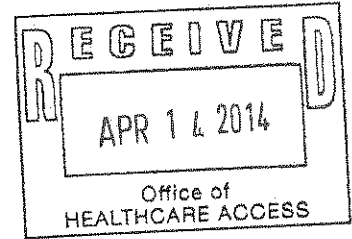


Application Checklist



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.: 14-31908-CON Check No.: 134001389
 OHCA Verified by: (SLJ) Date: 4/14/14

- 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.

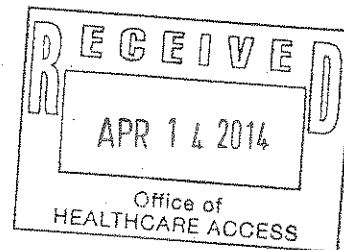
Important: For CON applications (less than 50 pages) filed electronically through email, the signed affidavit and the check in the amount of \$500 must be delivered to OHCA in hardcopy.

- 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.



April 14, 2014

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



Re: Yale-New Haven Hospital (YNHH)
Certificate of Need Application
Change of Operational Control of ElderCare Clinics

Dear Ms. Martone:

As requested, enclosed please find the original, four hard copies in 3-ring binders, and an electronic copy on CD of YNHH's Certificate of Need (CON) application for the transfer of operational control of the ElderCare Clinics. Also enclosed is a check with the filing fee of \$500.00.

Please do not hesitate to contact me with any questions or concerns.

Thank you for your time and support of this project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nancy Rosenthal'.

Nancy Rosenthal
Senior Vice President – Health Systems Development

Enclosures

cc: Jennifer Willcox, Esq.

789 Howard Avenue
New Haven, CT 06519

YALE-NEW HAVEN HOSPITAL

Change of Operational Control of ElderCare Clinics

April 14, 2014

YALE-NEW HAVEN HOSPITAL
CHANGE OF OPERATIONAL CONTROL OF ELDERCARE CLINICS
CERTIFICATE OF NEED APPLICATION

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CON PUBLIC NOTICE

MONDAY, MARCH 10, 2014

CLASSIFIED

THE NEW HAVEN REGISTER

Call to place your ad today
1.877.872.3278

At Your Service
A GUIDE TO LOCAL BUSINESSES AND SERVICES

LEGAL NOTICES

**LEGAL NOTICE
INVITATION TO BID**

Bell Chromebooks and
iDodge Computing Carts

Notice is hereby given that the Seymour Board of Education, 98 Bank Street, Seymour, CT 06483, invites bids for the above project. Specifications are on file at the Board of Education Office, 98 Bank Street, Seymour, CT 06483. Specifications can also be obtained at the district web site at www.seymourschools.org.

Three (3) sets of bids shall be filed no later than 1:00 p.m., Friday, March 21, 2014 at the Board of Education Office, 98 Bank Street, Seymour, Connecticut 06483.

Bids will be publicly opened on Friday, March 21, 2014, at 1:05 p.m. in the Board of Education Office, 98 Bank Street, Seymour, CT 06483.

STATE OF CONNECTICUT
Court of Probate, District
of New Haven Regional
Children's Probate Court

NOTICE TO: Miguel Angel Torres, whose last known

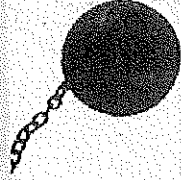
DEMOLITION

F. PEPE DEMOLITION
Residential/Industrial

- Commercial Buildings
- Garages • Houses • Sheds
- In ground & Above Ground Pool Removal

State Lic.#0761

203-735-1107



ROOFING

V. NANFITO
GUTTERS/ROOFING

- SIDING & REPLACEMENT
- WINDOWS, LEAK
- DAMAGE,
- INSURANCE, REPAIRS
- ESTIMATES Lic. 570192



203-639-1634

MASONRY

KC MASONRY

Stone wall-brick wall-blue stone-Step-free place-chimney-patio-rsidewalk-We can also do all masonry repair.

