are advertised as "new and improved" only to find out...not so much!

Please do not allow the closing of the Birthing Center at New Milford Hospital in favor of Danbury Hospital.

Respectfully,

Susan L. Patrick  
169 Christian Street  
Bridgewater, CT 06752

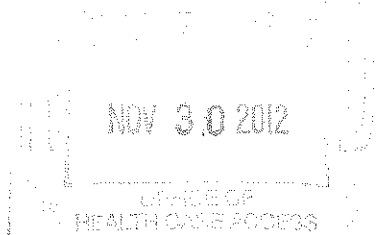
Cc: Dr. Orlito Trias, Dr. John Sussman, Danbury News Times

**WESTERN CONNECTICUT  
HEALTH NETWORK**

DANBURY HOSPITAL • NEW MILFORD HOSPITAL

24 Hospital Ave.  
Danbury, CT 06810  
203.739.7000WesternConnecticutHealthNetwork.org  
DanburyHospital.org  
NewMilfordHospital.org

November 29, 2012

By FacsimileKimberly R. Martone  
Director of Operations  
410 Capitol Ave., MS # 13HCA  
P.O. Box 340308  
Hartford, CT 06810Re: Certificate of Need Application, Docket No. 12-31781-CON  
Termination of Inpatient Obstetrical Delivery Service at New Milford Hospital

Dear Ms. Martone,

Attached please find the prefile testimony for New Milford Hospital, The Danbury Hospital and Western Connecticut Health Network, Inc. in the above-captioned docket. This testimony is for the hearing scheduled for next Tuesday, December 4, 2012 in New Milford, CT.

Per your approval, the original and six (6) copies are being sent by Federal Express delivery for your receipt tomorrow morning.

Respectfully submitted,

Sally F. Herlihy, FACHE  
Vice President, Planning

C: Ms. Laurie Greci, OHCA Staff Analyst

Relocation of NMH Birthing Service  
OHCA Docket No. 12-31781-CON

Hearing  
Profile for Dr. Murphy

Good afternoon Hearing Officer Hansted and OHCA staff. I am Dr. John Murphy, the President & CEO of Western Connecticut Health Network (WCHN). I hereby adopt my profile testimony. I would like to make some opening remarks, which will be followed by testimony from Deborah Weymouth who is the Executive Director of New Milford Hospital. Also presenting testimony will be Dr. Matthew Kim, medical director of the Family Birthing Center and section chief for Maternal Fetal Medicine at Danbury Hospital, and Dr. Thomas Koobatian, chief of staff and chairman of Emergency Medicine at New Milford Hospital.

We are seeking your approval of our application to relocate the inpatient obstetrical delivery service from New Milford Hospital to the family birthing center already located at Danbury Hospital for expectant mothers in our service area. Many at this hearing understand that the issue of sustainable birthing services at New Milford Hospital is not a new topic of conversation in this community. The recent decision to relocate birthing services was made through informative and inclusive discussions with many staff and community members and after careful analysis of actual births, demographic trends and birthing location preferences. Deborah Weymouth will speak to the extensive level of analysis and outreach that brought us here today.

Before we review the specifics of the New Milford issue, let me share, in general, some of our philosophy at the Western Connecticut Health Network. We are committed to serve our communities with high quality, accessible care. Our commitment to the New Milford community reaches beyond our investments in the New Milford facility. We look at how to serve the residents and visitors no matter where they may be at any time of day in the area we serve. And we listen to every voice, opinion, comment and concern. We are committed to improve the health of our area one person at a time.

Currently, New Milford Hospital is delivering less than one baby (0.7) per day. This low volume reflects a multi-year downward trend in births in New Milford, across Connecticut and even the United States. This is an important fact because, in medicine, frequency of care impacts what can be reasonably delivered. Based on current data from a variety of demographic sources, the low birthing volume is not expected to increase over the next few years in a way that indicates a need for full birthing service at New Milford Hospital. To compare volumes, Danbury Hospital delivered 2,003 babies for the most recent fiscal year completed, while New Milford Hospital delivered only 243 babies in the same time period. Danbury Hospital provides one of the premier birthing services in the State of Connecticut, complete with a state-of-the-art Level IIIB Neonatal Intensive Care Unit ("NICU") – that is one of just two in Connecticut. Having a consistent and steady volume of patients allows Danbury Hospital to maintain a full maternity coverage 24 hours a day, 7 days a week, with quality care for routine births as well as those more complicated.

As important as monitoring demographic trends is to this consideration, defining of the care we provide also matters.

For most women, giving birth is a nine-month process. The application before you specifically requests permission to relocate just the birthing services within our service area to Danbury Hospital. It is our intent that all routine pre-natal and post natal care would remain in New Milford according to patient needs. Current and future obstetric patients residing in the local communities will continue to have a choice of which obstetrician they will utilize. Dr. Matthew Kim will testify in more detail regarding clinical programming and expertise.

Statistics indicate that over 90-95% of births are generally uncomplicated. Our planning for this proposed relocation of birthing services included extensive research of best practices. We want to be sure to address the proposed transition in a responsible way to provide for the safety of every mother and every baby entrusted to us. Comprehensive training is now underway with staff at both hospitals as well as within the EMS community. If an expectant mother arrives at New Milford Hospital and requires services that only exist at Danbury Hospital, an ambulance will carefully transport the patient to Danbury Hospital with highly-trained and attentive staff ready for the short trip. Dr. Koobatian will provide you more details about emergency response and care.

We understand and respect how much the community treasures having the capability of delivering babies at the local hospital and to that point, we are grateful for their loyalty. But when we consider community health needs, the trending demographics are too compelling to ignore, and the declining volume of births supports our responsible decision. With the affiliation of Danbury and New Milford Hospitals to form WCHN, we have created a network of two hospitals allowing for a well-coordinated and accessible system of care, building on the strengths of each organization with seamless connectivity between the two hospitals to best serve our patients and their needs.

Our application submitted previously, and our ensuing testimony today outlines a careful planning process which lead to undeniable facts and a safe and responsible decision made to relocate these services. I ask for your consideration and approval of this application to allow the New Milford Hospital birthing service to relocate to Danbury Hospital, understanding we have provided for accessible high-quality services and appropriate safety measures to accommodate emergency births in New Milford. I am happy to answer any questions that you may have now or at the end of the remaining presentations.

If there are no questions, I would like to introduce Deborah Weymouth, Executive Director at New Milford Hospital.

Relocation of NMH Birthing Service  
OHCA Docket No. 12-31781-CON

Hearing  
Profile for Deborah Weymouth

Good afternoon Hearing Officer Hansted and OHCA staff. My name is Deborah Weymouth and I am the Executive Director of New Milford Hospital. I hereby adopt my profile testimony.

To put today's conversation in context, I would like to build on Dr. Murphy's comments. The decision to relocate the Family Birthing Center was not an easy decision for anyone involved. Bringing a new member of a family into the world is a special event. Years later most parents can recall with vivid detail the specifics of the "big day". We at New Milford Hospital are very proud of our long history of bringing thousands of new babies into this community and the precious memories we helped create.

Unfortunately, both times and healthcare have changed. Our service area is marked by flat to declining population growth projections; the birth rate among women of child bearing age is declining both nationwide and within our service area; and women within our service area are increasingly opting to give birth in larger tertiary hospitals like Danbury Hospital where, should a complication occur, they have the added assurance of a NICU and sub-specialists. As evidence of this trend, over 50% of the expectant mothers in New Milford service area already choose to go to Danbury Hospital for birthing services.

Other numbers confirm this. In FY2012, 243 babies were born in New Milford Hospital. With physician redirected births and the continued downtrend in the birth rate, we estimate that only 142 women would utilize the New Milford Hospital birthing service this year, representing a daily rate 0.4 babies per day.

Since the filing of our CON application, two (2) OB/Gyn physicians have relocated their deliveries to other facilities. Both physicians remain on the medical staff at New Milford Hospital. At this time we continue to have two (2) additional OB/Gyn's delivering at New Milford Hospital.

Unfortunately, we do not believe bringing in additional OB/Gyn physicians or implementing a costly marketing program will address this lack of birthing volume. While we have made every effort to boost utilization through outreach programs including advertising and direct mail campaigns, open houses, education programs, and enhanced online content about our Family Birthing services, we have been unable to generate growth in program volumes. This fact, combined with the associated operational financial losses and significant capital investment required to refurbish the unit, further support our decision. The issue is, simply larger than any preference or tradition.



Historically, New Milford has provided the following services to expectant mothers: Betamethasone injections, serial blood pressure checks, non-stress tests, labor checks, laboratory tests, and fetal heart rate checks. Services for babies include: Phototherapy and weight checks. Classes offered include: Childbirth Preparation, Infant Care, Prenatal Lactation, and Postnatal Lactation support group.

In the future, laboratory tests and diagnostic testing such as ultrasounds will continue to be offered at New Milford Hospital. We understand that community-based care and testing through our four OB/Gyn physicians will continue to be provided.

Healthcare at the national level will undergo significant changes in the next few years and, as demonstrated by our most recent elections, these changes are the topic of much political energy. Within this new environment, New Milford Hospital must position itself along with our network partner to provide care and services that respond to the both the broad and specialized needs of the community. As health care leaders, this is our mission. We take this responsibility seriously. In the past year, I have personally interacted with over 70 different community groups in our area, reaching over 4,000 residents; listening to their ideas and concerns over the future of healthcare while at the same time sharing with them our plans for the future of their community hospital.

To that point, we have made significant investments in New Milford Hospital since our affiliation with Danbury Hospital in late 2010. These include major investments in our Cancer Center, more than \$5 million other new technologies, infrastructure, and physical plant improvements. In the coming months we plan to break ground on a new \$11 million Emergency Department with 15 private high-tech rooms to meet the broader needs of our community while at the same time being fully outfitted to care for emergency deliveries, the full details of which will be provided in later testimony. We believe these investments provide ample evidence of our long-term commitment to provide state of the art, high-quality services to our community.

All hospitals are not the same. Community hospitals enjoy an intimacy of scale that make us ideal for the delivery of primary and secondary care which includes many common conditions and illnesses that are treated successfully close to home. Regional University Medical Centers, such as Danbury Hospital, offer a needed compliment via the specialty tertiary and quaternary care. Supporting the patient in the right setting at the right time is a hallmark of our network.

To reiterate, we are asking for birthing services to be relocated to Danbury Hospital because it is an outstanding birthing facility with a 24/7 care team in place. Given our aging demographics and declining utilization coupled with improved access to exceptional quality care, we are confident this is the right decision for our community both for today and in the years to come.

In closing, we wish to thank the many people in the community we have talked with about this issue and their understanding shared with us. As I indicated earlier it has been a difficult decision. More importantly, I would also like to acknowledge and thank the staff of our Family Birthing Center. This dedicated team - some of whom have worked with us for over twenty years - has made the best of a very difficult situation. We asked our nurses to stay with us through this process and we provided them with financial incentives to do so. Because New

Milford and Danbury Hospitals are distinct corporate entities serviced by two nursing unions we cannot simply transfer nurses from one location to the other. Nurses who wish to relocate to Danbury Hospital may complete the standard application and interview process at each institution. At this time, Danbury Hospital is waiting to fill several open positions they have in their staffing compliment in hopes that interested New Milford nurses will apply once this transition is complete. We strongly encourage and hope they will consider this alternative.

As Executive Director of New Milford Hospital, I ask that you consider approving our CON request to move the New Milford birthing service to Danbury Hospital. Danbury Hospital is one of the best hospitals in the State in which to deliver a baby. I am happy to answer any questions that you may have now or at the end of the presentation.

If there are no questions, I would like to introduce Dr. Matthew Kim who will briefly discuss the birthing center at Danbury Hospital.

Relocation of NMH Birthing Service  
OHCA Docket No. 12-31781-CON

Hearing  
Profile for Dr. Kim

Good afternoon Hearing Officer Hansted and OHCA staff. My name is Dr. Matthew Kim, and I am the medical director of the Family Birthing Center and section chief for maternal fetal medicine at Danbury Hospital. I hereby adopt my profile testimony.

As you know from our application, Danbury Hospital operates a high-quality, patient-centered Family Birthing Center committed to a personalized birthing experience for every expectant mother who chooses us to provide her with this important care. We have recently refurbished our Family Birthing Center with 38 beds and 26 bassinets. We also operate a brand-new 19 bed state-of-the-art Neonatal Intensive Care Unit which is a Level III unit equipped to treat babies born as early as 24 weeks, one of only 2 such centers in the state. In addition, we are proud to have a very caring staff with a high-level of education and expertise. This team includes multiple board certified obstetricians, a neonatologist and anesthesia service continuously present on campus 24 hours a day, 7 days a week, all complimented by our exceptional nursing staff. Not being immune to nationwide as well as local trends in decreasing birth rates, we have capacity to accommodate the births now occurring at New Milford Hospital and welcome those mothers and babies who would travel to Danbury just for the birth.

Slightly more than half the expectant population of the New Milford area already chooses to deliver at Danbury Hospital, so we are very familiar with the community and the community with us. In fact, the choice of delivering in Danbury has historically been an attractive choice. The reasons for local New Milford residents to come to a hospital a little further away from home are many, but I am often struck at expressions by patients I come into contact with that relate to their recognition of quality services and high standards that exist at Danbury Hospital.

When a pregnant woman walks into a building that has the word 'hospital' on the side, there are expectations of expertise, quality and service. At Danbury Hospital, we strive to meet those expectations in a wide variety of ways that are continuously reviewed, revised and improved. For the healthy laboring mother, we have the only hospital based Doula program in the state as well as a Jacuzzi bath in each labor room. We offer a full-time, onsite anesthesiologist typically only steps away should she request pain relief. Once their baby is born, we provide the dedicated expertise and guidance of certified professional lactation consultants. For the complicated pregnancy, we have high risk obstetric specialists on staff as well as a full list of medical and surgical subspecialists on call and in-hospital. For those few cases that require quaternary care, we have strong and historically lengthy relationships with all the major university medical centers in the region. Whether a mother needs a lot or a little support through the birthing process, we at Danbury Hospital stand ready to fulfill every expectation of that mother and her family for a personal and memorable experience.

Finally, I want to assure you that every effort has been made to make the transition of services as seamless as possible. Over the past half year, the physicians of the Danbury community have reached out to the New Milford physicians and staff and mutual arrangements for support and cross coverage have been agreed upon. I am so pleased to share that to date this aspect has worked out beautifully. In fact, the largest practice in New Milford has joined the two largest practices in Danbury by becoming a partner in Women's Health Connecticut which provides clinical and administrative structure to over a hundred OB/Gyn practices in CT. In short, they are literally partners. Furthermore, all New Milford OB/Gyn physicians hold full admitting and treating privileges at Danbury Hospital. All of this was organized to ensure that no patient should ever feel lost in the shuffle.

The future is a bright one. We hope to provide the finest health care for all of our patients and with our efforts in building a multi-million dollar simulation center, hiring a full time perinatal safety coordinator, or practicing for rare but dangerous complications by having emergency drills in the unit, we stand with the residents of New Milford and the region in having high expectations; but expectations that we understand must be, and are confident will be, met.

I am happy to answer any questions. If there are none, I would like to introduce Dr. Koobatian to you.

Relocation of NMH Birthing Service  
OHCA Docket No. 12-31781-CON

Hearing  
Profile for Dr. Koobatian

Good afternoon Hearing Officer Hansted and OHCA staff. My name is Dr. Thomas Koobatian. I am the Chief of Staff and Chairman of Emergency Medicine at New Milford Hospital. I hereby adopt my prefile testimony.

Although we do not expect to see a large number of babies born at the New Milford Hospital Emergency Department, we are prepared for all emergencies. We have carefully assessed the training and equipment necessary to insure that we can appropriately manage all the emergency obstetrical needs of our community, including births. The Danbury Hospital Obstetrical unit has an Obstetrician available 24/7 to discuss and coordinate care with the New Milford Hospital emergency physician on duty. All our emergency physicians and nurses will be provided additional obstetrical and neonatal education in advance of the transition. We have also reached out to the Rockville General Hospital Emergency Department physician director and nurse manager to benefit from their insights and experience once their hospital's birthing service successfully relocated to Manchester Memorial Hospital within the Eastern Connecticut Health Network.

Educational sessions on obstetrical emergencies and neonatal resuscitation have been provided to area EMS providers. New Milford Hospital emergency physicians are able to provide real time radio communication with pre-hospital providers to assist them with treatment and transport decisions. Arrangements and protocols have been developed with a local ambulance service to safely and rapidly transfer patients from the New Milford Hospital Emergency Department to Danbury Hospital.

I would be happy to answer any questions you may have.

Appendix XV

Curriculum Vitaes

John M. Murphy, MD

Deborah K. Weymouth

Matthew J. Kim, MD

Thomas J. Koobatian, MD

**JOHN M. MURPHY, M.D.****Professional Experience****Western Connecticut Health Network  
President & Chief Executive Officer****July 2010 - PRESENT**

Responsible for direction of core strategic programs, objectives and the enhancement of operational excellence, growth and financial performance of the \$750M integrated delivery network. Work in collaboration with physician and nursing leadership to align operational areas to support quality care, patient safety and service excellence initiatives of Danbury Hospital, New Milford Hospital, Western Connecticut Medical Group, Western Connecticut Home Care and associated subsidiaries and the surrounding communities

**Danbury Health Systems, Danbury, CT  
Executive Vice President (President /CEO Designee)****July 2008 - June 2010**

As a senior member of the management team, was responsible for the direction of core strategic programs and objectives. Worked closely with the retiring President/CEO during this transition period on all aspects of the hospital's core strategic goals to ensure a smooth transition.

**Associated Neurologists, P.C., Danbury, CT****1989- 2008**

Clinical neurologist with a particular interest in stroke, MS, and neurodegenerative disorders. I was active both clinically as well as administratively serving as the president of the group for 18 years and actively expanded the group to include clinical research, neurophysiology, neuropsychology and infusion therapy. In addition I was active in clinical research and both undergraduate as well as graduate medical education.

**EDUCATION:**

Fordham University, Bronx, NY  
Major: Biology  
Summa cum Laude (G.P.A. 4.0)  
B.S., May 1981

UMDNJ -Rutgers Medical School  
Piscataway, NJ  
M.D., May 1985

**MEDICAL TRAINING:**

1985-1986: Internship, Internal Medicine  
UMDNJ-Rutgers Medical School  
Middlesex General University Hospital  
New Brunswick, NJ

1986-1988: Resident in Neurology  
UMDNJ-New Jersey Medical School  
University Hospital

Newark, NJ

1988-1989: Chief Resident in Neurology  
UMDNJ-New Jersey Medical School  
University Hospital  
Newark, NJ

**MEDICAL LICENSURE:** Connecticut  
New Jersey

**DIPLOMATE:** National Board of Medical Examiners  
American Board of Psychiatry and Neurology

**HONORS & AWARDS:**

- 1980 Rhodes Scholarship Candidate
- 1981 Graduated Summa Cum Laude, Fordham University
- 1985 Alpha Omega Alpha National Medical Honor Society
- 1986 Intern of the Year Award, Middlesex General University Hospital
- 1995 Recipient of the Melville G. Magida Award for  
"Demonstrated Notable Capability in Patient Treatment and Care".  
Presented jointly by the Fairfield County Medical Association and  
the Richard and Hinda Rosenthal Foundation.
- Listed in Connecticut Magazine's "Best Doctors in Connecticut"
- Listed in "Best Doctors in New York Metropolitan Area"
- Listed in New York Magazine's "Best Doctors in New York"
- Listed in "Best Doctors in America"
- 2011 Entrepreneur of the Year Award – Western Connecticut  
State University

**MEMBERSHIPS:** American Heart Association, Council on Stroke  
American Academy of Neurology  
Connecticut State Medical Society  
Connecticut State Neurological Society  
The Movement Disorder Society  
Fairfield County Medical Society  
Fairfield County Neurology Society  
Parkinson's Study Group (PSG)



**APPOINTMENTS:**

Attending Neurologist, Danbury Hospital  
Danbury, CT.  
1989-Present

American Heart Association, Connecticut Affiliate  
Statewide Stroke Task Force  
1993-1995

Consultant in Neurology  
Southbury Training School, Southbury, CT.  
1990-2008

Treasurer, Connecticut State Neurological Society  
1993-2010

Fellow, American Academy of Neurology

Clinical Assistant Professor of Neurology  
New York Medical College  
1994-Present

Executive Committee, Danbury Hospital  
1992-2001

Board of Directors, Danbury Hospital and Danbury Health Systems  
1995-2008

Medical Affairs Committee  
Danbury Hospital Board of Directors  
1997-2000

Governance Committee  
Danbury Health Systems Board of Directors  
2003-2008

President of the Medical Staff, Danbury Hospital  
1998- 2000

Board of Trustees, Connecticut Hospital Association  
2000

Danbury Health Systems & Danbury Hospital,  
Vice Chairman, Board of Directors, 2003-2005

Danbury Hospital & Danbury Health Systems, Inc  
Chairman, Board of Directors,  
2005-2008

Union Savings Bank  
Board of Trustees  
2006-Present

**RESEARCH:**

Investigator, "A Treatment IND (Investigational New Drug) Protocol for the Use of Cognex® (Tacrine Hydrochloride) for the Management of Patients with Mild to Moderate Alzheimer's Dementia" 1993

Investigator, "A Double Blind, Randomized, Placebo-Controlled Study to Determine the Effectiveness and Safety of Migramist™ (Dihydroergotamine Mesylate Nasal Spray) for the Acute Treatment of Migraine Headache With or Without Aura in Migraineur Families." 1994-1995

Co-Investigator, "A Placebo-Controlled Study to Determine the Effects of 500 mg., 1000 mg., and 2000 mg., Citicoline in Ischemic Stroke Patients" (Protocol #IP302-001A) 1995

Co-Investigator, "The Clomethiazole Acute Stroke Study in t-PA Treated Ischemic Stroke (CLASS-T): A double blind, parallel group, multinational, multicenter study of safety of i.v. clomethiazole compared to placebo in patients treated with t-PA (tissue plasminogen activator) for acute ischemic stroke. 1997

Principal Investigator, "A prospective, randomized, parallel-group, double-blind, placebo-controlled, multi-center study to evaluate the short-term efficacy and safety of entacapone administered together with levodopa in subjects with Parkinson's Disease without motor fluctuations." 1998-2000

Co-Investigator, "Pregabalin BID Add-On Trial: A Randomized, Double-Blind, Placebo-Controlled, Parallel Group, Multicenter Study in Patients With Partial Seizures (Protocol 1008-034)." 1998

Co-Investigator, "Topamax Monotherapy Comparison Trial to Standard Monotherapy in the Treatment of Newly Diagnosed Epilepsy. Protocol TOPMAT-EPMN-105. Phase IIIb." 1998

Principal Investigator, "An open label study to evaluate the long-term safety and effectiveness of subcutaneous apomorphine in the treatment of "off" episodes in patients with "on-off" or "wearing-off" effects associated with late-stage Parkinson's Disease." 2000

Principal Investigator, "A multicenter, double-blind, placebo-controlled study to assess the tolerability and effect of entacapone on the quality of life in Parkinson's Disease patients treated with levodopa/carbidopa experiencing end-of-dose wearing off." 2000

Principal Investigator, "A multicenter, randomized, double-blind, placebo-controlled study of three fixed doses of aripiprazole in the treatment of psychosis in patients with Parkinson's Disease." 2001

Principal Investigator, "A prospective, randomized, placebo-controlled, parallel groups study of the continued efficacy and safety of subcutaneous injections of apomorphine in the treatment of "off" episodes in patients with "on/off" or "wearing-off" effects associated with late-stage Parkinson's Disease after apomorphine use for at least a three month duration." 2001

Principal Investigator, "A multicenter, multinational, phase III randomized, double blind, placebo-controlled trial of the efficacy and safety of the rotigotine CDS patch in subjects with early stage, idiopathic Parkinson's disease (Part I) and open-label extension to assess the safety of long-term treatment of rotigotine CDS (Part II)." 2001

Principal Investigator, "A multicenter, multinational, phase III randomized, double blind, placebo-controlled trial of the efficacy and safety of the rotigotine CDS patch in subjects with advanced stage idiopathic Parkinson's disease who are not well controlled on levodopa (Part I) and open-label extension to assess the safety of long-term treatment of rotigotine CDS (Part II)." 2002

Principal Investigator, "A Phase II, multi-center, randomized, double-blind, placebo-controlled, parallel-group, 2-year study to evaluate the effects of GPI 1485 on SPECT scanning and clinical efficacy in symptomatic Parkinson's disease receiving dopamine agonist therapy". 2002

Principal Investigator, "A Phase II fourteen-week placebo-controlled dose-response efficacy and safety study of NS 2330 in early Parkinson's disease patients (Study for Proof of Concept in Early Parkinson's Disease of a Triple Reuptake Inhibitor, NS 2330/SCEPTRE)" 2003

Principal Investigator, "A 12 week, double-blind, placebo controlled, parallel group study to assess the efficacy and safety of ropinorole in patients suffering from Restless Legs Syndrome (RLS) 101468/249." 2003

Principal Investigator, "A Phase II double-blind, randomized dose-ranging, placebo-controlled, multicenter safety and efficacy evaluation of three doses of NS 2330 in patients with mild to moderate Dementia of the Alzheimer's Type." 2003

Principal Investigator, "A double-blind, placebo-controlled, multicenter, multinational Phase II study to evaluate the safety and efficacy of Sarizotan HCL 1 mg. b.i.d. in patients with Parkinson's disease suffering from treatment-associated dyskinesia (PADDY1)." 2004

Sub-Investigator, "A Phase 2, Multi-Center, Single-Arm, Open-Label Study to Evaluate the Safety and Efficacy of GPI 1485 (1000 mg QID) in Symptomatic Parkinson's Disease Patients." 2004

Principal Investigator, "A Phase 2, multicenter, placebo-controlled, double blind trial of ACP-103 in the treatment of Psychosis in Parkinson's Disease." 2004

Principal Investigator; "An open-label safety study of ACP-103 in Parkinson's Disease patients." 2005

Principal Investigator, "An open-label, multicenter, multinational Phase III follow-up study to investigate the long-term safety and efficacy of Sarizotan HCL 1 mg b.i.d. in patients with Parkinson's disease suffering from treatment-associated dyskinesia (PADDY 0)." 2005

Principal Investigator, "A multi-center, double-blind, randomized start, placebo-controlled, parallel-group study to assess the effect of rasagaline mesylate on disease progression in early Parkinson's Disease patients." 2005

"A two year phase IIIb randomized, multicenter, double-blind, Sinemet-controlled, parallel group, flexible dose study, to assess the effectiveness of controlled release ropinorole add-on therapy to L-dopa at increasing the time to onset of dyskinesias in Parkinson's disease subjects." 2005

Principal Investigator, "Compass1: A study to assess the sensitivity and specificity of the wearing-off questionnaire-9." 2005

Principal Investigator, "A multi-center, double-blind, placebo-controlled, parallel-group study to assess rasagaline as a disease modifying therapy in early parkinson's disease subjects." 2005

Principal Investigator, "A multi-center, double-blind, placebo-controlled, parallel-group study of the efficacy, safety, and tolerability of E2007 in levodopa treated Parkinson's Disease patients with motor fluctuations." 2006

Principal Investigator, "A cross-sectional, retrospective screening and case-control study examining the frequency of, and risk factors associated with, impulse control disorders in Parkinson's disease

patients treated with MIRAPEX® (pramipexole) and other anti-parkinson agents (DOMINION Study)." 2006

Principal Investigator, "A randomized, double-blind, active (pramipexole 0.5 mg tid) and placebo controlled efficacy study of pramipexole given 0.5 mg and 0.75 mg bid over a 12-week treatment phase in early Parkinson's disease patients (PramiBID)." 2006

Principal Investigator, "A multi-center, open label extension study to evaluate the long-term safety, tolerability and efficacy of E2007 as an adjunctive therapy in levodopa treated Parkinson's Disease patients with motor fluctuations." 2007

Principal Investigator, "A multi-center, placebo-controlled, double-blind trial to examine the safety and efficacy of ACP-103 in the Treatment of Psychosis in Parkinson's Disease." 2007

Principal Investigator, "A multi-center, open-label extension study to examine the safety and tolerability of ACP-103 in the treatment of psychosis in Parkinson's Disease." 2007

Principal Investigator, "A double-blind, double-dummy, placebo-controlled, randomized, three parallel groups study comparing the Efficacy, Safety and Tolerability of Pramipexole ER versus placebo and versus Pramipexole IR administered orally over a 26-week maintenance phase in patients with early Parkinson's disease (PD)." 2007

Principal Investigator, "Long-term safety study of open-label pramipexole extended release (ER) in patients with early Parkinson's disease (PD)." 2007

#### **PUBLICATIONS:**

Murphy JM., Sage JI. Trimethaphan or Nitroprusside in the Setting of Intracranial Hypertension.

**Clinical Neuropharmacology** 1988; 11(5): 436-442.

Murphy JM., Mashman J., Miller J., Bell J.

Suppression of Carbamazepine-Induced Rash with Prednisone.

**Neurology** 1991; 41:436-442.

Murphy JM., Motiwala R., Devinsky O. Phenytoin Intoxication.

**Southern Medical Journal** 1991; 84(10): 1199-1204.

Murphy JM., Meyer S., Hurley E., Preston L., Culligan N.

Transcranial Doppler and Stroke Outcome

**Connecticut Medicine** 1995; 59 (10): 610-611.

Syed N, Murphy J, Zimmerman T, Mark M, Sage J.

Ten Years' Experience with Enteral Levodopa Infusions for Motor Fluctuations in Parkinson's Disease.

**Movement Disorders** 1998; 13(2): 336-338.

Garzon R, Murphy JM. Acute Bulbar Dysfunction in Hyperthyroidism.

**Connecticut Medicine** 2002; 66(1) 3-6.

Jennings DL, Seibyl JP, Murphy JM, Marek K.  $\beta$ -CIT/SPECT vs. Clinical Examination in Parkinsonian syndrome: Unmasking an Early Diagnosis.

**Movement Disorders** 2002; Vol. 17, Suppl 5, P521.

Jennings DL, Seibyl JP, Oakes D, Eberly S, Murphy J, Marek K,  $^{123}\beta$ -CIT and Single-Photon Emission Computed Tomographic Imaging vs Clinical Evaluation in Parkinsonian Syndrome. **Arch Neurology** 2004; 61:1224-1229.

## Deborah Kinney Weymouth, MBA/FACHE

### EMPLOYMENT HISTORY

<b>Executive Director, Senior Vice President</b> , New Milford Hospital ▪ New Milford, CT Western Connecticut Health Network, Danbury, CT	<b>2011 – Present</b>
<b>Executive Vice President/Chief Operating Officer</b> , Thompson Health ▪ Canandaigua, NY	<b>2010 – 2011</b>
<b>Chief Financial Officer/Senior Vice President</b> , Thompson Health ▪ Canandaigua, NY	<b>2004 – 2010</b>
<b>Senior Vice President of Support Services</b> , Thompson Health ▪ Canandaigua, NY	<b>1999 – 2004</b>
<b>Vice President of Operations</b> , F.F. Thompson Continuing Care Center ▪ Canandaigua, NY	<b>1995 – 1999</b>
<b>Vice President</b> , Key Bank of New York ▪ Rochester, NY	<b>1992 – 1994</b>
<b>Chief Operating Officer</b> , Concierge Services of America ▪ Washington, D.C.	<b>1990 – 1992</b>
<b>Vice President</b> , Citicorp NA/Citibank ▪ Los Angeles, CA and Phoenix, AZ	<b>1985 – 1990</b>
<b>Vice President of Operations</b> , Great Western Bank ▪ Phoenix, AZ	<b>1984 – 1985</b>

### AFFILIATIONS/AWARDS

• <b>Member</b> , New Milford Economic Development Corporation Board	<b>2012 – Present</b>
• <b>Member</b> , DNS-Connecticut Hospital Association Fee-Based Services Board	<b>2011 – Present</b>
• <b>Member</b> , United Way of Western Connecticut Board	<b>2011 – Present</b>
• <b>Chair</b> , CFO Committee - Rochester Regional Healthcare Association	<b>2009-11</b>
• <b>Member</b> , Finance Committee – Healthcare Association of NY	<b>2008-11</b>
• <b>Member</b> , Information Technology Committee – Healthcare Association of NY	<b>2009-11</b>
• <b>Member</b> , Board of Directors - Rochester Healthcare Financial Management Association	<b>2010</b>
• <b>Financial Executive of the Year</b> - Rochester Business Journal	<b>2008</b>
• <b>Associate of the Year</b> - Thompson Health Shining Star Award	<b>2006</b>
• <b>Athena Award</b> , Outstanding Female Leadership - Canandaigua Chamber of Commerce	<b>2002</b>
• <b>Lifetime Achievement Award</b> - Canandaigua Chamber of Commerce	<b>1999</b>
• <b>Employee of the Year</b> - Great Western Bank	<b>1984</b>
• <b>8 Time NCAA All-American Swimmer</b>	<b>1975-79</b>

### EDUCATION & PROFESSIONAL DEVELOPMENT

• <b>Fellow</b> , American College of Healthcare Executives (FACHE)	<b>2007</b>
• <b>Master in Business Administration - Master of International Management / Finance</b> Thunderbird Global Management School ▪ Phoenix, AZ	<b>1984</b>
• <b>Bachelor of Science - Education and Rehabilitation, Cum Laude</b> Springfield College ▪ Springfield, MA	<b>1979</b>

#### Additional Training

Examiner, Malcolm Baldrige National Quality Award Program	<b>2010 - 2011</b>
Institute of Healthcare Improvement (IHI) Executive Hospital Operations	<b>2009</b>
Graduate of Citibank Global Credit Training Program ▪ New York, NY	<b>1987</b>
<b>Other</b>	
American Society for Quality (ASQ) World Conference on Healthcare Quality Improvement, Presenter	<b>2012</b>
National Institute of Healthcare Improvement (IHI) Annual Meeting, Presenter	<b>2011</b>
National Health Care CFO Summit Presenter	<b>2009 / 2010</b>
Healthcare Financial Management (HFMA) International CFO Exchange Delegate, US/UK	<b>2009</b>
Healthcare Financial Management Magazine	<b>2006</b>
Money Driven Medicine, Maggie Mahar	<b>2006</b>
Time Magazine	<b>1977</b>
Sports Illustrated	<b>1975</b>

**MATTHEW J. KIM, M.D.****CURRICULUM VITAE****PERSONAL HISTORY**

Current Status: Section Chief- Maternal Fetal Medicine  
Medical Director- Labor and Delivery  
Department of Obstetrics and Gynecology  
Danbury Hospital

Visiting Associate Professor  
School of Medicine  
Yale University

Office Address: Department of Ob/Gyn  
Danbury Hospital  
Danbury, CT 06810  
Phone: (203) 739-4943  
Fax: (203) 739-7160

Email matthew.kim@wcthn.org

Place of birth: South Korea

Citizenship: USA

**EDUCATION**

1987-1991 B.A., Yale University,  
New Haven, CT  
1991-1995 M.D., Baylor College of Medicine,  
Houston, TX  
1995-1999 Residency, Obstetrics and Gynecology  
Parkland Memorial Hospital  
University of Texas-Southwestern Medical Center,  
Dallas, TX  
1999-2002 Fellowship, Maternal Fetal Medicine  
Division of Perinatal Medicine  
Department of Reproductive Medicine  
University of California San Diego,  
San Diego, CA

**LICENSURE:** Connecticut, 48761  
California, A67704 (Inactive)  
Illinois, 036106388 (Inactive)  
Arizona, 34423 (Inactive)  
Texas, K0505 (Inactive)



**BOARD CERTIFICATION:**

2003 American Board of Obstetrics and Gynecology  
(Exp. Dec 31, 2012)

2005 American Board of Obstetrics and Gynecology  
Subspecialty, Maternal-Fetal Medicine  
(Exp. Dec. 31, 2012)

**PROFESSIONAL EXPERIENCE:**

2007-2010 Director, In-patient Obstetrics

2008-2010 Associate Director Maternal-Fetal Medicine Fellowship Program  
Department of Obstetrics and Gynecology  
Cedars-Sinai Medical Center  
Los Angeles, CA

2005-2007 Director, Division of Maternal-Fetal Medicine  
St. Joseph's Hospital and Medical Center  
Catholic Healthcare West  
Phoenix, AZ

2006-2007 Director, Division of Maternal-Fetal Medicine  
Maricopa Integrated Health System  
Phoenix, AZ

2006-2007 Director, Maternal Fetal Services  
Flagstaff Medical Center  
Northern Arizona Healthcare  
Phoenix, AZ

2002-2005 Attending Physician  
Division of Maternal-Fetal Medicine  
Evanston Northwestern Healthcare  
Evanston, IL

**PROFESSIONAL ACTIVITIES:****Committees**

Cedars-Sinai Medical Center 2007-2010  
Interdisciplinary Obstetrics Operations Committee- Chair  
RFO Task Force  
OB/Gyn Performance Improvement Committee  
MD/RN Collaborative Committee  
Ob/Gyn Peer Review Committee  
Cedars-Sinai Medical Center – IRB (B)  
CS-Link Physician Advisory Council  
OB/GYN Residency Curriculum Committee  
CS-Medical Staff Leadership Development Program

Arizona 2005-2007

Perinatal M&M Committee (coordinator)-SJHMC  
 Flagstaff Medical Center M&M Committee  
 Maricopa Medical Center Perinatal Improvement Committee  
 Maricopa Medical Center Quality Assurance and Peer Review Committee  
 St. Joseph's Hospital and Medical Center IRB for Human Research (B)  
 University of Arizona Medical Student Core Clerkship Site Coordinator  
 Medical Director-Guardian Air Medical Transport

Illinois 2002-2005

OB Practice Committee-Evanston Hospital  
 Regional Perinatal M&M Committee-Northwestern Perinatal Network  
 Perinatal-Neonatal Multidisciplinary Conference (Coordinator)-Evanston Hospital  
 Lake Forest Hospital M&M Committee  
 Swedish Covenant Hospital M&M Committee  
 Northwest Community Hospital M&M Committee

**Community Service:**

Beverly Hills Little League-Coach  
 Advancement Committee-Chair Boy Scouts of America Troop 116

**Membership in professional societies:**

American College of Obstetrics and Gynecology (Fellow)  
 Society of Maternal-Fetal Medicine  
 American Institute of Ultrasound in Medicine  
 American College of Physician Executives  
 Association of Professors of Gynecology and Obstetrics (APGO)  
 Central Association of Obstetrics and Gynecology-Candidate Member  
 Pacific Coast Obstetrics and Gynecology Society- Candidate Member  
 International Society of Ultrasound in Obstetrics and Gynecology  
 PAC-LAC

**INVITED REVIEWER:**

Obstetrics and Gynecology  
 American Journal of Obstetrics and Gynecology

**GRANTS:**

Agency: CDC  
 ID#: 5U01IP000192  
 Title: "Attitudes and knowledge of hospital based health care providers on Tdap  
 and Influenza recommendations for post partum women."  
 P.I.: Sylvia Yeh, M.D.