Reliable, quality workmanship
Free Estimates-Lic. 0604514

KEN 203-558-4951

PLUMBING

DAVE MILLER
PLUMBING

Licensed & Insured
Free Estimates

No job too big or too small

15 Yrs Experience
Lic. PLUM0285403-P1

Dave 203-410-9323

Cell
Office 203-468-5402

LEGAL NOTICES

PUBLIC NOTICE

Pursuant to section 19a-638 of the Connecticut General Statutes, Yale-New Haven Hospital will submit the following Certificate of Need application:

Applicant(s): Yale-New Haven Hospital
Address: 20 York Street
Town: New Haven

Proposal: Change of Operational Control of Elder-Care Clinics

Estimated Total Project Cost/Expenditure: \$0

WANTED TO BUY

Can't find what you're looking for? Post it here!

ANTIQUES & MILITARY BUYING Winchester, tools, traps, toys, Knives, swords, muskets, watches, clocks, bikes, costume jewelry Steve Papa 203-710-8146

THIS IS THE PLACE FOR CASH! So if you have merchandise to sell, call the classified department today!

MERCHANDISE



THERE'S A CAREER FOR EVERY PASSION.

Whether it's cooking, catering, or something completely unique, you may be surprised at how many jobs are connected to the things you love. So bring your passion to jobs.middletownpress.com and start searching. Who knows, you might find the perfect opportunity to put your passion to work. Monster. Find Better.™

TheMiddletownPress | **monster**



construction of a self-storage facility, Casey Real Estate Investment, LLC, Applicant, **Tabled for site inspection**
Submitted by:
Stacy Shellard,
Clerk of the Commission

LIQUOR PERMIT

Notice of Application
This is to give notice that I,
INDERJIT SINGH
22 HOPKINS DR
NEW HAVEN, CT
06512-3102

Have filed an application placarded 03/04/2014 with the Department of Consumer Protection for a **RESTAURANT LIQUOR PERMIT** for the sale of alcoholic liquor on the premises at
**565 WASHINGTON AVE
UNIT 11
NORTH HAVEN, CT
06473-1137**
The business will be owned by:
VISHKARMA LLC
Entertainment will consist of: None
Objections must be filed by: 04/15/2014
INDERJIT SINGH

Prattville, Connecticut on March 19, 2014 at 4:00 pm. Any person, including a lien holder or the owner of the mobile manufactured home park, may bid at the sale.

THE SALE WILL EXTINGUISH ALL PREVIOUS OWNERSHIP AND LIEN RIGHTS. PLAINTIFF

THOMAS T. LONARDO, P.C.
BY: **THOMAS T. LONARDO**
ITS ATTORNEY
290 PRATT STREET
MERIDEN, CT 06450
203-639-9860
JURIS #401603

District, by decree dated January 31, 2014, ordered that all claims must be presented to the fiduciary at the address below. Failure to promptly present any such claim may result in the loss of rights to recover on such claim.

Edward Cleary, Asst Clerk
The fiduciary is:
Kevin Rose
c/o Anthony S. Bonadies
The Bonadies Law Firm
P.O. Box 6118
Hamden, CT 06517
223511

PUBLIC NOTICE

Pursuant to section 19a-638 of the Connecticut General Statutes, Yale-New Haven Hospital will submit the following Certificate of Need application:

Applicant(s): Yale-New Haven Hospital
Address: 20 York Street
Town: New Haven
Proposal: Change of Operational Control of ElderCare Clinics

Estimated Total Project Cost/Expenditure: \$0

FORECLOSURES

LEGAL NOTICE FORECLOSURE AUCTION SALE

LEGAL NOTICE FORECLOSURE AUCTION SALE

STATE OF CONNECTICUT

PUBLIC NOTICE

ance with price considerations, and/or to choose other than the lowest bidder, if it be deemed in the best interest of the Town of North Haven. Bidders are advised hereby of the existence of an Ordinance concerning Bid Preference for Town-Based Businesses.

Edward J. Swinkoski, CPA
Director of Finance/
Administration

Docket No.: NNH-CV-13-6042060-S
Case Name: JP Morgan Chase Bank, National Association
vs. Paolella Karyn, Co-Executrix of the Estate of Diana Dudley, et al
Property Address: 103 Lawncrest Road New Haven, CT 06515-1508
Property Type: Residential
Date of Sale: March 22, 2014
Committee Name: Andrew P. Dwyer II Committee
Phone Number: (203) 265-7808
See Foreclosure Sales at www.jud.ct.gov for more detailed information