Percent effort: 10%  
 Total costs: \$449,448  
 Project period: 7/1/2008-9/1/2010

Agency: Center for Research on Women and Newborn Health  
 Title: "VEGF, PPROM and Preterm Birth: A Novel Pathway."  
 P.I.: Ljubica Bogic, PhD  
 Percent effort: 20%  
 Total costs: \$50,000  
 Project period: 1/1/2001-1/1/2002

### ACADEMIC APPOINTMENTS:

1/1/2011-Current	Visiting Associate Professor School of Medicine Yale University New Haven, CT
2007-2/1/2011	Assistant Professor (Clinical Compensated Series) David Geffen School of Medicine-UCLA Los Angeles, CA
2005-2007	Assistant Professor (Contributive Services Faculty) Creighton University School of Medicine Omaha, Nebraska
2002-2005	Assistant Professor (Full time faculty) Feinberg School of Medicine Northwestern University Chicago, IL

### HONORS AND SPECIAL AWARDS:

2008	Golden Apple Award for Excellence in Teaching, Cedars-Sinai Medical Center
2008	Friends of Nursing Award, Cedars-Sinai Medical Center
2006	APGO National Excellence in Teaching Award
2004	Northwestern University Resident Teaching Award
2003	Northwestern University Medical Student Teaching Award
1997	Wyeth-Ayerst Resident Reporter-CREOG/APGO
1996	Caput Screw for Most Outstanding Intern
1992	Essay Prize, Baylor History of Medicine Society
1986	United States Junior Olympics, Fencing (Sabre)

### LECTURES AND PRESENTATIONS:

2010: Danbury Hospital Cancer Symposium, "Management of the pregnant mother with malignant conditions"  
 Medical student and resident core lecture series

2009: Pacific Coast Ob/Gyn Society, "Teaching 3-Dimensional Fetal Ultrasound: A Novel Figurative Technique"

- Kaiser Permanente Grand Rounds, "Management of Postpartum Hemorrhage"  
 Cedars-Sinai Grand Rounds, "Art in Obstetrics: Figurative vs Literal"  
 Medical student and resident core lecture series
- 2008: Cedars-Sinai Grand Rounds, "History of Obstetrics: A Magical Mystery Tour"  
 PAC-LAC Annual Meeting, "Technological Advances in Labor Monitoring"  
 Medical student and resident core lecture series
- 2007: Catholic Healthcare West-Perinatal Quality Initiative, "Fetal Monitoring: Riding the Tiger"  
 Flagstaff Medical Center Symposium, "Preterm Birth: A problem".  
 Medical student and resident core lecture series
- 2006: Medical student and resident core lecture series
- 2005: Medical student and resident core lecture series
- 2004: Evanston Historical Society, "Delivering babies: A mans job"  
 Medical student and resident core lecture series
- 2002: BIMM 134, Biology Department Undergraduate Lecture, "Cervical Cancer: Molecular Approaches to an Infectious Disease"
- 2001: BIMM 134, Biology Department Undergraduate Lecture, "Cervical Cancer: Molecular Approaches to an Infectious Disease"  
 Western Conference on Perinatal Research, "Preeclampsia and Hypoxia: The toxic cytokine hypothesis"  
 Society for the Study of Reproductive Medicine, "Increased VEGF and Flt-1 gene expression at the rupture site in PPROM and its relation with the duration rupture to delivery."
- 2000: Fetal and Neonatal Physiological Society, "Placental expression of erythropoietin mRNA, protein and receptor in the ovine fetus."  
 Perinatal and Developmental Medicine Symposium, "PIH and VEGF mRNA expression in the deciduas: An Association."  
 Western Conference on Perinatal Research, "Birthweight and Gestational Diabetes: The Significance of glucose monitoring"
- 1999: Southern Gynecological Assembly, "Hepatitis B and breastfeeding."

## PUBLICATIONS

### RESEARCH PAPERS (PEER REVIEWED)

1. Turek P, **Kim MJ**, Gilbaugh J, Lipshultz L. "Clinical Characteristics of 82 Patients with Sertoli Cell Only Testis Histology." *Fertility and Sterility*. Dec 1995. 64:1197-2000.
2. **Kim MJ**, Bogic L, Cheung CY, Brace RA. "Placental expression of erythropoietin mRNA, protein and receptor in sheep". *Placenta* 2001 May; 22(5):484-9.
3. **Kim MJ**, Bogic L, Cheung CY, Brace RA. "Expression of erythropoietin mRNA, protein and receptor in ovine fetal membranes". *Placenta*. 2001 Nov; 22(10): 846-51.

4. Hill JB, Sheffield JS, **Kim MJ**, Alexander JM, Sercely B, Wendel GD. "Risk of hepatitis B transmission in breast-fed infants of chronic hepatitis B carriers". *Obstet Gynecol.* 2002 Jun; 99(6):1049-52.
5. Mason SD, Howlett RA, **Kim MJ**, Olfert IM, Hogan MC, McNulty W, Hickey RP, Wagner PD, Kahn CR, Giordano FJ, Johnson RS. "Loss of skeletal muscle HIF-1alpha results in altered exercise endurance". *PLoS Biol.* 2004 Oct; 2(10):e288.
6. Jackson S, Morgan M, Nichols S, Shay A, **Kim MJ**. "Are open box gloves clean enough to perform vaginal examinations." *J Hosp Infect.* 2010 Jul;75(3):243-4.
7. Silasi M, Coonrod D, **Kim MJ**, Drachman D. "Transient tachypnea of the Newborn: Is labor prior to cesarean delivery protective?" *Am J Perinatol.* 2010 Nov;27(10):797-802.
8. Good MM, Solt I, Acuna JG, Rotmensch S, **Kim MJ**. "Methamphetamine use during pregnancy: maternal and neonatal implications." *Obstetrics and Gynecology.* 2010 Aug;116 (2Pt1):330-4.
9. Fareeduddin R, Williams J III, Solt I, Mirocha JM, **Kim MJ**, Rotmensch S. "Discordance of first trimester crown-rump length is a predictor of adverse outcome in structurally normal euploid dichorionic twins." *Journal of Ultrasound in Medicine.* 2010 Oct;29(10):1439-43.
10. Solt I, Acuna J, Ogunyemi D, Rotmensch S, **Kim MJ**. "Teaching 3-dimensional fetal ultrasound using analogical transfer, a randomized study". *Journal of Maternal-Fetal and Neonatal Medicine.* 2010 Dec 10 (Epub)
11. Solt I, **Kim MJ**, Rotmensch S. "Perimortem instrumental vaginal delivery." *Journal of Perinatal Medicine.* 2011. Jan;39:97-98.
12. Solt I, Jackson S, Moore T, Rotmensch S, **Kim MJ**. "Teaching forceps: The impact of proactive faculty". *AJOG.* 2011 Feb 17 (Epub)

#### PAPERS SUBMITTED

1. Acuna JG, Solt I, Adeniji BA, Mirocha JM, **Kim MJ**, Rotmensch S. Visualization of the fourth ventricle in first trimester fetuses with a normal spine versus spina bifida. Submitted to *Journal of Ultrasound of Medicine.*
2. Adeniji BA, Arora CP, Rotmensch S, **Kim MJ**, Hobel CJ. Isoprostanes and the Risk of Preeclampsia: A longitudinal study. Submitted to *AJOG.*
3. Vijayan V, **Kim M**, Zangwill K, Allred N, Mink C, Yeh S. "Knowledge and attitudes of Tdap and influenza vaccine recommendations for postpartum women." Submitted to *AJOG.*

#### IN PREPARATION

1. Solt I, **Kim MJ**, Adeniji A, Acuna JG, Mirocha J, Rotmensch S. Visualization and measurement of the cisterna magna and maximal posterior fossa translucency for spina bifida screening at 11-13 weeks gestation.

#### CHAPTERS IN BOOKS

1. Hacker N, Gambone R, Hobel C. Chapter 10 "Obstetric hemorrhage and puerperal sepsis" *Essentials of Obstetrics and Gynecology.* 2009.

#### ABSTRACTS

1. **Kim MJ**, Alexander J, Sercely B, Jackson G, Wendel G. "Hepatitis B Transmission Associated with Breastfeeding in Infants of Chronic Carriers". *Am J Obstet Gynecol.* Jan 1997;176(1 Pt 2); S36.
2. **Kim JM**, Hull AD, Moore TR. Fasting but not postprandial blood glucose values predict

- birthweight in gestational and Type II diabetes. *Am Obstet Gynecol.* 2000;182(1Pt2); 213.
3. Chmait RH, **Kim MJ**, Daneshmand S, Moore TR, and Bogic L. 2001 The differential expression of VEGF and its receptor in the decidua of preeclamptic patients. *J. Society for Gynecologic Investigation.* Vol 8(1)(supplement) Jan-Feb 2001. 151A.
  4. Lee S, **Kim MJ**, Moore T. The perinatal and economic impact of public funding of prenatal care. *Am J Obstet Gynecol.* Jan 2001;184(1); S168.
  5. **Kim MJ**, Simpson R, Moore T. Teaching forceps: The Impact of pro-active faculty. *Am J Obstet Gynecol.* Jan 2001;184(1); S185.
  6. **Kim MJ**, Bogic C, Cheung C, Brace R. A developmental analysis of cellular localization of erythropoietin mRNA, protein and receptor in the ovine placenta. *Am J Obstet Gynecol.* Jan 2001;184(1); S89.
  7. **Kim MJ**, Tarsa M, Moore T, Bogic L. VEGF gene expression is increased in the decidua of preterm preeclamptic patients. *Am J Obstet Gynecol.* Jan 2001;184(1); S89.
  8. **Kim MJ**, Bogic L, Cheung C, Brace R. Erythropoietin mRNA, protein and receptor are expressed in ovine membranes. *Journal of the Society for Gynecologic Investigation.* Vol 8(1)(supplement): January-February 1001;207A.
  9. **Kim MJ**, Bogic L, Cheung C, Brace R. Differential expression of erythropoietin in the ovine placenta and fetal membranes during two forms of fetal hypoxia. *Journal of the Society for Gynecologic Investigation.* Vol 8 (1) (supplement) January-February 2001: 206A.
  10. Chmait R, Dinise T, Daneshmand S, **Kim MJ**, Moore TR. Prospective cohort study to establish predictors of glyburide success in gestational diabetes mellitus. *Am J Obstet Gynecol.* Dec 2001;185:6; S226.
  11. **Kim MJ**, Moore TR, Johnson R. Phenotypic expression in murine skeletal muscle: the impact of a tissue specific conditional knock-out of HIF-2 and 1- $\alpha$ ph. *Am J Obstet Gynecol.* Dec 2001: 185(6); S226.
  12. Magallenez M, Drachman D, **Kim MJ**, Coonrod D. Transient tachypnea of the newborn: Is labor prior to cesarean delivery protective. *Am J Obstet Gynecol.* Dec 2006;195(6);S208.
  13. Bull M, **Kim MJ**, Mathieson K, Fajardo C, Coonrod D. The relationship between mode of oxygenation and development of HIV in the newborn. *Am J Obstet Gynecol.* Dec 2006;195(6);S191.
  14. Good M, Williamson K, Balducci J, **Kim MJ**. The methamphetamine epidemic: Neonatal implications. *Am J Obstet Gynecol.* Dec 2006;195(6);S213.
  15. Adeniji A, Arora C, **Kim M**, Hobel C. Urinary isoprostane levels show a biphasic pattern in patients who develop preeclampsia. *Am J Obstet Gynecol.* Dec 2008;199(6A);S21.
  16. **Kim M**, Arora C, Adeniji A, Hobel C. Diabetes in pregnancy is associated with oxidative stress: Longitudinal isoprostane expression. *Am J Obstet Gynecol.* Dec 2008;199(6A);S159.
  17. Arora C, **Kim M**, Adeniji A, Hobel C. Elevated urinary isoprostanes in early pregnancy are associated with subsequent fetal growth restriction. *Am J Obstet Gynecol.* Dec 2008;199(6A);S161.
  18. Jackson S, Morgan M, Shay A, Nichols S, **Kim M**. Sterile vs Open Box Gloves: How clean is clean? *Am J Obstet Gynecol.* Dec 2008;199(6A);S107.
  19. Vijayan V, **Kim MJ**, Zangwill K, Allred N, Mink C, Yeh S. Attitudes and knowledge of Health Care Personnel on Tdap and Influenza vaccination recommendations for postpartum women." *Pediatric Academic Societies Annual Meeting, May 2010.*
  20. Azziz R, Ogunyemi D, Christman P, Anest P, **Kim MJ**. "Implementing a CNM hospitalist program for obstetrical triage and labor and delivery: Preliminary results and impact on residency training." *APGO/CREOG 2010.*

21. **Kim MJ**, Jackson S, Acuna JG, Adeniji A, Rotmensch S. The influenza pandemics of 1918, 1957, 2009: Obstetric consequences and connections. American College of Obstetrics and Gynecology. ACOG ACM, May 2010
22. **Kim MJ**, Rotmensch S, Anest P, Hackmeyer P. Prenatal record availability at time of presentation: Multidisciplinary performance improvement utilizing PDSA. American College of Obstetrics and Gynecology. ACOG ACM, May 2010.
23. Acuna JG, Solt I, Adeniji AB, Mirocha J, **Kim MJ**, Rotmensch S. Visualization of the fourth ventricle in first trimester fetuses with a normal spine versus spina bifida. International Society of Ultrasound in Obstetrics and Gynecology. ISUOG 2010..
24. Solt I, **Kim MJ**, Acuna JG, Adeniji AB, Morales C, Rotmensch S. Spina bifida detection at 11-14 weeks: Systematic analysis of technical factors associated with false-positive and false-negative image interpretation. International Society of Ultrasound in Obstetrics and Gynecology. ISUOG 2010.
25. Solt I, **Kim MJ**, Adeniji AB, Acuna JG, Mirocha J, Rotmensch S. Visualization and measurement of the cisterna magna and maximal posterior fossa translucency for spina bifida screening at 11-13weeks gestation. International Society of Ultrasound in Obstetrics and Gynecology. ISUOG 2010.
26. Solt I, **Kim MJ**, Alanakian A, McMullen CL, Morales C, Rotmensch S. Visualization of first trimester intracranial translucency (IT): The axial plane is superior to the standard mid-sagittal NT screening plane. ISUOG April 2010.

**THOMAS J. KOOBATIAN, M.D.**  
thomas.koobatian@wchn.org

**Education:**

Tufts University  
Medford, Massachusetts  
B.S. – Biology - 1986

Tufts University  
Medford, Massachusetts  
M.S. – Public Health - 1987

University of Vermont  
Burlington, Vermont  
M.D. – 1991

The Medical College of Pennsylvania  
Philadelphia, Pennsylvania  
Residency in Emergency Medicine 1991 – 1994

**Medical Licensure:**

State of Connecticut – May 1996

**Board Certification:**

American Board of Emergency Medicine  
Diplomate – 1995, 2005

**Staff Appointments/  
Positions:**

New Milford Hospital, New Milford, CT  
Chief of Staff  
July 2012 - Present

New Milford Hospital, New Milford, CT  
Chairman, Department of Emergency Medicine  
1997 – Present

President of New Milford Hospital Medical Staff  
Chairman, Medical Staff Executive Committee  
2003 – 2005

Bradley Memorial Hospital, Southington, CT  
Associate Chairman, Emergency Medicine  
Director, Emergency Medical Services  
Associate Attending Physician  
1996 – 1997

St. Francis – St. George Hospital, Cincinnati, Ohio  
Associate Attending Physician  
1994 – 1996

Providence Hospital, Cincinnati, Ohio  
Associate Attending Physician  
1994 – 1996



Mercy Anderson Hospital, Cincinnati, Ohio  
Associate Attending Physician  
1994 – 1996

Cermont Mercy Hospital, Batavia, Ohio  
Associate Attending Physician  
1994 – 1996

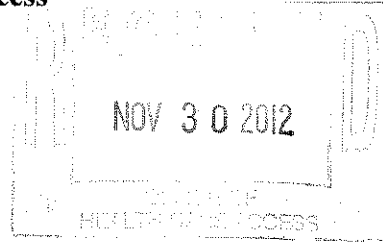
Good Samaritan Hospital, Cincinnati, Ohio  
Associate Attending Physician  
1994 – 1996

**Publications:**

1. Koobatian TJ, et al. The use of hospital discharge date for public health surveillance of Guillain-Barre Syndrome. *Annals of Neurology*. 1991; 30: 618-621
2. Koobatian TJ, Robert JR. Falsely elevated serum digoxin levels secondary to endogenous digoxin-like immunoreactive substances. *Academic Emergency Medicine*. 1995; 2: (4) 322.
3. McNamara R, Koobatian T. Simultaneous uvulitis and epiglottitis in adults. *Am J Emerg Med* 1997; 15(2): 161-3.

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

By Facimilie and First Class Mail



OHCA Docket No: 12-31781-CON :  
New Milford Hospital, The Danbury :  
Hospital, Western CT Health Network, Inc. :  
Termination of Obstetrical Delivery Service :  
at New Milford Hospital :


November 28, 2012

APPEARANCE

Please enter the appearance of the Law Office of Patricia A. Gerner, LLC in the above-captioned docket on behalf of the Applicants; New Milford Hospital, The Danbury Hospital and Western Connecticut Health Network, Inc.

I would also ask that you send any future correspondence related to this docket to me at the address listed below.

Respectfully submitted,

  
\_\_\_\_\_  
Patricia A. Gerner, Esq.

The Law Office of Patricia A. Gerner, LLC  
240 Ramstein Road  
P.O. Box 209  
New Hartford, CT 06057  
Phone: (860) 794-1907  
Fax: (860) 489-9380  
Email: [klg1@aol.com](mailto:klg1@aol.com)

c: Sally F. Herlihy: Vice President, Planning  
Western Connecticut Health Network, Inc.

NOV 30 2012

OFFICE OF  
HEALTH CARE ACCESS

Re: application 12-31781-CON  
New Milford Hospital Family Birthing Ctr.

I feel that the Family Birthing Center at New Milford Hospital should continue to operate in the future. The care, size, and proximity of the hospital has made it an essential part of the community.

My daughters were born at New Milford Hospital in the 1980's. My husband and I feel that the care was exceptional. The staff was caring and professional. Because of the small size, outstanding staff, and personal attention, New Milford Hospital provided for a positive and memorable experience.

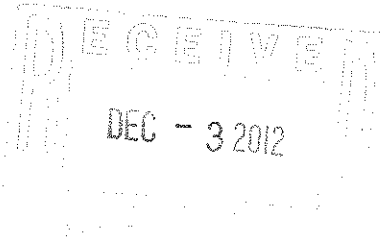
The hospital's proximity to the small towns surrounding New Milford has been invaluable. Many of the patients could have a long, and possibly risky, trip to arrive at the other hospitals in time to deliver their babies.

Please consider future generations in the New Milford area so that they may have the opportunity to experience the care and convenience this outstanding health care facility has offered to area residents in the past.

Stephanie Hastings  
~~Stephanie Hastings~~  
November 27, 2012  
(Gaylordsville, CT.)

WESTERN CONNECTICUT HEALTH NETWORK

# DANBURY HOSPITAL



24 Hospital Ave  
Danbury, CT 06810  
203.739.4903  
DanburyHospital.org

From: Sally Herlihy  
Vice President, Planning

To: Kimberly Martone

Fax: 860-418-7053

No. of Pages: 3 (incl cover)

Phone: 860-418-7001

Date: December 3, 2012

RE: FBC CON Docket 12-31781-CON

CC:

- Urgent
- For Review
- Please Comment
- Please Reply
- Please Recycle

## Fax

Hi Kim,  
Please find attached the signed documents for tomorrows hearing.

Thank you.

### CONFIDENTIALITY

The document accompanying this transmission contains information from Danbury Hospital, which is confidential and/or legally privileged. The information is intended only for use by the individual or entity named on the transmission sheet.

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

By Facimilie and Hand Delivery

OHCA Docket No: 12-31781-CON : December 3, 2012

New Milford Hospital, The Danbury :  
Hospital, Western CT Health Network, Inc. :  
Termination of Obstetrical Delivery Service :  
at New Milford Hospital :

DEC - 3 2012

APPEARANCE

Please enter the appearance of Sally F. Herlihy; Vice President of Planning Western Connecticut Health Network, in the above-captioned docket. I will be present at the hearing on December 4, 2012 in New Milford, and although not presenting planned testimony, will be available to answer questions.

Respectfully submitted,

*Sally F. Herlihy*

Sally F. Herlihy  
Vice President, Planning  
Western Connecticut Health Network, Inc.  
24 Hospital Avenue  
Danbury, CT 06810  
Email: [sally.herlihy@wchn.org](mailto:sally.herlihy@wchn.org)

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

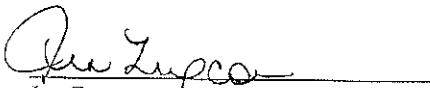
By Facinilie and Hand Delivery

OHCA Docket No: 12-31781-CON : December 3, 2012  
New Milford Hospital, The Danbury :  
Hospital, Western CT Health Network, Inc. :  
Termination of Obstetrical Delivery Service :  
at New Milford Hospital :

APPEARANCE

Please enter the appearance of Jen Zupcoe; Vice President Financial Operations and Decision Support, Western Connecticut Health Network, in the above-captioned docket. I will be present at the hearing on December 4, 2012 in New Milford, and although not presenting planned testimony, will be available to answer questions.

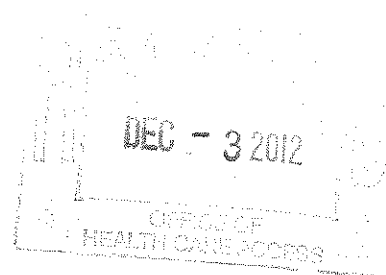
Respectfully submitted,



Jen Zupcoe  
Vice President Financial Operations and Decision Support  
Western Connecticut Health Network, Inc.  
24 Hospital Avenue  
Danbury, CT 06810  
Email: [sally.herlihy@wchn.org](mailto:sally.herlihy@wchn.org)

November 28, 2012

Office of Health Care Access  
Certificate of Need Program  
410 Capitol Avenue  
MS#OHCA  
Hartford, CT 06134



Re: Application 12-31781-CON

To Whom It May Concern:

I am submitting a comment to you in regards to the possible closing of the Family Birthing Center by year's end at the New Milford Hospital relocating to Danbury Hospital.

My name is Carla Manfredi who had the great experience of birthing four of my five children (now adults) at the New Milford Hospital. Although my youngest is now 20 and I am sure so many things have changed since I was fortunate enough to give birth in a smaller hospital, I just wanted to state on record that sometimes bigger isn't always better. The care and attentiveness I received there was very welcomed. My doctor, who is presently still my Gynecologist, Dr. Orlito Trias, came highly recommended to me after moving from New York to New Fairfield. That is how we came upon delivering in New Milford as he is affiliated with them. I can compare the experience to the delivery of our first daughter down at Mt. Kisco Hospital, which was much larger, and can honestly say the whole birthing process was more intimate in New Milford. The ability to compare the two facilities, demonstrated to me that there was no doubt a more personal, more comprehensive, and more professional experience at the New Milford Birthing Center – a smaller facility.

I know it has been so very long since I have even been at New Milford and not sure the changes that might have gone on since then, but closing a facility and limiting area residents from using their local hospital, let alone the jobs that will be lost just because numbers are down doesn't seem right. I guess it always comes down to the money and statistics but as long as a hospital is still up and running, doing away with the birthing center, in my opinion, is a mistake. People do matter.

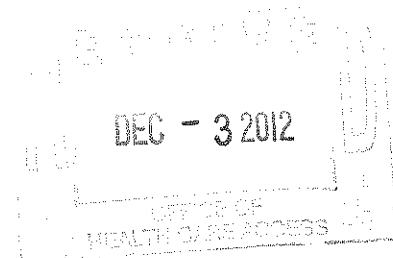
Anyway, was hoping maybe one day one of my grandchildren will be born where their parents were but I guess that remains to be seen.

Sincerely,

A handwritten signature in cursive script, appearing to read "Carla Manfredi". The signature is written in dark ink and is positioned above the printed name.

Carla Manfredi

Application 12-31781-CON



November 29, 2012

To Whom It May Concern:

I write this letter with the intention of sharing my experience with the Birthing Center at New Milford Hospital. My husband and I welcomed our first child, Grace, February 19, 2011. Without the tender support, knowledge and care from the hospital staff, our experience would not have been what it was.

As a resident of New Milford, I will be saddened if the hospital closes, as it is another aspect of keeping our community intact and maintaining that small town feeling, while enduring one of life's many blessings. Aside from delivering our child at the hospital, we attended the birthing and lactation classes. Following our discharge, I relied on birthing center staff to support/assist with breastfeeding questions. Their kind words minimized my fears, and allowed me to continue moving forward with providing for our daughter.

We were so excited about becoming parents, and could not have asked for a better experience at New Milford Hospital. Please listen to everyone's experiences, and reconsider keeping the center open. As we plan to expand our family, I would like to have the same experience with the kind-hearted staff at the hospital. If need be, you may contact me at 203.313.9792 and/or [sgeary627@gmail.com](mailto:sgeary627@gmail.com).

Regards,

*Sarah E. Geary*

Sarah E. Geary

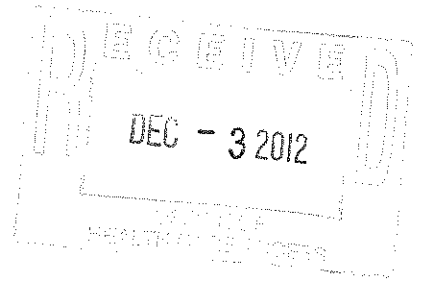


*Sally Spring Rinehart*

*89 Reservoir Road*

*New Milford, CT 06776*

November 29, 2012



To Whom It May Concern:

Re: Closure of Hospital Birthing Center 12-31781-CON

In February of this year I wrote a letter to the Editor of the Danbury News-Times objecting to this action (copy attached). My opinions have not changed.

Closing the birthing center is not in the best interest of women, families, doctors and the community at large. The reason given for this closure is that it is not cost effective. This makes me wonder that if and when emergency care no longer supports itself if that will be taken away as well. Certainly it makes sense to have fewer beds and make other cost saving changes related to giving birth but not eliminating such a basic service. I feel very strongly being able to deliver a baby at New Milford Hospital is critical to the health of the hospital and the community.

It all seems like a bad dream to me. It is also interesting that this public hearing is held at such an inconvenient time and with no little publicity. I regret deeply that I will be unable to attend.

Sincerely,

A handwritten signature in cursive script that reads "Sally Rinehart".

Sally Rinehart

Attachment

*Sally Spring Rinehart*

*89 Reservoir Road*

*New Milford, CT 06776*

February 18, 2012

News Times and Spectrum  
Letter to the Editor:

The news that New Milford Hospital is most likely closing the Birth Center is very bad news on many accounts. First since its inception New Milford Hospital has been a community hospital providing care to the community.

Now something so natural as giving birth will require a trip to Danbury. This impacts on New Milford in many ways. The town is now less desirable as a place to live. Jobs are sacrificed. Doctors not wanting that commute leave the town. Husbands and others find it more difficult to visit. Visitors buy their flowers elsewhere and eat at a Danbury restaurant. You get the drift.

Another consideration is the fact that the first experience young adults have with a hospital is their first child. Babies are a miracle and wonderful and so the couple relates that to the hospital where the baby was born. When subsequent health issues occur, the couple remembers the positive experience at the hospital where the baby was born and they go back.

But perhaps even more compelling is why can't New Milford Hospital have a birth center? Statistics show that a very high percentage of health care costs are consumed by the elderly. Is that why the Hospital is willing to spend \$10,000,000 for renovations to emergency and intensive care?

Is the reason Danbury Hospital is so much better because it has neo natal care? That means it is a safer place for Cesarean deliveries. Does that also mean mothers are reassured about the dangers of Cesarean births because they will deliver in a "safer" place?

There is a lot that is wrong with health care. Doctors and hospitals need to be protected by ridiculous amounts awarded in lawsuits for starters. The hospital should spend time and money on changing the system. Closing the birth center will have a snow balling effect not only on the hospital but the town of New Milford and all the surrounding towns. Unfortunately, the message is the hospital no longer cares about the community.

*Sally Rinehart*

December 2, 2012  
207 Church Hill Rd  
Washington Depot, CT 06794

Application 12-31781-CON  
Office of Health Care Access  
Certificate of Need Program  
410 Capitol Avenue, MS#OHCA  
Hartford, CT 06134

DEC 4 2012

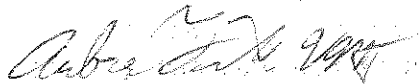
To Whom It May Concern:

I apologize for being unable to attend the public hearing due to a scheduling conflict. I am writing in regard to the proposal to terminate obstetrical delivery services at New Milford Hospital. The Birthing Center at New Milford Hospital is and has been an integral part of our community. As a community hospital, this is a service one would expect to be available. The proposal to terminate this service affects more than just the town of New Milford, but also the surrounding towns, especially to the north.

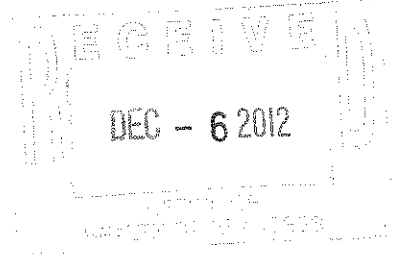
My son was born at New Milford Hospital five years ago. If the option were not available to me, I would have had to drive either 30 minutes to Sharon, or 45 minutes to Danbury. That amount of travel time increases the risk of obstetrical complications. It was a relief to know that, at the time of my pregnancy, my hospital was only 15 minutes away. I knew that I would have a bed and a nurse available to help me during the birthing process. I would not be giving birth in triage because there were not enough beds available, nor would I be ignored because there was not enough staff, as could have been the case at Danbury Hospital. I did not have to worry about getting caught in a traffic jam and having to give birth in the car, without anyone trained to help me. That is peace of mind that is priceless to me.

If I were to ever have another child and the Birthing Center of New Milford Hospital is still open, I would choose it over any other hospital in the area. I would rather go to a hospital where I am treated as a patient, not as a number, in my own community.

Sincerely,



Aubrey Fitch, VMD



Joanne R. Chapin. RN, BBA  
President, Local 5101  
New Milford Hospital RNs  
AFT CT, AFT, AFL-CIO

Testimony for the Termination of Obstetrical Services at New Milford Hospital, Docket #: 12-31781 CON

December 4, 2012

I would like to thank the Commissioner, Dr Jewel Mullen and the Office of Health Care Access for this opportunity to address the termination of inpatient obstetrical services at New Milford Hospital.

The New Milford Hospital RNs take patient safety very seriously and the safety of our mothers and newborns are why we are concerned with the termination of OB services here in New Milford.

Since 1921, New Milford Hospital has been a "full service" community hospital caring for and committed to generations of families living in the greater New Milford area. The New Milford Hospital RNs take this commitment to heart and feel that the rationale behind the closing of our Family Birthing Center is contrary to that commitment.

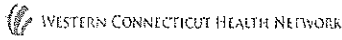
The New Milford Hospital Family Birthing Center offers our community a vital service and is staffed with highly trained and dedicated MDs and RNs, most of whom will not be making the transition to Danbury Hospital. The RNs have not been offered positions at Danbury Hospital. The Physicians, for various reasons created by Western CT Health Care, have chosen to move their deliveries to Torrington and Sharon. This effectively terminates all obstetrical services in greater New Milford and leaves patients with a long drive to services. Should this be allowed to happen in an area of health care where minutes count?

The results of this decision, by Western CT Health Care, are a losing one for all concerned. Danbury Hospital is not expecting or staffing for an uptick in births; New Milford Hospital is losing the services of its Family Birthing Center and the safety of our mothers and newborns will now be in jeopardy.

This corporate decision makes us all question the future of health care in New Milford.

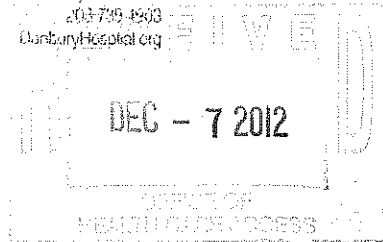
Thank you for your time and consideration,

Joanne Chapin, RN



# DANBURY HOSPITAL

24 Hospital Ave  
Danbury, CT 06810  
203-739-4900  
DanburyHospital.org



From: Sally Herlihy  
Vice President, Planning

To: Kimberly Martone

Fax: 860-418-7053

No. of Pages: 3

Phone: 860-418-7001

Date: December 7, 2012

RE: FBC CON Docket 12-31781-CON

CC:

- Urgent
- For Review
- Please Comment
- Please Reply
- Please Recycle

## Fax

The original letter will be mailed to your office.

Thank you.

2012 DEC 07 PM 02:41

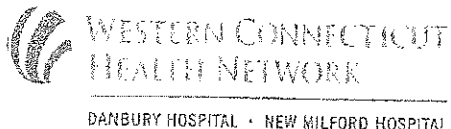
### CONFIDENTIALITY

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12/07/2012

NMH FBC CON -144



WesternConnecticutHealthNetwork.org  
DanburyHospital.org  
NewMilfordHospital.org

December 7, 2012

Kimberly R. Martone  
Director of Operations  
410 Capitol Ave., MS # 13HCA  
P.O. Box 340308  
Hartford, CT 06810

Re: Certificate of Need Application, Docket No. 12-31781-CON  
Termination of Inpatient Obstetrical Delivery Service at New Milford Hospital

Dear Ms. Martone,

Please find noted below the information requested as **Late File #1** for the breakdown of deliveries by town of residence at New Milford Hospital for FY 2012 following the December 4, 2012 Public Hearing held regarding the above-captioned docket.

As a point of clarification to a response provided at the Public Hearing, the second level IIIb designated nursery in Connecticut is located at the Bridgeport Hospital campus of the Yale-New Haven Health System. Please call if you have any questions.

Respectfully submitted,

Sally F. Herlihy, FACHE  
Vice President, Planning

cc: Ms. Laurie Greci, OHCA Staff Analyst

2012 DEC 7 PM 2:55  
 NEW MILFORD  
 DANBURY HOSPITAL

12/07/2012

NMH FBC CON -145

Late File #1

Docket No. 12-31781-CON

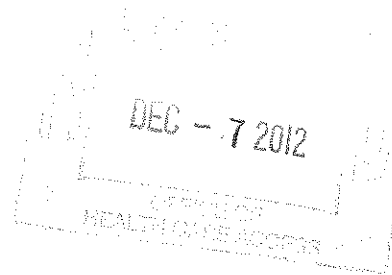
## FY 2012 - New Milford Hospital – 243 Births

<u>Zip Code</u>	<u>Town Name</u>	<u># Newborns</u>	<u>Zip Code</u>	<u>Town Name</u>	<u># Newborns</u>
06776	New Milford- CT	118	06763	Morris- CT	2
06790	Torrington- CT	10	06787	Northfield- CT	2
06810	Danbury- CT	9	06793	Washington Depot- CT	2
06750	Bantam- CT	8	06794	Washington Depot- CT	2
06784	Sherman- CT	8	02852	North Kingstown- RI	1
06755	Gaylordsville- CT	6	06010	Bristol- CT	1
06777	Marble Dale- CT	6	06468	Monroe- CT	1
06804	Brookfield Center- CT	6	06470	Newtown- CT	1
06488	Southbury- CT	5	06477	Orange- CT	1
06757	Kent- CT	5	06516	Allington- CT	1
06811	Danbury- CT	5	06759	Litchfield- CT	1
06754	Cornwall Bridge- CT	4	06762	Middlebury- CT	1
06783	Roxbury- CT	4	06770	Naugatuck- CT	1
12564	Pawling- NY	4	06779	Oakville- CT	1
12594	Wingdale- NY	4	06791	Harwinton- CT	1
06785	South Kent- CT	3	06798	Woodbury- CT	1
06801	Bethel- CT	3	06812	Danbury- CT	1
12522	Dover Plains- NY	3	06877	Ridgefield- CT	1
06482	Sandy Hook- CT	2	11223	Brooklyn- NY	1
06751	Bethlehem- CT	2	12501	Amenia- NY	1
06756	Goshen- CT	2	12546	Millerton- NY	1
			01106	Longmeadow- MA	1

Mrs. Jennifer Clark  
78 Fort Hill Road  
New Milford, CT 06776

December 5, 2012

Office of Health Care Access Certificate of Need Program  
410 Capitol Avenue  
MS #OHCA  
Hartford, CT 06134



To Whom It May Concern:

I am writing concerning the impending closure of the Family Birthing Center in New Milford Hospital and the recent public hearing concerning **application # 12-31781-CON**. The decision to close the Family Birthing Center appears to be driven by the financial deficit that exists because of its operation. What is disheartening is that, despite the fact that it is being utilized by families throughout the Greater New Milford region, there does not seem to be any attempt on the part of the Western Connecticut Health Network to keep it open. I am hoping that by writing to you something can be done to question this historic decision and, in effect, the Family Birthing Center can be saved.

I believe that it is absolutely necessary for New Milford Hospital to continue to service the child-bearing population of the Greater New Milford area. With a land area of just over 61.5 square miles, New Milford is the largest town, by area, in Connecticut. Furthermore, New Milford Hospital services residents from surrounding towns like Kent, Sherman, Warren, Washington, Bantam, Roxbury, and Bridgewater. When you take into account that childbirth is often a time-sensitive situation, it is very clear that the Family Birthing Center in New Milford Hospital must remain open in order to ensure the safest and healthiest deliveries possible. I am very concerned that the closure of the birthing center will be forcing people to drive unrealistic distances to deliver their babies.

I am also concerned about the message that is being sent to families in the New Milford area. When our hospital no longer supports the birth of new babies, the potential change in the demographics and the implications of that change is frightening to a woman like me who is looking forward to raising her own children in New Milford.

Another disconcerting note is the lack of transparency in the Western Connecticut Health Network. Many changes are being made to New Milford Hospital that has the residents of the area wondering whether it will be preserved as a community hospital that can meet our healthcare needs, or whether WCHN has something else up its sleeve. I understand that in order for an organization to exist, its financial needs must be met, however it does not appear that WCHN has considered any other options (such as restructuring or downsizing) which may allow the Family Birthing Center in New Milford Hospital to remain open. It feels as though we are being bullied into accepting the demise of the birthing center, and many residents are asking themselves, "What will become of New Milford Hospital?"

Please consider my plea to help save New Milford Hospital's Family Birthing Center. I do not stand alone when I say that we residents of New Milford and surrounding towns do not want to lose our hospital's birthing center.

Thank you for your consideration.

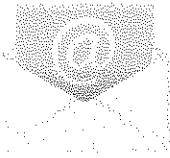
Yours truly,

Jennifer Clark



RECEIVED

DEC - 7 2012



Re: New Mtford Birthing Center closing

To nicky0803@aol.com

Date 10:11pm, Tuesday, December 4, 2012

To whom it may concern,

I gave birth to my daughter on June 22, 2010 and I more than enjoyed my experience there as a first time mom. The small comfy hometown feel was even more than I could have dreamed of. All the nurses went above my expectations of making my husband and I comfortable and confident with becoming new parents. I was induced the night before I had her and they did everything they could to keep me comfortable through the night and into her delivery. Honestly I didn't want to leave, what I thought would be the scariest time of my life became absolutely amazing and I wanted to relive that experience as soon as I could. The day that our pediatrician came in to evaluate our daughter for release, one of the other mothers came running down the hall screaming in a panic towards the nurses station with her baby that was purple in the face and choking. One of the nurses grabbed the baby did what she had to do and in an instant the baby was crying and back to pink. At that moment she was my hero and it wasn't even my daughter. Now that we are planning to expand our family once again I am beyond upset to know that it won't be where my daughter was born. As soon as I heard of the birthing center closing I actually debated doing so. I dread feeling like a number in a deli line at a highly populated hospital, rushed in and thrown out. Please reconsider keeping the birth center open. I hope my experience makes a difference. Thank you Nicole Burns (203) 994-6029

RECEIVED

DEC - 7 2012



12/5/12

Dear Office of Health Care  
I am so apposed to the  
Closing of New Milford Hospital  
birthing center.

I was born there 82 years  
ago not the same building  
but the same location.

Why are we going backwards?  
If births are down then, cut  
the department down. Not close it.  
Danbury Hospital isn't

really that close and for Grand  
parents + great grandparents who  
want to be there to welcome the  
new baby, it's quite a walk  
from the parking lot

Please Please leave the  
Birthing Center open. I had my  
children here, my grand children  
here, my great grand children  
and another coming soon.

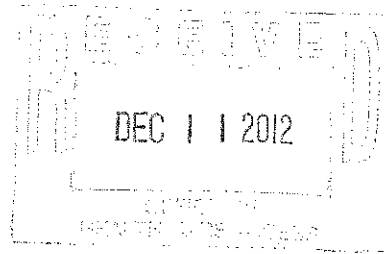
again please let's not go  
backwards.

Sincerely  
Wendy McCasa

Carolyn Hyde  
25 Wilbur Rd  
New Preston, CT  
06777

Dec 2012

Office of Health Care Access  
Certificate of Need Program  
410 Capitol Ave  
MS #015A  
Hartford, CT 06134



To Whom it may concern,

This letter is into reference of the New Milford Hospital birthing center closing. Due to the time of the public meeting, and 3 healthy children 2 1/2 & 8 month old twins all delivered at NM, I was unable to attend. I live in New Preston just north of New Milford. My experience at New Milford was exceptional. The <sup>level</sup> care and compassion I could never have gotten at a larger hospital. I fear the center closing for many reasons but the main reason is that it is the closest to my home. It would take at least 45 minutes, without traffic, to get to Danbury and a half an hour to Torrington. New Milford is only 15/20 minutes. 1/3

When I was pregnant with my twins the care I was able to receive was amazing. I worked, had dr. appointments and necessary stress tests and monitoring locally. If it had not been for the local support & care who know if all the more running around would have still taken me to 37 week delivery with twins. 2 Happy healthy girls. Small but not so small they need NICU service, but I have a feeling that would have been their fate at Danbury Hospital. So thankful to New 2/3

Milford's Drs and Nurses. Having both experiences  
of a Natural birth and a C section the levels  
of Knowledge & professionalism was beyond compare.  
Our Communities may be small and growing  
older every year but a town/area without a  
local birthing center will only make it harder  
for this area to survive.