220986

Case Name: JP Morgan Chase Bank, National Association
vs. Crampton, Christopher M., ET AL
Property Address: 83 Vineyard Road Hamden, ct
Property Type: Residential
Date / Time of Sale: March 15, 2014 at 12:00 p.m.
Committee Name: Allison S. Broad
Phone Number: 203.281.2700
See Foreclosure Sales at www.jud.ct.gov for more detailed information

225173

RETURN DATE: April 1, 2014
WELLS FARGO BANK, N.A.,
V. CHARLEEN MILANDO, ET AL
STATE OF CONNECTICUT : SUPERIOR COURT
: JUDICIAL DISTRICT OF NEW HAVEN
: AT NEW HAVEN
: FEBRUARY 12, 2014
NOTICE TO WIDOWER, HEIRS AND/OR CREDITORS OF THE ESTATE OF GRACE WOOD AND ALL UNKNOWN PERSONS, CLAIMING OR WHO MAY CLAIM, ANY RIGHTS, TITLE

Pursuant to section 19a-638 of the Connecticut General Statutes, Yale-New Haven Hospital will submit the following Certificate of Need application:

Applicant(s): Yale-New Haven Hospital
Address: 20 York Street
Town: New Haven

Proposal: Change of Operational Control of ElderCare Clinics

Estimated Total Project Cost/Expenditure: \$0

INVITATION TO BID TOWN OF NORTH HAVEN

Sealed bids for Tire Repair Service for the Town of North Haven, Bid Project No. 14-33, will be received at the Finance Office, Memorial Town Hall, 18 Church Street, North Haven, Connecticut, until Wednesday, 10:00 AM on Wednesday, March 19, 2014, at which time and place they will be opened and publicly read. Specifications may be obtained from the Finance Office. After bids are received the Director of Finance/Administration may analyze whether vendors

circulating in West Haven, CT, containing a true and attested copy of this Order of Notice, and, if accompanying a complaint for divorce (dissolution of marriage), complaint for dissolution of civil union, legal separation or annulment, or if accompanying an Application for custody or visitation, a statement that Automatic Court Orders have been issued in the case as required by Section 25-5 of the Connecticut Practice Book and are a part of the Complaint/Application on file with the Court. The notice should appear before 3/20/14 for one time publication and proof of service shall be filed with this Court.
Gina Kilian 2/21/14

City of New Haven
Notice of Availability for Public Comment
Consolidated Housing and Community Development
Annual Action Plan 2014-2015

The Consolidated Housing and Community Development Annual Action Plan for Fiscal Year 2014-2015 addresses the goals and objectives set forth in the City of New Haven's Consolidated Plan and Strategy: 2010-2014 and reflects the administration of the City's Consolidated Plan programs funded by the Department of Housing and Urban Development (HUD) - Community Development Block Grant (CDBG), HOME Investment Partnerships (HOME), Emergency Solutions Grant (ESG) and Housing Opportunities for Persons with AIDS (HOPWA). It contains funding allocations and activities to be carried out with CDBG, HOME, ESG and HOPWA funds for Fiscal Year 2014-2015, which upon HUD approval of the Annual Action Plan, begins on July 1, 2014.

Fiscal Year 2014/15
Anticipated
Entitlement
3,100,000

CDBG

City of New Haven
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Fiscal Year 2014/15
Anticipated
Entitlement
3,100,000

CDBG

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Fiscal Year 2014/15
Anticipated
Entitlement
3,100,000

CDBG

PUBLIC NOTICE PURSUANT TO SECTION 19

PUBLIC NOTICE Pursuant to section 19a-638 of the Connecticut General Statutes, Yale-New Haven Hospital will submit the following Certificate of Need application: Applicant(s): Yale-New Haven Hospital Address: 20 York Street Town: New Haven Proposal: Change of Operational Control of ElderCare Clinics Estimated Total Project Cost/Expenditure:\$0

Appeared in: *New Haven Register* on Monday, 03/10/2014

[Back](#)

PUBLIC NOTICE PURSUANT TO SECTION 19

PUBLIC NOTICE Pursuant to section 19a-638 of the Connecticut General Statutes, Yale-New Haven Hospital will submit the following Certificate of Need application: Applicant(s): Yale-New Haven Hospital Address: 20 York Street Town: New Haven Proposal: Change of Operational Control of ElderCare Clinics Estimated Total Project Cost/Expenditure:\$0

Appeared in: *New Haven Register* on Tuesday, 03/11/2014

[Back](#)

PUBLIC NOTICE PURSUANT TO SECTION 19

PUBLIC NOTICE Pursuant to section 19a-638 of the Connecticut General Statutes, Yale-New Haven Hospital will submit the following Certificate of Need application: Applicant(s): Yale-New Haven Hospital Address: 20 York Street Town: New Haven Proposal: Change of Operational Control of ElderCare Clinics Estimated Total Project Cost/Expenditure:\$0

Appeared in: *New Haven Register* on Wednesday, 03/12/2014

[Back](#)

AFFIDAVIT

AFFIDAVIT

Applicant: Yale-New Haven Hospital

Project Title: Change of Operational Control of EdlerCare Clinics

I, James Staten, Chief Financial Officer
(Individual's Name) (Position Title – CEO or CFO)

of Yale-New Haven Hospital being duly sworn, depose and state that
(Hospital or Facility Name)

Yale-New Haven Hospital's information submitted in this Certificate of
(Hospital or Facility Name)

Need Application is accurate and correct to the best of my knowledge.

James Staten
Signature

3-7-14
Date

Subscribed and sworn to before me on 3.7.14

Rose Arminio
Notary Public/Commissioner of Superior Court

My commission expires: _____

**ROSE ARMINIO
NOTARY PUBLIC
State of Connecticut
My Commission Expires
February 28, 2018**

CON FILING FEE

OFFICE OF HEALTH CARE ACCESS
REQUEST FOR CERTIFICATE OF NEED
FILING FEE FORM

APPLICANT: <u>Yale-New Haven Hospital</u> PROJECT TITLE: <u>Change of Operational Control of EdlerCare Clinics</u> DATE: <u>April 14, 2014</u>	FOR OHCA USE ONLY: <table border="1"> <thead> <tr> <th></th> <th>DATE</th> <th>INITIAL</th> </tr> </thead> <tbody> <tr> <td>1. Check logged (Front desk)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. Check rec'd (Clerical/Cert.)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. Check correct (Superv.)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>4. Check logged (Clerical/Cert.)</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		DATE	INITIAL	1. Check logged (Front desk)	_____	_____	2. Check rec'd (Clerical/Cert.)	_____	_____	3. Check correct (Superv.)	_____	_____	4. Check logged (Clerical/Cert.)	_____	_____
	DATE	INITIAL														
1. Check logged (Front desk)	_____	_____														
2. Check rec'd (Clerical/Cert.)	_____	_____														
3. Check correct (Superv.)	_____	_____														
4. Check logged (Clerical/Cert.)	_____	_____														

NEW CERTIFICATE OF NEED APPLICATION	
TOTAL FEE DUE:	\$500.00

ATTACH HERE CERTIFIED OR CASHIER'S CHECK ONLY (Payable to: Treasurer, State of Connecticut)



Cashier's Check

No. 1340001389

Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Void After 90 Days

30-1/1140

Date 03/06/14 03:03:01 PM

NTX

YALE NEW HAVEN HOSPITAL

0004 0021178 0125

Pay

BANK OF AMERICA FIVE ZERO ZERO DOLLARS CT SCTS

***\$500.00

To The Order Of TREASURER, STATE OF CONNECTICUT

Remitter (Purchased By): YALE NEW HAVEN HOSPITAL

Bank of America, N.A.
SAN ANTONIO, TX

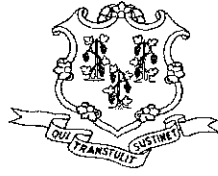
S. Ferguson

AUTHORIZED SIGNATURE

⑈ 1340001389 ⑆ ⑆ 114000019 ⑆ 001641005594 ⑆

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENTS.

CON APPLICATION



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

Instructions: Please complete all sections of the Certificate of Need ("CON") application. If any section or question is not relevant to your project, a response of "Not Applicable" may be deemed an acceptable answer. If there is more than one applicant, identify the name and all contact information for each applicant. OHCA will assign a Docket Number to the CON application once the application is received by OHCA.