Thank you for your time -

All new  
family birthing  
Alumni

The Hyde Family  
Caryn, Vasca  
Hydia, Aly & Sonya  
3/3.

12/7/12

Barbara D. Thorland

DEC 11 2012

Ladies + Gentlemen-

RE: Application # 12-31781-CON

I am writing to urge you NOT to close  
the Newmelford Hospital Birth Center.

I cannot imagine being in labor and  
facing a long drive to Danbury, Torrington,  
or Sharon — when we have a competent,  
Compassionate caring setting and  
doctors and nurses right here in New  
melford. I think that if the hearing  
(over)

board were comprised only ~~by~~<sup>of</sup> mothers,  
there would be no question about  
closing this facility.

Find savings some other way -  
not by closing the Birth Center

Adamantly,

Barbara D. Thorland

Gaylordsville CT  
06755



2/7/12

Jeanette Perlman  
3 Fox Run  
Sherman, CT 06784



Office of Health Care Access  
Certificate of Need Program  
410 Capitol Avenue  
MS# OHCA

Re: application 12-31781CON

Dear Panel:

This is in reference to the application identified above regarding the closing of the family birthing center at New Milford Hospital.

I have been an administrator and a consultant to facilitate mergers and acquisitions in numerous New York City Hospitals for over twenty years.

I know regardless of how carefully orchestrated the mergers are, there are always gaps in the delivery of friendly, cordial and effective services.

In addition, the culture of one organization is often very different from the culture of the merging organization. It never functions smoothly.

In the case of New Milford family birthing center being eliminated and all birthing taking place at Danbury Hospital, I am stating several reasons why this should not happen.

First, birthing moms and accompanying dads and other family need to know they can be at a local hospital quickly. Danbury Hospital is at least twenty five to forty minutes away for the residents who would be close to New Milford Hospital.

Second, the two hospitals are very different in their culture. New Milford Hospital is relatively small and very friendly, with an understanding of who they are treating. Customers who go there feel comfortable and trusting.

Danbury Hospital is much larger, has an air of efficiency, but not a very friendly place in general and certainly not at all friendly in their birthing center.

I know from experience hospitals believe they are increasing their efficiencies, decreasing their costs and still delivering quality service. What looks reasonable and positive on paper does not usually translate well on the ground.

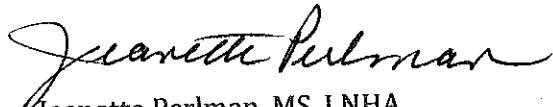
Bigger is not better and, for all the efficiencies that are in the strategic documents, the real outcomes don't support the cost savings.

Furthermore, it is inevitable that customers will go elsewhere. That loss of revenue is not going to be captured in what is perceived as cost savings.

Please don't do this to the young mothers who need to get to a friendly birthing center quickly and feel the confidence in their obstetricians and the environment when delivering a child.

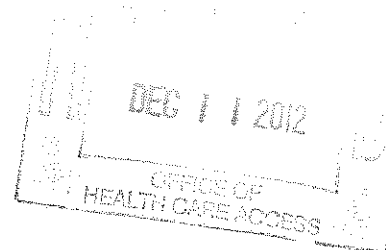
The stress of childbirth is severe enough; not feeling trust or confidence in how long it will take to get to the hospital and what they will experience once they get there exacerbates the situation.

Thank you.



Jeanette Perlman, MS, LNHA

Office of Health Care Access  
Certificate of Need Program  
410 Capitol Avenue  
MS #OHCA  
Hartford, CT 06134



RE: 12-31781-CON

To Whom It May Concern:

There is a very special place in New Milford, Connecticut....a place that made four of the most amazing moments of my life even more amazing....a place that lives in my heart and in the hearts of many, many people....a place that is irreplaceable....

The New Milford Hospital Birthing Center *is that* amazing place. It is where new lives are welcomed into the world with more compassion, skill, caring, and love of any place I know. It makes having a baby at home seem ridiculous because you feel like you ARE at home when you are you are bringing a baby into the world at the New Milford Hospital Birthing Center.

Over thirty years ago, I had my first baby at New Milford Hospital. Dr. Trias, my very skilled and compassionate obstetrician and his staff of nurses warmly greeted and guided me through a wonderful but scary time...the birth of my first child. I was blessed with an amazing team of nurses and doctors. The personal care I received helped me through a new mother's AND a new father's nervousness and fears. The experience is engraved on my heart.

As luck would have it, the second and third births were just as pleasant and efficient as the first. When my third child was coming, thanks to the most amazing nurses who had been there for my first two births, they would not let Dr. Trias go home for dinner as he had planned. Because of their insight, Katelyn was born less than an hour later with my obstetrician there!!! Bringing our other children in to meet their new siblings was also a warm, loving experience, especially for their father who, because of experiences in his life, was very uncomfortable in a hospital setting. But not here...it is different.

How could anyone even conceive of closing such a place? NOTHING can replace it. Oh yes, other hospitals are there and can do what this hospital does, but we are a small town and it deserves a small-town flavor. A place to have the most amazing experience of your life where you live, play and work. A place where there are the most dedicated people I know who also live, work, play and yes, give birth here.


Who would believe that my daughter would also choose Dr. Trias as her obstetrician and New Milford Birthing Center as her hospital? She only heard the wonderful stories of her birth and those of her brother and sister, and wanted her first child (and subsequent children) to be born in a place she knows, with people she knows, in the

town she knows. Seeing our first grandchild's birth in the place we know so well, seeing our daughter cared for in the most compassionate and skilled way, is an experience beyond explanation. Watching the same doctors and nurses take care of them, doctors and nurses who were there when she was born (along with new nurses who showed the same compassion and dedication) was amazing. Bringing my 95-year old mom to hold her brand new great-grandson (for the second time as we brought her to see her great granddaughter born there 17 months earlier), and seeing the thrill and excitement in her eyes is not going to be a possibility at any other hospital. The thought of not having this experience again is heartbreaking.

So now what? Oh, yes, I heard that the Emergency Room personnel will be given a two-week course to deal with births. That is the worst part of this whole thing. The New Milford Hospital Emergency Room is terrible. In the 34 years we have lived in New Milford, our family has frequented this Emergency Room many times. How many times we were misdiagnosed is despicable. My husband was sent home with a blood clot in his leg! He could have died! On another occasion he was sent home with "gas pains" only to have to be brought back there the next day by ambulance—totally avoidable! My daughter was sent home with a broken arm! Are you kidding me? These are the people you are entrusting with new lives? What a terrible decision. Two weeks of training would not even touch the disfunction of that ER. To close the successful birthing center to expand a disfunctional Emergency Room makes no sense whatsoever!

Not to mention the distance to other hospitals! What about traffic? Both routes 7,84 and 202 are often stopped due to traffic! What is the point when you have a full-functioning hospital at your doorstep to have to drive ½ hour to 1 hour to a hospital? If there wasn't a hospital here already, that would be one thing, but really? How ridiculous!

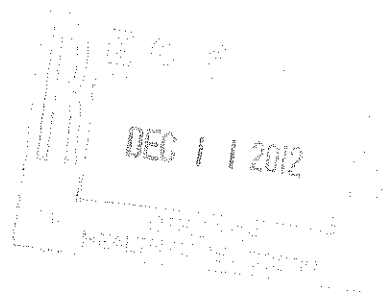
I implore you to look into this further. Dollar and sense wise is not always better healthwise. I think it is a huge mistake to take this wonderful place away....



Regina M. Rourke  
17 Maplewood Drive  
New Milford, CT 06776

December 6, 2012

Office of Health Care Access  
Certificate of Need Program  
410 Capitol Ave., MS#OHCA  
Hartford, CT 06134



Re: Application 12-31781-CON

To Whom It May Concern,

I was unable to attend the hearing held on December 4, 2012 regarding the closing of New Milford Hospital's Birthing Center. I felt that I had to write this letter so that my opinion could be heard, and I appreciate your taking the time to read it.

Not only was I born at New Milford Hospital but I also had my daughter at the Birthing Center in August of 2010. The entire experience from child care classes during my pregnancy, to her birth and even lactation consulting after were above and beyond my expectations. The close knit, family atmosphere of the Birthing Center was exactly what we wanted. It is mine and my husband's hope that I will be able to have my future children at New Milford as well. I am concerned that if the center is closed I will have no option but to go to Danbury Hospital, which much farther from my home and a much larger hospital.

My water broke 4 weeks early and within less than 1.5 hours of walking into the hospital at 9cm, my daughter was born. New Milford hospital is only 20 minutes from my house in Roxbury. That day that it was a long enough drive. I cannot imagine having to have driven to Danbury which is an additional 20 minutes, so long as there is no traffic. The nurses and doctors took great care of both me and my daughter. They took the time to show us how to swaddle her, bathe her, nurse her and even how to properly fit her into her new carseat. They really made us feel comfortable and at home. I had trouble breastfeeding in the beginning and went back twice to the Birthing Center within that first week for lactation consulting. The one-on-one was invaluable and set the foundation for me being able to breastfeed my daughter through her first year. I am not sure I would have made the same commute to Danbury for that help.

I am also concerned about the impact this closing could have on my OBGYN's New Milford practice. If he moves his practice to Brookfield/Danbury, then that is a longer commute for the regular monthly and then weekly checkups. If he stays in New Milford, what happens if he cannot make it to Danbury in time for the birth (since my next one will probably be just as fast as the first)? I don't want someone else to have to deliver my baby.

I understand that this is a very passionate and personal issue for a lot of people. I also understand that it is, unfortunately, a financial issue for the hospital network. However, I urge you to keep the New Milford Birthing Center open. I can't imagine having to go elsewhere for the birth of my children and it saddens me to think that I may have no other choice. The Birthing Center is an asset to the community and, I believe it should stay open.

Sincerely,

Mildred Johnson  
253 Painter Hill Road  
Roxbury, CT 06783  
860-354-0569

December 5, 2012

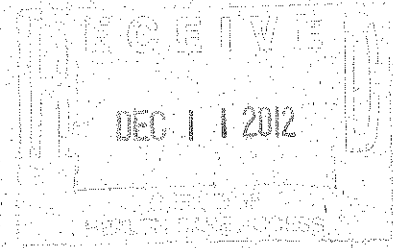
Office of Health Care Access

Certificate of Need Program

410 Capitol Avenue

MS#OHCA

Hartford, CT 06134



RE: Application 12-31781-CON

To Whom It May Concern:

I am writing this to express my concern over the potential closing of the Family Birthing Center at New Milford Hospital. My sister delivered all 4 of her children in New Milford Hospital. Her experience was so incredible and she spoke so highly of the staff that I decided to have my children there as well. I live in Morris, CT and I have two sons and went through two very different delivery experiences. My first delivery was difficult and painful. I lost a lot of blood and had an extended stay in the hospital. I cannot say enough about the staff of doctors, lab technicians, and (above all) the nurses who cared for me during my stay. Not only was there incredible support during my stay, I received a phone call from the Lactation specialist, she was checking in on me to see how things were going and if I had any trouble with breast feeding during my recovery. I know friends who have delivered in Danbury Hospital who did not receive this level of attention and care due to the size. Bigger is not always better. I have recommended New Milford's Family Birthing Center to many friends. Though I am done having children, I am still heartbroken to hear of the discussions around this closing. It would be a great loss to many women out there looking for incredible care while going through the delivery process.

Please consider my opinion and that of many people that I know, do not close the Family Birthing Center in New Milford. It would be a great disservice to the women of the greater New Milford area.

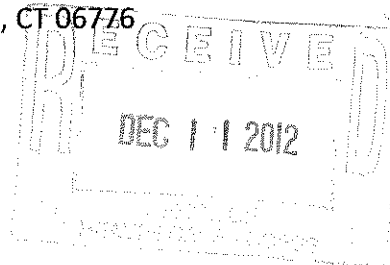
Sincerely,

Marsha Doran

31 Isaiah Smith Lane

Morris, CT 06763

Jennifer Suess  
431 Candlewood Lake Rd. N.  
New Milford, CT 06776



Office of Health Care Access  
Certificate of Need Program  
410 Capitol Ave., MS#OHCA  
Hartford, CT 06134

December 7, 2012

RE: Opposing Application 12-31781-CON for closing New Milford Birth Center

To Whom It May Concern:

I am writing this letter to voice my concern about the proposed closing of the Family Birth Center at New Milford Hospital. When the merger of the New Milford and Danbury hospitals was proposed a few years ago, Western Connecticut Health Network promised that New Milford hospital would remain a "community hospital". If the New Milford birth center closes, it will fail to serve one of the most fundamental needs of our community, and Western Connecticut Health Network will fail to keep its promise. When I saw the announcement in the local paper that those who missed the public hearing on Application 12-31781-CON could write in, I decided to voice my opposition to the closing of New Milford Birth Center,

I am a New Milford resident, and all five of my youngest children have been born at the New Milford birth center. When I was due to deliver my youngest, my obstetrician questioned me as to whether I had a good plan for getting to the hospital quickly. While driving around in my van with five other children in tow, I started to wonder about that. With that pregnancy, there ended up being no "rush" to the hospital, however, I relish the fact that I had only a short drive to the hospital, with my husband in the back seat. (Yes, I was the driver and he was in the back seat).

While I certainly believe that having New Milford hospital nearby so that pregnant women can get to the hospital fast when the time comes is important, this is not my main concern. Rather, my main concern is the proximity of the hospital to the doctors that serve pregnant women in New Milford. With my last daughter born at New Milford hospital, while there was no "rush" to get to the hospital for me, it was quite a different case for my doctor. When we recognized that it was "time", Dr. Trias made the trip from his office to the hospital in five minutes. Five minutes later, my daughter was born.

If New Milford hospital's birth center leaves, will the obstetrical practices in New Milford also leave? It is very important that your obstetrician can get to the hospital where you are going to

deliver quickly. If the doctor has to drive from New Milford to another hospital outside the community, my fear is there will be more inductions and less opportunity for a natural delivery because a doctor cannot afford to be away from his office waiting for the right time to deliver a baby. Mothers who want a natural delivery might need to choose a doctor with a practice nearby the hospital.

The "solution" of switching to a practice that is close to Danbury hospital is unattractive to me because I like my doctor, and because of the distance I would have to travel for monthly, bimonthly, weekly, sometime daily visits to the obstetricians office. In my experience, it's been hard enough trying to juggle work, children and other commitments to fit in these visits. Having to travel to Danbury for these office visits would be very inconvenient.

Finally, one more reason why I do not favor closing the birth center is the loss of the proximity to family and friends after the blessed event. Being able to have visitors such as my husband, my sons and daughters, parents and other people who live locally is an important part of the new birth experience.

Please support New Milford doctors, nurses, and other people employed by local obstetrical practices and of course the families who want to deliver at New Milford Hospital. I know if I am ever bless with "one more", I want New Milford hospital Family Birth Center and my doctor to be there.

Sincerely yours,

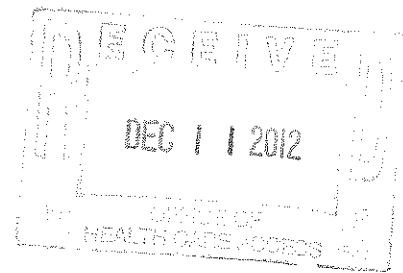
A handwritten signature in cursive script that reads "Jennifer K. Suess". The signature is written in black ink and has a long, sweeping underline.

Jennifer Suess  
(860) 354-4042  
JenniferSuess1@gmail.com



December 5, 2012

Office of Health Care Access  
Certificate of Need Program  
410 Capitol Avenue, MS#OHCA  
Hartford, CT 06134



Attn: Officer Kevin Hansted  
Re: Application 12-31781-CON

Dear Mr. Hansted,

My name is Mary Miller and I have been a resident of New Milford for over forty years. We chose to live in New Milford specifically because of the convenience of having a hospital nearby. Everyone in our family has used the resources of New Milford over the years and we are thankful, especially in emergency situations that we did not have to be transported twenty miles away to Danbury Hospital.

For many of the New Milford resident twenty miles seems like a hike, because our family if located on the Bridgewater line, the most eastern part of the town. New Milford is the largest town in the state of Connecticut covering sixty-eight square miles. Needless to say at least sixty percent of the town has a distance of thirty or more miles to reach Danbury Hospital.

The hospital maintains that in an emergency with all sirens blaring, Danbury Hospital can be reached in twenty minutes. That is not going to happen. We have one access state road to Danbury – Route 7. Route seven is a two lane highway until it joins up with a newly developed four lane highway in Brookfield. From the most eastern part of New Milford it takes at least twenty-five minutes to reach this point, then from this point another fifteen to twenty minutes to reach Danbury Hospital.

Two months ago an expectant father had to deliver his own child because he was en route on interstate #84 to Danbury Hospital and the baby was arriving. This is a situation that will be experienced more often if the state approves the elimination of the maternity floor in New Milford.

The argument in favor of the change is that there are hospitals in Torrington and Sharon that can also be accessed. However, these hospitals are just as difficult, if not more so, to reach as is Danbury Hospital.

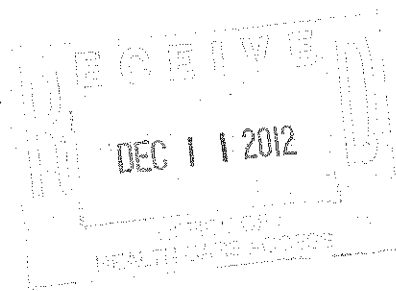
New Milford Hospital is proposing extending the present emergency room to accommodate women with imminent deliveries, with the intent of then transporting both baby and mother to Danbury. As a woman addressing you, a man, I do not think you can visualize the trauma of giving birth, without the added inconvenience of being transported elsewhere to complete the process.

Before you make your decision, it might be a good idea for you to visit New Milford and travel these back roads and get a clearer view of what it is to live in the country versus living in the city with all its conveniences.

Thank you.

*Mary Miller, 1 Monroe Dr. New Milford.*

Office of Health Care Access  
Certificate of Need Program  
410 Capital Ave  
MS#OHCA  
Hartford, CT 06134



December 5, 2012

Re: Docket # 12-31781-CON

To Whom It May Concern:

I am writing to you regarding the proposed closing of the Family Birthing Center (FBC) at New Milford Hospital, which is part of the Western Connecticut Health Network (WCTHN). I feel that this avenue of change is the wrong avenue for the both the hospital and the community of women who rely on their services.

My first concern is the travel times between New Milford and Danbury Hospital. I live in New Milford, just 3 miles from the center of town. Whether I decide to travel via the Grove Street or Route 7 routes or take back roads, I *cannot* get to Danbury Hospital in less than 25-35 minutes! I have traveled down there, both in rush hour traffic as well as in the wee hours of the night, and 25 minutes is my best travel time. Google maps are just that-- a map. Google maps cannot account for the chronic traffic issues that plague the central New Milford area and the Route 7 corridor! The other options of traveling to Sharon Hospital or Charlotte Hospital are no better. By closing the FBC at New Milford Hospital, all women will be looking at a hefty drive to *any hospital* to deliver their baby.

My second concern is regarding the understated training of the staff nurses, as mentioned on page 7/8 of the original application with additional responses on page 114 (pdf document). The staff nurses who work on this unit are not given the credit that they are due for their experience and additional training that they have acquired. Neonatal Resuscitation is a required certification, and the program has recently been updated, now requiring the attendance at a 4 hour class every 2 years. This is not the time consuming matter that is portrayed in the application. The re-certification class is often attended by staff members during their non-working hours so not to impact unit staffing. In addition, 50% of the regular staff nurses and several of the per diem staff also carry certifications in In-Patient Obstetrics, Maternal Newborn Nursing or Neonatal Intensive Care. All of these certifications are maintained with 45 hours of continuing education every 3 years. The nurses on our staff are also offered 3 hours of continuing education via Peri-Facts each month, and allotted 2 full education days each year. The staff members, who also carry the NCC Electronic Fetal Monitoring Certification, are required to obtain 15 hours of continuing

education every 3 years. Several of the nurses carry dual certifications, meaning that they are required to obtain 60 hours of continuing education to maintain their certifications. These nurses are much more up to date on the appropriate standards of care and nursing practice, than they are given credit for!

My last concern is about the "one shoe fits all" mentality that has been systematically practiced across the WCTHN since the 2 hospitals have merged. The proposed closing of the FBC is just another example of this mentality. Not all patients are looking for a big city hospital, neither are they all looking for a hospital with a NICU or medical students and residents. There is a desire for the solo-practitioner/patient relationship and practice. This is one of the main reasons why expectant mothers choose their physician and ultimately New Milford hospital to deliver their unborn child. This is being majorly overlooked by the upper administration, which can't get past the numbers on the pages! There is a way to make the FBC a thriving and sustainable commodity in the WCTHN. There have been no proposed alternatives on how to make the FBC a shining gem of both New Milford Hospital and the WCTHN. I am sure that many of the patients that deliver their babies at Danbury Hospital, would consider New Milford Hospital if their physician's group offered NMH as an option for delivery. As verbalized at the OCHA hearing on December 4, the WCTHN will not ultimately benefit from the "relocation" of the obstetrical services, they are looking to lose well over 200 births a year as these physicians choose other area hospitals and their patients follow them to continue to receive the individualized patient care in which they are accustomed to and definitely entitled!

Finally, it should be realized that much of this push to close the FBC has come from ancillary services at NMH, who don't want to be bothered with providing their services, not from the Obstetricians, patients or staff nurses as demonstrated at the OHCA hearing on December 4. I implore that this commission look long and hard at the materials provided to them and question the documentation as well as consider the long term ramifications to this community, expectant mothers and their unborn babies should this application to "relocate" the FBC be approved!

Thank you,

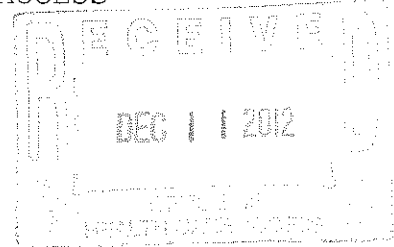
*H. Norcross RNC-InOB/EFM*

H. Norcross, RNC-InOB/EFM

ORIGINAL

1

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



CONSIDER NEW MILFORD HOSPITAL, INC., THE  
DANBURY HOSPITAL, WESTERN CONNECTICUT HEALTH  
NETWORK, INC.'S APPLICATION FOR THE TERMINATION  
OF OBSTETRICAL DELIVERY SERVICE  
AT NEW MILFORD HOSPITAL

DOCKET NO. 12-31781-CON

DECEMBER 4, 2012

3:08 P.M.

386 DANBURY ROAD  
NEW MILFORD, CONNECTICUT

POST REPORTING SERVICE  
HAMDEN, CT (800) 262-4102

HEARING RE: OFFICE OF HEALTH CARE ACCESS  
DECEMBER 4, 2012

1 . . .Verbatim proceedings of a hearing  
2 before the State of Connecticut, Department of Public  
3 Health, Office of Health Care Access, in the matter of to  
4 consider New Milford Hospital, Inc., the Danbury  
5 Hospital, Western Connecticut Health Network, Inc.'s  
6 application for the termination of obstetrical delivery  
7 service at New Milford Hospital, held at 386 Danbury  
8 Road, New Milford, Connecticut, on December 4, 2012 at  
9 3:08 p.m. . . . .

10

11

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13

HEARING OFFICER KEVIN HANSTED: Good  
14 afternoon, everybody. I notice there are some folks with  
15 babies in the room. Is everybody comfortable with the  
16 strollers? Everybody has good seats? Okay. I just want  
17 to make sure there's no issues. Thank you.

18

19

20

21

Before we begin, I would ask that everyone  
please turn off their cell phones, so they don't  
interrupt any of the speakers here this afternoon. Thank  
you.

22

23

24

This public hearing before the Office of  
Health Care Access, identified by Docket No. 12-31781-  
CON, is being held on December 4, 2012 to consider New

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1 Milford Hospital, Inc., the Danbury Hospital, Western  
2 Connecticut Health Network, Inc.'s application for the  
3 termination of obstetrical delivery service at New  
4 Milford Hospital.

5 This public hearing is being held pursuant  
6 to Connecticut General Statutes, Section 19a-639a, and  
7 will be conducted as a contested case, in accordance with  
8 the provisions of Chapter 54 of the Connecticut General  
9 Statutes, the Uniform Administrative Procedures Act.

10 My name is Kevin Hansted, and I've been  
11 designated by Commissioner Jewel Mullen of the Department  
12 of Public Health to serve as the Hearing Officer for this  
13 matter.

14 I would like to thank you for coming here  
15 today to express your opinions. I know how important  
16 this issue is to you and to the community.

17 It is OHCA's goal to arrive at the most  
18 appropriate conclusion by reviewing the application, by  
19 listening to the comments here today, and by following  
20 our statutory criteria.

21 Assisting me here this afternoon with the  
22 hearing are Kaila Riggott and Laurie Greci. The hearing  
23 is being recorded by Post Reporting Services.

24 OHCA's mission is to insure that the

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1 citizens of Connecticut have access to a quality health  
2 care delivery system. In order to conduct a fair  
3 hearing, we have a few housekeeping items.

4 The way that we will proceed this  
5 afternoon is to first hear from each of the Applicants  
6 for a brief 10-minute introduction, and there are three  
7 Applicants, so it will be a total of 30 minutes here this  
8 afternoon, and that will be followed by OHCA's questions.

9 Out of deference to any legislators or I  
10 understand the Mayor is here, during the public portion,  
11 we will hear from them before that public portion.

12 Each person, who wishes to speak here this  
13 afternoon going into this evening, should sign up on the  
14 sign-up sheets that are provided outside of the doorway.

15 Following the hearing, I will issue a  
16 proposed final decision, in accordance with Connecticut  
17 General Statutes, Section 4-179. In making its decision,  
18 OHCA will consider and make written findings concerning  
19 the principles and guidelines set forth in Section 19a-  
20 639 of the Connecticut General Statutes.

21 At this time, I will ask staff to read  
22 into the record those documents already appearing in  
23 OHCA's Table of Record. All documents have been  
24 identified in the Table of Record for reference purposes.

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1 Ms. Greci?

2 MS. LAURIE GRECI: Thank you. Laurie  
3 Greci, OHCA staff. I'd like to read into the record the  
4 Docket 12-31781-CON Exhibit A through M, as listed on the  
5 Table of Record provided to the Applicants and outside on  
6 the table.

7 Also, we received three additional  
8 letters, and those letters have been entered as Exhibit  
9 N, which does not appear on the list, but we will add it.  
10 That's all I have.

11 HEARING OFFICER HANSTED: Thank you. The  
12 Applicants, New Milford Hospital, Inc., the Danbury  
13 Hospital and Western Connecticut Health Network, Inc.,  
14 have been designated as parties in this proceeding.

15 At this time, I would ask all individuals,  
16 who are going to testify on behalf of the Applicants, to  
17 stand, raise your right hand, and be sworn in.

18 (Whereupon, the parties were sworn.)

19 HEARING OFFICER HANSTED: Thank you. At  
20 this time, I would ask that the representatives from the  
21 Applicants can give their opening statements.

22 DR. JOHN MURPHY: Good afternoon, Hearing  
23 Officer Hansted and OHCA staff. I'm Dr. John Murphy, the  
24 President and Chief Executive Officer of Western



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1 Connecticut Health Network. I hereby adopt my pre-filed  
2 testimony.

3 I would like to make some opening remarks,  
4 which will be followed by testimony from Deborah  
5 Weymouth, who is the Executive Director of New Milford  
6 Hospital.

7 Also presenting testimony will be Dr.  
8 Matthew Kim, Medical Director of the Family Birthing  
9 Center and Section Chief for Maternal Fetal Medicine at  
10 Danbury Hospital, and Dr. Thomas Koobatian, Chief of  
11 Staff and Director Emergency Medicine at New Milford  
12 Hospital.

13 We are seeking your approval of our  
14 application to relocate the inpatient obstetrical  
15 delivery service from New Milford Hospital to the Family  
16 Birthing Center already located at Danbury Hospital for  
17 expectant mothers in our service area.

18 Many at this hearing understand that the  
19 issue of sustainable birthing services at New Milford  
20 Hospital is not a new topic of conversation in this  
21 community.

22 The recent decision to relocate birthing  
23 services was made through informative and inclusive  
24 discussions with many staff and community members and

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1 after careful analysis of actual births, demographic  
2 trends, and birthing location preferences. Deborah  
3 Weymouth will speak to the extensive level of analysis  
4 and outreach that brought us here today.

5 Before we review the specifics of the New  
6 Milford Hospital issue, let me share, in general, some of  
7 our philosophy at the Western Connecticut Health Network.

8 We are committed to serve our communities  
9 with high-quality accessible care. Our commitment to the  
10 New Milford community reaches beyond our investments in  
11 the New Milford facility.

12 We look at how to serve the residents and  
13 visitors, no matter where they may be, at any time of day  
14 in the area we serve, and we listen to every voice,  
15 opinion, comment and concern. We are committed to  
16 improve the health of our area one person at a time.

17 Currently, New Milford Hospital is  
18 delivering less than one baby per day. This low volume  
19 reflects a multi-year downward trend in births in New  
20 Milford across Connecticut and even the United States.

21 This is an important fact, because, in  
22 medicine, frequency of care impacts what can reasonably  
23 be delivered.

24 Based on current data from a variety of

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1 demographic sources, the low birthing volume is not  
2 expected to increase over the next few years in a way  
3 that indicates a need for full birthing service at New  
4 Milford Hospital.

5 To compare volumes, Danbury Hospital  
6 delivered 2,003 babies for the most recent fiscal year  
7 completed, while New Milford Hospital delivered only 243  
8 babies in the same time period.

9 Danbury Hospital provides one of the  
10 premier birthing services in the State of Connecticut,  
11 complete with a state-of-the-art level 3B neonatal  
12 intensive care unit that is one of just two in the State  
13 of Connecticut.

14 Having a consistent and steady volume of  
15 patients allows Danbury Hospital to maintain a full  
16 maternity coverage 24 hours a day, seven days a week,  
17 with quality care for routine births, as well as those  
18 that are more complicated.

19 As important as monitoring demographic  
20 trends is to this consideration, defining the care we  
21 provide also matters.

22 For most women, giving birth is a nine-  
23 month process. The application before you specifically  
24 requests permission to relocate just the birthing

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1 services within our service area to Danbury Hospital.

2 It is our intent that all routine prenatal  
3 and postnatal care would remain in New Milford according  
4 to patient needs.

5 Current and future obstetric patients  
6 residing in the local communities will continue to have a  
7 choice of which obstetrician they will utilize.

8 Dr. Matthew Kim will testify in more  
9 detail regarding clinical programming and expertise.

10 Statistics indicate that over 95 percent  
11 of births are generally uncomplicated. Our planning for  
12 this proposed relocation of birthing services included  
13 extensive research of best practices.

14 We want to be sure to address the proposed  
15 transition in a responsible way to provide for the safety  
16 of every mother and every baby entrusted to us.

17 Comprehensive training is now underway  
18 with staff at both hospitals, as well as within the EMS  
19 community.

20 If an expectant mother arrives at New  
21 Milford Hospital and requires services that only exist at  
22 Danbury Hospital, an ambulance will carefully transport  
23 the patient to Danbury Hospital with highly-trained and  
24 attentive staff ready for the short trip. Dr. Koobatian

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1 will provide you more details about emergency response  
2 and care.

3 We understand and respect how much the  
4 community treasures having the capability of delivering  
5 babies at the local hospital, and, to that point, we are  
6 grateful for their loyalty.

7 When we consider community health needs,  
8 the trending demographics are too compelling to ignore,  
9 and the declining volume of births supports our  
10 responsible decision.

11 With the affiliation of Danbury and New  
12 Milford Hospitals to form Western Connecticut Health  
13 Network, we have created a network of two hospitals,  
14 allowing for a well-coordinated and accessible system of  
15 care, building on the strengths of each organization with  
16 seamless connectivity between the two hospitals to best  
17 serve our patients and their needs.

18 Our application submitted previously and  
19 our ensuing testimony today outlines a careful planning  
20 process, which led to or lead to undeniable facts and a  
21 safe and responsible decision made to relocate these  
22 services.

23 I ask for your consideration and approval  
24 of this application to allow the New Milford Hospital

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1 birthing services to relocate to Danbury Hospital,  
2 understanding we have provided for accessible high-  
3 quality services and appropriate safety measures to  
4 accommodate emergency births in New Milford.

5 I'm happy to answer any questions that you  
6 may have now or at the beginning of the remaining  
7 presentations. If there are none at this moment, I would  
8 like to introduce Deborah Weymouth, Executive Director of  
9 New Milford Hospital.

10 HEARING OFFICER HANSTED: Thank you,  
11 Doctor.

12 MS. DEBORAH WEYMOUTH: Good afternoon,  
13 Hearing Officer Hansted and OHCA staff. My name is  
14 Deborah Weymouth, and I'm the Executive Director of New  
15 Milford Hospital, and I hereby adopt my pre-filed  
16 testimony.

17 To put today's conversation in context,  
18 I'd like to build on Dr. Murphy's comments. The decision  
19 to relocate the family birthing center was not an easy  
20 decision for anyone involved.

21 Bringing a new member of a family into the  
22 world is a special event. Years later, most parents can  
23 recall, with vivid detail, the specifics of the big day,  
24 and we at New Milford Hospital are very proud of our long

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1 history of bringing thousands of new babies into this  
2 community and the precious memories we've helped create.

3 Unfortunately, both times and health care  
4 have changed. Our service area is marked by flat to  
5 declining population growth projections, and birth rate  
6 among women of child bearing age is declining both  
7 nationwide and within our service area.

8 Women within our service area are  
9 increasingly opting to give birth in larger tertiary  
10 hospitals, like Danbury, where should a complication  
11 occur, they have the added assurance of a NICU and  
12 subspecialist.

13 As evidence of this trend, over 50 percent  
14 of the expectant mothers in New Milford service area  
15 already choose to go to Danbury Hospital for birthing  
16 services.

17 Other numbers confirm this. In 2012, 243  
18 babies were born at New Milford Hospital. With physician  
19 redirected births and the continued downward trend in the  
20 birth rate, we estimate that only 142 women will utilize  
21 New Milford Hospital birthing service this year,  
22 representing a daily rate of .4 babies per day.

23 Since the filing of our CON application,  
24 two of our OBGYN physicians have relocated their

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1 deliveries to other facilities. Both physicians remain  
2 on the medical staff at New Milford Hospital, and, at  
3 this time, we continue to have two other additional  
4 OBGYNs delivering at New Milford Hospital.

5 Unfortunately, we do not believe that  
6 bringing in additional OBGYN physicians or implementing a  
7 costly marketing program will address this lack of  
8 birthing volume.

9 While we have made every effort to boost  
10 utilization through outreach programs, including  
11 advertising, direct mail, open houses, education programs  
12 and enhancing our online content about our family  
13 birthing services, we have been unable to generate growth  
14 in program volumes.

15 This fact, combined with the operational  
16 financial losses and significant capital investment  
17 required to refurbish the union, further support our  
18 decision.

19 The issue simply is larger than preference  
20 or tradition. Historically, New Milford Hospital has  
21 provided the following services to expectant mothers.

22 Betamethasone injections, serial blood  
23 pressure checks, non-stress tests, labor checks, lab  
24 tests and fetal heart rate checks.



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1 Services for babies have included  
2 phototherapy and weight checks, and classes offered  
3 included child birth preparation, infant care, prenatal  
4 lactation, and postnatal lactation support groups.

5 In the future, laboratory tests and  
6 diagnostic testing, such as ultrasound, will continue to  
7 be offered at New Milford Hospital.

8 We understand that community-based care  
9 and testing through our four OBGYN physicians will  
10 continue to be provided.

11 Health care at the national level will  
12 undergo significant changes in the next few years, as  
13 demonstrated by our most recent elections. These changes  
14 were the topic of much political energy.

15 Within this new environment, New Milford  
16 Hospital must position itself, along with our network  
17 partner, to provide care and service that respond to both  
18 the broad and specialized needs of our community.

19 As health care leaders, this is our  
20 mission, and we take this responsibility very seriously.  
21 In the past year, I have personally interacted with over  
22 70 different community groups in our area, reaching 4,000  
23 residents, listening to their ideas and concerns over the  
24 future of health care, while, at the same time, sharing

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1 with them our plans for the future of their community  
2 hospital.

3 To that point, we have made significant  
4 investments in New Milford Hospital since our affiliation  
5 with Danbury Hospital in 2010.

6 These include major investments in our  
7 cancer center and more than five million in other  
8 technologies, infrastructure and physical plant  
9 improvements.

10 In the coming months, we plan to break  
11 ground on a new 11-million-dollar Emergency Department,  
12 with 15 private high-tech rooms to meet the broader needs  
13 of our community, while, at the same time, being  
14 outfitted to care for emergency deliveries, the full  
15 details of which will be provided in later testimony.

16 We believe these investments provide ample  
17 evidence of our long-term commitment to provide state-of-  
18 the-art high-quality services to our community.

19 All types of hospitals are not the same.  
20 Community hospitals enjoy an intimacy of scale that make  
21 us ideal for the delivery of primary and secondary care,  
22 which includes common conditions and illnesses that are  
23 treated successfully close to home.

24 Regional medical centers, such as Danbury

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1 Hospital, offer a needed compliment via their specially  
2 tertiary and quaternary care. Supporting the patient at  
3 the right setting at the right time is the hallmark of  
4 our network.

5 To reiterate, we are asking for birthing  
6 services to be relocated to Danbury Hospital, because it  
7 is an outstanding birthing facility, with a 24/7 care  
8 team in place.

9 Given our aging demographics and declining  
10 utilization, coupled with improved access to exceptional  
11 quality care, we are confident that this is the right  
12 decision for our community both today and in the years to  
13 come.

14 In closing, we wish to thank the many  
15 people in the community that have talked with us about  
16 this issue and shared their understandings.

17 As I indicated earlier, this has been a  
18 difficult decision. More importantly, I would like to  
19 acknowledge and thank the staff of our family birthing  
20 center.

21 This dedicated team, some of whom have  
22 worked with us for over 20 years, has made the best of a  
23 very difficult situation.

24 We asked our nurses to stay with us

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1 through this process, and we have provided them with  
2 financial incentive to do so. Because New Milford and  
3 Danbury Hospitals are distinct corporate entities,  
4 serviced by two nursing unions, we cannot simply transfer  
5 nurses from one location to the other.

6 Nurses, who wish to relocate to Danbury  
7 Hospital, may complete the standard application and  
8 interview process at each institution.

9 At this time, Danbury Hospital is waiting  
10 to fill several open positions they have in their  
11 staffing compliment, in hopes that interested New Milford  
12 nurses will apply once this transition is complete. We  
13 strongly encourage and hope they will consider this  
14 alternative.

15 As Executive Director of New Milford  
16 Hospital, I ask that you approve our CON request to move  
17 New Milford birthing services to Danbury Hospital.

18 Danbury Hospital is one of the best  
19 hospitals in the State of Connecticut in which to deliver  
20 a baby.

21 I would like to now introduce Dr. Matthew  
22 Kim, who will briefly discuss the birthing center at  
23 Danbury.

24 HEARING OFFICER HANSTED: Thank you.

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1 DR. MATTHEW KIM: Good afternoon, Hearing  
2 Officer Hansted and OHCA staff.

3 HEARING OFFICER HANSTED: Good afternoon.

4 DR. KIM: My name is Dr. Matthew Kim, and  
5 I'm the Medical Director for the Family Birthing Center  
6 and Section Chief for Maternal Fetal Medicine at Danbury  
7 Hospital. I hereby adopt my pre-filed testimony.

8 HEARING OFFICER HANSTED: Thank you.

9 DR. KIM: As you know from our  
10 application, Danbury Hospital operates a high-quality  
11 patient-centered family birthing center, committed to a  
12 personalized birthing experience for every expectant  
13 mother, who chooses us to provide her with this important  
14 care.

15 We have recently refurbished our family  
16 birthing center with 38 beds and 26 bassinets. We also  
17 operate a brand new 19-bed, state-of-the-art neonatal  
18 intensive care unit, which is a level 3B unit, equipped  
19 to treat babies born as early as 24 weeks, one of only  
20 two such centers in the State.

21 In addition, we are proud to have a very  
22 caring staff, with a high level of education and  
23 expertise. This team includes multiple Board-certified  
24 obstetricians, a neonatologist, and anesthesia service

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1 continuously present on campus 24 hours a day, seven days  
2 a week, all complemented by our exceptional nursing  
3 staff.

4 Not being immune to nationwide, as well as  
5 local trends in decreasing birth rates, we do have  
6 capacity to accommodate the births now occurring at New  
7 Milford Hospital and welcome those mothers and babies,  
8 who would travel to Danbury just for the birth.

9 Slightly more than half the expectant  
10 population of the New Milford area already chooses to  
11 deliver at Danbury Hospital, so we're very familiar with  
12 the community and the community with us.

13 In fact, the choice of delivering in  
14 Danbury has historically been an attractive one. The  
15 reasons for local New Milford residents to come to a  
16 hospital a little further away from home are many, but  
17 I'm often struck at expressions by residents I come into  
18 contact with that relate to their recognition of quality  
19 services and high standards that exist at Danbury  
20 Hospital.

21 When a pregnant woman walks into a  
22 building that has the word hospital on the side, there  
23 are expectations of expertise, quality and service.

24 At Danbury Hospital, we strive to meet

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1 those expectations in a wide variety of ways that are  
2 continuously reviewed, revised and improved.

3 For the healthy laboring mother, we have  
4 the only hospital-based Doula program in the state, as  
5 well as a Jacuzzi bath in each labor room.

6 We offer a full-time on-site  
7 anesthesiologist, typically only steps away, should she  
8 request pain relief.

9 Once their baby is born, we provide the  
10 dedicated expertise and guidance of certified  
11 professional lactation consultants.

12 For the complicated pregnancy, we have  
13 high-risk obstetric specialists on staff, as well as a  
14 full list of medical and surgical subspecialists on call  
15 and in the hospital.

16 For those few cases that require  
17 quaternary care, we have a strong and historically  
18 lengthy relationship with all the major university  
19 medical centers in the region.

20 Whether a mother needs a lot or a little  
21 support through the birthing process, we at Danbury  
22 Hospital stand ready to fulfill every expectation of that  
23 mother and her family for a personal and memorable  
24 experience.

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1                   Finally, I want to assure you that every  
2 effort has been made to make the transition of services  
3 as seamless as possible.

4                   Over the past half year, the physicians of  
5 the Danbury community have reached out to the New Milford  
6 physicians and staff, and mutual arrangements for support  
7 and cross-coverage have been agreed upon.

8                   I'm very pleased to share that, to date,  
9 this aspect has worked out beautifully. In fact, three  
10 out of four physicians have delivered babies at Danbury  
11 this past week.

12                   In fact, the largest practice in New  
13 Milford has joined the two largest practices in Danbury  
14 by becoming a partner in Women's Health Connecticut,  
15 which provides clinical and administrative structure to  
16 over 100 OBGYN practices in the state. In short, they're  
17 literally partners.

18                   Furthermore, all New Milford OBGYN  
19 physicians hold full admitting and treating privileges at  
20 Danbury Hospital. All of this was organized to insure  
21 that no patient should ever feel lost in the shuffle.

22                   The future really is a bright one. We  
23 hope to provide the finest health care for all of our  
24 patients, and with our efforts in building a multi-



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1 million-dollar simulation center, hiring a full-time  
2 perinatal safety coordinator, or practicing for rare, but  
3 dangerous complications, by having emergency drills in  
4 the unit, we stand with the residents of New Milford and  
5 the region in having high expectations, but expectations  
6 that we understand must be and are confident will be met.

7 At this time, I'd like to introduce Dr.  
8 Tom Koobatian.

9 HEARING OFFICER HANSTED: Thank you,  
10 Doctor.

11 DR. THOMAS KOOBATIAN: Good afternoon,  
12 Hearing Officer Hansted and OHCA staff.

13 HEARING OFFICER HANSTED: Good afternoon.

14 DR. KOOBATIAN: My name is Dr. Thomas  
15 Koobatian. I'm the Chief of Staff and Director of  
16 Emergency Medicine at New Milford Hospital. I hereby  
17 adopt my pre-filed testimony.

18 Although we do not expect to see a large  
19 number of babies born at the New Milford Hospital  
20 Emergency Department, we are prepared for all  
21 emergencies.

22 We've carefully assessed the training and  
23 equipment necessary to insure that we can appropriately  
24 manage all emergency obstetrical needs for our community,

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1 including births.

2 The Danbury Hospital Obstetrical Unit has  
3 an obstetrician available 24/7 to discuss and coordinate  
4 care with the New Milford Hospital emergency physician on  
5 duty.

6 All our emergency physicians and nurses  
7 will be provided additional obstetrical neonatal  
8 education in advance of the transition.

9 We've also reached out Rockville General  
10 Hospital Emergency Department Physician Director and  
11 Nurse Manager to benefit from some of their insights and  
12 experience once their hospital birthing service is  
13 successfully relocated to Manchester Memorial Hospital  
14 within the Eastern Connecticut health network.

15 Educational sessions on obstetrical  
16 emergencies in neonatal resuscitation have been provided  
17 to area EMS. New Milford Hospital emergency physicians  
18 are able to provide real time radio communication with  
19 pre-hospital providers to assist them with treatment and  
20 transport decisions.

21 Arrangements and protocols have been  
22 developed with a local ambulance service to safely and  
23 rapidly transfer patients from the New Milford Hospital  
24 Emergency Department to Danbury Hospital. Thank you.

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1 HEARING OFFICER HANSTED: Thank you,  
2 Doctor. Did you have anything else you wanted to add?  
3 Any other testimony? No? Okay. Thank you.

4 At this point, we're going to move on to  
5 OHCA's questions. Ms. Greci?

6 MS. GRECI: Okay. I do have a few  
7 questions. Usually, whoever feels they're most  
8 appropriate to answer it, can answer it, but I would ask  
9 that you come up to the mikes, so that it can be  
10 recorded.

11 This is probably for Dr. Kim. On page  
12 eight of the application, it stated that Danbury Hospital  
13 is one of two level 3B NICUs. What's the other hospital?

14 DR. KIM: I believe it's Hartford. The  
15 distinction of 3B is basically a nursery that's capable  
16 of caring for any baby, with the exception of those  
17 babies requiring cardiac surgery at birth, so Children's  
18 Connecticut -- Connecticut Children's and Yale both are  
19 3C nurseries.

20 MS. GRECI: Okay. I was researching some  
21 of the levels for the designation of a NICU, and the  
22 American Academy of Pediatrics revised its designation of  
23 levels?

24 DR. KIM: Yes, they did.

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1 MS. GRECI: So I was wondering how Danbury  
2 fit the new level 3 or the level 4 designation, where it  
3 falls in that.

4 DR. KIM: We'll be a level 3.

5 MS. GRECI: You'll still be a level 3?

6 DR. KIM: Yes.

7 MS. GRECI: Okay. What would make it a  
8 level 4, the cardiac surgery?

9 DR. KIM: The ability to have pediatric  
10 surgeons on duty.

11 MS. GRECI: Okay. I'd like someone to  
12 discuss any possible situations that would make it  
13 dangerous or stressful for a patient to travel to Danbury  
14 once they went into delivery, that they would probably  
15 stay at the Emergency Department or -- can you kind of  
16 just discuss those kind of scenarios a little bit?

17 DR. KIM: Thankfully, it should be very  
18 rare. The only two -- and two, which we have been  
19 addressing with long discussions with the E.D. department  
20 at New Milford, as well as the EMS services, both locally  
21 in the New Milford area, as well as the region, are  
22 hypertensive crisis and, also, hemorrhage.

23 The birth of a baby, itself, is typically  
24 an uncomplicated event. In fact, in the best case

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1 scenario, an attendant is not even required, but, you  
2 know, an attendant is preferred.

3 In those cases of hypertensive crisis or  
4 hemorrhage, the facilities at New Milford Hospital are  
5 more than capable of managing and stabilizing the patient  
6 to the extent necessary to either continue treatment at  
7 the hospital or to transfer.

8 MS. GRECI: I don't know if you'd know the  
9 answer to this question, but what is the expected travel  
10 time by ambulance from New Milford to Danbury?

11 DR. KIM: I'll defer.

12 DR. KOOBATIAN: So, currently, we have  
13 transportation for critical cases, and a good example  
14 would be, if someone comes to our Emergency Department  
15 having a heart attack, we need to quickly get them down  
16 to Danbury Hospital to get them to the Cath Lab, because  
17 we don't have that ability, so we have made arrangements  
18 with a commercial ambulance provider to be able to  
19 immediately get that ambulance to drive up to Milford  
20 with lights and sirens, so really beyond regular traffic  
21 speed, to arrive at the Emergency Department while we are  
22 stabilizing the patient, so that would be the same  
23 scenario.

24 And, then, that ambulance would, then,

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1 once the patient is stabilized, be able to transport down  
2 to Danbury Hospital. We would anticipate about a 20-  
3 minute time for an ambulance to get to New Milford  
4 Hospital, and that time is probably the amount of time it  
5 would take us to fully evaluate the patient and stabilize  
6 the patient.

7 MS. GRECI: And the length of time of that  
8 ambulance to get to Danbury Hospital once it left New  
9 Milford?

10 DR. KOOBATIAN: I think a lot of that  
11 would depend on the patient's condition. If the patient  
12 is completely stable, you don't want to endanger them or  
13 anyone else in traffic by making them move any faster or  
14 using lights or siren, but, in the case that the patient  
15 is not completely stable, then they would have to travel  
16 a little faster.

17 MS. GRECI: No estimates on time? I'm  
18 going to keep asking.

19 HEARING OFFICER HANSTED: Were you sworn  
20 in?

21 MR. MATTHEW CASSAVECHIA: My name is  
22 Matthew Cassavechia.

23 MS. GRECI: Yes, he was.

24 MR. CASSAVECHIA: I'm the Director of

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1 Emergency Medical Services for Western Connecticut Health  
2 Network, and the average response time and transport time  
3 from Danbury to New Milford Hospital is 17 minutes.

4 MS. GRECI: Okay, thank you. I don't know  
5 who could answer this question, but I have a question on  
6 the completeness response on page 95.

7 Okay, my question is, on the date range  
8 for the final column for fiscal year 2012, what is the  
9 actual date range? It just says year-to-date. Do you  
10 know as of what date that that was summarized for? So  
11 it's only a week of data?

12 DR. KIM: The whole year, up to --

13 A FEMALE VOICE: The calendar year.

14 MS. GRECI: Oh, okay. All right, so --

15 HEARING OFFICER HANSTED: Let me just stop  
16 you there, Laurie. Whoever is answering that, could you  
17 come up to the microphone, please?

18 DR. KOOBATIAN: So that's for -- are we  
19 talking about fiscal? Full fiscal year.

20 MS. GRECI: Okay, so, the fiscal year  
21 usually runs through September 30th, but you're saying it  
22 included a few days over?

23 DR. KOOBATIAN: Yes.

24 MS. GRECI: Okay. All right. Also, on

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1 that same page, it states that newborns are transferred  
2 to other hospitals. I think it's the second column down.  
3 Do you know what names of those hospitals are that  
4 newborns have been transferred to?

5 DR. KOOBATIAN: Those are listed on page  
6 95 at the bottom there. UConn.

7 MS. GRECI: Okay, so, they're all those?

8 DR. KOOBATIAN: Yes.

9 MS. GRECI: Okay and when you say UConn  
10 Medical Center, you're actually referring to John Dempsey  
11 Hospital?

12 DR. KOOBATIAN: Yes.

13 MS. GRECI: Okay and when you refer to  
14 Yale, are you speaking about the campus in New Haven or  
15 Bridgeport?

16 DR. KOOBATIAN: New Haven.

17 MS. GRECI: New Haven. Okay. I have a  
18 question on page 96. So the expected number of  
19 deliveries to occur at New Milford Hospital are listed.  
20 Now have these numbers declined, as expected, with the  
21 change in the hospital with the women's health care going  
22 to a different hospital for delivery?

23 DR. KOOBATIAN: So it's a combination of  
24 the decline in the birth rate, the trends that we see at



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1 New Milford, as well as the women's health moving their  
2 obstetrics to another hospital.

3 MS. GRECI: Okay. Sorry. I have another  
4 question about the ambulance. Concerning the transfer of  
5 ambulance from New Milford Hospital to Danbury Hospital,  
6 if a woman needed to be transferred, who came to the  
7 Emergency Department, who would actually pay for that  
8 service?

9 DR. KOOBATIAN: Generally, if the person  
10 has insurance, their insurer would pay for that.

11 MS. GRECI: And if they didn't? I mean  
12 they'd still be provided the service, correct?

13 DR. KOOBATIAN: Correct.

14 MS. GRECI: Okay. Ms. Weymouth, you  
15 testified there's 243 babies born at New Milford Hospital  
16 in fiscal year 2012. OHCA would like to request you  
17 provide a breakdown by the patients' town of residence  
18 for that time period, for the 243 babies. Is that doable  
19 in a couple of days?

20 MS. WEYMOUTH: Sure.

21 MS. GRECI: Okay.

22 HEARING OFFICER HANSTED: I'll order that  
23 as a pre-file to be submitted, today is Tuesday, by the  
24 end of this week. Thank you.

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1 MS. GRECI: And that would be?

2 HEARING OFFICER HANSTED: Late File No. 1.

3 MS. GRECI: Late file No. 1. And how many  
4 deliveries have occurred in New Milford Hospital for  
5 October/November, do you know?

6 MS. WEYMOUTH: I do. Fourteen. Fourteen  
7 in October, and 16 in November. So far, nine. And nine  
8 in December, as of this afternoon.

9 MS. GRECI: Okay and, in your testimony,  
10 you also described Danbury Hospital as a Regional  
11 University Medical Center. Can you elaborate on that a  
12 little bit? I'm not really actually sure what you're  
13 trying to get at.

14 MS. WEYMOUTH: I said a Regional Medical  
15 Center.

16 MS. GRECI: In the written testimony, I  
17 think that's what that said.

18 DR. KIM: Amongst a variety of different  
19 ways that Danbury tries to grow and develop is that we  
20 have formal relationships with University Medical  
21 Centers. In fact, we have medical students from the  
22 University of Vermont, so we are one of their essentially  
23 primary teaching hospitals. We have Yale physicians, who  
24 rotate through our hospital, or historically have rotated

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1 through our hospital sort of as a collaborative clinical  
2 service.

3 Our residents in the OBGYN Department  
4 serve as Yale residents for two months of their  
5 residency, so, as a Medical Center, with regard to  
6 education, research, and, also, clinical service, we're  
7 essentially an extension of two very vibrant universities  
8 in the region.

9 MS. GRECI: Thank you. I do not have any  
10 more questions.

11 HEARING OFFICER HANSTED: All set? Kaila,  
12 did you have anything?

13 MS. RIGGOTT: No.

14 HEARING OFFICER HANSTED: Okay. I just  
15 have a couple of questions. First, I don't recall who  
16 stated it, but, as far as the nurses, who are currently  
17 employed in the I want to say maternity ward, but I  
18 understand that that one may still, in some respect,  
19 exist, but the nurses, who might be effected, should this  
20 proposal be approved, is there any sort of priority  
21 employment available at Danbury Hospital?

22 In other words, you said you had some  
23 employment positions available. Will the New Milford  
24 Hospital nurses have priority to those positions?

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1       Whoever wants to answer that, just please come up.

2                   MS. WEYMOUTH: As I stated, there are two.  
3       Each hospital has its separate Bargaining Unit, as I  
4       mentioned, and they have separate contracts with their  
5       nursing staff, so we cannot automatically transfer them,  
6       but, as previously stated, they're encouraged to apply  
7       for positions within the network that they're qualified  
8       for, and we would highly encourage them to do that.

9                   So what we've done right now is to hold  
10       the positions in Danbury to complete their full staffing  
11       complement until this decision is finalized.

12                   And, also, as I mentioned, we have a very  
13       highly-skilled staff that's been with us for over 20  
14       years, and we would like to see them apply.

15                   So although I can't make that happen,  
16       obviously, they need to make that decision.

17                   HEARING OFFICER HANSTED: I understand you  
18       can't transfer the employees, and the Bargaining Units  
19       I'm not familiar with, but should they apply, would they  
20       be given priority?

21                   MS. WEYMOUTH: Well, I'll tell you, we  
22       will hire the most qualified, the best person for the  
23       position, so if they, in fact, have those skills that  
24       we're looking for, absolutely, we would hire them.

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1 I can't say that as a blanket statement,  
2 because you'd have to look at each individual, as you  
3 would in any employment situation, so we would encourage  
4 them, given their skills of years of expertise to apply,  
5 but --

6 Actually, let me just add to that. The  
7 other piece that we've done, as I said, was to hold the  
8 full complement, so they'd have an opportunity to apply.

9 HEARING OFFICER HANSTED: Okay.

10 DR. MURPHY: To try to help, potentially  
11 add to that, the Collective Bargaining Agreement that is  
12 in place in Danbury I think obligates us to look to that  
13 Union first, and to the extent that there was no one that  
14 can fill that job, we would, then, go to the New Milford  
15 nursing Union and that applicant pool, assuming that they  
16 have the appropriate credentials, which I would certainly  
17 expect that they would, that would be the next turn that  
18 we would make.

19 HEARING OFFICER HANSTED: Okay. Thank  
20 you.

21 MS. WEYMOUTH: Thanks.

22 HEARING OFFICER HANSTED: Another question  
23 I have is, on page 28 of the application, Appendix Six,  
24 it gives the estimated driving times to different cities

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1 in the New Milford Hospital service area.

2 Is it to be understood that, for instance,  
3 Kent, it would take 48 minutes to get to Danbury drive  
4 time?

5 MS. SALLY HERLIHY: Hi. Sally Herlihy.  
6 We actually provided clarification on the completeness  
7 questions to help understand the distance and the travel  
8 time. We used Map Quest as an indicator from the center  
9 of each town, because, each residence, we wouldn't be  
10 able to map the entire residence of each individual that  
11 might be traveling.

12 We did the midpoint of each town in the  
13 service area to Danbury Hospital and New Milford Hospital  
14 and the surrounding hospitals to get the distance.

15 HEARING OFFICER HANSTED: Okay, so, it's  
16 accurate that from Kent to Danbury would be 48 minutes,  
17 from Warren to Danbury would be 54 minutes, and from  
18 Washington to Danbury would be 44 minutes?

19 MS. HERLIHY: That's correct. From the  
20 midpoint of the zip code using the map code, the Map  
21 Quest analysis, and it's explained further on page 93,  
22 how we used that chart and those numbers.

23 HEARING OFFICER HANSTED: Okay, thank you.  
24 Just one last question. I'm sure the Applicants are

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1 aware, as I certainly am, that there's a great concern  
2 among the public with regard to this proposal,  
3 specifically, how it effects their community.

4 I'd like to have one or more than one of  
5 you speak to that and their concerns.

6 DR. KIM: You know, as the Medical  
7 Director at Danbury, I've been involved at some level,  
8 peripherally or centrally, in this whole process over the  
9 past half year, and it's been painful.

10 I have to say that, you know, if you're a  
11 resident of New Milford, this is more than painful.  
12 There are issues of loyalty. There are issues of a sense  
13 of community, a sense of constancy.

14 However, in my conversations with the  
15 physicians at New Milford, who are fantastic clinicians,  
16 we've discussed can we rearrange the blocks? Can we find  
17 different ways of talking about money? Can we build  
18 something? Can we do something?

19 At the end of the day, what we keep coming  
20 back to is there just aren't enough babies. There's not  
21 enough human reproduction going on.

22 We can talk about marketing, but what we  
23 really need to market is husbands and wives deciding to  
24 get jiggy. You can't do it for a variety of reasons, and

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1 this predates the 2008 recession.

2 There's a declining birth rate in America.  
3 It was recently reported that it's the lowest that's ever  
4 been recorded.

5 Is it painful? Yes. Has this been  
6 approached trivially? Not at all. I mean the last thing  
7 we want to do is this, but the fact of the matter is that  
8 no matter which way you arrange the blocks, we don't have  
9 enough babies.

10 COURT REPORTER: One second.

11 HEARING OFFICER HANSTED: All set? You  
12 can go ahead.

13 DR. MURPHY: Yeah. I would just add to  
14 that answer that New Milford Hospital is a vital part of  
15 this network, and the reason it exists is to serve the  
16 community and its residents. That's why we're here.

17 In a world of health care that's changing  
18 rapidly, we have to recognize that there are finite  
19 resources. We can't do all things to all people at all  
20 times, and, in fact, the vision of the organization is to  
21 deliver the right care in the right place at the right  
22 time.

23 And, as Dr. Kim said, the numbers told a  
24 story, and that was there are limited women coming here.



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1 The majority of the community is already choosing to go  
2 to Danbury, and in order to preserve the institution, we  
3 had to recognize that there were finite assets that could  
4 be distributed and deployed, and we are making enormous  
5 investments in that hospital for this community, but we  
6 did feel that, as a regional system, the way to deliver  
7 babies made the most sense to ask those 240 moms to come  
8 down to Danbury.

9 That would free up resources that we could  
10 bring back to New Milford in other ways where they're  
11 vital.

12 I worked harder than anybody in this room  
13 to make New Milford part of this network. I have no  
14 interest in harming the community or diminishing its  
15 care, but the world is changing, and we have to be very  
16 careful with the precious resources that we have.

17 We can't afford to waste any of them, so I  
18 really did think that this was a comprehensive,  
19 thoughtful, introspective, inclusive discussion to try to  
20 figure out how to do that right thing, and I do believe  
21 that this application represents the right decision.

22 HEARING OFFICER HANSTED: Thank you,  
23 Doctor. Just one more question. It's not a coincidence  
24 I picked out in my previous question the towns of Kent,

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1 Warren and Washington. They seem to have the highest  
2 distance times to Danbury Hospital.

3 And excuse my ignorance about the locale  
4 here, but are there hospitals outside of Connecticut that  
5 are closer to these towns than Danbury Hospital?

6 DR. KOOBATIAN: Sure.

7 HEARING OFFICER HANSTED: Why don't you  
8 come up and speak, please?

9 DR. KOOBATIAN: Not outside of  
10 Connecticut, but in Connecticut.

11 HEARING OFFICER HANSTED: Speak to that,  
12 as well. Thank you.

13 DR. KOOBATIAN: So towns, like Warren and  
14 Washington, that are in the north, they're actually  
15 closer to Charlotte Hungerford Hospital, and towns, like  
16 Kent, depending on the part of Kent, may be closer, well,  
17 actually is closer to Sharon Hospital than Danbury  
18 Hospital.

19 HEARING OFFICER HANSTED: Can you provide  
20 those distances to my office as a late file? That will  
21 be Late File No. 2.

22 MS. HERLIHY: Sally Herlihy. On page 93  
23 in the CON application, those were the towns where the  
24 other hospitals were located, so it's the same chart that

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1 was on the one that you were referencing, and it has the  
2 town to New Milford, to Danbury, to Torrington and to  
3 Sharon, because that's where the hospitals are located.

4 HEARING OFFICER HANSTED: Okay, very good.  
5 Thank you. So there will be no Late File No. 2. I don't  
6 have any further questions.

7 I just want to take a brief 10-minute  
8 break, and then we'll start the public portion. Thank  
9 you.

10 (Whereupon, the public comment portion of  
11 the hearing commenced.)

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## CERTIFICATE

I, Paul Landman, a Notary Public in and for the State of Connecticut, and President of Post Reporting Service, Inc., do hereby certify that, to the best of my knowledge, the foregoing record is a correct and verbatim transcription of the audio recording made of the proceeding hereinbefore set forth.

I further certify that neither the audio operator nor I are attorney or counsel for, nor directly related to or employed by any of the parties to the action and/or proceeding in which this action is taken; and further, that neither the audio operator nor I are a relative or employee of any attorney or counsel employed by the parties, thereto, or financially interested in any way in the outcome of this action or proceeding.

In witness whereof I have hereunto set my hand and do so attest to the above, this 7th day of December, 2012.

A handwritten signature in black ink that reads "Paul Landman". The signature is written in a cursive style with a long horizontal stroke at the end.

Paul Landman  
President

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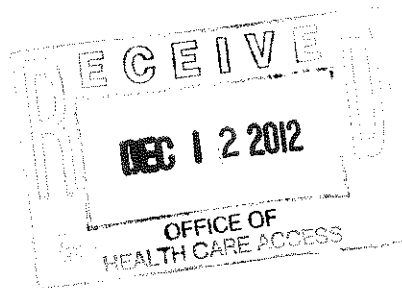
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12/7/2012

NMH FBC CON -144



24 Hospital Ave.  
Danbury, CT 06810  
203.739.7000

WesternConnecticutHealthNetwork.org  
DanburyHospital.org  
NewMilfordHospital.org

December 7, 2012

Kimberly R. Martone  
Director of Operations  
410 Capitol Ave., MS # 13HCA  
P.O. Box 340308  
Hartford, CT 06810

Re: Certificate of Need Application, Docket No. 12-31781-CON  
Termination of Inpatient Obstetrical Delivery Service at New Milford Hospital

Dear Ms. Martone,

Please find noted below the information requested as **Late File #1** for the breakdown of deliveries by town of residence at New Milford Hospital for FY 2012 following the December 4, 2012 Public Hearing held regarding the above-captioned docket.

As a point of clarification to a response provided at the Public Hearing, the second level IIIb designated nursery in Connecticut is located at the Bridgeport Hospital campus of the Yale-New Haven Health System. Please call if you have any questions.

Respectfully submitted,

A handwritten signature in cursive script that reads "Sally F. Herlihy".

Sally F. Herlihy, FACHE  
Vice President, Planning

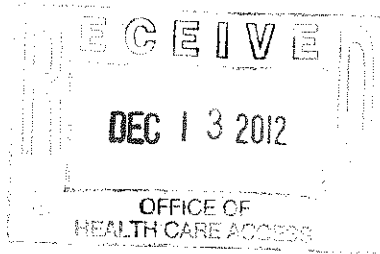
cc: Ms. Laurie Greci, OHCA Staff Analyst

Late File #1  
Docket No. 12-31781-CON

**FY 2012 - New Milford Hospital – 243 Births**

<u>Zip Code</u>	<u>Town Name</u>	<u># Newborns</u>	<u>Zip Code</u>	<u>Town Name</u>	<u># Newborns</u>
06776	New Milford- CT	118	06763	Morris- CT	2
06790	Torrington- CT	10	06787	Northfield- CT	2
06810	Danbury- CT	9	06793	Washington Depot- CT	2
06750	Bantam- CT	8	06794	Washington Depot- CT	2
06784	Sherman- CT	8	02852	North Kingstown- RI	1
06755	Gaylordsville- CT	6	06010	Bristol- CT	1
06777	Marble Dale- CT	6	06468	Monroe- CT	1
06804	Brookfield Center- CT	6	06470	Newtown- CT	1
06488	Southbury- CT	5	06477	Orange- CT	1
06757	Kent- CT	5	06516	Allington- CT	1
06811	Danbury- CT	5	06759	Litchfield- CT	1
06754	Cornwall Bridge- CT	4	06762	Middlebury- CT	1
06783	Roxbury- CT	4	06770	Naugatuck- CT	1
12564	Pawling- NY	4	06779	Oakville- CT	1
12594	Wingdale- NY	4	06791	Harwinton- CT	1
06785	South Kent- CT	3	06798	Woodbury- CT	1
06801	Bethel- CT	3	06812	Danbury- CT	1
12522	Dover Plains- NY	3	06877	Ridgefield- CT	1
06482	Sandy Hook- CT	2	11223	Brooklyn- NY	1
06751	Bethlehem- CT	2	12501	Amenia- NY	1
06756	Goshen- CT	2	12546	Millerton- NY	1
			01106	Longmeadow- MA	1

Office of Health Care Access  
Certificate of Needs Program  
410 Capitol Ave.  
Hartford, CT 06134



Weston Burk  
4 Brighton Hill Lane  
New Milford, CT 06776

December 11<sup>th</sup>, 2012

Dear Sir or Madam,

I am writing you in reference to the application to close the New Milford Birthing Center (12-31781-CON).

The Western Connecticut Health Network has made their claims about the financial reasons behind their desire to close the New Milford Birthing Center and transfer this service to Danbury Hospital. I would like to express my belief that this decision is short-sighted and potentially dangerous.


My wife and I experienced the top-notch care and support of the New Milford Birthing Center during the birth of our first child in April of this year. The competence and experience of the team was comforting to us in this new and crazy experience. As this was our first pregnancy, having the Center so close to us, less than a mile away, alleviated some of the anxiety that comes with these situations. We knew that in the event of an emergency, we were close to where help could be provided.

I know Danbury doesn't appear to be that far from New Milford on a map. I know that they claim that an ambulance can make the round trip in 34 minutes. Having lived in New Milford for years, and having driven Route 7 many times, that it is possible. It is also very possible that they will run into the myriad of issues that affect Route 7 frequently. Both traffic and weather can impact a drive time significantly, in a situation where minutes can mean very much to both the mother and baby.

I'm sure that Danbury's services are effective and competent, but that's only if they can be reached in an emergency situation. Our town's compensation is that the emergency room staff of New Milford Hospital will undergo a two-week training course on various pregnancy emergency issues, and that trained professionals will be available over Skype. I don't need to say that this is no substitute for services that we currently have ready access to, and that are planned on being taken away.

It is my hope that you will strongly reconsider the application to close this facility. This town's emotions run deep about this unit that has been important in the lives of many local families. The impact on my own young family is also very strong as we contemplate a second child. Those thoughts now come with more anxiety than they did previously, or than they should.

Yours Faithfully

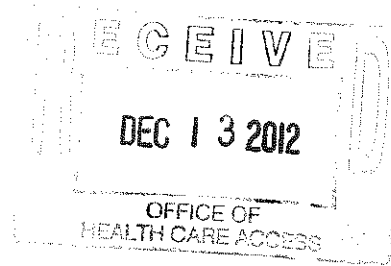
  
Weston Burk

# Lindsey M. Burk

4 Brighton Hill Lane • New Milford, CT 06776 • Phone: 203-482-6389 •  
E-Mail: lindseymrourke@gmail.com

Date: December 4<sup>th</sup>, 2012

Office of Health Care Access  
Certificate of Need Program  
410 Capitol Avenue  
MS#OHCA  
Hartford, CT 06184  
Application #12-31781-CON




## To Whom It May Concern:

I am writing to help you understand why the Family Birthing Center at New Milford Hospital should not be closed. I understand that politics and money play a big role in the decision to close down this wonderful facility, but you have to look at the bigger picture here. I hope my letter can help open your eyes a bit to what the Family Birthing Center at New Milford Hospital is really about and why it would be an absolute tragedy to close it down.

I was born at New Milford Hospital 30 years ago, in May of 1982. Dr. Orlito Trias delivered me and GERALYN Turner was a new nurse in the maternity ward. 30 years later, in April of 2012, I had my first baby at the New Milford Family Birthing Center. Dr. Trias delivered my son and GERALYN was one of my nurses and lactation consultant. I received the same amazing care from the nurses and doctors that my mother had received when having me. You don't find that kind of commitment and care at the bigger hospitals where you are looked at as a number and not as a person. A person that just had a baby and is exhausted (emotionally, mentally, and physically), sore, scared, excited, anxious, and so many more emotions. I personally had a very long labor that ended in a cesarean section that did not go as well as hoped. After 27 hours of labor, Dr. Trias came into my room and told me I needed to have a cesarean section to keep the baby and myself safe, as my progression had come to a screeching halt and my baby's heart rate showed that he was in distress. I was so upset as this was not part of my 'plan' but trusted completely in Dr. Trias and the nursing staff that this is what had to be done. The nurses consoled me and helped me get ready, as I would shortly be meeting my baby, as Dr. Trias got the surgical team in place. I remember telling nurse Christine Nugent, who was with me through her entire shift and stayed late, with me in surgery, that I had skipped all of the chapters of my book on cesarean sections as I was not planning on having one. I had a lot of questions. She answered each question for me while holding my hand and wiping away my tears. I get emotional just thinking about it again, as the compassion that she and the other nurses showed me was so above and beyond it was just unbelievable.

At 9:30pm on Easter Sunday, April 8<sup>th</sup>, 2012, it was decided that I was having a cesarean section, and by 10:00pm all of the nurses, doctors, etc. were in place. It was amazing. Each one of them came over to me and introduced themselves and what their role in my surgery would be. They allowed me to ask questions and answered me thoroughly and in a language that I would understand. My husband and I were so amazed at what a well-oiled machine the team was. These doctors and nurses all knew each other. They know the quirks and ins and out of each other. They knew that Dr. Trias likes to hide the sex of the baby and keeps it a 'secret' and then makes a dramatic reveal to the rest of the team, and parents, in our case, that did not know the sex of the baby ahead of time. As I laid on that table, completely strapped down, trying to wrap my head around the fact that I was having a cesarean section and that I was finally about to meet this little human being that I have





wanted so badly my whole life, and have been preparing for over the last 9 months, I thought to myself, I am so glad that I am here. Here in the hospital that I was born in, grew up going to, and visited friends and family over the years at, with doctors and nurses that know each other and feel comfortable working with each other. It put me at ease, and with that, I took a deep breath and allowed myself to relax, or at least try to, as the next chapter of my life was about to begin. At 10:35pm, my son Liam Weston Burk was born.

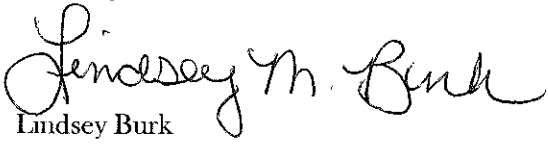
I am not saying that Danbury Hospital does not have great care. They very well may, but New Milford Hospital was right for me. I wanted to have my baby in a small hospital with one-on-one care, where the doctors and nurses will know me by name and will have the time help me learn to care for this new little miracle. I didn't want interns around me during this very personal experience. I didn't want to have to stress about traffic, accidents, or weather on I-84 while trying to get to Danbury. I didn't want to stress about my doctor not being able to get there in time or hitting traffic, accidents, weather himself. None of these thoughts ever had to cross my mind because I had this amazing birthing center in my backyard.

If the New Milford Hospital Family Birthing Center is closed I am scared for the safety of the mothers, including myself, and future babies of this town. Western Connecticut Health Network said that they would give the New Milford Hospital nurses in the Emergency Room a two-week course of training for emergency care of labor patients. I find this to be pathetic. The nurses in the Family Birthing Center go to school for 4 years, plus, to learn how to take care of mothers and babies in all different situations involving pregnancy and birth. You're telling me that a 2-week course is going to teach an Emergency Room nurse what to do if a placenta ruptures and a mother is hemorrhaging? If the New Milford Hospital Emergency Room doctors and nurses need help, Western Connecticut Health Network assured us that there would be a qualified doctor available 24/7 via Skype for consulting and help when needed. This baffles me. Skype works for talking to grandparents that live across the country, not for trying to save the life of a mother and baby should an emergency arise. I am also concerned about the travel time to Danbury. Western Connecticut Health Network says that it would take an ambulance 17 minutes to get from Danbury to New Milford, and then 17 minutes from New Milford back to Danbury. That is 34 minutes total, 34 precious minutes in a dangerous situation. 17 minutes with no complications. No traffic, no accidents, no pouring rain, no ice, no snow. This is New England. In 2011 alone we had a hurricane and monumental snowstorm that left roads impassable for days and weeks. In 2012 we already had another hurricane hit that left flooded roads, and again, road closures with debris everywhere. How can you close a birthing center that is between Torrington and Danbury? That is a huge amount of territory to cover and a lot of time in a car and or ambulance when you are scared and in labor. I believe that if one fetal or maternal death occurs because of the closure of this Birthing Center, it will just take one multi-million dollar lawsuit to make all the money that is being 'saved' disappear. Why would you put the mothers and babies of our community in such danger? Surely you can tighten belts other places to keep this ever-important Birthing Center open. If Western Connecticut Health Network is "committed and dedicated to providing the best care", they would not cut corners to make more money and put so many at risk. If you take away the New Milford Hospital Family Birthing Center, all New Milford will become is a place for the sick and dying.

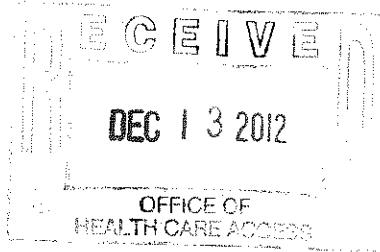
I am so very happy and thankful that my first experience of motherhood took place at the New Milford Hospital Birthing Center. From the informational classes they offer before having your baby, to the thorough, compassionate one-on-one care you receive while there. It makes me so sad to think that future mothers will not be able to experience what I experienced and that I will not be able to have my future babies there. If this Birthing Center is closed, I will be having my future babies somewhere other than Danbury Hospital. I hope you strongly consider keeping this wonderful gem of a facility open for the future mothers of our community.

Thank you for taking the time to read this letter.

Sincerely,

  
Lindsey Burk

Office of Health Care Access  
Certificate of Needs Program  
410 Capitol Ave.  
Hartford, CT 06134



Weston Burk  
4 Brighton Hill Lane  
New Milford, CT 06776

December 11<sup>th</sup>, 2012

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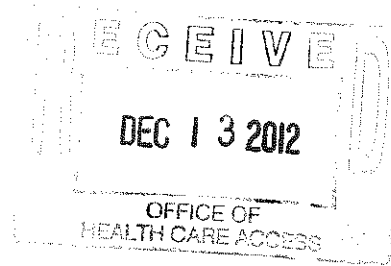
  
Weston Burk

# Lindsey M. Burk

4 Brighton Hill Lane • New Milford, CT 06776 • Phone: 203-482-6389 •  
E-Mail: lindseymrourke@gmail.com

Date: December 4<sup>th</sup>, 2012

Office of Health Care Access  
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410 Capitol Avenue  
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I am writing to help you understand why the Family Birthing Center at New Milford Hospital should not be closed. I understand that politics and money play a big role in the decision to close down this wonderful facility, but you have to look at the bigger picture here. I hope my letter can help open your eyes a bit to what the Family Birthing Center at New Milford Hospital is really about and why it would be an absolute tragedy to close it down.

I was born at New Milford Hospital 30 years ago, in May of 1982. Dr. Orlito Trias delivered me and GERALYN Turner was a new nurse in the maternity ward. 30 years later, in April of 2012, I had my first baby at the New Milford Family Birthing Center. Dr. Trias delivered my son and GERALYN was one of my nurses and lactation consultant. I received the same amazing care from the nurses and doctors that my mother had received when having me. You don't find that kind of commitment and care at the bigger hospitals where you are looked at as a number and not as a person. A person that just had a baby and is exhausted (emotionally, mentally, and physically), sore, scared, excited, anxious, and so many more emotions. I personally had a very long labor that ended in a cesarean section that did not go as well as hoped. After 27 hours of labor, Dr. Trias came into my room and told me I needed to have a cesarean section to keep the baby and myself safe, as my progression had come to a screeching halt and my baby's heart rate showed that he was in distress. I was so upset as this was not part of my 'plan' but trusted completely in Dr. Trias and the nursing staff that this is what had to be done. The nurses consoled me and helped me get ready, as I would shortly be meeting my baby, as Dr. Trias got the surgical team in place. I remember telling nurse Christine Nugent, who was with me through her entire shift and stayed late, with me in surgery, that I had skipped all of the chapters of my book on cesarean sections as I was not planning on having one. I had a lot of questions. She answered each question for me while holding my hand and wiping away my tears. I get emotional just thinking about it again, as the compassion that she and the other nurses showed me was so above and beyond it was just unbelievable.

At 9:30pm on Easter Sunday, April 8<sup>th</sup>, 2012, it was decided that I was having a cesarean section, and by 10:00pm all of the nurses, doctors, etc. were in place. It was amazing. Each one of them came over to me and introduced themselves and what their role in my surgery would be. They allowed me to ask questions and answered me thoroughly and in a language that I would understand. My husband and I were so amazed at what a well-oiled machine the team was. These doctors and nurses all knew each other. They know the quirks and ins and out of each other. They knew that Dr. Trias likes to hide the sex of the baby and keeps it a 'secret' and then makes a dramatic reveal to the rest of the team, and parents, in our case, that did not know the sex of the baby ahead of time. As I laid on that table, completely strapped down, trying to wrap my head around the fact that I was having a cesarean section and that I was finally about to meet this little human being that I have



wanted so badly my whole life, and have been preparing for over the last 9 months, I thought to myself, I am so glad that I am here. Here in the hospital that I was born in, grew up going to, and visited friends and family over the years at, with doctors and nurses that know each other and feel comfortable working with each other. It put me at ease, and with that, I took a deep breath and allowed myself to relax, or at least try to, as the next chapter of my life was about to begin. At 10:35pm, my son Liam Weston Burk was born.