Docket Number:

Applicant:	Yale-New Haven Hospital
Contact Person:	Nancy Rosenthal
Contact Title:	Sr. Vice President Health Systems Development
Contact Address:	20 York Street, New Haven, CT 06510
Contact Person's Phone Number:	(203) 863-3908
Contact Person's Fax Number:	(203) 863-4736
Contact Person's Email Address:	nancy.rosenthal@greenwichhospital.org
Project Town:	New Haven, Hamden, West Haven
Project Name:	Change of Operational Control of ElderCare Clinics
Statute Reference:	Section 19a-638, C.G.S.
Estimated Total Capital Expenditure:	\$0

1. Project Description: Service Termination

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

Response:

Yale-New Haven Hospital (YNHH) is a 1,541 bed (including bassinets) teaching hospital with two integrated campuses located in New Haven and a pediatric campus in Bridgeport. YNHH includes the Yale-New Haven Children's Hospital, the Smilow Cancer Hospital, the Yale-New Haven Psychiatric Hospital, and is the primary teaching hospital of the Yale School of Medicine. YNHH provides primary, secondary, tertiary and many quaternary acute care services.

Project ElderCare is a geriatric outreach program with several off-site satellite provider-based clinics operated by YNHH. This program offers professional primary care services to elderly residents of New Haven, East Haven, West Haven and Hamden. The clinics are located in community-based settings such as senior centers and elderly housing complexes. The services include a full range of geriatric primary care, physical examinations, immunizations, counseling and health screenings. The clinic sites are open weekdays for several hours a day and the primary sources of payment include Medicare and Medicaid.

The professional services at these sites are provided by Northeast Medical Group, Inc. (NEMG). NEMG is a multi-specialty medical foundation affiliated with Yale New Haven Health System (YNHHS) that offers enhanced collaboration, improved quality, and practice management resources. An NEMG physician and a medical assistant travel to each of the community locations to provide primary care to the Project ElderCare patients. As these locations are listed on the YNHH license as provider-based clinics, there is a professional charge for the services provided by NEMG, and the hospital has the ability to charge a facility fee. NEMG is a medical foundation established under chapter 594b of the Connecticut General Statutes. NEMG and YNHH share the same corporate parent (Yale New Haven Health Services Corporation) and are members of YNHHS.

Project ElderCare operates at the following locations:

Location	Hours of Clinic Operation
Atwater Senior Center 26 Atwater Street New Haven, CT 06513	Every Friday from 9:30am to 3:00pm.
Edith Johnson Towers 114 Bristol Street New Haven, CT 06511	The 2 nd and 4 th Monday of each month from 9:00 to 3:00pm.
ElderCare Clinic – Hamden 2080 Whitney Avenue Hamden, CT 06518	The 1 st and 3 rd Monday of each month from 9:30am to 3:00pm.
Casa Otonal 135 Sylvan Avenue New Haven, CT 06519	Every Tuesday from 9:30am to 3:00pm. ¹

¹The hours listed here differ slightly from those listed in the Determination Request due to the recent resignation of a staff member, but the hospital is actively recruiting replacement staff.

Location (cont'd)	Hours of Clinic Operation
Tower One/Tower East 18 Tower Lane New Haven, CT 06519	Every Wednesday from 9:30am to 3:00pm. ¹
Surfside Apartments 200 Oak Street West Haven, CT 06516	Every Thursday from 9:30am to 3:00pm. ¹

YNHH proposes to transfer operational control of the six ElderCare clinics to NEMG. These sites will no longer operate as satellite provider-based clinics of the hospital and will be removed from the YNHH hospital license. NEMG will continue to offer the same services to the same patients, with no disruption in service. This proposal is beneficial to patients because the sites will not be able to charge a facility fee.

- b. Describe the history of the services proposed for termination, including when they were begun and whether CON authorization was received.

Response:

Project ElderCare was established by the Hospital of Saint Raphael (HSR). In 2002, HSR filed a Certificate of Need (CON) application with the Office of Health Care Access (OHCA) to establish primary care sites for the elderly. (Docket No. 02-516-CON). A copy of the CON application is attached in Exhibit I. OHCA approved the application on May 31, 2002. (Docket No. 02-516-CON). A copy of the decision is attached in Exhibit I. HSR then filed a Determination Request in 2006 to close two locations and OHCA decided that CON approval was not required. (Docket No. 06-30884-DTR). A copy of this report is attached in Exhibit I. HSR then opened an ElderCare clinic in Hamden in April of 2011 and closed a site at Crawford Manor that same year. The latter site was closed due to low volume and its proximity to another ElderCare clinic, within four blocks. HSR arranged patient transportation.