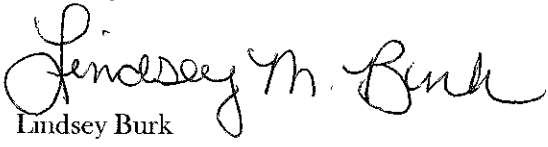
I am not saying that Danbury Hospital does not have great care. They very well may, but New Milford Hospital was right for me. I wanted to have my baby in a small hospital with one-on-one care, where the doctors and nurses will know me by name and will have the time help me learn to care for this new little miracle. I didn't want interns around me during this very personal experience. I didn't want to have to stress about traffic, accidents, or weather on I-84 while trying to get to Danbury. I didn't want to stress about my doctor not being able to get there in time or hitting traffic, accidents, weather himself. None of these thoughts ever had to cross my mind because I had this amazing birthing center in my backyard.

If the New Milford Hospital Family Birthing Center is closed I am scared for the safety of the mothers, including myself, and future babies of this town. Western Connecticut Health Network said that they would give the New Milford Hospital nurses in the Emergency Room a two-week course of training for emergency care of labor patients. I find this to be pathetic. The nurses in the Family Birthing Center go to school for 4 years, plus, to learn how to take care of mothers and babies in all different situations involving pregnancy and birth. You're telling me that a 2-week course is going to teach an Emergency Room nurse what to do if a placenta ruptures and a mother is hemorrhaging? If the New Milford Hospital Emergency Room doctors and nurses need help, Western Connecticut Health Network assured us that there would be a qualified doctor available 24/7 via Skype for consulting and help when needed. This baffles me. Skype works for talking to grandparents that live across the country, not for trying to save the life of a mother and baby should an emergency arise. I am also concerned about the travel time to Danbury. Western Connecticut Health Network says that it would take an ambulance 17 minutes to get from Danbury to New Milford, and then 17 minutes from New Milford back to Danbury. That is 34 minutes total, 34 precious minutes in a dangerous situation. 17 minutes with no complications. No traffic, no accidents, no pouring rain, no ice, no snow. This is New England. In 2011 alone we had a hurricane and monumental snowstorm that left roads impassable for days and weeks. In 2012 we already had another hurricane hit that left flooded roads, and again, road closures with debris everywhere. How can you close a birthing center that is between Torrington and Danbury? That is a huge amount of territory to cover and a lot of time in a car and or ambulance when you are scared and in labor. I believe that if one fetal or maternal death occurs because of the closure of this Birthing Center, it will just take one multi-million dollar lawsuit to make all the money that is being 'saved' disappear. Why would you put the mothers and babies of our community in such danger? Surely you can tighten belts other places to keep this ever-important Birthing Center open. If Western Connecticut Health Network is "committed and dedicated to providing the best care", they would not cut corners to make more money and put so many at risk. If you take away the New Milford Hospital Family Birthing Center, all New Milford will become is a place for the sick and dying.

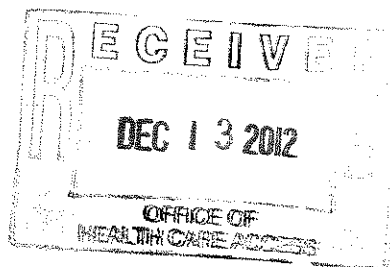
I am so very happy and thankful that my first experience of motherhood took place at the New Milford Hospital Birthing Center. From the informational classes they offer before having your baby, to the thorough, compassionate one-on-one care you receive while there. It makes me so sad to think that future mothers will not be able to experience what I experienced and that I will not be able to have my future babies there. If this Birthing Center is closed, I will be having my future babies somewhere other than Danbury Hospital. I hope you strongly consider keeping this wonderful gem of a facility open for the future mothers of our community.

Thank you for taking the time to read this letter.

Sincerely,

  
Lindsey Burk

December 11<sup>th</sup>, 2012



To Whom It May Concern:

Thank you for taking the time to look over this petition. These are the signatures and comments as of 4pm on Tuesday afternoon. The petition is still in progress and ongoing signatures and comments will be sent as a follow up addendum at the end of the week.

If you would like to visit the site of the petition, please go to the link below:

<https://www.change.org/petitions/western-connecticut-health-network-keep-the-new-milford-hospital-birthing-center-open-2>

If you have any questions, please feel free to get in contact with me at

[lindseymrourke@gmail.com](mailto:lindseymrourke@gmail.com)

or

203-482-6389

Thank you so much for your time.

Sincerely,

A handwritten signature in cursive script that reads "Lindsey M. Burk".

Lindsey Burk

**change.org**

To: Western Connecticut Health Network

Subject: **Keep the New Milford Hospital Birthing Center Open**

Letter: Greetings,

Keep the New Milford Hospital Family Birthing Center Open



# Signatures

<b>Name</b>	<b>Location</b>	<b>Date</b>
Lindsey Burk	New Milford, CT	2012-12-05
Marsha Doran	Morris, CT, United States	2012-12-05
Mary Burnham	Newtown, CT, United States	2012-12-05
Jeremy Potter	New Milford, CT, United States	2012-12-05
Drew Lawrenia	New Milford, CT, United States	2012-12-05
Birgit Riepe	Tower Lakes, IL, United States	2012-12-05
Kristen Backus	Bethel, CT, United States	2012-12-05
Laura Rack	New Milford, CT, United States	2012-12-05
Nicole Buono	Washington Depot, CT, United States	2012-12-05
Jennifer Gonch	New Milford, CT, United States	2012-12-05
Jennifer Lathrop	Brookfield, CT, United States	2012-12-05
Weston Burk	New Milford, CT, United States	2012-12-05
Gavin Rjepe	Tower Lakes, IL, United States	2012-12-05
Sandra Violette	New Milford, CT, United States	2012-12-06
Jeannette Finney	Bethel, CT, United States	2012-12-06
Tim O'Keeffe	New Milford, CT, United States	2012-12-06
heather johnson	NORTH STONINGTON , CT, United States	2012-12-06
Tabitha Johnson	New Milford, CT, United States	2012-12-06
Keiko Yoshida	New Milford, CT, United States	2012-12-06
Sarah Taranto	New Milford, CT, United States	2012-12-06
Caroline Fortier	New Milford, CT, United States	2012-12-06
Jennifer Clark	New Milford, CT, United States	2012-12-06
Morgan Haas	New Milford, CT, United States	2012-12-06
Alice Taylor	New Milford, CT, United States	2012-12-06
Kate Martin	New Milford, CT, United States	2012-12-06
Meg Forno	New Milford, CT, United States	2012-12-06
Meredith Potter	New Milford, CT, United States	2012-12-06
Sarah Geary	New Milford, CT, United States	2012-12-06
Martha Brunsman	San Diego, CA, United States	2012-12-06
Helen McCormack	Brookfield, CT, United States	2012-12-06

<b>Name</b>	<b>Location</b>	<b>Date</b>
Jessica Bittner	New Milford, CT, United States	2012-12-06
Loey McBreairty	Brookfield, CT, United States	2012-12-06
Jen LaCava	New Milford, CT, United States	2012-12-06
Jennifer Cahalan	New Milford, CT, United States	2012-12-06
amanda mullen	New Milford, CT, United States	2012-12-06
Bridget Lafantano	New Milford, CT, United States	2012-12-06
Evelyn Anderson	New Milford, CT, United States	2012-12-06
Rachel Kennedy	Wingdale, NY, United States	2012-12-06
Kim Dos Santos	New Milford, CT, United States	2012-12-06
Jenn Lee	New Milford, CT, United States	2012-12-06
Janelle Mason	Sandy Hook, CT, United States	2012-12-06
Laura Rissolo	New Milford, CT, United States	2012-12-06
Amy Omana	New Milford, CT, United States	2012-12-06
Richard Lake	Mt. Prospect, IL, United States	2012-12-06
Donna Aleksandrowicz	New Milford, CT, United States	2012-12-06
Karen Pavlik	New Milford, CT, United States	2012-12-06
Becky Farrell	New Milford, CT, United States	2012-12-06
Adrienne Williams	New Milford, CT, United States	2012-12-06
Jessica Higgins	New Milford, CT, United States	2012-12-06
Christine Santos	Plainville, CT, United States	2012-12-06
Brian McCormack	Brookfield, CT, United States	2012-12-06
Denise Trach	New Milford, CT, United States	2012-12-06
Richard McCormack	Danbury, CT, United States	2012-12-06
angel burke	torrington, CT, United States	2012-12-06
Nancy Benvenuti	New Milford, CT, United States	2012-12-06
Chad LaPoint	New Milford, CT, United States	2012-12-06
Anne Zapletal	New Milford, CT, United States	2012-12-06
Cristina Perna	New Milford, CT, United States	2012-12-06
Christine Seibold	New Milford, CT, United States	2012-12-06
Joyce LaCava	Warren, CT, United States	2012-12-06
Melissa Olson	New Milford, CT, United States	2012-12-06
Kathy Henkel	New Milford, CT, United States	2012-12-06

<b>Name</b>	<b>Location</b>	<b>Date</b>
holly clarke	New Milford, CT, United States	2012-12-06
Katie Blake	Naugatuck, CT, United States	2012-12-06
Katie DiCesare	New Milford, CT, United States	2012-12-06
Jessica McCusker	New Milford, CT, United States	2012-12-06
Megan Pane	New Preston Marble Dale, CT, United States	2012-12-06
Brian Jackson	Newtown, CT, United States	2012-12-06
Meegan Buckley	New Milford, CT, United States	2012-12-06
Jacqueline Dean	Windsor, CT, United States	2012-12-06
Eileen Moses	New Milford, CT, United States	2012-12-06
Matt Rissolo	washington depot, CT, United States	2012-12-06
Dale Glaser	New Milford, CT, United States	2012-12-06
Jennifer Calhoun	Litchfield, CT, United States	2012-12-06
Michelle Miller	Roxbury, CT, United States	2012-12-06
Kimberly Kisling	New Milford, CT, United States	2012-12-06
Amy Dressel	New Milford, CT, United States	2012-12-06
Amy Crookshank	New milford, CT, United States	2012-12-06
Kathy Thomas	New Milford, CT, United States	2012-12-06
Greer Hawley	Sherman, CT, United States	2012-12-06
Rachel Oster	Rhinebeck, NY, United States	2012-12-06
Erin Boothby	New Milford, CT, United States	2012-12-06
Keith Goethner	New Preston, CT, United States	2012-12-06
Leila Stepankiw	New Milford, CT, United States	2012-12-06
Dawn Stoops	Sharon, CT, United States	2012-12-06
Karen Reed	New Milford, CT, United States	2012-12-06
Jennifer Lichwick	Poughkeepsie, NY, United States	2012-12-06
jennifer coons	New Milford, CT, United States	2012-12-06
william coons	New Milford, CT, United States	2012-12-06
Pamela Fox	New Milford, CT, United States	2012-12-06
tacy coiro	leedey, OK, United States	2012-12-06
Steven Coons	New Milford, CT, United States	2012-12-06
Robert Balun	Port Chester, NY, United States	2012-12-06
Alicia Tomlinson	Gaylordsville, CT, United States	2012-12-06

<b>Name</b>	<b>Location</b>	<b>Date</b>
Jennifer Pote	New Preston, CT, United States	2012-12-06
Inga Natoli	New Milford, CT, United States	2012-12-06
nicole lilley	hollidaysburg, PA, United States	2012-12-06
Tori Paul	Washington Depot, CT, United States	2012-12-06
Jessica Ryan	New Milford, CT, United States	2012-12-06
Sarah Sloane	New Milford, CT, United States	2012-12-06
Amy Torosyan	New Milford, CT, United States	2012-12-06
Kristen Lundberg	Warren, CT, United States	2012-12-06
Patricia Rissolo	New Milford, CT, United States	2012-12-06
Mariah Adin	MONTGOMERY, NY, United States	2012-12-06
shaela costello	new milford, CT, United States	2012-12-06
Tina Gardner	Kent, CT, United States	2012-12-06
Carolyn Hyde	New Preston, CT, United States	2012-12-06
Stephanie Vogt	New Milford, CT, United States	2012-12-06
tara feeney	goshen, CT, United States	2012-12-06
Megan Burns	New Milford, CT, United States	2012-12-06
Heather Holland	New Milford, CT, United States	2012-12-06
Sarah Cipolletti	New Milford, CT, United States	2012-12-06
Eileen McCormack	New Preston, CT, United States	2012-12-06
Molly Hearn	Roxbury, CT, United States	2012-12-06
Barbara cheney	washington depot, CT, United States	2012-12-06
Kristen Vogt	New Milford, CT, United States	2012-12-06
Melissa Mazur	manchester, CT, United States	2012-12-06
Launa Goslee	Litchfield, CT, United States	2012-12-06
Stephanie Pascual	New Milford, CT, United States	2012-12-06
Tammy Rill	Washington, CT, United States	2012-12-06
Rorie Doty	New Milford, CT, United States	2012-12-06
christian munko	New Milford, CT, United States	2012-12-06
judy velazquez	new milford, CT, United States	2012-12-06
Wendy Toth	New Milford, CT, United States	2012-12-06
Sarah Belanger	Bantam , CT, United States	2012-12-06
ann marie mcgrath	Bantam, CT, United States	2012-12-06

<b>Name</b>	<b>Location</b>	<b>Date</b>
Bevyn Lowe	New Milford, CT, United States	2012-12-06
Stephanie Osborne	Roxbury, CT, United States	2012-12-06
Melissa Bernardi	New Milford, CT, United States	2012-12-06
eileen hearn	Washington, CT, United States	2012-12-06
theresa coons	New Milford, CT, United States	2012-12-06
Michelle Jewell	New Milford, CT, United States	2012-12-06
Lauren Vicente	Bristol, CT, United States	2012-12-06
lynn rajic	Brookfield, CT, United States	2012-12-06
Beverly Nickerson	New Milford, CT, United States	2012-12-06
Mandi DiFronzo	Washington, CT, United States	2012-12-06
Lauren Murphy	New Milford, CT, United States	2012-12-06
Lisa Williams	Washington, CT, United States	2012-12-06
mary aragi	New Preston, CT, United States	2012-12-06
Kristine Cheney-Haskell	New Preston, CT, United States	2012-12-06
aurora velazquez	New Milford, CT, United States	2012-12-06
heavenleigh velazquez	New Milford, CT, United States	2012-12-06
linda coons	new preston, CT, United States	2012-12-06
Laura Muckerman	New Milford, CT, United States	2012-12-06
Cathy Fitzgerald	Sandy Hook, CT, United States	2012-12-06
Amy DA	Kent, CT, United States	2012-12-06
Patti Anderson	Washington, CT, United States	2012-12-06
JOE FODOR	KENT, CT, United States	2012-12-06
Melissa Desmond	Warren, CT, United States	2012-12-06
Aisha Elm	Hamden, CT, United States	2012-12-06
JENNIFER CASELLI FODOR	NEW MILFORD, CT, United States	2012-12-06
Lynn Peet	Gaylordsville, CT, United States	2012-12-06
Richard Groski	brookfield, CT, United States	2012-12-06
Yvonne Lowe	Auckland, New Zealand	2012-12-06
Laura Blais	Watertown, CT, United States	2012-12-06
jennifer nowinski	new milford, CT, United States	2012-12-06
lori nowinski	New Milford, CT, United States	2012-12-06
Channon Elzea	New Fairfield, CT, United States	2012-12-06

<b>Name</b>	<b>Location</b>	<b>Date</b>
Nancy Meyer	new Milford, CT, United States	2012-12-06
Susan Hill	Danbury, CT, United States	2012-12-06
Jennifer Guerrin	Rocky Hill, CT, United States	2012-12-06
Elizabeth Morsey	New Milford, CT, United States	2012-12-06
Amanda Falk	Waterbury, CT, United States	2012-12-06
jessica hoyt	new milford, CT, United States	2012-12-06
Joe Rocky	Brookfield, CT, United States	2012-12-06
Deborah Jewell	New Milford, CT, United States	2012-12-06
Alescia Baldwin	New Milford, CT, United States	2012-12-07
ROSE LUIZZI	brookfield, CT, United States	2012-12-07
Jennifer Sewell	New Milford, CT, United States	2012-12-07
bob parker	St Augustine, FL, United States	2012-12-07
jinny brittingham	new milford, CT, United States	2012-12-07
kimberly sturino	New Milford, CT, United States	2012-12-07
Susan Kaul	New Milford, CT, United States	2012-12-07
Alexandra Patrick	new milford, CT, United States	2012-12-07
Jennifer Rianahrd	New Milford, CT, United States	2012-12-07
Irene Eid	Plymouth, CT, United States	2012-12-07
Sarah Lamm	Danbury, CT, United States	2012-12-07
ryan nichols	Brookfield, CT, United States	2012-12-07
Lorraine Spinetti	New Milford, CT, United States	2012-12-07
Millie Johnson	Roxbury, CT, United States	2012-12-07
Heather Badaracco	New Milford, CT, United States	2012-12-07
Catherine Gardner	New Milford, CT, United States	2012-12-07
Ali Damon	Washington, CT, United States	2012-12-07
Pamela Osborne	Washington, CT, United States	2012-12-07
Denise Groski	Danbury, CT, United States	2012-12-07
Bonnie McFarland	New Milford, CT, United States	2012-12-07
Paige Groski	Danbury, CT, United States	2012-12-07
Andres Jimenez	Danbury, CT, United States	2012-12-07
Alyssa Groski	Danbury, CT, United States	2012-12-07
Kristine Stewart	New Milford, CT, United States	2012-12-07

<b>Name</b>	<b>Location</b>	<b>Date</b>
Timothy Groski	Danbury, CT, United States	2012-12-07
Merima Trako	New Milford, CT, United States	2012-12-07
Amy Obolewicz	danbury, CT, United States	2012-12-07
Georgette Megyeri	New Milford, CT, United States	2012-12-07
kate lawrence	New Milford, CT, United States	2012-12-07
Nelson Torres	Fort Worth, TX, United States	2012-12-07
Donna Foley	Redding, CT, United States	2012-12-07
Vicki Sewell	Australia	2012-12-07
Regina Rourke	New Milford, CT, United States	2012-12-07
Lori Schneider	new milford, CT, United States	2012-12-07
Robbin Davies	Ringoes, NJ, United States	2012-12-07
Patricia Terry	New Milford, CT, United States	2012-12-07
sara osborne	Washington, CT, United States	2012-12-07
Valerie Walsh	New Milford, CT, United States	2012-12-07
Barbara Talbot	Washington, CT, United States	2012-12-07
Meghan Hogan	Bethel, CT, United States	2012-12-07
Breigh McCrain	New Milford, CT, United States	2012-12-07
sheryl moynihan	Kirkville, NY, United States	2012-12-07
Jeannine and Harold Usher	NEW MILFORD, CT, United States	2012-12-07
Sue Pullen	new Milford, CT, United States	2012-12-07
Michael Finney	Bethel, CT, United States	2012-12-07
Jason Rissolo	New Milford, CT, United States	2012-12-07
Leslie Anderson	Washington, CT, United States	2012-12-07
Patricia Tulinski	New Milford, CT, United States	2012-12-07
Carmen Creighton	New Milford, CT, United States	2012-12-07
Kathryn Golembeski	New Milford, CT, United States	2012-12-07
Courtney Elias	Norwalk, CT, United States	2012-12-07
Allison Sammel	Danbury, CT, United States	2012-12-07
Barbara Brickley	New Milford, CT, United States	2012-12-07
Pat Schlemmer	New Milford, CT, United States	2012-12-07
Elizabeth Leto	New Milford, CT, United States	2012-12-07
Christine Laedke	New Milford, CT, United States	2012-12-07

<b>Name</b>	<b>Location</b>	<b>Date</b>
Christine Shaw	Branford, CT, United States	2012-12-07
Jessica Holding	New Milford, CT, United States	2012-12-07
Jan Erhart	Gales Ferry, CT, United States	2012-12-07
Donna Castro	New Milford, CT, United States	2012-12-07
Michelle Angelina	Dumont, NJ, United States	2012-12-07
leanne krebs	Clyde, NC, United States	2012-12-07
Susan Daniels	Sherman, CT, United States	2012-12-07
nancy swallow	bethel, CT, United States	2012-12-07
carissa goetz	ronkonkoma, NY, United States	2012-12-07
valerie schmidlin	new milford, CT, United States	2012-12-07
stacey crosby	Marlboro, NY, United States	2012-12-07
Janese Gangell	New Milford, CT, United States	2012-12-07
Sean Delaney	New Milford, CT, United States	2012-12-07
Katelyn Rourke	New Milford, CT, United States	2012-12-07
Joanne Chapin	New Milford, CT, United States	2012-12-07
Anna O'Brien	Wallingford, CT, United States	2012-12-07
teralyn siller	arlington, TX, United States	2012-12-07
amy main	New Milford, CT, United States	2012-12-08
Kelly Federle	New Milford, CT, United States	2012-12-08
Pauline brannigan	New Milford, CT, United States	2012-12-08
Veronica Crotta	New Milford, CT, United States	2012-12-08
Elain Pecora	New Milford, CT, United States	2012-12-08
Ryan Carrington	Woodbury, CT, United States	2012-12-08
Kim Carrington	Woodbury, CT, United States	2012-12-08
Brianne Spencer	Warren, CT, United States	2012-12-08
Jacob Schneider	new milford, CT, United States	2012-12-08
Carol Chapman	Newtown, CT, United States	2012-12-08
Renee Keenan	New Fairfield, CT, United States	2012-12-08
Casandra Damato	Oxford, CT, United States	2012-12-08
Diana Whitlock	New Milford, CT, United States	2012-12-08
Clare Ramery	New Milford, CT, United States	2012-12-08
jillian robes	New Milford, CT, United States	2012-12-08



<b>Name</b>	<b>Location</b>	<b>Date</b>
Karen Maizel	New Milford, CT, United States	2012-12-08
heather franklin	new milford, CT, United States	2012-12-08
Taylor Hildebrandt	New Milford, CT, United States	2012-12-08
Aimee Barrett	New Milford, CT, United States	2012-12-08
Carol Hanson	Thomaston, CT, United States	2012-12-08
Brittney Lechner	New Milford, CT, United States	2012-12-08
Jeanne Donohue	New Milford, CT, United States	2012-12-08
Betsy O'Neill	New Milford, CT, United States	2012-12-08
Taura Walsh	New Milford, CT, United States	2012-12-08
Marci Johnson	New Preston Marble Dale, CT, United States	2012-12-08
Danielle Van Doren	Torrington, CT, United States	2012-12-08
Rachel Cole	Waterbury, CT, United States	2012-12-08
heather burch	New Milford, CT, United States	2012-12-08
Nancy Badolato	New Fairfield, CT, United States	2012-12-08
Ashley Keenan	New Fairfield, CT, United States	2012-12-08
Alida Tomascak	New milford, CT, United States	2012-12-08
Kristin Dowler	New Preston Marble Dale, CT, United States	2012-12-08
John Norcross	New Milford, CT, United States	2012-12-08
Kayla Wernig	AE, Bahrain	2012-12-08
Amy Meyerson	weston, CT, United States	2012-12-08
Emily Hendrix	Gaylordsville, CT, United States	2012-12-08
Patrick Nadolny	Woodbury, CT, United States	2012-12-08
Liza Maizel	New Milford, CT, United States	2012-12-08
Kristin Cassidy	New Milford, CT, United States	2012-12-08
Anne Broat	Beacon, NY, United States	2012-12-08
Lianne Ambruso	New Milford, CT, United States	2012-12-08
Eddie Seibold	New Milford, CT, United States	2012-12-08
Alicia Yachulke	New milford , CT, United States	2012-12-08
Shaw Knapp	Brookfield, CT, United States	2012-12-08
Emma Norcross	New Milford, CT, United States	2012-12-08
Beth Nelson	Bridgewater, CT, United States	2012-12-08
Georgia Lambrakis	New Milford, CT, United States	2012-12-08

<b>Name</b>	<b>Location</b>	<b>Date</b>
Deepa Prusty	Brookline, MA, United States	2012-12-08
Scott Bosley	Thorp, WI, United States	2012-12-08
Mary Tobin	New Milford, CT, United States	2012-12-08
Amanda Hokett	Torrington, CT, United States	2012-12-08
Linda Baldwin	Torrington, CT, United States	2012-12-08
Alison Palancia	New Fairfield, CT, United States	2012-12-08
Norma Miller	New Milford, CT, United States	2012-12-08
Lisa Jeter	Torrington, CT, United States	2012-12-08
Lynn D'Angelantonio	New Milford, CT, United States	2012-12-08
Richard Gonzalez	New Milford, CT, United States	2012-12-08
Heidi Norcross	New Milford, CT, United States	2012-12-08
Susan Nicholas	Washington, CT, United States	2012-12-08
John Richard Young	East Norriton Township, Norristown, PA, United States	2012-12-08
Cynthia Merritt	Kent, CT, United States	2012-12-08
Betsey Thibodeau	Washington Depot, CT, United States	2012-12-08
dianne kirchner	tucson, AZ, United States	2012-12-08
Kendra Tompkins	Waterbury, CT, United States	2012-12-08
Jason Seibold	New Milford, CT, United States	2012-12-08
Maryellen Gurski	New Milford, CT, United States	2012-12-08
Keli Alderman	Sherman, CT, United States	2012-12-08
Katrina Gilliland	New Milford, CT, United States	2012-12-08
Amy Straub	Brookfield, CT, United States	2012-12-08
Susan Groski	Brookfield, CT, United States	2012-12-08
Jessica Pires	Brookfield, CT, United States	2012-12-09
Jenna Caceci	New Milford, CT, United States	2012-12-09
malik griffin	Knightdale, NC, United States	2012-12-09
Cindee Hopkins	Roxbury, CT, United States	2012-12-09
Jenn Lee	New Milford, CT, United States	2012-12-09
Rebecca Perrin	New Preston Marble Dale, CT, United States	2012-12-09
Jonelle Munroe	New Milford, CT, United States	2012-12-09
Kathy Flynn	New Milford, CT, United States	2012-12-09

<b>Name</b>	<b>Location</b>	<b>Date</b>
Gary Scribner	New Milford, CT, United States	2012-12-09
Melissa Frye	New milford, CT, United States	2012-12-09
James McNamara	New Milford, CT, United States	2012-12-09
Amanda Mccarvell	New Milford, CT, United States	2012-12-09
Eric Jacklin	Torrington, CT, United States	2012-12-09
Krishena Godwin	New Milford, CT, United States	2012-12-09
kellie cole	New Milford, CT, United States	2012-12-09
Ernest Williams	New Milford, CT, United States	2012-12-09
Ann Marie Ovitt	New Milford, CT, United States	2012-12-09
Idania Vazquez	Gaylordsville, CT, United States	2012-12-09
Amanda Agard	New Milford, CT, United States	2012-12-09
Tamra Harris	Kent, CT, United States	2012-12-09
jaimie vazquez	New Milford, CT, United States	2012-12-09
Dorothy Schaffer	New Milford, CT, United States	2012-12-09
Megan Puterbaugh	New milford, CT, United States	2012-12-09
Kelly Kern	New Milford, CT, United States	2012-12-09
Steven Pires	Brookfield, CT, United States	2012-12-09
Rosana Cable	New Milford, CT, United States	2012-12-09
Sarah Davies	Waldwick, NJ, United States	2012-12-09
John Dube	Sherman, CT, United States	2012-12-09
SUSAN PATRICK	BRIDGEWATER, CT, United States	2012-12-09
Jennifer DiSario	New Milford, CT, United States	2012-12-09
Meredith Hulse	New Milford, CT, United States	2012-12-09
Nicole Burns	New Milford, CT, United States	2012-12-09
Monica Schipul	Scituate, MA, United States	2012-12-09
Tamara Collins	New Milford, CT, United States	2012-12-09
Alyssa Griffing	New Milford, CT, United States	2012-12-09
Chris Lathrop	New Milford, CT, United States	2012-12-09
Melissa Hirsch	New Fairfield, CT, United States	2012-12-09
Dolores Lawrenia	New Milford, CT, United States	2012-12-09
Mary Belcourt	New Milford, CT, United States	2012-12-09
Carrie DeBellis	New Milford, CT, United States	2012-12-09

<b>Name</b>	<b>Location</b>	<b>Date</b>
Elizabeth Petrucci	Middlebury, CT, United States	2012-12-09
Christine Peet	gaylordsville, CT, United States	2012-12-09
Maggie Ohmen	Litchfield, CT, United States	2012-12-09
Brian Ohmen	Litchfield, CT, United States	2012-12-09
Susan Illescas	New Milford, CT, United States	2012-12-09
michele deeds	kent, CT, United States	2012-12-09
Nicole Pliego	New Milford, CT, United States	2012-12-09
Corrie Lillis	New Milford, CT, United States	2012-12-10
Kevin Tomlinson	Gaylordsville, CT, United States	2012-12-10
Patricia Dempsey	Bridgewater, CT, United States	2012-12-10
Peyton Strand	New Milford, CT, United States	2012-12-10
Tina kilian-bassett	New Milford, CT, United States	2012-12-10
laura russell	dover plains, NY, United States	2012-12-10
Chrstitina Izzo	new milford, CT, United States	2012-12-10
julie werner	new milford, CT, United States	2012-12-10
Michele Roman	New Milford, CT, United States	2012-12-10
Kim Lawrence	Warren, CT, United States	2012-12-10
Amanda Lombard	New Fairfield, CT, United States	2012-12-10
jill gorner	camp hill, PA, United States	2012-12-10
Linda Westlake	New Milford, CT, United States	2012-12-10
April Dubois	vilseck, Germany	2012-12-10
Lynn Durno	Marco Island, FL, United States	2012-12-10
Bruce Densmore	Torrington, CT, United States	2012-12-10
patricia groski	brookfield, CT, United States	2012-12-10
Tim Rourke	White Plains, NY, United States	2012-12-10
jean michaels	Huntsville, AL, United States	2012-12-10
Cathy Rimmer	New Milford, CT, United States	2012-12-10
Jennifer Redstone	Washington, CT, United States	2012-12-10
steven alves	New Milford, CT, United States	2012-12-10
Joanne Skribis	West Haven, CT, United States	2012-12-10
Phyllis Burk	Shelbyville, IL, United States	2012-12-10
Amy Brescia	Torrington, CT, United States	2012-12-10

<b>Name</b>	<b>Location</b>	<b>Date</b>
Brian Blake	Naugatuck, CT, United States	2012-12-10
Skarlett Casco-LaPlaca	Morris, CT, United States	2012-12-10
duane stone	new milford, CT, United States	2012-12-10
Bonnie Donzella	South Kent, CT, United States	2012-12-10
Sherry Creighton	New Milford, CT, United States	2012-12-10
Anne Gallagher	Washington Depot, CT, United States	2012-12-10
Amanda Sauer	New Preston, CT, United States	2012-12-10
Tabitha Arneson	GAYLORDSVILLE, CT, United States	2012-12-11
Donna Baske	Milford, CT, United States	2012-12-11
Carly Ciaccia	Newtown, CT, United States	2012-12-11
Joe Bittner	New Milford, CT, United States	2012-12-11
Nina Clark	Stamford, CT, United States	2012-12-11
Katie Doherty	Fayetteville, NC, United States	2012-12-11
Tyler Aaron	New Milford, CT, United States	2012-12-11
Elizabeth Kearney	Roxbury, CT, United States	2012-12-11
Heather Allen	Hawthorne, NJ, United States	2012-12-11
joe matarazzo	New Milford, CT, United States	2012-12-11
Robert Ortiz	Phoenix, AZ, United States	2012-12-11
Maria Russo	New Milford, CT, United States	2012-12-11
Kelly Osborne	Youngsville, NC, United States	2012-12-11
Derek Richardson	New Milford, CT, United States	2012-12-11
Renee Richardson	New Milford, CT, United States	2012-12-11
Rosemarie Mc morrow	New Fairfield, CT, United States	2012-12-11
Nancy Matthews	Nashville, NC, United States	2012-12-11
Amy Jacques	Gaylordsville, CT, United States	2012-12-11
Joan Guerrieri	Wingdale, NY, United States	2012-12-11
Cindy moschitta	sherman, CT, United States	2012-12-11
Patty Crane	Torrington, CT, United States	2012-12-11
Stephanie S	Alexandria, VA, United States	2012-12-11
Cathy Adler	New Milford, CT, United States	2012-12-11
Carmy Guangalli	Newburgh, NY, United States	2012-12-11
Jane Brousseau	Watertown, CT, United States	2012-12-11

<b>Name</b>	<b>Location</b>	<b>Date</b>
Pamela Johnson	Highland, CA, United States	2012-12-11
Dawn Doumeng	New York, NY, United States	2012-12-11
Lee Bailey	Washington, CT, United States	2012-12-11
Patricia Harrington	New Milford, CT, United States	2012-12-11
Kathy Bolster	New Milford, CT, United States	2012-12-11
Elyse Soifersmith	New Milford, CT, United States	2012-12-11
Stephanie Curtiss	Warren, CT, United States	2012-12-11
Tracy Garcia-LaVigne	new milford, CT, United States	2012-12-11
Christopher Fisher	New Milford, CT, United States	2012-12-11
Gail Dawson	New Milford, CT, United States	2012-12-11
Diana Hammer	New Milford, CT, United States	2012-12-11
Cynthia Willmen	New Milford, CT, United States	2012-12-11
Kim Tester	Roxbury, CT, United States	2012-12-11
Mary Holton	New Milford, CT, United States	2012-12-11
Robert Mccrain	Valhalla, NY, United States	2012-12-11
Emily Dolan	New Milford, CT, United States	2012-12-11
Ellen Wilson	New Milford, CT, United States	2012-12-11
Lynn Baker	Bethlehem, CT, United States	2012-12-11

These are the comments left with the signatures. If you would like to view them on the website, please visit:

<https://www.change.org/petitions/western-connecticut-health-network-keep-the-new-milford-hospital-birthing-center-open-2>

I will be sending along any new comments that are left between now and the end of the week on Friday afternoon. Feel free to get in touch with me, Lindsey Burk, with any questions you may have. [lindseymrourke@gmail.com](mailto:lindseymrourke@gmail.com) or 203-482-6389. Thank you.

- Lynn Baker BETHLEHEM, CT

I had all three of my children in New Milford Hospital Birthing center. I live in Bethlehem and found New Milford Hospital to be a better choice for me than going to Waterbury. It was the right distance from my home and the small friendly staff made all 3 births smooth and caring! We live in a very rural area and having to go to Danbury or Waterbury would be very difficult and could mean life or death in some situations.

- Ellen Wilson NEW MILFORD, CT

My third child was born at New Milford Hospital and it was such a great experience. The nurses were wonderful, the facility was great, and both my son and I received excellent care. The New Milford Hospital serves a large area and the birthing center is a very special place. If the problem is low numbers, couldn't you just reduce the staff assigned to that area and utilize some of the extra rooms for office space or storage? I know there is no simple solution, but the birthing center is worth saving. I am done having children, but others deserve to have the same wonderful experience.

- Kim Tester ROXBURY, CT

Many family and friends have given birth at NMH. A wonderful caring experience. NMH is where I go if I need ANYTHING. I think it is important to keep babies in a local setting; the value of a community setting - irreplaceable.

- Gail Dawson NEW MILFORD, CT

I was born at this hospital and my daughter and son were as well. I have great memories of being there and received wonderful care. My kids love seeing where they were born.

- Chris Fisher NEW MILFORD, CT

I was recently married and had the realization that if my wife and I had children, it would be the fourth generation to be born at the hospital. Connections like these, while they financially offer no gain, are important to people.

- Tracy Garcia-LaVigne NEW MILFORD, CT

I used to live in Fairfield & delivered 3 of my 5 children there. I delivered my last 2 children in New Milford, after moving here to work at Canterbury School. There is no comparison. My experience at New Milford was OUTSTANDING. The nursing staff, the peaceful atmosphere, the sense of security & comfort. I have recommended New Milford birthing center to everyone I know. It is an amazing facility. It would be heartbreaking to see it close. It should be a source of pride for the hospital to house such a top rate birthing facility with a highly skilled staff. It should be the model for other birthing centers.

- Elyse Soifersmith NEW MILFORD, CT

I have many friends who delivered their children at the New Milford Birthing Center and have had such a positive experience. It is vital to the families in our community and surrounding communities.



- Kathy Bolster NEW MILFORD, CT

Both of my children (now adults) were born at New Milford Hospital. I was so impressed by the personal care and warmth we all received. Although I understand the financial concerns, there are those qualities, that while not so easy to measure, are, I believe, of greater value. The warmth, caring, and love of the Birthing Center right in our own little community is a gem we have. We should fight to keep it.

- Lee Bailey WASHINGTON, CT

It is local. Personal care was very important to me. My own doctor who I have had for 20 plus years was able to deliver my 3rd child - not a stranger. Many more reasons....

- Amy Jacques GAYLORDSVILLE, CT

This is where my babies were born 20 & 16 years ago and I wouldn't have wanted to have my babies anywhere else. The nurses were fabulous and knowing I didn't have to drive far when I needed to give birth was comforting. I just had the best experiences and want the same for other parents!

- Nancy Matthews NASHVILLE, NC

Worked there as a travel nurse, think New Milford deserves local access to OB care.

- Derek Richardson NEW MILFORD, CT

Both my sons were born there and they made that experience better than i could have ever imagined!

- chris keenan NEW FAIRFIELD, CT

my brothers were born here,

- duane stone NEW MILFORD, CT

I was the 1st baby brought into the new hospital in 1950. It has served the community well since then. Both of my children were bron there.

- Skarlett Casco-LaPlaca MORRIS, CT

i had a wonderful experience when i had my first child at the New Milford birthing center. The attention I received from the nurses was amazing!

- Bruce Densmore TORRINGTON, CT

Even if a woman chooses not to use the FBC, it is a safety net for everyone in the area. It would be a HUGE mistake to close this unit. Does the state care about their residents at all? We'll see.

- jill gorner CAMP HILL, PA

my cousin works or did work for the birthing center, and why wouldn't you keep such a beautiful center open, would be such a loss for New Milford.

- Chrstitina Izzo NEW MILFORD, CT

keep the small town birthing center..

- Nicole Pliego NEW MILFORD, CT

Amazing personal experience

- Christine Peet GAYLORDSVILLE, CT

I'm due in April and this would have been the 17th generation to be born in New Milford if New Milford stays open

- Dolores Lawrenia NEW MILFORD, CT

This Is a great Hospital the birthing center and staff are awesome. Why would I want to go to a larger hospital and have to wait in the hallway till a room becomes available when I have a great hospital in my town. I have. A lot of my friends have moved to New Milford because of the Hospitals Birthing Center. Please dont close it down!!!!!!!!!!

- Jennifer DiSario NEW MILFORD, CT

One of the major reasons I chose to live in New Milford was the large nearby hospital and birthing center. As someone who is planning their future family, not only is keeping the birthing center open important to me but essential. Please do NOT close.

- Ann Marie Ovitt NEW MILFORD, CT

This community is large enough to warrant a need to have this birthing center in New Milford. Excellent care was given to me during the birth of my 3 children. It would be a sad thing for our community to see this go. There is a need here, so it should remain.

- Krishena Godwin NEW MILFORD, CT

I delivered all 3 of my children there. It is amazing center. I use to live in waterbury and would drive 35-40 in labor just so i could come to new milford hospital birthing center. Not adding the fact if there was a crisis 25-30 to danbury or another hospital could be tragic

- Eric Jacklin TORRINGTON, CT

I have heard so many heartwarming stories of gratitude about families who had their babies the NMH Birthing Center. It almost seems unconscionable to do away with such an asset to the people in the community of New Milford. Knowing that such an outstanding facility is so nearby must be comforting for mothers-to-be...keep it open!

- Melissa Frye NEW MILFORD, CT

I just had my baby in new milford hospital less than 3 days ago. Originally, I was going to have my baby at Danbury hospital. But after the NUMEROUS HORRIBLE in counters with their staff at Danbury, I decided to look at other places to have my daughter. After visiting the New Milford Hospital, I knew this was were I wanted my baby to be born. The staff was so welcoming and committed. I felt like a person at the new milford birthing center..... Not just a number or another name on the wall. If anything, I believe the people trying to shut down the birthing center, need to focus their attention else were and do not mess with a good thing!!

- Maryellen Gurski NEW MILFORD, CT

Because they had the best Birthing center in the area, and Having to travel 30 minutes to Danbury is a danger to both the mom and baby should labor progress quickly.

- Kendra Tompkins WATERBURY, CT

Even though I no longer live in New Milford, I have traveled to this hospital to have all 3 of my children (the most recent being this last week). The care we have received at New Milford has been unmatched in any other setting. The nurses are amazing and it

truly is a family atmosphere here. It would be a shame to close this Birthing Center. Danbury and Torrington are too far away if there were a true emergency and giving a quick training in the ER does not keep with the idea of a caring, supportive family atmosphere.

- Linda Baldwin TORRINGTON, CT

I have personally seen obstetric emergencies that NEVER would have made it to Danbury Hospital. The people who want to close the FBC say "Well, a mother can be stabilized in the ER and then transported to Danbury." Many obstetric emergencies CANNOT be stabilized! They have to be dealt with right away. These are mother's and baby's lives we are talking about!!

I also think that maybe many New Milford residents do not realize the impact a closure will have on local jobs, store, restaurants or property values.

Please take a few minutes of your time to write to the state.

- Shaw Knapp BROOKFIELD, CT

I gave birth to both of my daughters there and received the best care.

- Lianne Ambruso NEW MILFORD, CT

New Milford is too big of a town not to have a hospital with a birthing center open. The one on one care I had when I had both of my children (both early) was amazing!

- Betsy O'Neill NEW MILFORD, CT

I had both of my boys at NMH! (1993 and 2003) The nurses were wonderful and so supportive. I still see some of those nurses out around town and it is wonderful to be able to share how the boys are doing now! Where else would you get this closeness! If I had to go to another hospital for my oldest I never would have made it. He was born within a few hours.

- Brittney Lechner NEW MILFORD, CT

The difference between a 5-10 minute drive and a 20 to 60 minute drive is LIFE changing! If they really want to save money (instead of giving money to Sharon and other hospitals) and HELP people they would stay open!

- Aimee Barrett NEW MILFORD, CT

My twins and I would not have survived without the care received at the New Milford Birthing Center.

- Heather Franklin NEW MILFORD, CT

I had my son in this birthing center and i had an amazing experience, it will be a shame if this birthing center closes because i do not like the thought of having to drive to danbury to have my second (in the future.) The nurses were constantly with you making sure me and my baby were okay, they were friendly and caring. I have heard a lot about danbury hospital and how they do not have one on one time with their patients and thats a scary thought because having a child can be very scary.

- Jillian Schneider NEW MILFORD, CT

Save my moms job! Save lives! Closing this unit could be fatal!

- Clare Ramery NEW MILFORD, CT

This birthing center is such an assest to New Milford - the center, the doctors & the staff have been top notch when I delivered both of my children

- Renee Keenan NEW FAIRFIELD, CT

Knowledgeable staff that provided excellent care. They listen to you. You are treated like a person not a number.

- Jacob Schneider NEW MILFORD, CT

If the Western CT Health Network is "committed, and dedicated" to providing the "best" care, they wouldn't cut corners to make more money. They wouldn't put mothers or their babies at a VERY serious, and VERY real risk. A two week course to train E.R. staff at N.M.H. to care for labor patients with emergent complications is PATHETIC. A skype conference call from Drs at Danbury to the E.R. in new milford in the heat of the moment in an emergency is PATHETIC. The Invaluable EXPERIENCE from the amazing team at the NMHBC is unparalleled; especially from a 'teaching' hospital that could be up to or even more than an hour away in an ambulance. They say Danbury hospital is 17 minutes away. That's AFTER the patient has been stabilized, and IF the ambulance is

there and ready to go. When seconds count, preoccupation at another call, a snow storm, or even rush hour traffic could make the trip up to an hour. If they do close this unit, the Western CT Health Network will seriously regret this when their brilliant idea to cut corners and save money backfires, and a fetal or maternal death provokes a multi million dollar law suit. Closing the birthing center in this town, is a DANGER to expecting mothers in New milford, and so many more in surrounding areas that rely on this unit. (60,000 people total) DO NOT CLOSE THE N.M.H.B.C.

- Kelly Federle NEW MILFORD, CT

imperative community resource

- stacey crosby MARLBORO, NY

Support all the births in the area and my family's jobs

- Michelle Angelina DUMONT, NJ

Women should have a Natural and God given alternative to giving birth other than unnessary C-Sections

- Leslie Anderson WASHINGTON, CT

It is always best to keep small communities happy and to have reasonable travel times in time of need, both my children were born there and thank goodness as would not have made to any other hospital U must start thinking of the people and not the bottom line

- sheryl moynihan KIRKVILLE, NY

I personally know the care this birthday center gives, my two grandchildren were born there and have witnessed the care given....the down home atmosphere to make birthing a natural experience with the love and care of professionals....It would be a shame not to have this.....

- Vicki Sewell AUSTRALIA

My daughter in law works there and loves it.

- Georgette Megyeri NEW MILFORD, CT

My daughter was born there.It was wonderful and it should remain as such

- Kristine Stewart NEW MILFORD, CT

My second daughter was born at this center in 2004. Our first was born at Danbury hospital. The whole experience was wonderful in New Milford. I felt at home \especially when my daughter had to be readmitted due to Jaundice. I was able to arrive every 2.5 hours to nurse her, then drive 7 minutes back home to tend to my 5 year old who was in kindergarten, as well as preparing for Thanksgiving. It would be a sad shame to eliminate such a wonderful facility. Danbury needs to be more like New Milford, not the opposite.

- Bonnie McFarland NEW MILFORD, CT

I live in this community, delivered my child in this hospital, my grandson was born here and I cannot imagine that the hospital is not making some profit. Maybe not as much as they'd like, but they must be profiting. The community and surrounding towns will be deeply and negatively affected if the birthing center is closed. I hope this petition carries some weight, but am afraid that this is just a procedure and formality. Please keep the birthing center at New Milford Hospital open.

- Pamela Osborne WASHINGTON, CT

As the mother of four and grandmother of three, all born at New Milford Hospital I find it very sad to think we could/will lose the birthing center! Not to mention the long established ob/gyn doctors in New Milford and what long range ramifications this will have on their practices.

- Catherine Gardner NEW MILFORD, CT

Danbury and Torrington are too far for some expecting mothers to travel. If I had travel there when my daughter was born, we would not have made it. She would have been born in the car which is dangerous for mother and baby!

- Millie Johnson ROXBURY, CT

I had my daughter at New Milford Hospital in 2010 and had a wonderful experience. The staff were great and really made our time there special. My husband and I would like to continue to

have our children at New Milford and not be forced to move to a larger, and further from home, hospital like Danbury.

- Jennifer Rianahrd NEW MILFORD, CT

I had a c-section and I was able to stay for 5 days. The staff was awesome! It felt like my home away from home. They taught me all of the basics that I needed to know before I brought my baby home. I want to be able to have my next baby there.

- Alexandra Patrick NEW MILFORD, CT

My girls were both delivered via C-section, and I never question the team that guided me through the delivery and the recovery. They all taught me about myself and my abilities to be a mom. They are the best cheerleading team from the start of saying hello.

- jinny brittingham NEW MILFORD, CT

both of my children were born in NEW MILFORD HOSPITAL IN 1978 AND 1980 BEST STAFF EVER! Would hate to see it gone!!!!

- jessica hoyt NEW MILFORD, CT

I had all 3 of my children at New Milford Birthing Center. The atmosphere, nurses and doctors were all spectacular. They were informative and consultative whether it was your first or your third child. By closing this center, would be a great disadvantage to many soon to be mothers in the New Milford/Washington areas. Please do not close it.

- Nancy Meyer NEW MILFORD, CT

I had both my kids here and my experiences were wonderful. Wouldn't have changed a thing.

- richard groski BROOKFIELD, CT

Danbury Hospital has had more deaths of babies and patients in their delivery rooms than they will admit too or get reported to the paper.

If the births in NM Hospital have dropped 9% is this a phenomena that has only happened in this part of the state? What about the Danbury Hospital rate drop?



- JENNIFER CASELLI FODOR NEW MILFORD, CT

This is important to me because I was born in this town, in this hospital. The calm, welcoming, small community feeling is what I was hoping to encounter when it came time for my husband and I to start a family. It's very unfortunate that now I will be herded like cattle in and out of Danbury Hospital--that's if I make it there in time--due to traffic, roadwork, or the flooding that causes the two main roads in and out of New Milford to close consistently. If the birthing center closes, it will be an easy decision, chose any other hospital BUT Danbury.

- Beverly Nickerson NEW MILFORD, CT

it needs to stay open because it is a great place to have a baby danbury is just to far togo when you are in pain we need the family birthing center to stay openi had seven kids at new milford

- theresa coons NEW MILFORD, CT

I had all 5 of my kids in my hometown of new milford why should woman have to go to a different town to have their babies when our hospital and doctors are very well capable and It's A wonderful facility n staff!!

- christian munko NEW MILFORD, CT

I love the one on one care the family birthing nurses and doctors give there. I've also gave birth to all 3 of my children there as well. I love this smallcommunity hospital and we need to keep this unit open. I'm proud to say I've been family birthings house keeper for 5 years now and these woman do an amazing job. They go over and beyond the call of duty. I would hate to see this unit go.

- Rorie Doty NEW MILFORD, CT

My family lives in New Milford and we had our son at the New Milford Hospital's birthing center. I can't even imagine the stress I would have been under if I had to commute between 30-45 minutes from my home to the Danbury Hospital when I was in labor. The B.C. in New Milford does a wonderful job and the services they provide are needed in our community!

- Heather Holland NEW MILFORD, CT

New Milford is my local hospital. I delivered my 2.5 year old there and have nothing but amazing things to say about the birthing center. My OB has been delivering at New Milford for around 30 years and is a great value to the community. I hope to be able to deliver my next child at New Milford as well, this is very important to me

- Carolyn Hyde NEW PRESTON, CT

I live in a surrounding town to NM. I had all 3 of my children there and it was a wonderful experience. If I had to travel farther than NM hospital, let's say to Danbury, it would be a 45 minute drive. Torrington is a half an hour and New Milford 15 minutes. We need this birthing center.

- shaela costello NEW MILFORD, CT

I was born here, as well as had my first baby here. The staff is amazing. It is so personal, and that is something you cannot get these days. Plus, the hospital does help out our town. The question is why would you close it?

- Sarah Sloane NEW MILFORD, CT

I had two of my three children at New Milford Hospital. Their care was amazing and it was nice when I went in this past May to have my daughter I was greeted by the same nurse GERALYNN who assisted in the delivery of my middle child. It was comforting knowing the staff. My first born was delivered at Danbury Hospital...In fact born exactly as they were getting ready for the shift change and EVERYONE WALKED OUT ANA SAID PUSH WE WILL BE RIGHT BACK 20 minutes later my husband at the time had to put on gloves and begin the delivery of our son cause no one was around. I was not a priority and how shameful of that hospital. I WILL NEVER give birth to another child at Danbury Hospital. Please do not close our birthing center!!!!!!

- nicole lilley HOLLIDAYSBURG, PA

birthing centers are a must in hospitals in the northwest corner of ct. with people living so far from hospitals, it is disgusting to not offer options to pregnant women.

- Inga Natoli NEW MILFORD, CT

This birthing center is a wonderful facility and adds alot to our area. I had two fantastic experiences here, and it would be such a shame to lose it.

- alicia tomlinson GAYLORDSVILLE, CT

Both my children were born there and I have one on the way and I will not be going to Danbury.

- tacy coiro LEEDEY, OK

both my children were born in this hospital!!

- Keith Goethner NEW PRESTON, CT

I believe that it is important to have this service available to the residents of the area not only for the parents, but the rest of the family and extended family as well. It's the personality of the service that provides great comfort.

- Amy Dressel NEW MILFORD, CT

I delivered my twin boys there and it was an amazing experience. I was heart broken to hear it would be closing. The nursing staff was incredible overall wonderful.

- angel burke TORRINGTON, CT

I had my twins here ages ago! They were preterm. There were two teams of doctors, on for each baby. They did an excellent job with my delivery and the babies stay over the next two weeks for the problems they had! Keep it open!

- Richard McCormack DANBURY, CT

All my grandchildren were born here with more to come.

- Brian McCormack BROOKFIELD, CT

Because the staff & facilities are excellent! The care & comfort the staff gave my wife & I when having our first child was beyond expectation. Every nurse & doctor treats us patients, like a family member. Not a number; not another job. They care for you like a human being, with compassion.

- Jessica Higgins NEW MILFORD, CT

Because I believe that the expectant mothers of New Milford and the surrounding towns deserve to be able to give birth at the community hospital that is known for patient centered care.

- Adrienne Williams NEW MILFORD, CT

I don't know that I could list all of the reasons that the family Birthing Unit should be kept open, but as a member of this community, as well as an employee of our beloved New Milford Hospital, I find it hard NOT to weigh in here. The Family Birthing Unit at NMH has always delivered top notch, patient-centered care. They go above and beyond, which allows women and their families to have an experience that they might not otherwise receive. As someone who has worked with the amazing staff, as well as experienced them from "the other side of the bed", I can attest that our Family Birthing Unit at NMH is a gem of the community. The hospital itself has attracted people specifically for the patient centered care coupled with a small-town feel. I personally believe, and know others would stand behind me when I say, that the closing of this unit is a great disservice to this community. It only creates fear of the demise of the hospital as a whole. I know that management states that will "never happen", but isn't this how it all begins? NMH is losing everything it stands for since merging. Morale of staff is low, and suddenly it seems as though people are seeking care elsewhere. I am sure that is not a coincidence. I can imagine that it is difficult to run a business like this, and that there are fiscal responsibilities to be met. Then lets find ways to tighten the belt in other areas. Patients don't come to this facility because of new fountains in the lobby or paintings on

the wall, they come for patient centered care. I know that is what the staff prides itself in, and that is what the community has come to expect of us. The Family Birthing Unit has ALWAYS delivered that kind of care. I can only hope that someone actually listens to what people have to say, and that they decide in favor of keeping this unit open. The staff deserves it, future expectant mothers deserve it, and the community in general does as well.

- Amy Omana NEW MILFORD, CT

The Birthing Center at NMH was the most important resource for us as a family. The facility, staff, and convenience saved me in both my difficult deliveries. I can't imagine what would have happened to me had I not had the birthing center right here - local. My family is forever grateful and appreciative of the NMH Birthing Center!

- Rachel Kennedy WINGDALE, NY

I had three children at New Milford Hospital. I loved the personal care that I received and the attention that the staff gave to me, my newborn and my family. Due to my quick labors, I would not have made it to hospital that was any further away. The northwest section of Connecticut and the Eastern side Dutchess County in New York need this birth center! PLEASE keep it open!

- Caroline Fortier NEW MILFORD, CT

I had both of my children at New Milford Hospital. I love the one on one care I received. They make you feel like part of a family and not just a number like in larger hospitals. It would be a tragedy to this community if they close the birthing center.

- Tim O'Keeffe NEW MILFORD, CT

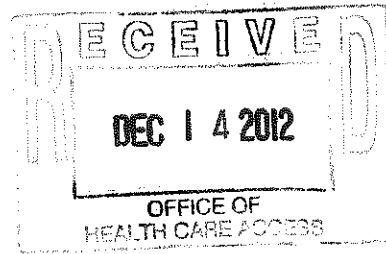
This Center can not be closed

- Nicole Buono WASHINGTON DEPOT, CT

It is the closest hospital. An hour in the car when you're in labor is terrifying.

\* \* \* \* \* **Updated** \* \* \* \* \*

Office of Health Care Access  
Certificate of Need Program  
410 Capitol Avenue  
MS #OHCA  
Hartford, CT 06134



RE: 12-31781-CON

To Whom It May Concern:

There is a very special place in New Milford, Connecticut...a place that made four of the most amazing moments of my life even more amazing....a place that lives in my heart and in the hearts of many, many people....a place that is irreplaceable....

The New Milford Hospital Birthing Center *is that* amazing place. It is where new lives are welcomed into the world with more compassion, skill, caring, and love of any place I know. It makes having a baby at home seem ridiculous because you feel like you ARE at home when you are you are bringing a baby into the world at the New Milford Hospital Birthing Center.

Over thirty years ago, I had my first baby at New Milford Hospital. Dr. Trias, my very skilled and compassionate obstetrician and his staff of nurses warmly greeted and guided me through a wonderful but scary time...the birth of my first child. I was blessed with an amazing team of nurses and doctors. The personal care I received helped me through a new mother's AND a new father's nervousness and fears. The experience is engraved on my heart.

As luck would have it, the second and third births were just as pleasant and efficient as the first. When my third child was coming, thanks to the most amazing nurses who had been there for my first two births, they would not let Dr. Trias go home for dinner as he had planned. Because of their insight, Katelyn was born less than an hour later with my obstetrician there!!! Bringing our other children in to meet their new siblings was also a warm, loving experience, especially for their father who, because of experiences in his life, was very uncomfortable in a hospital setting. But not here...it is different.

How could anyone even conceive of closing such a place? NOTHING can replace it. Oh yes, other hospitals are there and can do what this hospital does, but we are a small town and it deserves a small-town flavor. A place to have the most amazing experience of your life where you live, play and work. A place where there are the most dedicated people I know who also live, work, play and yes, give birth here.

Who would believe that my daughter would also choose Dr. Trias as her obstetrician and New Milford Birthing Center as her hospital? She only heard the wonderful stories of her birth and those of her brother and sister, and wanted her first child (and subsequent children) to be born in a place she knows, with people she knows, in the

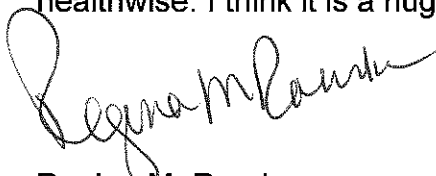
\* \* \* \* \* **Updated** \* \* \* \* \*

town she knows. Seeing our first grandchild's birth in the place we know so well, seeing our daughter cared for in the most compassionate and skilled way, is an experience beyond explanation. Watching the same doctors and nurses take care of them, doctors and nurses who were there when she was born (along with new nurses who showed the same compassion and dedication) was amazing. Bringing my 95-year old mom to hold her brand new great-grandson (for the second time as we brought her to see her great granddaughter born there 17 months earlier), and seeing the thrill and excitement in her eyes is not going to be a possibility at any other hospital. The thought of not having this experience again is heartbreaking.

So now what? Oh, yes, I heard that the Emergency Room personnel will be given a two-week course to deal with births. That is the worst part of this whole thing. The New Milford Hospital Emergency Room is terrible. In the 34 years we have lived in New Milford, our family has frequented this Emergency Room many times. How many times we were misdiagnosed is despicable. My husband was sent home with a blood clot in his leg! He could have died! On another occasion he was sent home with "gas pains" only to have to be brought back there the next day by ambulance—totally avoidable! My daughter was sent home with a broken arm! Are you kidding me? These are the people you are entrusting with new lives? What a terrible decision. Two weeks of training would not even touch the disfunction of that ER. To close the successful birthing center to expand a disfunctional Emergency Room makes no sense whatsoever!

Not to mention the distance to other hospitals! What about traffic? Both routes 7,84 and 202 are often stopped due to traffic! What is the point when you have a full-functioning hospital at your doorstep to have to drive ½ hour to 1 hour to a hospital? If there wasn't a hospital here already, that would be one thing, but really? How ridiculous!

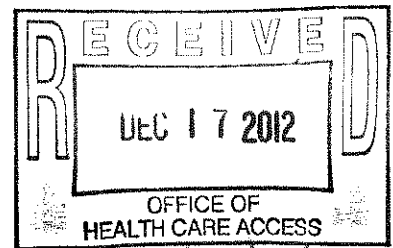
I implore you to look into this further. Dollar and sense wise is not always better healthwise. I think it is a huge mistake to take this wonderful place away....



Regina M. Rourke  
17 Maplewood Drive  
New Milford, CT 06776

***Addendum: It was reported in the Republican American that C-section babies are not included in the count of births because they are considered a surgical procedure. That would be a shame. My grandson, my great-neice, and many other babies we know that were BORN at New Milford Hospital Birthing Center were all C-section babies and not added in the birth count. If that is true, you may not be getting real numbers. I guess they weren't born but maybe hatched.***

# 12-31781-CON



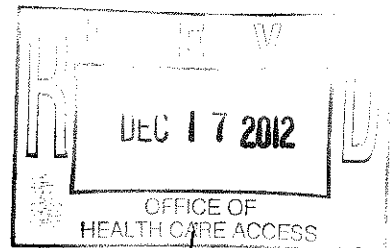
The entire area around New Milford Hospital is filled with sadness and a sense of fatalism that there is nothing we can do to save our birthing unit, that the good guys never win. The employees and communities have been told since January 2011 that this was a "done deal", that the state always sides with the big hospital. Nonetheless, there are a few points we'd like to make:

This is not a case where there was a problem + closing the unit was the only viable solution. This is a case where 2 birthing units were rivals for years. This started with the desire to close New Milford's Family Birthing Unit + they worked backwards from there looking for ways to justify it. They hired a "consultant" who had stated he believes all small hospitals should be closed, + indeed, he's closed 11 of the 11 he's consulted on. The press printed that we were closing a year ago, causing some people to change Drs. They printed that they were down by 30 deliveries, instead of 3. Beginning some time in 2011, the hospital was not allowed to hire needed nurses. On many, many shifts, maternity nurses worked in other departments but the birthing center was billed for those nursing hours, making the deficit much worse than it, in reality, was. Another + baby lives that were saved that never could have been stabilized + ~~not~~ mentioned sent to Danbury, were not mentioned. The fact that anesthesiologists are not always on site, but the fact that in bad weather they stay next door at The Homestead Inn, was not mentioned.

The fact that most obstetrical emergencies do not start at the hospital + that it may take 30 minutes to get to N.M.H., another 10-60 minutes to get the patient into an ambulance and then another 20-60 minutes to get to Danbury - not mentioned.

The wonderful safety record of New Milford's FBC has not been mentioned. And, since there is not all the ancillary help that





Danbury has, F.B.C. nurses are more experienced in more areas of labor + delivery + emergencies.

Also, the paper printed that the town meeting was on Dec. 3, so many people who planned to attend missed it. These people were told that they have 2 weeks to write, but this is the Christmas season, so much of this mail will probably not reach you in time.

Nonetheless, we are still hoping you'll do the right thing. Are you ready to look in a mother's face the first time a baby dies because the birthing center is not there? Are you ready to explain to a grieving family why you were willing to take a chance with their mother's life?

Sincerely,

Amanda Smith  
Aaron Gobenki  
Melissa LaCay

Litchfield, CT

then it's time to get back to v. order — but

## Worried over fate of birthing center

It seems that the greater powers that be have already made their decision, but I still felt it was important to highlight the miracles that are performed at the Birthing Center at New Milford Hospital.

In July of 2006, at 33 weeks pregnant, I was rushed by a friend to New Milford Hospital and my twin girls were born less than 19 minutes later.

I had placenta previa and was bleeding out. I know the stars were aligned in so many ways that day. They were already set up for a C-section, my OB was there and so was at least one pediatrician.

Dr. Trias and the nurses in the Birthing Center are the reason the girls are

healthy kindergartners and I have gotten to see them grow. It frightens me to think of another woman in the same condition that will not get the same opportunity.

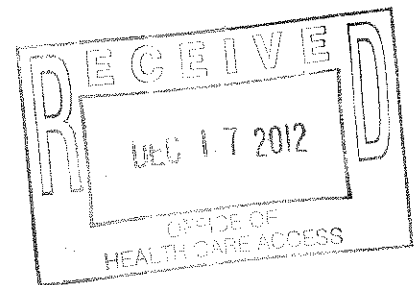
A trip to Danbury Hospital — *if* there was an ambulance and a qualified team ready to make the 25-minute trip — may have been too long.

I understand that a hospital is a business to make money, but what about their patients? I hope that the people making this grave decision do not have a pregnant sister or wife who needs immediate care in our community in the near future.

**Aimee Barrett**  
New Milford

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## loss of hospital birthing center

8, 2012

I am truly dismayed over the possibility of the closing of New Milford Hospital's birthing Center.

The hospital and its facilities have been a draw for young families moving into the area for many years. The residents of New Milford and the surrounding towns have supported New Milford Hospital and its physicians for decades. Now it is the hospital's turn to support our communities. Our young families deserve this.

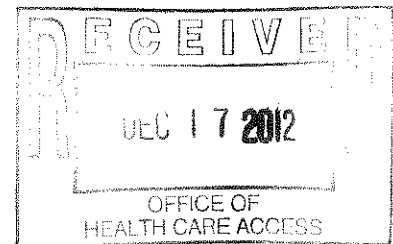
I would also be concerned that the ob/gyn doctors will move closer to Danbury Hospital, leaving New Milford with even more empty office space. I foresee a decline in the quality of our lives if this happens. If the hospital has to run the birthing center in the red, well so be it.

Please ... keep the birthing center. Stay open.

I urge you, the readers, to write to the V.P. and executive director or the hospital, Deborah Weymouth, expressing your views. Help save your Birthing Center.

Gail Cowser

New Milford



## Distressed by possibility of birthing center closing

The news New Milford Hospital is possibly closing the birthing center is very bad on many accounts.

First, since its inception, New Milford Hospital has been a community hospital providing care to the community.

Now something so natural as giving birth could require a trip to Danbury.

This impacts New Milford in many ways. The town is now less desirable as a place to live.

Jobs are sacrificed. Doctors not wanting to commute leave the town. Husbands and others find it more difficult to visit. Visitors buy their flowers elsewhere and eat at a Danbury restaurant.

You get the drift.

Another consideration is the fact

the first experience young adults have with a hospital is their first child. Babies are a miracle and wonderful, so the couple relates that to the hospital where the baby was born.

When subsequent health issues occur, the couple remembers the positive experience at the hospital where the baby was born and they go back.

But perhaps even more compelling is why can't New Milford Hospital have a birth center?

Statistics show a very high percentage of health care costs are consumed by the elderly. Is that why the hospital is willing to spend \$10 million for renovations to emergency and intensive care?

Is the reason Danbury Hospital is so much better because it has neonatal care? That means it is a safer

place for Caesarian deliveries.

Does that also mean mothers are reassured about the dangers of Caesarian births because they will deliver in a safer place?

There is a lot that is wrong with health care.

Doctors and hospitals need to be protected by ridiculous amounts awarded in lawsuits for starters. The hospital should spend time and money changing the system.

Closing the birthing center will have a snowballing effect not only on the hospital but the town of New Milford and all surrounding towns.

Unfortunately, the message is the hospital no longer cares about the community.

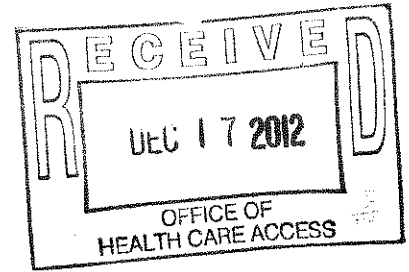
**Sally Rinehart**  
New Milford



Office of Health Care Access

Certificate of Need Program

410 Capitol Ave., MS#OHCA, Hartford, CT 06134.



Correspondents are asked to refer the letters to application 12-31781-CON

Subject: Proposed Closing of New Milford Birthing Center, Application # 12-31781-CON

To: Whom it may concern

FROM: Merima Trako, concerned New Milford resident

Dear Sir or Madam:

I am writing to you to urge you to keep the New Milford Hospital Birthing Center operational and open. I would also urge you to convince Western Connecticut Medical Group to invest in this service instead of cutting it completely.

New Milford is a town of growing population. By area is one of the largest towns in Connecticut with a room to expand and grown in the future. Population is expected to grow as new young families are moving to our town. New expansion of retail spaces along the Route 7 is a clear indication of what our town is expected to see in the future.

Danbury Hospital is already a hospital with an overcrowded facility. Danbury population is also expected to grow and I fear that by moving all the births from the New Milford Hospital to the Danbury Hospital is a cause for concern. Level of service will drop and safety and care of new mothers will be compromised. We all know these things happen in overcrowded hospitals where staff is expected to work long hours and do more than they can handle.

The truth is that an organization like Western Connecticut Group is looking more to improve their profits and even though they claim that the level of service will not be compromised, we all know how overcrowded hospitals are ranked in the major large cities. Their safety record is not the greatest and most people, if they can choose, will choose smaller hospitals with more personal care.

The Western Connecticut Group has claimed that New Milford mothers have chosen Danbury over New Milford Hospital in the past. I know that because of high rise of high risk pregnancies Danbury Hospital is a better alternative because of its NICU facility. However, instead of cutting the Birth Center services in New Milford, adding a NICU facility would be a better solution. This will draw more families to its facility and increase the birth rate in the New Milford Hospital.

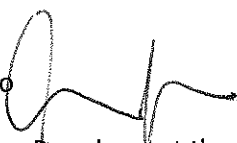
This is somewhat a reverse way of thinking for the big corporations. Invest in something they claim is losing money, but this is a risk I think they need to take to take care of the growing population of the Town of New Milford.

Your ultimate responsibility as the reviewers of this application is to protect us, new potential mothers of New Milford. We are asking you to consider the safety of our population, the care we are going to get if we move to Danbury, physicians and staff that we will lose if this move happens.

I am personally very saddened by the news. I delivered both my children at the New Milford Hospital via cesarean section. Doctor Sussman and their staff took care of us like we were family. We were comfortable, we felt safe and cared for. All of them were professional and they did their jobs in the best possible way. My pregnancies were not considered high risk and maybe if they were I would have had to opt for Danbury Hospital but I would never have chosen a Danbury Hospital in any case if the New Milford Hospital had a NICU unit for any reason.

I urge you to say no to the profit making machine. I urge you to say yes to the needs of the people that call New Milford home. This is a plea for our safety, or growth perspective and the plea for what is right versus how much money it costs.

Merima Trako

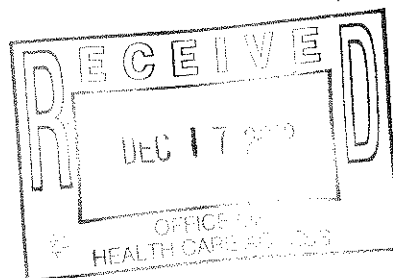


Mother of Two Boys born at the New Milford Hospital

9 Sterling Drive

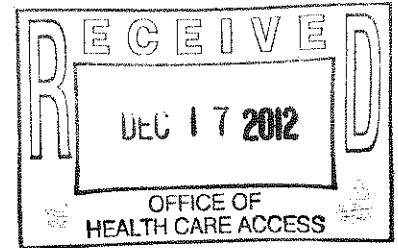
New Milford, CT 06776

860-210-0463



Application 12-31781-CON

December 8<sup>th</sup> 2012



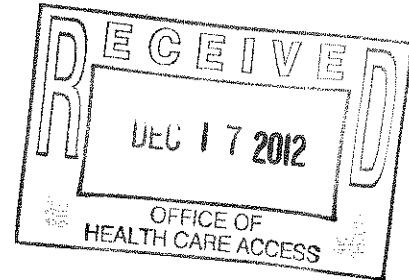
To whom it may concern:

For a town that has prided itself in supporting and encouraging us to shop local and support our local businesses I was appalled, shocked and disheartened to hear that New Milford Hospital was almost definitely closing their birthing center. This hospital has not only provided the most excellent in birthing care to its residents but also a home to so many talented nurses and doctors. I personally had my daughter Savannah and son Noah delivered at New Milford by the most exceptional doctor in this world, Dr Trias. The way he practices and the care that he expects his patients to receive will be ruined, dismantled and be a thing of the past once we are rerouted to Danbury or Sharon. I mean what town that's as big as ours doesn't have their own birthing center? Whether this is money, greed, corporate decision I don't know what but it's going to be a pretty bad blow to all of our doctors, faithful nurses and staff, and local parents who plan to have more children and are used to such hospitable care. I will say that my husband and I DO plan on more children and REFUSE to go to Danbury hospital and very reluctant to drive all the way to Sharon. The care at Danbury you might as well refer to as take a number and in and out service. How devastating! This is pretty much the opinion of the entire community as well. I've spoken to numerous mothers and mothers to be as well as contacted the local papers and news stations. They all say the same thing...REALLY?? I hope this letter can make an impact on the decision to close our birthing center, our next closest thing to home. I've never been treated better in my life than there with all of those woman, MY doctor not an intern and NOT a learning student! We are not a city. We are a close knit town who expect hometown care not city care which is why we live here and not in Danbury. On another note where will all of our wonderful nurses work? Not Danbury. To my knowledge no jobs have been offered to any of these outstanding ladies. You just cant get this kind of care nor can you ever attempt to replace or recreate it anywhere else. I hope that the right thing can be done here and we can all fight to keep our hospital's birthing center open.

Sincerely,

Katharine Pileggi  
New Milford Resident/Mom

December 13, 2012



Dear Mr. Hansted,

We are writing to share our concern and disagreement with the closing of the New Milford Birthing Center. We had our son in May of this year at New Milford Hospital. We were blown away by the care and service provided. Each and every nurse was kind and knowledgeable. We felt so at ease when we were there. Being first time parents, they volunteered their time and experience to help us become comfortable with having a child. As soon as we walked in the ER, they already had us registered and a birthing room was ready for us. We felt that at every stage of labor they were kind, compassionate, understanding, and instructive. We felt like we were the only ones there. They checked in multiple times each hour and made the entire process easier. We did not want to leave when we were discharged.

We truly believe that we would have been a number at Danbury Hospital. I could not even imagine the ride to get there. Closing this center would be a disservice to this community. It is appalling that those women are not being offered another job. For them to not be working in maternity is very sad. If we are to have a second child, I will not be going to Danbury Hospital.

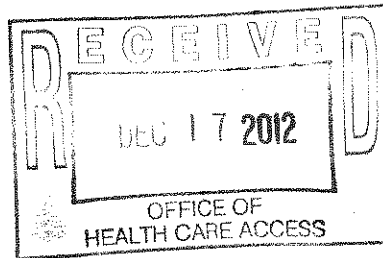
Please reconsider and keep this center open.

Kelly and Kevin Capobianco

Application 12-31781-COV



Katrina C. Gibbons  
1145 A New Litchfield St.  
Torrington, CT  
06790  
860-387-5610



March 3, 2012

Dear Ms. Weymouth,

I am writing this letter in support of the amazing staff members that serve your Birthing Center. In October of 2011 I gave birth at NMH. I am a resident of Torrington, but chose to drive the 30 mins to your facility based on the advice of multiple friends and co-workers. They couldn't have been more right! The experience was amazing. I was treated with the utmost kindness and respect. The Nurses were supportive, informative, caring and each had a lovely humorous bedside manner which put my husband and myself at ease. They felt like family.

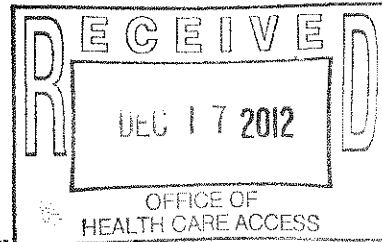
In addition the food was consistently delicious, and well prepared. The facility was impeccably clean. My Obstetrician Dr. Sussman was fantastic. He took the time to bring my Son down to me as I was transferred from Surgery to Recovery for an amazing moment of bonding. Dr. Abeu calmed my nerves during my Ceasarean, and later visited our room several times to ensure we were doing well.

I do hope that this letter may serve to persuade you in some small way to keep the NMH Birthing Center running. I hope to be a repeat customer sometime in the few years! Please feel free to share this letter with others, even publicly if necessary. If you would, please remove my contact information beforehand. Thank you for your time.

Sincerely,

*Katrina Gibbons*  
Katrina C. Gibbons

December 14<sup>th</sup>, 2012



To Whom It May Concern:

Thank you for taking the time to look over this petition. These are the signatures and comments as of 4pm on Friday afternoon. The petition is still in progress and ongoing signatures and comments may be made but this is the last of what I will be sending your way. I truly hope you look over these signatures and comments carefully. Thank you so much for you time.

If you would like to visit the site of the petition, please go to the link below:

<https://www.change.org/petitions/western-connecticut-health-network-keep-the-new-milford-hospital-birthing-center-open-2>

If you have any questions, please feel free to get in contact with me at

[lindseymrourke@gmail.com](mailto:lindseymrourke@gmail.com)

or

203-482-6389

Thank you so much for your time.

Sincerely,

A handwritten signature in cursive script that reads "Lindsey M. Burk".

Lindsey Burk

Addendum: Friday, December 14<sup>th</sup>, 2012

These are the comments left with the signatures since Tuesday, December 11<sup>th</sup>, 2012. If you would like to view them on the website, please visit:

<https://www.change.org/petitions/western-connecticut-health-network-keep-the-new-milford-hospital-birthing-center-open-2>

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- [Andrea Rush](#) NEW MILFORD, CT  
A local (within 10 miles) birthing center is a comfort for parent to be with innumerable questions and fears
- [sharon engle](#) NEW MILFORD, CT  
Cause my kids and grandkids where born there
- [robin oviatt](#) NEW MILFORD, CT  
I had my children there and it was an awesome experience. The nurses are wonderful.
- [Catherine Koeppel](#) DANBURY, CT  
I was born in New Milford hospital in 1986. I just bought my first house in New Milford and intend on having children someday soon. While I have no problems with Danbury Hospital, it is nice to have a birthing center in the Northwest region of the state.
- [Rick Moreau](#) NEW MILFORD, CT  
We need this facility so our childrens, children can be born here in New Milford.
- [Dewah Smith](#) VOLUNTOWN, CT  
Expecting mothers shouldn't have to worry about traveling to have their babies!!
- [Kari Shaw](#) NORWOOD, MA  
I was born in this hospital.
- [Michelle Trezza](#) NEW MILFORD, CT  
I gave birth to my daughter there and it was a wonderful experience!

- Courtney (Shaffer) Lindabury GAYLORDSVILLE, CT  
A mother in labor should not have to travel 30+ minutes to get to a hospital to have her baby. It isn't safe, it isn't smart and W.C.H.N. should be ashamed of themselves for doing this!
- Andrea Russell NEW MILFORD, CT  
I had both my children in this hospital and people in the town should not have to travel to Danbury, Torrington or Sharon to have their baby.
- Jennifer Ramey NEW MILFORD, CT  
I had my daughter here five years ago and it was close, nice and let more people in then Danbury allows.
- SHANNON CHILDS NEW MILFORD, CT  
I delivered both my children at NMH most recently as this past September. I kept my fingers crossed my entire pregnancy that the birthing center would not close prior to my due date and fortunately it did not. I had the option to deliver at Danbury if I wanted but declined because of the wonderful experience I had the first time around. I was able to have my family present in the delivery room during the birth of my son and the first grandchild. It was important to me that my family be able to be present during the delivery of my second child as well and more importantly I wanted my son who was 2 1/2 to be present when his new sibling arrived and he was and it made the experience that much more memorable for my husband and I. My son was able to meet his little sister moments after she was born and experience all the excitement with us. My OBGYN said I was lucky to deliver here again because the next time I would have deliver at Danbury and my family would not be allowed in the room. Something he didnt agree with nor like. He stated the rules are stricter than necessary and the staff less friendly and accomodating. Even he preferred to deliver at NMH. I work at Yale a level 1 trauma setting and a teaching hospital. I work with residents all day long and the last thing

I wanted during my labor process was a series of residents practicing their skills on me. This is why I chose my small community hospital for its family center care.

- Deanne Artese NEW MILFORD, CT  
there is no other place like it!
- Tim Fitzgerald NEW MILFORD, CT  
It's an excellent value to the community
- Stephanie Trzyna DANBURY, CT  
It is a lot to ask a woman in labor to drive 30 minutes to Danbury or 30 minutes to Sharon. There is no reason to close the birthing center.
- Wendy Getchell NEW MILFORD, CT  
I had given birth here to all of my sons
- Mia Quigg NEW MILFORD, CT  
As a nurse that has worked in the New Milford Hosp. Family Birthing Center and delivered my children there, I could not imagine other women not being able to have that same experience. The nurses truly give you the support and care that you need. In larger hospitals (and I have witnessed this many times) patients feel like numbers being rushed in and out of the facility. At New Milford Hosp. I believe the families get the teaching and care they need to be able to go home and feel comfortable/confident in taking care of their newborn. Please keep the Family Birthing Center open. It is much needed and so family oriented!
- Claudia Parisi NEW MILFORD, CT  
When we were moving to new Milford I was in my 8th month of pregnancy. The decision to move within 3 miles of a health care center that could handle any complications was paramount in that decision. The family birthing center in New Milford is a jewel..and gives young families confidence that their healthcare needs will be met within their community.