YNHH acquired HSR on September 12, 2012 (Docket No. 12-31747-CON) and since that time has operated the six remaining ElderCare clinics as off-campus satellite locations. The professional services provided since the acquisition have been and continue to be provided by NEMG. YNHH acquired the clinics as part of the total HSR acquisition, and this CON represents an effort to streamline operations to the entity best qualified to provide and manage the service – NEMG – the medical foundation affiliated with the health system.

On July 29, 2013, YNHH filed a Determination Request seeking guidance regarding whether CON approval was required to transfer operational control of the ElderCare clinics to NEMG. A copy is attached in Exhibit I. On September 24, 2013, OHCA issued a Determination Report which states that transferring operational control of the ElderCare clinics from YNHH to NEMG requires CON approval. A copy is attached in Exhibit I.

- c. Explain in detail the Applicant's rationale for this termination of services, and the process undertaken by the Applicant in making the decision to terminate.

Response:

YNHH proposes to transfer operational control of the six ElderCare clinics to NEMG in order to integrate these clinical services within the existing medical

foundation established by the health system. This will result in more coordinated and efficient care as one entity has control over the day-to-day operations of these sites as well as the clinicians providing care at those sites. The transfer will also result in less financial hardship on patients as these sites will no longer have the ability to charge provider-based fees.

The decision to transfer operational control of the ElderCare sites arose as a result of YNHH's efforts to integrate its services with those offered by HSR. OHCA authorized YNHH's acquisition of HSR on June 27, 2012. (Docket No. 12-31747-CON). Per this authorization, YNHH was required to submit a series of reports including a three-year plan to integrate the operations of both hospitals. YNHH filed its Three Year Integration Plan on March 31, 2013, and its semiannual update on November 29, 2013.

This plan discusses YNHH's development of a comprehensive inventory of all ambulatory locations to serve as the basis to identify integration and growth opportunities and ensure that the needs of patients in greater New Haven and surrounding areas are satisfied. Preliminary analysis identified primary care as a service that would benefit from integration.

In this context, YNHH examined the ElderCare clinics, which were operated as off-site provider-based satellite locations under HSR. It became apparent that these sites should be operated by NEMG (the same entity that currently provides the clinical services at these sites). Y-NHH decided to transfer control of these clinics to NEMG to integrate these services within the current structure of the health system and its medical foundation.

The Statewide Health Care Facilities and Services Plan references this type of affiliation arrangement and notes the significant amount of primary care provided by hospitals.² Although these locations have been listed for a number of years on either HSR or YNHH's license, there is no need for a hospital level of service at these locations. NEMG works closely with YNHH and includes numerous primary care physicians and specialists that practice in the local community and have extensive expertise in geriatric primary care.

Overall, this proposal efficiently integrates services formerly provided by HSR into the existing medical foundation structure of Yale New Haven Health System.

- d. Did the proposed termination 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 termination was discussed and voted.

Response:

No, the transfer of control did not require board approval.

² See *Connecticut Statewide Health Care Facilities and Services Plan*, Connecticut Department of Public Health Office of Health Care Access, pg. 119 (October 2012).

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

Response:

There is clear public need for this proposal because it will enhance the integration and coordination of geriatric services provided by Yale New Haven Health System, and potentially it will result in less cost per visit as these clinics no longer have the ability to charge a facility fee. The ElderCare sites are currently operated as provider-based clinics of the hospital which means that patients can be charged both a professional fee and a facility fee for one medical office visit. The sites will no longer operate as provider-based clinics when YNHHS transfers operational control to NEMG.

This project also addresses a concern expressed by the Connecticut Attorney General (AG), who has announced his intentions to propose legislation regarding the perceived lack of transparency in facility fees.

Transferring operational control of these clinics to NEMG is also beneficial to patients due to NEMG's extensive provider network and expertise in geriatric primary care. As noted above, NEMG is already providing the clinical services at these sites, and will continue providing the same services. NEMG also provides primary care at other locations in the state, and offers several innovative approaches to primary care at assisted living programs and skilled nursing facilities for both long and short term care. There will be no disruption of care to patients as a result of this proposal.