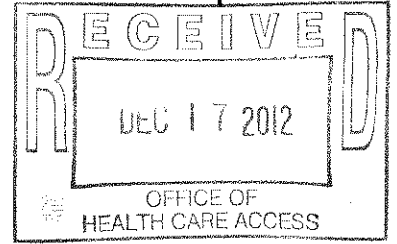
- Jennifer Chandler NEW MILFORD, CT

I had a wonderful experience giving birth to both of my children in New Milford. It is extremely important to keep this option open for the women of this area.

change.org

- 503 signatures

12/14/2012 4pm



To: Western Connecticut Health Network

Subject: **Keep the New Milford Hospital Birthing Center Open**

Letter: Greetings,

Keep the New Milford Hospital Family Birthing Center Open

# Signatures

<b>Name</b>	<b>Location</b>	<b>Date</b>
Lindsey Burk	New Milford, CT	2012-12-05
Marsha Doran	Morris, CT, United States	2012-12-05
Mary Burnham	Newtown, CT, United States	2012-12-05
Jeremy Potter	New Milford, CT, United States	2012-12-05
Drew Lawrenia	New Milford, CT, United States	2012-12-05
Birgit Riepe	Tower Lakes, IL, United States	2012-12-05
Kristen Backus	Bethel, CT, United States	2012-12-05
Laura Rack	New Milford, CT, United States	2012-12-05
Nicole Buono	Washington Depot, CT, United States	2012-12-05
Jennifer Gonch	New Milford, CT, United States	2012-12-05
Jennifer Lathrop	Brookfield, CT, United States	2012-12-05
Weston Burk	New Milford, CT, United States	2012-12-05
Gavin Rjepe	Tower Lakes, IL, United States	2012-12-05
Sandra Violette	New Milford, CT, United States	2012-12-06
Jeannette Finney	Bethel, CT, United States	2012-12-06
Tim O'Keeffe	New Milford, CT, United States	2012-12-06
heather johnson	NORTH STONINGTON , CT, United States	2012-12-06
Tabitha Johnson	New Milford, CT, United States	2012-12-06
Keiko Yoshida	New Milford, CT, United States	2012-12-06
Sarah Taranto	New Milford, CT, United States	2012-12-06
Caroline Fortier	New Milford, CT, United States	2012-12-06
Jennifer Clark	New Milford, CT, United States	2012-12-06
Morgan Haas	New Milford, CT, United States	2012-12-06
Alice Taylor	New Milford, CT, United States	2012-12-06
Kate Martin	New Milford, CT, United States	2012-12-06
Meg Forno	New Milford, CT, United States	2012-12-06
Meredith Potter	New Milford, CT, United States	2012-12-06
Sarah Geary	New Milford, CT, United States	2012-12-06
Martha Brunsman	San Diego, CA, United States	2012-12-06
Helen McCormack	Brookfield, CT, United States	2012-12-06



<b>Name</b>	<b>Location</b>	<b>Date</b>
Jessica Bittner	New Milford, CT, United States	2012-12-06
Loey McBreairty	Brookfield, CT, United States	2012-12-06
Jen LaCava	New Milford, CT, United States	2012-12-06
Jennifer Cahalan	New Milford, CT, United States	2012-12-06
amanda mullen	New Milford, CT, United States	2012-12-06
Bridget Lafantano	New Milford, CT, United States	2012-12-06
Evelyn Anderson	New Milford, CT, United States	2012-12-06
Rachel Kennedy	Wingdale, NY, United States	2012-12-06
Kim Dos Santos	New Milford, CT, United States	2012-12-06
Jenn Lee	New Milford, CT, United States	2012-12-06
Janelle Mason	Sandy Hook, CT, United States	2012-12-06
Laura Rissolo	New Milford, CT, United States	2012-12-06
Amy Omana	New Milford, CT, United States	2012-12-06
Richard Lake	Mt. Prospect, IL, United States	2012-12-06
Donna Aleksandrowicz	New Milford, CT, United States	2012-12-06
Karen Pavlik	New Milford, CT, United States	2012-12-06
Becky Farrell	New Milford, CT, United States	2012-12-06
Adrienne Williams	New Milford, CT, United States	2012-12-06
Jessica Higgins	New Milford, CT, United States	2012-12-06
Christine Santos	Plainville, CT, United States	2012-12-06
Brian McCormack	Brookfield, CT, United States	2012-12-06
Denise Trach	New Milford, CT, United States	2012-12-06
Richard McCormack	Danbury, CT, United States	2012-12-06
angel burke	torrington, CT, United States	2012-12-06
Nancy Benvenuti	New Milford, CT, United States	2012-12-06
Chad LaPoint	New Milford, CT, United States	2012-12-06
Anne Zapletal	New Milford, CT, United States	2012-12-06
Cristina Perna	New Milford, CT, United States	2012-12-06
Christine Seibold	New Milford, CT, United States	2012-12-06
Joyce LaCava	Warren, CT, United States	2012-12-06
Melissa Olson	New Milford, CT, United States	2012-12-06
Kathy Henkel	New Milford, CT, United States	2012-12-06

<b>Name</b>	<b>Location</b>	<b>Date</b>
holly clarke	New Milford, CT, United States	2012-12-06
Katie Blake	Naugatuck, CT, United States	2012-12-06
Katie DiCesare	New Milford, CT, United States	2012-12-06
Jessica McCusker	New Milford, CT, United States	2012-12-06
Megan Pane	New Preston Marble Dale, CT, United States	2012-12-06
Brian Jackson	Newtown, CT, United States	2012-12-06
Meegan Buckley	New Milford, CT, United States	2012-12-06
Jacqueline Dean	Windsor, CT, United States	2012-12-06
Eileen Moses	New Milford, CT, United States	2012-12-06
Matt Rissolo	washington depot, CT, United States	2012-12-06
Dale Glaser	New Milford, CT, United States	2012-12-06
Jennifer Calhoun	Litchfield, CT, United States	2012-12-06
Michelle Miller	Roxbury, CT, United States	2012-12-06
Kimberly Kisling	New Milford, CT, United States	2012-12-06
Amy Dressel	New Milford, CT, United States	2012-12-06
Amy Crookshank	New milford, CT, United States	2012-12-06
Kathy Thomas	New Milford, CT, United States	2012-12-06
Greer Hawley	Sherman, CT, United States	2012-12-06
Rachel Oster	Rhinebeck, NY, United States	2012-12-06
Erin Boothby	New Milford, CT, United States	2012-12-06
Keith Goethner	New Preston, CT, United States	2012-12-06
Leila Stepankiw	New Milford, CT, United States	2012-12-06
Dawn Stoops	Sharon, CT, United States	2012-12-06
Karen Reed	New Milford, CT, United States	2012-12-06
Jennifer Lichwick	Poughkeepsie, NY, United States	2012-12-06
jennifer coons	New Milford, CT, United States	2012-12-06
william coons	New Milford, CT, United States	2012-12-06
Pamela Fox	New Milford, CT, United States	2012-12-06
tacy coiro	leedey, OK, United States	2012-12-06
Steven Coons	New Milford, CT, United States	2012-12-06
Robert Balun	Port Chester, NY, United States	2012-12-06
Alicia Tomlinson	Gaylordsville, CT, United States	2012-12-06

<b>Name</b>	<b>Location</b>	<b>Date</b>
Jennifer Pote	New Preston, CT, United States	2012-12-06
Inga Natoli	New Milford, CT, United States	2012-12-06
nicole lilley	hollidaysburg, PA, United States	2012-12-06
Tori Paul	Washington Depot, CT, United States	2012-12-06
Jessica Ryan	New Milford, CT, United States	2012-12-06
Sarah Sloane	New Milford, CT, United States	2012-12-06
Amy Torosyan	New Milford, CT, United States	2012-12-06
Kristen Lundberg	Warren, CT, United States	2012-12-06
Patricia Rissolo	New Milford, CT, United States	2012-12-06
Mariah Adin	MONTGOMERY, NY, United States	2012-12-06
shaela costello	new milford, CT, United States	2012-12-06
Tina Gardner	Kent, CT, United States	2012-12-06
Carolyn Hyde	New Preston, CT, United States	2012-12-06
Stephanie Vogt	New Milford, CT, United States	2012-12-06
tara feeney	goshen, CT, United States	2012-12-06
Megan Burns	New Milford, CT, United States	2012-12-06
Heather Holland	New Milford, CT, United States	2012-12-06
Sarah Cipolletti	New Milford, CT, United States	2012-12-06
Eileen McCormack	New Preston, CT, United States	2012-12-06
Molly Hearn	Roxbury, CT, United States	2012-12-06
Barbara cheney	washington depot, CT, United States	2012-12-06
Kristen Vogt	New Milford, CT, United States	2012-12-06
Melissa Mazur	manchester, CT, United States	2012-12-06
Launa Goslee	Litchfield, CT, United States	2012-12-06
Stephanie Pascual	New Milford, CT, United States	2012-12-06
Tammy Rill	Washington, CT, United States	2012-12-06
Rorie Doty	New Milford, CT, United States	2012-12-06
christian munko	New Milford, CT, United States	2012-12-06
judy velazquez	new milford, CT, United States	2012-12-06
Wendy Toth	New Milford, CT, United States	2012-12-06
Sarah Belanger	Bantam , CT, United States	2012-12-06
ann marie mcgrath	Bantam, CT, United States	2012-12-06

<b>Name</b>	<b>Location</b>	<b>Date</b>
Bevyn Lowe	New Milford, CT, United States	2012-12-06
Stephanie Osborne	Roxbury, CT, United States	2012-12-06
Melissa Bernardi	New Milford, CT, United States	2012-12-06
eileen hearn	Washington, CT, United States	2012-12-06
theresa coons	New Milford, CT, United States	2012-12-06
Michelle Jewell	New Milford, CT, United States	2012-12-06
Lauren Vicente	Bristol, CT, United States	2012-12-06
lynn rajic	Brookfield, CT, United States	2012-12-06
Beverly Nickerson	New Milford, CT, United States	2012-12-06
Mandi DiFronzo	Washington, CT, United States	2012-12-06
Lauren Murphy	New Milford, CT, United States	2012-12-06
Lisa Williams	Washington, CT, United States	2012-12-06
mary aragi	New Preston, CT, United States	2012-12-06
Kristine Cheney-Haskell	New Preston, CT, United States	2012-12-06
aurora velazquez	New Milford, CT, United States	2012-12-06
heavenleigh velazquez	New Milford, CT, United States	2012-12-06
linda coons	new preston, CT, United States	2012-12-06
Laura Muckerman	New Milford, CT, United States	2012-12-06
Cathy Fitzgerald	Sandy Hook, CT, United States	2012-12-06
Amy DA	Kent, CT, United States	2012-12-06
Patti Anderson	Washington, CT, United States	2012-12-06
JOE FODOR	KENT, CT, United States	2012-12-06
Melissa Desmond	Warren, CT, United States	2012-12-06
Aisha Elm	Hamden, CT, United States	2012-12-06
JENNIFER CASELLI FODOR	NEW MILFORD, CT, United States	2012-12-06
Lynn Peet	Gaylordsville, CT, United States	2012-12-06
Richard Groski	brookfield, CT, United States	2012-12-06
Yvonne Lowe	Auckland, New Zealand	2012-12-06
Laura Blais	Watertown, CT, United States	2012-12-06
jennifer nowinski	new milford, CT, United States	2012-12-06
lori nowinski	New Milford, CT, United States	2012-12-06
Channon Elzea	New Fairfield, CT, United States	2012-12-06

<b>Name</b>	<b>Location</b>	<b>Date</b>
Nancy Meyer	new Milford, CT, United States	2012-12-06
Susan Hill	Danbury, CT, United States	2012-12-06
Jennifer Guerrin	Rocky Hill, CT, United States	2012-12-06
Elizabeth Morsey	New Milford, CT, United States	2012-12-06
Amanda Falk	Waterbury, CT, United States	2012-12-06
jessica hoyt	new milford, CT, United States	2012-12-06
Joe Rocky	Brookfield, CT, United States	2012-12-06
Deborah Jewell	New Milford, CT, United States	2012-12-06
Alescia Baldwin	New Milford, CT, United States	2012-12-07
ROSE LUIZZI	brookfield, CT, United States	2012-12-07
Jennifer Sewell	New Milford, CT, United States	2012-12-07
bob parker	St Augustine, FL, United States	2012-12-07
jinny brittingham	new milford, CT, United States	2012-12-07
kimberly sturino	New Milford, CT, United States	2012-12-07
Susan Kaul	New Milford, CT, United States	2012-12-07
Alexandra Patrick	new milford, CT, United States	2012-12-07
Jennifer Rianahrd	New Milford, CT, United States	2012-12-07
Irene Eid	Plymouth, CT, United States	2012-12-07
Sarah Lamm	Danbury, CT, United States	2012-12-07
ryan nichols	Brookfield, CT, United States	2012-12-07
Lorraine Spinetti	New Milford, CT, United States	2012-12-07
Millie Johnson	Roxbury, CT, United States	2012-12-07
Heather Badaracco	New Milford, CT, United States	2012-12-07
Catherine Gardner	New Milford, CT, United States	2012-12-07
Ali Damon	Washington, CT, United States	2012-12-07
Pamela Osborne	Washington, CT, United States	2012-12-07
Denise Groski	Danbury, CT, United States	2012-12-07
Bonnie McFarland	New Milford, CT, United States	2012-12-07
Paige Groski	Danbury, CT, United States	2012-12-07
Andres Jimenez	Danbury, CT, United States	2012-12-07
Alyssa Groski	Danbury, CT, United States	2012-12-07
Kristine Stewart	New Milford, CT, United States	2012-12-07

<b>Name</b>	<b>Location</b>	<b>Date</b>
Timothy Groski	Danbury, CT, United States	2012-12-07
Merima Trako	New Milford, CT, United States	2012-12-07
Amy Obolewicz	danbury, CT, United States	2012-12-07
Georgette Megyeri	New Milford, CT, United States	2012-12-07
kate lawrence	New Milford, CT, United States	2012-12-07
Nelson Torres	Fort Worth, TX, United States	2012-12-07
Donna Foley	Redding, CT, United States	2012-12-07
Vicki Sewell	Australia	2012-12-07
Regina Rourke	New Milford, CT, United States	2012-12-07
Lori Schneider	new milford, CT, United States	2012-12-07
Robbin Davies	Ringoes, NJ, United States	2012-12-07
Patricia Terry	New Milford, CT, United States	2012-12-07
sara osborne	Washington, CT, United States	2012-12-07
Valerie Walsh	New Milford, CT, United States	2012-12-07
Barbara Talbot	Washington, CT, United States	2012-12-07
Meghan Hogan	Bethel, CT, United States	2012-12-07
Breigh McCrain	New Milford, CT, United States	2012-12-07
sheryl moynihan	Kirkville, NY, United States	2012-12-07
Jeannine and Harold Usher	NEW MILFORD, CT, United States	2012-12-07
Sue Pullen	new Milford, CT, United States	2012-12-07
Michael Finney	Bethel, CT, United States	2012-12-07
Jason Rissolo	New Milford, CT, United States	2012-12-07
Leslie Anderson	Washington, CT, United States	2012-12-07
Patricia Tulinski	New Milford, CT, United States	2012-12-07
Carmen Creighton	New Milford, CT, United States	2012-12-07
Kathryn Golembeski	New Milford, CT, United States	2012-12-07
Courtney Elias	Norwalk, CT, United States	2012-12-07
Allison Sammel	Danbury, CT, United States	2012-12-07
Barbara Brickley	New Milford, CT, United States	2012-12-07
Pat Schlemmer	New Milford, CT, United States	2012-12-07
Elizabeth Leto	New Milford, CT, United States	2012-12-07
Christine Laedke	New Milford, CT, United States	2012-12-07

<b>Name</b>	<b>Location</b>	<b>Date</b>
Christine Shaw	Branford, CT, United States	2012-12-07
Jessica Holding	New Milford, CT, United States	2012-12-07
Jan Erhart	Gales Ferry, CT, United States	2012-12-07
Donna Castro	New Milford, CT, United States	2012-12-07
Michelle Angelina	Dumont, NJ, United States	2012-12-07
leanne krebs	Clyde, NC, United States	2012-12-07
Susan Daniels	Sherman, CT, United States	2012-12-07
nancy swallow	bethel, CT, United States	2012-12-07
carissa goetz	ronkonkoma, NY, United States	2012-12-07
valerie schmidlin	new milford, CT, United States	2012-12-07
stacey crosby	Marlboro, NY, United States	2012-12-07
Janese Gangell	New Milford, CT, United States	2012-12-07
Sean Delaney	New Milford, CT, United States	2012-12-07
Katelyn Rourke	New Milford, CT, United States	2012-12-07
Joanne Chapin	New Milford, CT, United States	2012-12-07
Anna O'Brien	Wallingford, CT, United States	2012-12-07
teralyn siller	arlington, TX, United States	2012-12-07
amy main	New Milford, CT, United States	2012-12-08
Kelly Federle	New Milford, CT, United States	2012-12-08
Pauline brannigan	New Milford, CT, United States	2012-12-08
Veronica Crotta	New Milford, CT, United States	2012-12-08
Elain Pecora	New Milford, CT, United States	2012-12-08
Ryan Carrington	Woodbury, CT, United States	2012-12-08
Kim Carrington	Woodbury, CT, United States	2012-12-08
Brianne Spencer	Warren, CT, United States	2012-12-08
Jacob Schneider	new milford, CT, United States	2012-12-08
Carol Chapman	Newtown, CT, United States	2012-12-08
Renee Keenan	New Fairfield, CT, United States	2012-12-08
Casandra Damato	Oxford, CT, United States	2012-12-08
Diana Whitlock	New Milford, CT, United States	2012-12-08
Clare Ramery	New Milford, CT, United States	2012-12-08
jillian robes	New Milford, CT, United States	2012-12-08

<b>Name</b>	<b>Location</b>	<b>Date</b>
Karen Maizel	New Milford, CT, United States	2012-12-08
heather franklin	new milford, CT, United States	2012-12-08
Taylor Hildebrandt	New Milford, CT, United States	2012-12-08
Aimee Barrett	New Milford, CT, United States	2012-12-08
Carol Hanson	Thomaston, CT, United States	2012-12-08
Brittney Lechner	New Milford, CT, United States	2012-12-08
Jeanne Donohue	New Milford, CT, United States	2012-12-08
Betsy O'Neill	New Milford, CT, United States	2012-12-08
Taura Walsh	New Milford, CT, United States	2012-12-08
Marci Johnson	New Preston Marble Dale, CT, United States	2012-12-08
Danielle Van Doren	Torrington, CT, United States	2012-12-08
Rachel Cole	Waterbury, CT, United States	2012-12-08
heather burch	New Milford, CT, United States	2012-12-08
Nancy Badolato	New Fairfield, CT, United States	2012-12-08
Ashley Keenan	New Fairfield, CT, United States	2012-12-08
Alida Tomascak	New milford, CT, United States	2012-12-08
Kristin Dowler	New Preston Marble Dale, CT, United States	2012-12-08
John Norcross	New Milford, CT, United States	2012-12-08
Kayla Wernig	AE, Bahrain	2012-12-08
Amy Meyerson	weston, CT, United States	2012-12-08
Emily Hendrix	Gaylordsville, CT, United States	2012-12-08
Patrick Nadolny	Woodbury, CT, United States	2012-12-08
Liza Maizel	New Milford, CT, United States	2012-12-08
Kristin Cassidy	New Milford, CT, United States	2012-12-08
Anne Broat	Beacon, NY, United States	2012-12-08
Lianne Ambruso	New Milford, CT, United States	2012-12-08
Edie Seibold	New Milford, CT, United States	2012-12-08
Alicia Yachulke	New milford , CT, United States	2012-12-08
Shaw Knapp	Brookfield, CT, United States	2012-12-08
Emma Norcross	New Milford, CT, United States	2012-12-08
Beth Nelson	Bridgewater, CT, United States	2012-12-08
Georgia Lambrakis	New Milford, CT, United States	2012-12-08



<b>Name</b>	<b>Location</b>	<b>Date</b>
Deepa Prusty	Brookline, MA, United States	2012-12-08
Scott Bosley	Thorp, WI, United States	2012-12-08
Mary Tobin	New Milford, CT, United States	2012-12-08
Amanda Hokett	Torrington, CT, United States	2012-12-08
Linda Baldwin	Torrington, CT, United States	2012-12-08
Alison Palancia	New Fairfield, CT, United States	2012-12-08
Norma Miller	New Milford, CT, United States	2012-12-08
Lisa Jeter	Torrington, CT, United States	2012-12-08
Lynn D'Angelantonio	New Milford, CT, United States	2012-12-08
Richard Gonzalez	New Milford, CT, United States	2012-12-08
Heidi Norcross	New Milford, CT, United States	2012-12-08
Susan Nicholas	Washington, CT, United States	2012-12-08
John Richard Young	East Norriton Township, Norristown, PA, United States	2012-12-08
Cynthia Merritt	Kent, CT, United States	2012-12-08
Betsey Thibodeau	Washington Depot, CT, United States	2012-12-08
dianne kirchner	tucson, AZ, United States	2012-12-08
Kendra Tompkins	Waterbury, CT, United States	2012-12-08
Jason Seibold	New Milford, CT, United States	2012-12-08
Maryellen Gurski	New Milford, CT, United States	2012-12-08
Keli Alderman	Sherman, CT, United States	2012-12-08
Katrina Gilliland	New Milford, CT, United States	2012-12-08
Amy Straub	Brookfield, CT, United States	2012-12-08
Susan Groski	Brookfield, CT, United States	2012-12-08
Jessica Pires	Brookfield, CT, United States	2012-12-09
Jenna Caceci	New Milford, CT, United States	2012-12-09
malik griffin	Knightdale, NC, United States	2012-12-09
Cindee Hopkins	Roxbury, CT, United States	2012-12-09
Jenn Lee	New Milford, CT, United States	2012-12-09
Rebecca Perrin	New Preston Marble Dale, CT, United States	2012-12-09
Jonelle Munroe	New Milford, CT, United States	2012-12-09
Kathy Flynn	New Milford, CT, United States	2012-12-09

<b>Name</b>	<b>Location</b>	<b>Date</b>
Gary Scribner	New Milford, CT, United States	2012-12-09
Melissa Frye	New milford, CT, United States	2012-12-09
James McNamara	New Milford, CT, United States	2012-12-09
Amanda Mccarvell	New Milford, CT, United States	2012-12-09
Eric Jacklin	Torrington, CT, United States	2012-12-09
Krishena Godwin	New Milford, CT, United States	2012-12-09
kellie cole	New Milford, CT, United States	2012-12-09
Ernest Williams	New Milford, CT, United States	2012-12-09
Ann Marie Ovitt	New Milford, CT, United States	2012-12-09
Idania Vazquez	Gaylordsville, CT, United States	2012-12-09
Amanda Agard	New Milford, CT, United States	2012-12-09
Tamra Harris	Kent, CT, United States	2012-12-09
jaimie vazquez	New Milford, CT, United States	2012-12-09
Dorothy Schaffer	New Milford, CT, United States	2012-12-09
Megan Puterbaugh	New milford, CT, United States	2012-12-09
Kelly Kern	New Milford, CT, United States	2012-12-09
Steven Pires	Brookfield, CT, United States	2012-12-09
Rosana Cable	New Milford, CT, United States	2012-12-09
Sarah Davies	Waldwick, NJ, United States	2012-12-09
John Dube	Sherman, CT, United States	2012-12-09
SUSAN PATRICK	BRIDGEWATER, CT, United States	2012-12-09
Jennifer DiSario	New Milford, CT, United States	2012-12-09
Meredith Hulse	New Milford, CT, United States	2012-12-09
Nicole Burns	New Milford, CT, United States	2012-12-09
Monica Schipul	Scituate, MA, United States	2012-12-09
Tamara Collins	New Milford, CT, United States	2012-12-09
Alyssa Griffing	New Milford, CT, United States	2012-12-09
Chris Lathrop	New Milford, CT, United States	2012-12-09
Melissa Hirsch	New Fairfield, CT, United States	2012-12-09
Dolores Lawrenia	New Milford, CT, United States	2012-12-09
Mary Belcourt	New Milford, CT, United States	2012-12-09
Carrie DeBellis	New Milford, CT, United States	2012-12-09

<b>Name</b>	<b>Location</b>	<b>Date</b>
Elizabeth Petrucci	Middlebury, CT, United States	2012-12-09
Christine Peet	gaylordsville, CT, United States	2012-12-09
Maggie Ohmen	Litchfield, CT, United States	2012-12-09
Brian Ohmen	Litchfield, CT, United States	2012-12-09
Susan Illescas	New Milford, CT, United States	2012-12-09
michele deeds	kent, CT, United States	2012-12-09
Nicole Pliego	New Milford, CT, United States	2012-12-09
Corrie Lillis	New Milford, CT, United States	2012-12-10
Kevin Tomlinson	Gaylordsville, CT, United States	2012-12-10
Patricia Dempsey	Bridgewater, CT, United States	2012-12-10
Peyton Strand	New Milford, CT, United States	2012-12-10
Tina kilian-bassett	New Milford, CT, United States	2012-12-10
laura russell	dover plains, NY, United States	2012-12-10
Chrsitina Izzo	new milford, CT, United States	2012-12-10
julie werner	new milford, CT, United States	2012-12-10
Michele Roman	New Milford, CT, United States	2012-12-10
Kim Lawrence	Warren, CT, United States	2012-12-10
Amanda Lombard	New Fairfield, CT, United States	2012-12-10
jill gorner	camp hill, PA, United States	2012-12-10
Linda Westlake	New Milford, CT, United States	2012-12-10
April Dubois	vilseck, Germany	2012-12-10
Lynn Durno	Marco Island, FL, United States	2012-12-10
Bruce Densmore	Torrington, CT, United States	2012-12-10
patricia groski	brookfield, CT, United States	2012-12-10
Tim Rourke	White Plains, NY, United States	2012-12-10
jean michaels	Huntsville, AL, United States	2012-12-10
Cathy Rimmer	New Milford, CT, United States	2012-12-10
Jennifer Redstone	Washington, CT, United States	2012-12-10
steven alves	New Milford, CT, United States	2012-12-10
Joanne Skribis	West Haven, CT, United States	2012-12-10
Phyllis Burk	Shelbyville, IL, United States	2012-12-10
Amy Brescia	Torrington, CT, United States	2012-12-10

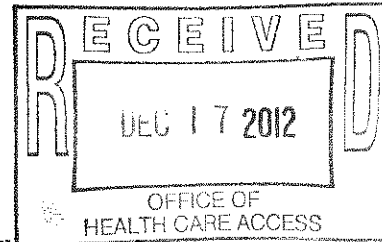
<b>Name</b>	<b>Location</b>	<b>Date</b>
Brian Blake	Naugatuck, CT, United States	2012-12-10
Skarlett Casco-LaPlaca	Morris, CT, United States	2012-12-10
duane stone	new milford, CT, United States	2012-12-10
Bonnie Donzella	South Kent, CT, United States	2012-12-10
Sherry Creighton	New Milford, CT, United States	2012-12-10
Anne Gallagher	Washington Depot, CT, United States	2012-12-10
Amanda Sauer	New Preston, CT, United States	2012-12-10
Tabitha Arneson	GAYLORDSVILLE, CT, United States	2012-12-11
Donna Baske	Milford, CT, United States	2012-12-11
Carly Ciaccia	Newtown, CT, United States	2012-12-11
Joe Bittner	New Milford, CT, United States	2012-12-11
Nina Clark	Stamford, CT, United States	2012-12-11
Katie Doherty	Fayetteville, NC, United States	2012-12-11
Tyler Aaron	New Milford, CT, United States	2012-12-11
Elizabeth Kearney	Roxbury, CT, United States	2012-12-11
Heather Allen	Hawthorne, NJ, United States	2012-12-11
joe matarazzo	New Milford, CT, United States	2012-12-11
Robert Ortiz	Phoenix, AZ, United States	2012-12-11
Maria Russo	New Milford, CT, United States	2012-12-11
Kelly Osborne	Youngsville, NC, United States	2012-12-11
Derek Richardson	New Milford, CT, United States	2012-12-11
Renee Richardson	New Milford, CT, United States	2012-12-11
Rosemarie Mc morrow	New Fairfield, CT, United States	2012-12-11
Nancy Matthews	Nashville, NC, United States	2012-12-11
Amy Jacques	Gaylordsville, CT, United States	2012-12-11
Joan Guerrieri	Wingdale, NY, United States	2012-12-11
Cindy moschitta	sherman, CT, United States	2012-12-11
Patty Crane	Torrington, CT, United States	2012-12-11
Stephanie S	Alexandria, VA, United States	2012-12-11
Cathy Adler	New Milford, CT, United States	2012-12-11
Carmy Guangalli	Newburgh, NY, United States	2012-12-11
Jane Brousseau	Watertown, CT, United States	2012-12-11

<b>Name</b>	<b>Location</b>	<b>Date</b>
Pamela Johnson	Highland, CA, United States	2012-12-11
Dawn Doumeng	New York, NY, United States	2012-12-11
Lee Bailey	Washington, CT, United States	2012-12-11
Patricia Harrington	New Milford, CT, United States	2012-12-11
Kathy Bolster	New Milford, CT, United States	2012-12-11
Elyse Soifersmith	New Milford, CT, United States	2012-12-11
Stephanie Curtiss	Warren, CT, United States	2012-12-11
Tracy Garcia-LaVigne	new milford, CT, United States	2012-12-11
Christopher Fisher	New Milford, CT, United States	2012-12-11
Gail Dawson	New Milford, CT, United States	2012-12-11
Diana Hammer	New Milford, CT, United States	2012-12-11
Cynthia Willmen	New Milford, CT, United States	2012-12-11
Kim Tester	Roxbury, CT, United States	2012-12-11
Mary Holton	New Milford, CT, United States	2012-12-11
Robert Mccrain	Valhalla, NY, United States	2012-12-11
Emily Dolan	New Milford, CT, United States	2012-12-11
Ellen Wilson	New Milford, CT, United States	2012-12-11
Lynn Baker	Bethlehem, CT, United States	2012-12-11
Lacey Donnelly	Dover Plains, NY, United States	2012-12-11
judy shears	new milford, CT, United States	2012-12-11
Jennifer Chandler	New Milford, CT, United States	2012-12-12
Kary Dumas	New Milford, CT, United States	2012-12-12
Sean Quigg	New Milford, CT, United States	2012-12-12
Sara Pomerantz	Washington, CT, United States	2012-12-12
Malinda Marron	Gaylordsville, CT, United States	2012-12-12
Mallory Chilson	New Milford, CT, United States	2012-12-12
Stephanie Wilson	New Milford, CT, United States	2012-12-12
Kelly Bara	New Milford, CT, United States	2012-12-12
zoran ristovski	Clinton Township, MI, United States	2012-12-12
Sarah Adams	Kent, CT, United States	2012-12-13
Celia Pomerantz	washington depot, CT, United States	2012-12-13
Nicole Bourgeois	New milford, CT, United States	2012-12-13

<b>Name</b>	<b>Location</b>	<b>Date</b>
Claudia Parisi	New Milford, CT, United States	2012-12-13
Jill Weiss	New Milford, CT, United States	2012-12-13
Mia Quigg	NEW MILFORD, CT, United States	2012-12-13
Wendy Getchell	New Milford, CT, United States	2012-12-13
Lynn Pfeifer	New Milford, CT, United States	2012-12-13
Leslie Thurston	New Milford, CT, United States	2012-12-13
Deb Tison	New Milford, CT, United States	2012-12-13
leslie sarich	new milford, CT, United States	2012-12-13
Lyndsey Mignogna	New Milford, CT, United States	2012-12-13
Chris Roberts	new milford, CT, United States	2012-12-13
Stephanie Trzyna	Danbury, CT, United States	2012-12-13
Peter Pfeifer	New Milford, CT, United States	2012-12-13
Suzanne Jones	New Milford, CT, United States	2012-12-13
Bobbie Savoie	Bridgewater, CT, United States	2012-12-13
Lisa Dunton	New Milford, CT, United States	2012-12-13
jeffrey lewis	warren, CT, United States	2012-12-13
Tim Fitzgerald	New Milford, CT, United States	2012-12-13
mary miller	new milford, CT, United States	2012-12-13
Deanne Artese	new milford, CT, United States	2012-12-13
Jarred White	new milford, CT, United States	2012-12-13
Michaela Shogry	DuPont, WA, United States	2012-12-13
SHANNON CHILDS	NEW MILFORD, CT, United States	2012-12-13
Jennifer Ramey	New Milford, CT, United States	2012-12-13
Sandra Cats	New Milford, CT, United States	2012-12-13
Jessica Lippi	New Milford, CT, United States	2012-12-13
Jessica Bouwman	New Milford, CT, United States	2012-12-13
Andrea Russell	New Milford , CT, United States	2012-12-13
Courtney Lindabury	Gaylordsville, CT, United States	2012-12-13
Rachel Alagna	Sherman, CT, United States	2012-12-13
Michelle Trezza	New milford, CT, United States	2012-12-13
michaela paul	new preston, CT, United States	2012-12-13
Kari Shaw	Norwood, MA, United States	2012-12-13

<b>Name</b>	<b>Location</b>	<b>Date</b>
rebecca shaw	New Milford, CT, United States	2012-12-13
Judie Stoffa	New Milford, CT, United States	2012-12-13
Erin Curry	New Milford, CT, United States	2012-12-13
sue pullen	New Milford, CT, United States	2012-12-13
Sandra Miller	new milford, CT, United States	2012-12-13
Dewah Smith	Voluntown, CT, United States	2012-12-13
Dawn Iffland	Winchester center, CT, United States	2012-12-13
Clare McCormack	Pawling, NY, United States	2012-12-14
Rick Moreau	New Milford, CT, United States	2012-12-14
Karen Quesnel	Litchfield, CT, United States	2012-12-14
Lindsay Zerressen	Douglasville, GA, United States	2012-12-14
Amanda Johnson	Middletown, CT, United States	2012-12-14
Catherine Koepfel	New Milford, CT, United States	2012-12-14
Genna Nuchereno	Grand Island, NY, United States	2012-12-14
robin oviatt	New Milford, CT, United States	2012-12-14
Chantelle Bates	New Milford, CT, United States	2012-12-14
holly leverich	Wingdale, NY, United States	2012-12-14
april coons	New Milford, CT, United States	2012-12-14
Cheryl Strazza	New Milford, CT, United States	2012-12-14
Laura Moore	Wingdale, NY, United States	2012-12-14
Michelle Menard	New Milford, CT, United States	2012-12-14
Linda Rouleau Conley	New Milford, CT, United States	2012-12-14
Maria Morey	Danbury, CT, United States	2012-12-14
amy demuth	new milford, CT, United States	2012-12-14
sharon engle	New Milford, CT, United States	2012-12-14
Andrea Rush	New Milford, CT, United States	2012-12-14

December 14<sup>th</sup>, 2012



To Whom It May Concern:

Thank you for taking the time to look over this petition. These are the signatures and comments as of 4pm on Friday afternoon. The petition is still in progress and ongoing signatures and comments may be made but this is the last of what I will be sending your way. I truly hope you look over these signatures and comments carefully. Thank you so much for you time.

If you would like to visit the site of the petition, please go to the link below:

<https://www.change.org/petitions/western-connecticut-health-network-keep-the-new-milford-hospital-birthing-center-open-2>

If you have any questions, please feel free to get in contact with me at

[lindseymrourke@gmail.com](mailto:lindseymrourke@gmail.com)

or

203-482-6389

Thank you so much for your time.

Sincerely,

A handwritten signature in cursive script that reads "Lindsey M. Burk".

Lindsey Burk



Addendum: Friday, December 14<sup>th</sup>, 2012

These are the comments left with the signatures since Tuesday, December 11<sup>th</sup>, 2012. If you would like to view them on the website, please visit:

<https://www.change.org/petitions/western-connecticut-health-network-keep-the-new-milford-hospital-birthing-center-open-2>

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- [Andrea Rush](#) NEW MILFORD, CT  
A local (within 10 miles) birthing center is a comfort for parent to be with innumerable questions and fears
- [sharon engle](#) NEW MILFORD, CT  
Cause my kids and grandkids where born there
- [robin oviatt](#) NEW MILFORD, CT  
I had my children there and it was an awesome experience. The nurses are wonderful.
- [Catherine Koeppel](#) DANBURY, CT  
I was born in New Milford hospital in 1986. I just bought my first house in New Milford and intend on having children someday soon. While I have no problems with Danbury Hospital, it is nice to have a birthing center in the Northwest region of the state.
- [Rick Moreau](#) NEW MILFORD, CT  
We need this facility so our childrens, children can be born here in New Milford.
- [Dewah Smith](#) VOLUNTOWN, CT  
Expecting mothers shouldn't have to worry about traveling to have their babies!!
- [Kari Shaw](#) NORWOOD, MA  
I was born in this hospital.
- [Michelle Trezza](#) NEW MILFORD, CT  
I gave birth to my daughter there and it was a wonderful experience!

- Courtney (Shaffer) Lindabury GAYLORDSVILLE, CT  
A mother in labor should not have to travel 30+ minutes to get to a hospital to have her baby. It isn't safe, it isn't smart and W.C.H.N. should be ashamed of themselves for doing this!
- Andrea Russell NEW MILFORD, CT  
I had both my children in this hospital and people in the town should not have to travel to Danbury, Torrington or Sharon to have their baby.
- Jennifer Ramey NEW MILFORD, CT  
I had my daughter here five years ago and it was close, nice and let more people in then Danbury allows.
- SHANNON CHILDS NEW MILFORD, CT  
I delivered both my children at NMH most recently as this past September. I kept my fingers crossed my entire pregnancy that the birthing center would not close prior to my due date and fortunately it did not. I had the option to deliver at Danbury if I wanted but declined because of the wonderful experience I had the first time around. I was able to have my family present in the delivery room during the birth of my son and the first grandchild. It was important to me that my family be able to be present during the delivery of my second child as well and more importantly I wanted my son who was 2 1/2 to be present when his new sibling arrived and he was and it made the experience that much more memorable for my husband and I. My son was able to meet his little sister moments after she was born and experience all the excitement with us. My OBGYN said I was lucky to deliver here again because the next time I would have deliver at Danbury and my family would not be allowed in the room. Something he didnt agree with nor like. He stated the rules are stricter than necessary and the staff less friendly and accomodating. Even he preferred to deliver at NMH. I work at Yale a level 1 trauma setting and a teaching hospital. I work with residents all day long and the last thing

I wanted during my labor process was a series of residents practicing their skills on me. This is why I chose my small community hospital for its family center care.

- Deanne Artese NEW MILFORD, CT  
there is no other place like it!
- Tim Fitzgerald NEW MILFORD, CT  
It's an excellent value to the community
- Stephanie Trzyna DANBURY, CT  
It is a lot to ask a woman in labor to drive 30 minutes to Danbury or 30 minutes to Sharon. There is no reason to close the birthing center.
- Wendy Getchell NEW MILFORD, CT  
I had given birth here to all of my sons
- Mia Quigg NEW MILFORD, CT  
As a nurse that has worked in the New Milford Hosp. Family Birthing Center and delivered my children there, I could not imagine other women not being able to have that same experience. The nurses truly give you the support and care that you need. In larger hospitals (and I have witnessed this many times) patients feel like numbers being rushed in and out of the facility. At New Milford Hosp. I believe the families get the teaching and care they need to be able to go home and feel comfortable/confident in taking care of their newborn. Please keep the Family Birthing Center open. It is much needed and so family oriented!
- Claudia Parisi NEW MILFORD, CT  
When we were moving to new Milford I was in my 8th month of pregnancy. The decision to move within 3 miles of a health care center that could handle any complications was paramount in that decision. The family birthing center in New Milford is a jewel..and gives young families confidence that their healthcare needs will be met within their community.