According to the Statewide Health Care Facilities and Services Plan, the 65 and older population will grow significantly in the future.³ The report also notes that the elderly population is one of several at-risk and vulnerable populations in the state.⁴ This proposal seeks to continue offering services for this population by integrating and coordinating geriatric care within the expertise of YNHHS's medical foundation – NEMG.

Termination'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 termination in the towns served by the Applicant, and in nearby towns.

Response:

Not applicable. The services will continue to be offered by NEMG.

³ See *Connecticut Statewide Health Care Facilities and Services Plan*, Connecticut Department of Public Health Office of Health Care Access, pg. 71 (October 2012).

⁴ *Id.* at 81.

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

Response:

Not applicable. The services will continue to be offered by NEMG.

- 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.

Response:

Not applicable. The services will continue to be offered by NEMG.

- 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.

Response:

Not applicable. The services will continue to be offered by NEMG.

- 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.

Response:

Please find attached in Exhibit II a letter from NEMG which states their support of this project and intent to continue providing geriatric primary care.

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

Response:

YNHH and NEMG will post a written notice in the ElderCare sites which states that pending OHCA approval these locations will no longer be provider-based clinics of the hospital. Patients will continue to have access to the same services from the same professionals from NEMG.

2. Actual and Projected Volume

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

Response:

The table below shows the visit volume at each ElderCare location in FY13. The YNHH fiscal year runs from October 1 through September 30.

LOCATION	Pt City	FY 2013	LOCATION	Pt City	FY 2013	
ATWATER SENIOR CENTER	NEW HAVEN	123	SURFSIDE APARTMENTS	WEST HAVEN	268	
	EAST HAVEN	24		NEW HAVEN	14	
	FAIR HAVEN	10		HAMDEN	6	
	HAMDEN	3		NORTH HAVEN	2	
	WEST HAVEN	2		WHITNEYVILLE	2	
	GLASTONBURY	2		BRANFORD	1	
	GUILFORD	1		CLINTON	1	
	WALLINGFORD	1		GUILFORD	1	
	Total	166		MILFORD	1	
CASA OTONAL	NEW HAVEN	226		ORANGE	1	
	WEST HAVEN	5		BRIDGEPORT	1	
	EAST HAVEN	1		Total	298	
	WOODBIDGE	1		TOWER ONE/TOWER EAST	NEW HAVEN	372
	Total	233			WEST HAVEN	7
EDITH JOHNSON SENIOR CENTER	NEW HAVEN	84			HAMDEN	3
	EAST HAVEN	2			MILFORD	2
	WHITNEYVILLE	2			NORTH HAVEN	1
	HAMDEN	1			ORANGE	1
	NORTH HAVEN	1			Total	386
	WALLINGFORD	1	FOLLOW UP AT ST. RAPHAEL		NEW HAVEN	10
	Total	91		WOODBIDGE	7	
ELDERCARE HAMDEN	HAMDEN	62		WEST HAVEN	3	
	NEW HAVEN	24		HAMDEN	2	
	NORTH HAVEN	15		EAST HAVEN	1	
	WHITNEYVILLE	8	Total	23		
	CHESHIRE	6	GRAND TOTAL		1334	
	MOUNT CARMEL	6				
	WEST HAVEN	5				
	NORTHFORD	4				
	GUILFORD	3				
	WALLINGFORD	2				
BRANFORD	1					
EAST HAVEN	1					
	Total	137				

Source: Finance (IDX and EPIC)

- 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.

Response:

The table below shows the visit volume at each of the ElderCare sites for the past three fiscal years and the current fiscal year.

Table 1: Historical and Current Visits & Admissions

Visits	Actual Volume (Last 3 Completed FYs) ⁵			CFY Volume*
	FY 2011	FY 2012	FY 2013	FY 2014 (Oct-Dec)
Atwater Senior Center	188	200	166	35
Casa Otonal	312	317	233	61
Crawford Manner	35	0	0	0
Edith Johnson	132	118	91	23
Eldercare Hamden	27	113	137	26
Surfside Apartments	250	267	298	78
Tower One/Tower East	383	448	386	86
Follow-Up at St. Raphael ⁶	0	1	23	0
Total	1327	1464	1334	309

* 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.