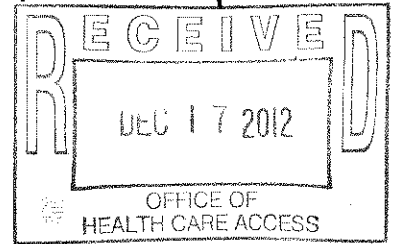
- Jennifer Chandler NEW MILFORD, CT

I had a wonderful experience giving birth to both of my children in New Milford. It is extremely important to keep this option open for the women of this area.

change.org

- 503 signatures

12/14/2012 4pm



To: Western Connecticut Health Network

Subject: **Keep the New Milford Hospital Birthing Center Open**

Letter: Greetings,

Keep the New Milford Hospital Family Birthing Center Open

# Signatures

<b>Name</b>	<b>Location</b>	<b>Date</b>
Lindsey Burk	New Milford, CT	2012-12-05
Marsha Doran	Morris, CT, United States	2012-12-05
Mary Burnham	Newtown, CT, United States	2012-12-05
Jeremy Potter	New Milford, CT, United States	2012-12-05
Drew Lawrenia	New Milford, CT, United States	2012-12-05
Birgit Riepe	Tower Lakes, IL, United States	2012-12-05
Kristen Backus	Bethel, CT, United States	2012-12-05
Laura Rack	New Milford, CT, United States	2012-12-05
Nicole Buono	Washington Depot, CT, United States	2012-12-05
Jennifer Gonch	New Milford, CT, United States	2012-12-05
Jennifer Lathrop	Brookfield, CT, United States	2012-12-05
Weston Burk	New Milford, CT, United States	2012-12-05
Gavin Rjepe	Tower Lakes, IL, United States	2012-12-05
Sandra Violette	New Milford, CT, United States	2012-12-06
Jeannette Finney	Bethel, CT, United States	2012-12-06
Tim O'Keeffe	New Milford, CT, United States	2012-12-06
heather johnson	NORTH STONINGTON , CT, United States	2012-12-06
Tabitha Johnson	New Milford, CT, United States	2012-12-06
Keiko Yoshida	New Milford, CT, United States	2012-12-06
Sarah Taranto	New Milford, CT, United States	2012-12-06
Caroline Fortier	New Milford, CT, United States	2012-12-06
Jennifer Clark	New Milford, CT, United States	2012-12-06
Morgan Haas	New Milford, CT, United States	2012-12-06
Alice Taylor	New Milford, CT, United States	2012-12-06
Kate Martin	New Milford, CT, United States	2012-12-06
Meg Forno	New Milford, CT, United States	2012-12-06
Meredith Potter	New Milford, CT, United States	2012-12-06
Sarah Geary	New Milford, CT, United States	2012-12-06
Martha Brunsman	San Diego, CA, United States	2012-12-06
Helen McCormack	Brookfield, CT, United States	2012-12-06

<b>Name</b>	<b>Location</b>	<b>Date</b>
Jessica Bittner	New Milford, CT, United States	2012-12-06
Loey McBreairsty	Brookfield, CT, United States	2012-12-06
Jen LaCava	New Milford, CT, United States	2012-12-06
Jennifer Cahalan	New Millford, CT, United States	2012-12-06
amanda mullen	New Milford, CT, United States	2012-12-06
Bridget Lafantano	New Milford, CT, United States	2012-12-06
Evelyn Anderson	New Milford, CT, United States	2012-12-06
Rachel Kennedy	Wingdale, NY, United States	2012-12-06
Kim Dos Santos	New Milford, CT, United States	2012-12-06
Jenn Lee	New Milford, CT, United States	2012-12-06
Janelle Mason	Sandy Hook, CT, United States	2012-12-06
Laura Rissolo	New Milford, CT, United States	2012-12-06
Amy Omana	New Milford, CT, United States	2012-12-06
Richard Lake	Mt. Prospect, IL, United States	2012-12-06
Donna Aleksandrowicz	New Milford, CT, United States	2012-12-06
Karen Pavlik	New Milford, CT, United States	2012-12-06
Becky Farrell	New Milford, CT, United States	2012-12-06
Adrienne Williams	New Milford, CT, United States	2012-12-06
Jessica Higgins	New Milford, CT, United States	2012-12-06
Christine Santos	Plainville, CT, United States	2012-12-06
Brian McCormack	Brookfield, CT, United States	2012-12-06
Denise Trach	New Milford, CT, United States	2012-12-06
Richard McCormack	Danbury, CT, United States	2012-12-06
angel burke	torrington, CT, United States	2012-12-06
Nancy Benvenuti	New Milford, CT, United States	2012-12-06
Chad LaPoint	New Milford, CT, United States	2012-12-06
Anne Zapletal	New Milford, CT, United States	2012-12-06
Cristina Perna	New Milford, CT, United States	2012-12-06
Christine Seibold	New Milford, CT, United States	2012-12-06
Joyce LaCava	Warren, CT, United States	2012-12-06
Melissa Olson	New Milford, CT, United States	2012-12-06
Kathy Henkel	New Milford, CT, United States	2012-12-06

<b>Name</b>	<b>Location</b>	<b>Date</b>
holly clarke	New Milford, CT, United States	2012-12-06
Katie Blake	Naugatuck, CT, United States	2012-12-06
Katie DiCesare	New Milford, CT, United States	2012-12-06
Jessica McCusker	New Milford, CT, United States	2012-12-06
Megan Pane	New Preston Marble Dale, CT, United States	2012-12-06
Brian Jackson	Newtown, CT, United States	2012-12-06
Meegan Buckley	New Milford, CT, United States	2012-12-06
Jacqueline Dean	Windsor, CT, United States	2012-12-06
Eileen Moses	New Milford, CT, United States	2012-12-06
Matt Rissolo	washington depot, CT, United States	2012-12-06
Dale Glaser	New Milford, CT, United States	2012-12-06
Jennifer Calhoun	Litchfield, CT, United States	2012-12-06
Michelle Miller	Roxbury, CT, United States	2012-12-06
Kimberly Kisling	New Milford, CT, United States	2012-12-06
Amy Dressel	New Milford, CT, United States	2012-12-06
Amy Crookshank	New milford, CT, United States	2012-12-06
Kathy Thomas	New Milford, CT, United States	2012-12-06
Greer Hawley	Sherman, CT, United States	2012-12-06
Rachel Oster	Rhinebeck, NY, United States	2012-12-06
Erin Boothby	New Milford, CT, United States	2012-12-06
Keith Goethner	New Preston, CT, United States	2012-12-06
Leila Stepankiw	New Milford, CT, United States	2012-12-06
Dawn Stoops	Sharon, CT, United States	2012-12-06
Karen Reed	New Milford, CT, United States	2012-12-06
Jennifer Lichwick	Poughkeepsie, NY, United States	2012-12-06
jennifer coons	New Milford, CT, United States	2012-12-06
william coons	New Milford, CT, United States	2012-12-06
Pamela Fox	New Milford, CT, United States	2012-12-06
tacy coiro	leedey, OK, United States	2012-12-06
Steven Coons	New Milford, CT, United States	2012-12-06
Robert Balun	Port Chester, NY, United States	2012-12-06
Alicia Tomlinson	Gaylordsville, CT, United States	2012-12-06



<b>Name</b>	<b>Location</b>	<b>Date</b>
Jennifer Pote	New Preston, CT, United States	2012-12-06
Inga Natoli	New Milford, CT, United States	2012-12-06
nicole lilley	hollidaysburg, PA, United States	2012-12-06
Tori Paul	Washington Depot, CT, United States	2012-12-06
Jessica Ryan	New Milford, CT, United States	2012-12-06
Sarah Sloane	New Milford, CT, United States	2012-12-06
Amy Torosyan	New Milford, CT, United States	2012-12-06
Kristen Lundberg	Warren, CT, United States	2012-12-06
Patricia Rissolo	New Milford, CT, United States	2012-12-06
Mariah Adin	MONTGOMERY, NY, United States	2012-12-06
shaela costello	new milford, CT, United States	2012-12-06
Tina Gardner	Kent, CT, United States	2012-12-06
Carolyn Hyde	New Preston, CT, United States	2012-12-06
Stephanie Vogt	New Milford, CT, United States	2012-12-06
tara feeney	goshen, CT, United States	2012-12-06
Megan Burns	New Milford, CT, United States	2012-12-06
Heather Holland	New Milford, CT, United States	2012-12-06
Sarah Cipolletti	New Milford, CT, United States	2012-12-06
Eileen McCormack	New Preston, CT, United States	2012-12-06
Molly Hearn	Roxbury, CT, United States	2012-12-06
Barbara cheney	washington depot, CT, United States	2012-12-06
Kristen Vogt	New Milford, CT, United States	2012-12-06
Melissa Mazur	manchester, CT, United States	2012-12-06
Launa Goslee	Litchfield, CT, United States	2012-12-06
Stephanie Pascual	New Milford, CT, United States	2012-12-06
Tammy Rill	Washington, CT, United States	2012-12-06
Rorie Doty	New Milford, CT, United States	2012-12-06
christian munko	New Milford, CT, United States	2012-12-06
judy velazquez	new milford, CT, United States	2012-12-06
Wendy Toth	New Milford, CT, United States	2012-12-06
Sarah Belanger	Bantam , CT, United States	2012-12-06
ann marie mcgrath	Bantam, CT, United States	2012-12-06

<b>Name</b>	<b>Location</b>	<b>Date</b>
Bevyn Lowe	New Milford, CT, United States	2012-12-06
Stephanie Osborne	Roxbury, CT, United States	2012-12-06
Melissa Bernardi	New Milford, CT, United States	2012-12-06
eileen hearn	Washington, CT, United States	2012-12-06
theresa coons	New Milford, CT, United States	2012-12-06
Michelle Jewell	New Milford, CT, United States	2012-12-06
Lauren Vicente	Bristol, CT, United States	2012-12-06
lynn rajic	Brookfield, CT, United States	2012-12-06
Beverly Nickerson	New Milford, CT, United States	2012-12-06
Mandi DiFronzo	Washington, CT, United States	2012-12-06
Lauren Murphy	New Milford, CT, United States	2012-12-06
Lisa Williams	Washington, CT, United States	2012-12-06
mary aragi	New Preston, CT, United States	2012-12-06
Kristine Cheney-Haskell	New Preston, CT, United States	2012-12-06
aurora velazquez	New Milford, CT, United States	2012-12-06
heavenleigh velazquez	New Milford, CT, United States	2012-12-06
linda coons	new preston, CT, United States	2012-12-06
Laura Muckerman	New Milford, CT, United States	2012-12-06
Cathy Fitzgerald	Sandy Hook, CT, United States	2012-12-06
Amy DA	Kent, CT, United States	2012-12-06
Patti Anderson	Washington, CT, United States	2012-12-06
JOE FODOR	KENT, CT, United States	2012-12-06
Melissa Desmond	Warren, CT, United States	2012-12-06
Aisha Elm	Hamden, CT, United States	2012-12-06
JENNIFER CASELLI FODOR	NEW MILFORD, CT, United States	2012-12-06
Lynn Peet	Gaylordsville, CT, United States	2012-12-06
Richard Groski	brookfield, CT, United States	2012-12-06
Yvonne Lowe	Auckland, New Zealand	2012-12-06
Laura Blais	Watertown, CT, United States	2012-12-06
jennifer nowinski	new milford, CT, United States	2012-12-06
lori nowinski	New Milford, CT, United States	2012-12-06
Channon Elzea	New Fairfield, CT, United States	2012-12-06

<b>Name</b>	<b>Location</b>	<b>Date</b>
Nancy Meyer	new Milford, CT, United States	2012-12-06
Susan Hill	Danbury, CT, United States	2012-12-06
Jennifer Guerrin	Rocky Hill, CT, United States	2012-12-06
Elizabeth Morsey	New Milford, CT, United States	2012-12-06
Amanda Falk	Waterbury, CT, United States	2012-12-06
jessica hoyt	new milford, CT, United States	2012-12-06
Joe Rocky	Brookfield, CT, United States	2012-12-06
Deborah Jewell	New Milford, CT, United States	2012-12-06
Alescia Baldwin	New Milford, CT, United States	2012-12-07
ROSE LUIZZI	brookfield, CT, United States	2012-12-07
Jennifer Sewell	New Milford, CT, United States	2012-12-07
bob parker	St Augustine, FL, United States	2012-12-07
jinny brittingham	new milford, CT, United States	2012-12-07
kimberly sturino	New Milford, CT, United States	2012-12-07
Susan Kaul	New Milford, CT, United States	2012-12-07
Alexandra Patrick	new milford, CT, United States	2012-12-07
Jennifer Rianahrd	New Milford, CT, United States	2012-12-07
Irene Eid	Plymouth, CT, United States	2012-12-07
Sarah Lamm	Danbury, CT, United States	2012-12-07
ryan nichols	Brookfield, CT, United States	2012-12-07
Lorraine Spinetti	New Milford, CT, United States	2012-12-07
Millie Johnson	Roxbury, CT, United States	2012-12-07
Heather Badaracco	New Milford, CT, United States	2012-12-07
Catherine Gardner	New Milford, CT, United States	2012-12-07
Ali Damon	Washington, CT, United States	2012-12-07
Pamela Osborne	Washington, CT, United States	2012-12-07
Denise Groski	Danbury, CT, United States	2012-12-07
Bonnie McFarland	New Milford, CT, United States	2012-12-07
Paige Groski	Danbury, CT, United States	2012-12-07
Andres Jimenez	Danbury, CT, United States	2012-12-07
Alyssa Groski	Danbury, CT, United States	2012-12-07
Kristine Stewart	New Milford, CT, United States	2012-12-07

<b>Name</b>	<b>Location</b>	<b>Date</b>
Timothy Groski	Danbury, CT, United States	2012-12-07
Merima Trako	New Milford, CT, United States	2012-12-07
Amy Obolewicz	danbury, CT, United States	2012-12-07
Georgette Megyeri	New Milford, CT, United States	2012-12-07
kate lawrence	New Milford, CT, United States	2012-12-07
Nelson Torres	Fort Worth, TX, United States	2012-12-07
Donna Foley	Redding, CT, United States	2012-12-07
Vicki Sewell	Australia	2012-12-07
Regina Rourke	New Milford, CT, United States	2012-12-07
Lori Schneider	new milford, CT, United States	2012-12-07
Robbin Davies	Ringoes, NJ, United States	2012-12-07
Patricia Terry	New Milford, CT, United States	2012-12-07
sara osborne	Washington, CT, United States	2012-12-07
Valerie Walsh	New Milford, CT, United States	2012-12-07
Barbara Talbot	Washington, CT, United States	2012-12-07
Meghan Hogan	Bethel, CT, United States	2012-12-07
Breigh McCrain	New Milford, CT, United States	2012-12-07
sheryl moynihan	Kirkville, NY, United States	2012-12-07
Jeannine and Harold Usher	NEW MILFORD, CT, United States	2012-12-07
Sue Pullen	new Milford, CT, United States	2012-12-07
Michael Finney	Bethel, CT, United States	2012-12-07
Jason Rissolo	New Milford, CT, United States	2012-12-07
Leslie Anderson	Washington, CT, United States	2012-12-07
Patricia Tulinski	New Milford, CT, United States	2012-12-07
Carmen Creighton	New Milford, CT, United States	2012-12-07
Kathryn Golembeski	New Milford, CT, United States	2012-12-07
Courtney Elias	Norwalk, CT, United States	2012-12-07
Allison Sammel	Danbury, CT, United States	2012-12-07
Barbara Brickley	New Milford, CT, United States	2012-12-07
Pat Schlemmer	New Milford, CT, United States	2012-12-07
Elizabeth Leto	New Milford, CT, United States	2012-12-07
Christine Laedke	New Milford, CT, United States	2012-12-07

<b>Name</b>	<b>Location</b>	<b>Date</b>
Christine Shaw	Branford, CT, United States	2012-12-07
Jessica Holding	New Milford, CT, United States	2012-12-07
Jan Erhart	Gales Ferry, CT, United States	2012-12-07
Donna Castro	New Milford, CT, United States	2012-12-07
Michelle Angelina	Dumont, NJ, United States	2012-12-07
leanne krebs	Clyde, NC, United States	2012-12-07
Susan Daniels	Sherman, CT, United States	2012-12-07
nancy swallow	bethel, CT, United States	2012-12-07
carissa goetz	ronkonkoma, NY, United States	2012-12-07
valerie schmidlin	new milford, CT, United States	2012-12-07
stacey crosby	Marlboro, NY, United States	2012-12-07
Janese Gangell	New Milford, CT, United States	2012-12-07
Sean Delaney	New Milford, CT, United States	2012-12-07
Katelyn Rourke	New Milford, CT, United States	2012-12-07
Joanne Chapin	New Milford, CT, United States	2012-12-07
Anna O'Brien	Wallingford, CT, United States	2012-12-07
teralyn siller	arlington, TX, United States	2012-12-07
amy main	New Milford, CT, United States	2012-12-08
Kelly Federle	New Milford, CT, United States	2012-12-08
Pauline brannigan	New Milford, CT, United States	2012-12-08
Veronica Crotta	New Milford, CT, United States	2012-12-08
Elain Pecora	New Milford, CT, United States	2012-12-08
Ryan Carrington	Woodbury, CT, United States	2012-12-08
Kim Carrington	Woodbury, CT, United States	2012-12-08
Brianne Spencer	Warren, CT, United States	2012-12-08
Jacob Schneider	new milford, CT, United States	2012-12-08
Carol Chapman	Newtown, CT, United States	2012-12-08
Renee Keenan	New Fairfield, CT, United States	2012-12-08
Casandra Damato	Oxford, CT, United States	2012-12-08
Diana Whitlock	New Milford, CT, United States	2012-12-08
Clare Ramery	New Milford, CT, United States	2012-12-08
jillian robes	New Milford, CT, United States	2012-12-08

<b>Name</b>	<b>Location</b>	<b>Date</b>
Karen Maizel	New Milford, CT, United States	2012-12-08
heather franklin	new milford, CT, United States	2012-12-08
Taylor Hildebrandt	New Milford, CT, United States	2012-12-08
Aimee Barrett	New Milford, CT, United States	2012-12-08
Carol Hanson	Thomaston, CT, United States	2012-12-08
Brittney Lechner	New Milford, CT, United States	2012-12-08
Jeanne Donohue	New Milford, CT, United States	2012-12-08
Betsy O'Neill	New Milford, CT, United States	2012-12-08
Taura Walsh	New Milford, CT, United States	2012-12-08
Marci Johnson	New Preston Marble Dale, CT, United States	2012-12-08
Danielle Van Doren	Torrington, CT, United States	2012-12-08
Rachel Cole	Waterbury, CT, United States	2012-12-08
heather burch	New Milford, CT, United States	2012-12-08
Nancy Badolato	New Fairfield, CT, United States	2012-12-08
Ashley Keenan	New Fairfield, CT, United States	2012-12-08
Alida Tomascak	New milford, CT, United States	2012-12-08
Kristin Dowler	New Preston Marble Dale, CT, United States	2012-12-08
John Norcross	New Milford, CT, United States	2012-12-08
Kayla Wernig	AE, Bahrain	2012-12-08
Amy Meyerson	weston, CT, United States	2012-12-08
Emily Hendrix	Gaylordsville, CT, United States	2012-12-08
Patrick Nadolny	Woodbury, CT, United States	2012-12-08
Liza Maizel	New Milford, CT, United States	2012-12-08
Kristin Cassidy	New Milford, CT, United States	2012-12-08
Anne Broat	Beacon, NY, United States	2012-12-08
Lianne Ambruso	New Milford, CT, United States	2012-12-08
Edie Seibold	New Milford, CT, United States	2012-12-08
Alicia Yachulke	New milford , CT, United States	2012-12-08
Shaw Knapp	Brookfield, CT, United States	2012-12-08
Emma Norcross	New Milford, CT, United States	2012-12-08
Beth Nelson	Bridgewater, CT, United States	2012-12-08
Georgia Lambrakis	New Milford, CT, United States	2012-12-08

<b>Name</b>	<b>Location</b>	<b>Date</b>
Deepa Prusty	Brookline, MA, United States	2012-12-08
Scott Bosley	Thorp, WI, United States	2012-12-08
Mary Tobin	New Milford, CT, United States	2012-12-08
Amanda Hokett	Torrington, CT, United States	2012-12-08
Linda Baldwin	Torrington, CT, United States	2012-12-08
Alison Palancia	New Fairfield, CT, United States	2012-12-08
Norma Miller	New Milford, CT, United States	2012-12-08
Lisa Jeter	Torrington, CT, United States	2012-12-08
Lynn D'Angelantonio	New Milford, CT, United States	2012-12-08
Richard Gonzalez	New Milford, CT, United States	2012-12-08
Heidi Norcross	New Milford, CT, United States	2012-12-08
Susan Nicholas	Washington, CT, United States	2012-12-08
John Richard Young	East Norriton Township, Norristown, PA, United States	2012-12-08
Cynthia Merritt	Kent, CT, United States	2012-12-08
Betsey Thibodeau	Washington Depot, CT, United States	2012-12-08
dianne kirchner	tucson, AZ, United States	2012-12-08
Kendra Tompkins	Waterbury, CT, United States	2012-12-08
Jason Seibold	New Milford, CT, United States	2012-12-08
Maryellen Gurski	New Milford, CT, United States	2012-12-08
Keli Alderman	Sherman, CT, United States	2012-12-08
Katrina Gilliland	New Milford, CT, United States	2012-12-08
Amy Straub	Brookfield, CT, United States	2012-12-08
Susan Groski	Brookfield, CT, United States	2012-12-08
Jessica Pires	Brookfield, CT, United States	2012-12-09
Jenna Caceci	New Milford, CT, United States	2012-12-09
malik griffin	Knightdale, NC, United States	2012-12-09
Cindee Hopkins	Roxbury, CT, United States	2012-12-09
Jenn Lee	New Milford, CT, United States	2012-12-09
Rebecca Perrin	New Preston Marble Dale, CT, United States	2012-12-09
Jonelle Munroe	New Milford, CT, United States	2012-12-09
Kathy Flynn	New Milford, CT, United States	2012-12-09

<b>Name</b>	<b>Location</b>	<b>Date</b>
Gary Scribner	New Milford, CT, United States	2012-12-09
Melissa Frye	New milford, CT, United States	2012-12-09
James McNamara	New Milford, CT, United States	2012-12-09
Amanda Mccarvell	New Milford, CT, United States	2012-12-09
Eric Jacklin	Torrington, CT, United States	2012-12-09
Krishena Godwin	New Milford, CT, United States	2012-12-09
kellie cole	New Milford, CT, United States	2012-12-09
Ernest Williams	New Milford, CT, United States	2012-12-09
Ann Marie Ovitt	New Milford, CT, United States	2012-12-09
Idania Vazquez	Gaylordsville, CT, United States	2012-12-09
Amanda Agard	New Milford, CT, United States	2012-12-09
Tamra Harris	Kent, CT, United States	2012-12-09
jaimie vazquez	New Milford, CT, United States	2012-12-09
Dorothy Schaffer	New Milford, CT, United States	2012-12-09
Megan Puterbaugh	New milford, CT, United States	2012-12-09
Kelly Kern	New Milford, CT, United States	2012-12-09
Steven Pires	Brookfield, CT, United States	2012-12-09
Rosana Cable	New Milford, CT, United States	2012-12-09
Sarah Davies	Waldwick, NJ, United States	2012-12-09
John Dube	Sherman, CT, United States	2012-12-09
SUSAN PATRICK	BRIDGEWATER, CT, United States	2012-12-09
Jennifer DiSario	New Milford, CT, United States	2012-12-09
Meredith Hulse	New Milford, CT, United States	2012-12-09
Nicole Burns	New Milford, CT, United States	2012-12-09
Monica Schipul	Scituate, MA, United States	2012-12-09
Tamara Collins	New Milford, CT, United States	2012-12-09
Alyssa Griffing	New Milford, CT, United States	2012-12-09
Chris Lathrop	New Milford, CT, United States	2012-12-09
Melissa Hirsch	New Fairfield, CT, United States	2012-12-09
Dolores Lawrenia	New Milford, CT, United States	2012-12-09
Mary Belcourt	New Milford, CT, United States	2012-12-09
Carrie DeBellis	New Milford, CT, United States	2012-12-09



<b>Name</b>	<b>Location</b>	<b>Date</b>
Elizabeth Petrucci	Middlebury, CT, United States	2012-12-09
Christine Peet	gaylordsville, CT, United States	2012-12-09
Maggie Ohmen	Litchfield, CT, United States	2012-12-09
Brian Ohmen	Litchfield, CT, United States	2012-12-09
Susan Illescas	New Milford, CT, United States	2012-12-09
michele deeds	kent, CT, United States	2012-12-09
Nicole Pliego	New Milford, CT, United States	2012-12-09
Corrie Lillis	New Milford, CT, United States	2012-12-10
Kevin Tomlinson	Gaylordsville, CT, United States	2012-12-10
Patricia Dempsey	Bridgewater, CT, United States	2012-12-10
Peyton Strand	New Milford, CT, United States	2012-12-10
Tina kilian-bassett	New Milford, CT, United States	2012-12-10
laura russell	dover plains, NY, United States	2012-12-10
Chrsitina Izzo	new milford, CT, United States	2012-12-10
julie werner	new milford, CT, United States	2012-12-10
Michele Roman	New Milford, CT, United States	2012-12-10
Kim Lawrence	Warren, CT, United States	2012-12-10
Amanda Lombard	New Fairfield, CT, United States	2012-12-10
jill gorner	camp hill, PA, United States	2012-12-10
Linda Westlake	New Milford, CT, United States	2012-12-10
April Dubois	vilseck, Germany	2012-12-10
Lynn Durno	Marco Island, FL, United States	2012-12-10
Bruce Densmore	Torrington, CT, United States	2012-12-10
patricia groski	brookfield, CT, United States	2012-12-10
Tim Rourke	White Plains, NY, United States	2012-12-10
jean michaels	Huntsville, AL, United States	2012-12-10
Cathy Rimmer	New Milford, CT, United States	2012-12-10
Jennifer Redstone	Washington, CT, United States	2012-12-10
steven alves	New Milford, CT, United States	2012-12-10
Joanne Skribis	West Haven, CT, United States	2012-12-10
Phyllis Burk	Shelbyville, IL, United States	2012-12-10
Amy Brescia	Torrington, CT, United States	2012-12-10

<b>Name</b>	<b>Location</b>	<b>Date</b>
Brian Blake	Naugatuck, CT, United States	2012-12-10
Skarlett Casco-LaPlaca	Morris, CT, United States	2012-12-10
duane stone	new milford, CT, United States	2012-12-10
Bonnie Donzella	South Kent, CT, United States	2012-12-10
Sherry Creighton	New Milford, CT, United States	2012-12-10
Anne Gallagher	Washington Depot, CT, United States	2012-12-10
Amanda Sauer	New Preston, CT, United States	2012-12-10
Tabitha Arneson	GAYLORDSVILLE, CT, United States	2012-12-11
Donna Baske	Milford, CT, United States	2012-12-11
Carly Ciaccia	Newtown, CT, United States	2012-12-11
Joe Bittner	New Milford, CT, United States	2012-12-11
Nina Clark	Stamford, CT, United States	2012-12-11
Katie Doherty	Fayetteville, NC, United States	2012-12-11
Tyler Aaron	New Milford, CT, United States	2012-12-11
Elizabeth Kearney	Roxbury, CT, United States	2012-12-11
Heather Allen	Hawthorne, NJ, United States	2012-12-11
joe matarazzo	New Milford, CT, United States	2012-12-11
Robert Ortiz	Phoenix, AZ, United States	2012-12-11
Maria Russo	New Milford, CT, United States	2012-12-11
Kelly Osborne	Youngsville, NC, United States	2012-12-11
Derek Richardson	New Milford, CT, United States	2012-12-11
Renee Richardson	New Milford, CT, United States	2012-12-11
Rosemarie Mc morrow	New Fairfield, CT, United States	2012-12-11
Nancy Matthews	Nashville, NC, United States	2012-12-11
Amy Jacques	Gaylordsville, CT, United States	2012-12-11
Joan Guerrieri	Wingdale, NY, United States	2012-12-11
Cindy moschitta	sherman, CT, United States	2012-12-11
Patty Crane	Torrington, CT, United States	2012-12-11
Stephanie S	Alexandria, VA, United States	2012-12-11
Cathy Adler	New Milford, CT, United States	2012-12-11
Carmy Guangalli	Newburgh, NY, United States	2012-12-11
Jane Brousseau	Watertown, CT, United States	2012-12-11

<b>Name</b>	<b>Location</b>	<b>Date</b>
Pamela Johnson	Highland, CA, United States	2012-12-11
Dawn Doumeng	New York, NY, United States	2012-12-11
Lee Bailey	Washington, CT, United States	2012-12-11
Patricia Harrington	New Milford, CT, United States	2012-12-11
Kathy Bolster	New Milford, CT, United States	2012-12-11
Elyse Soifersmith	New Milford, CT, United States	2012-12-11
Stephanie Curtiss	Warren, CT, United States	2012-12-11
Tracy Garcia-LaVigne	new milford, CT, United States	2012-12-11
Christopher Fisher	New Milford, CT, United States	2012-12-11
Gail Dawson	New Milford, CT, United States	2012-12-11
Diana Hammer	New Milford, CT, United States	2012-12-11
Cynthia Willmen	New Milford, CT, United States	2012-12-11
Kim Tester	Roxbury, CT, United States	2012-12-11
Mary Holton	New Milford, CT, United States	2012-12-11
Robert Mccrain	Valhalla, NY, United States	2012-12-11
Emily Dolan	New Milford, CT, United States	2012-12-11
Ellen Wilson	New Milford, CT, United States	2012-12-11
Lynn Baker	Bethlehem, CT, United States	2012-12-11
Lacey Donnelly	Dover Plains, NY, United States	2012-12-11
judy shears	new milford, CT, United States	2012-12-11
Jennifer Chandler	New Milford, CT, United States	2012-12-12
Kary Dumas	New Milford, CT, United States	2012-12-12
Sean Quigg	New Milford, CT, United States	2012-12-12
Sara Pomerantz	Washington, CT, United States	2012-12-12
Malinda Marron	Gaylordsville, CT, United States	2012-12-12
Mallory Chilson	New Milford, CT, United States	2012-12-12
Stephanie Wilson	New Milford, CT, United States	2012-12-12
Kelly Bara	New Milford, CT, United States	2012-12-12
zoran ristovski	Clinton Township, MI, United States	2012-12-12
Sarah Adams	Kent, CT, United States	2012-12-13
Celia Pomerantz	washington depot, CT, United States	2012-12-13
Nicole Bourgeois	New milford, CT, United States	2012-12-13

<b>Name</b>	<b>Location</b>	<b>Date</b>
Claudia Parisi	New Milford, CT, United States	2012-12-13
Jill Weiss	New Milford, CT, United States	2012-12-13
Mia Quigg	NEW MILFORD, CT, United States	2012-12-13
Wendy Getchell	New Milford, CT, United States	2012-12-13
Lynn Pfeifer	New Milford, CT, United States	2012-12-13
Leslie Thurston	New Milford, CT, United States	2012-12-13
Deb Tison	New Milford, CT, United States	2012-12-13
leslie sarich	new milford, CT, United States	2012-12-13
Lyndsey Mignogna	New Milford, CT, United States	2012-12-13
Chris Roberts	new milford, CT, United States	2012-12-13
Stephanie Trzyna	Danbury, CT, United States	2012-12-13
Peter Pfeifer	New Milford, CT, United States	2012-12-13
Suzanne Jones	New Milford, CT, United States	2012-12-13
Bobbie Savoie	Bridgewater, CT, United States	2012-12-13
Lisa Dunton	New Milford, CT, United States	2012-12-13
jeffrey lewis	warren, CT, United States	2012-12-13
Tim Fitzgerald	New Milford, CT, United States	2012-12-13
mary miller	new milford, CT, United States	2012-12-13
Deanne Artese	new milford, CT, United States	2012-12-13
Jarred White	new milford, CT, United States	2012-12-13
Michaela Shogry	DuPont, WA, United States	2012-12-13
SHANNON CHILDS	NEW MILFORD, CT, United States	2012-12-13
Jennifer Ramey	New Milford, CT, United States	2012-12-13
Sandra Cats	New Milford, CT, United States	2012-12-13
Jessica Lippi	New Milford, CT, United States	2012-12-13
Jessica Bouwman	New Milford, CT, United States	2012-12-13
Andrea Russell	New Milford , CT, United States	2012-12-13
Courtney Lindabury	Gaylordsville, CT, United States	2012-12-13
Rachel Alagna	Sherman, CT, United States	2012-12-13
Michelle Trezza	New milford, CT, United States	2012-12-13
michaela paul	new preston, CT, United States	2012-12-13
Kari Shaw	Norwood, MA, United States	2012-12-13

<b>Name</b>	<b>Location</b>	<b>Date</b>
rebecca shaw	New Milford, CT, United States	2012-12-13
Judie Stoffa	New Milford, CT, United States	2012-12-13
Erin Curry	New Milford, CT, United States	2012-12-13
sue pullen	New Milford, CT, United States	2012-12-13
Sandra Miller	new milford, CT, United States	2012-12-13
Dewah Smith	Voluntown, CT, United States	2012-12-13
Dawn Iffland	Winchester center, CT, United States	2012-12-13
Clare McCormack	Pawling, NY, United States	2012-12-14
Rick Moreau	New Milford, CT, United States	2012-12-14
Karen Quesnel	Litchfield, CT, United States	2012-12-14
Lindsay Zerressen	Douglasville, GA, United States	2012-12-14
Amanda Johnson	Middletown, CT, United States	2012-12-14
Catherine Koepfel	New Milford, CT, United States	2012-12-14
Genna Nuchereno	Grand Island, NY, United States	2012-12-14
robin oviatt	New Milford, CT, United States	2012-12-14
Chantelle Bates	New Milford, CT, United States	2012-12-14
holly leverich	Wingdale, NY, United States	2012-12-14
april coons	New Milford, CT, United States	2012-12-14
Cheryl Strazza	New Milford, CT, United States	2012-12-14
Laura Moore	Wingdale, NY, United States	2012-12-14
Michelle Menard	New Milford, CT, United States	2012-12-14
Linda Rouleau Conley	New Milford, CT, United States	2012-12-14
Maria Morey	Danbury, CT, United States	2012-12-14
amy demuth	new milford, CT, United States	2012-12-14
sharon engle	New Milford, CT, United States	2012-12-14
Andrea Rush	New Milford, CT, United States	2012-12-14



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

December 17, 2012

Via Facsimile

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

RE: Certificate of Need Application; Docket Number: 12-31781-CON  
New Milford Hospital, Danbury Hospital and Western Connecticut Health Network  
Termination of Inpatient Obstetrical Delivery Service at New Milford Hospital  
Closure of Public Hearing

Dear Ms. Herlihy:

On December 4, 2012, the Office of Health Care Access ("OHCA") requested information as a late file at the public hearing held in this matter. On December 7, 2012, OHCA received the requested information. Also OHCA allowed additional time for the public to submit letters concerning the Applicants' proposal.

The date of December 17, 2012, begins the sixty-day post-hearing review period of the application. Pursuant to §19a-639a(d) of the Connecticut General Statutes, OHCA shall issue a decision not later than February 15, 2013.

If you have any questions regarding this matter, please feel free to contact Laurie K. Greci at (860) 418-7001.

Sincerely,

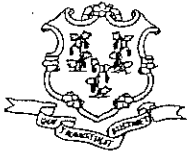
A handwritten signature in black ink, appearing to read "Kevin T. Hansted", written over a horizontal line.

Kevin T. Hansted  
Hearing Officer

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

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RECIPIENT ADDRESS 912037391974  
DESTINATION ID  
ST. TIME 12/17 15:54  
TIME USE 00'44  
PAGES SENT 2  
RESULT OK



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

FAX SHEET

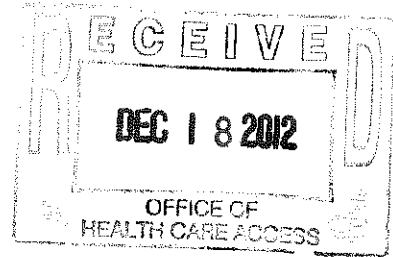
TO: Sally Herlihy  
FAX: (203) 739 1974  
AGENCY: WCHN  
FROM: Laurie Greci  
DATE: 12/17/2012 TIME: 2:40  
NUMBER OF PAGES: 2  
*(including transmittal sheet)*

Comments: Re: 12-31781-CON

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.

December 12, 2012

State of Connecticut Department of Public Health  
410 Capital Avenue MS#13 HCA  
P.O. Box 340308  
Kimberly R. Martone  
Office of Health Care Access  
Division of the Department of Health  
Hartford, Ct. 06134-0308



Re: Termination of Obstetrical Delivery Service At New Milford Hospital  
Docket Number 12-31781-CON

Dear Ms Martone,

As both a New Milford resident and a Registered Nurse on the NMH Family Birthing Center, I feel very strongly that the closure of obstetrical services for this community is the WRONG CHOICE.

New Milford is the LARGEST TOWN in the state of Connecticut occupying 62 square miles with a population close to 30,000 people. New Milford hospital also services outlying towns in New York State as well, such as Dover Plains, Pawling, Wingdale, Amenia and Patterson New York. Currently, we have a patient coming from New Jersey to deliver her baby in her home town.

The application claims that it only takes a mere 17 minutes to get from NMH to Danbury Hospital. This claim by WCHCN is an important but much glossed over point. Let's look at a reality. If you have a patient whose labor is progressing rapidly or a woman with an obstetric or medical emergency, Danbury IS light years away. Obstetrical emergencies such as a woman with a placental abruption <sup>who</sup> is hemorrhaging ~~and~~ is at great risk of morbidity and mortality to herself and to her unborn baby.

New Milford already has in place a highly experienced team of OB staff nurses and PRIVATE OB physicians. These people form a safety net as they are a team for all Level 1 patients and those who find themselves in dire need of IMMEDIATE OB triage and care.

Although we do not operate a Level 3 NICU, all our staff are trained in both advanced fetal monitoring and neonatal resuscitation and outstanding stabilization of compromised women and their precious babies.

It has taken many years of training to acquire these skills. We are able to deliver and stabilize pre-term infants due to our many years of experience. The staff here go beyond the Level 1 training to be ready if the needs of the OB patient require more substantial skill sets in order to prepare for a transport after a time of assessment and intervention.

As it stands currently, the Emergency Room staff has virtually no training in any obstetrics.

In addition, I personally have waited well over an hour on many instances for the Transport Team to arrive. They are either out on other calls or delayed



due to inclement weather, rush hour traffic, or road closures due to the frequent flooding on Rte 7 South of here.

So, if a patient driving 20 minutes to get to NMH is waiting for the transport team to arrive for one hour and then another 30 minutes to go to Danbury Hospital, this is a 2 hour delay of urgent or even emergency care. This could cost someone there life or the life of their unborn baby.

I realize our unit has been figured by the numbers to have lost money for the hospital but a lawsuit of several million dollars would negate all those monies saved.

In closing, sometimes it is not just "ALL ABOUT THE MONEY" but the safety of our patients!

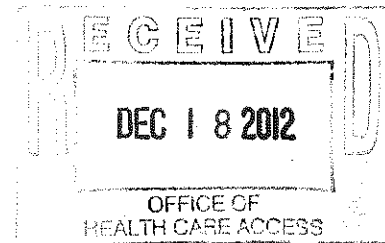
Respectfully Yours,

*Lori Schneider, RN*

Lori Schneider, RN  
34 Upper Mallett Lane  
New Milford, Ct. 06776

State of Connecticut, Department of Public Health

To Whom It May Concern



I am writing with reference to the closure of the New Milford Hospital Birthing Center. I have been an employee of the hospital for the past three years and work as an integrative medicine practitioner. My work brings me to every part of the hospital, and so I have spent much time in our birthing center. I'm writing to you with full confidence that a final decision has not yet been made and while I understand there are financial reasons driving this action my hope is that you will also consider the impact a closure will have on this community.

First let me say that the patients who come to NMH to deliver their babies come because they appreciate and want the type of personal care this center provides. It is not a center for high risk pregnancies that would require a neonatal center but rather a center that delivers healthy babies to healthy mothers in their own community. Having said that, the nursing staff at NMH birthing center is highly qualified and experienced. On any given shift the nursing staff on duty has 20 plus years of experience. These nurses have been at NMH for many years and as you heard have helped to deliver several generations of babies to families living in New Milford. Many of these nurses are board certified LC's and the center offers a breast feeding support program and additional support services to insure that mothers have continued support even after leaving the hospital. The care and compassion the nurses offer is very special because that's the nature of a small community hospital.

Additionally, while Danbury is not so far from New Milford our patients also come from small neighboring communities just like New Milford and for them the closure would give them no other choice but to go to other hospitals further away for care and delivery adding the stress and burden of travel.

I'm not sure I've made a compelling argument but on behalf of our patients and community I ask you to please give your highest consideration to them.

Sincerely yours,

  
Marcia L. Engle