Response:

The volume at Crawford Manner drops to 0 in FY12 because this site was closed due to low volume and its proximity to another ElderCare clinic, within four blocks. HSR arranged for transportation for patients that required it. The volume at the Hamden site in FY2011 is low because this site opened in April of 2011 and represents only a partial year of visit volume. Volume at all other sites was flat the last few years.

- 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:
- Average daily census;
 - Number of clients on the last day of the month;
 - Number of clients admitted during the month; and
 - Number of clients discharged during the month.

Response:

Not applicable.

⁵ The YNHH fiscal year runs from October 1 through September 30.

⁶ Some ElderCare patients received follow-up care at the St. Raphael's Campus.

3. 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.

Response:

The following list includes key personnel related to the proposal. The Curriculum Vitae are included as Exhibit III.

- Marna P. Borgstrom, CEO, Yale-New Haven Hospital
- Richard D'Aquila, President and COO, Yale-New Haven Hospital
- James Staten, Senior Vice President and CFO, Yale-New Haven Hospital
- Tom Balcezak, Senior Vice President, Patient Safety and Quality and Associate Chief of Staff, Yale-New Haven Hospital
- Rob Nordgren, M.D., CEO, Northeast Medical Group

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

Response:

This proposal transfers operational control of several provider-based clinics to a medical foundation within the same health system, and this medical foundation has extensive clinical expertise in providing and managing geriatric primary care. This will improve the quality of care in the region as care is coordinated appropriately within the most appropriate entity to manage these services.

NEMG is the medical foundation affiliated with Yale New Haven Health System. It currently provides the clinical services at the ElderCare sites and will continue to provide the same services following the transfer of operational control. NEMG also provides geriatric primary care at several locations throughout New Haven and has developed innovative models of care to provide access to geriatric care at skilled nursing and assisted living facilities in the region.

The proposal enables the ElderCare clinics to tap into the innovative and operational expertise of NEMG. NEMG has developed patient-centered medical homes (PCMH) and is expanding this model across the health system. A PCMH is a model of care that emphasizes care coordination and collaboration to reduce costs associated with disjointed and fragmented care. This model is a key component of efforts to improve quality and lower costs under the Patient Protection and Affordable Care Act. NEMG is the driver of this innovation at the health system, which makes it beneficial to operate these clinics under NEMG, to evaluate the potential to enhance patient-centered care.

NEMG also offers practice management expertise. It operates various clinics throughout the state, including geriatric clinics in the immediate area. This proposal enhances the quality of care received at the ElderCare sites by integrating care and operational control under one provider. NEMG can position these services for success under health reform and will enhance the quality of care via clinical integration and collaboration among existing providers.

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

Response:

YNHH will notify DPH of the transfer of operational control of the ElderCare clinics to NEMG pending approval by OHCA, and will request that these clinics are removed from the YNHH license.

4. Organizational and Financial Information

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

Response:

YNHH is a non-profit corporation.

- 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.

Response:

YNHH's most recently audited financial statements are on file with OHCA.

- 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.)

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

Response:

Not applicable.

- 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.

Response:

Not applicable.

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

Response:

The proposal transfers operational control of several provider-based clinics to the medical foundation affiliated with YNHHS and these sites will no longer have the ability to charge a facility fee. This will reduce costs to patients and improve the financial strength of the health care system. A provider-based model allows a charge for physician services separately from the charge associated with facility overhead. Patients often receive two charges on their combined bill (one charge represents the facility or hospital charge and the other represents the professional or physician fee).

Please note that HSR did not historically charge the facility fee for services provided at the provider-based ElderCare sites. When YNHH acquired HSR, it continued this practice on a transitional basis consistent with patient expectations and the hospital's commitment to various reviewing agencies not to change the price structure in a manner that would negatively impact patients or payers for a period of time post-acquisition. Moving forward, however, YNHH would be required to charge a facility fee at these sites as it does at all of its other provider-based locations.

By transferring operational control of the ElderCare clinics, and no longer operating as provider-based sites, an increase in charges to patients will be avoided. The same services will be offered by the same NEMG providers and continuity of care will not be disrupted. As a result, patients and the financial strength of the state's health care system will benefit.

5. 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.

Response:

Please see Exhibit IV for Financial Attachment I. The incremental column shows the difference in revenue and expenses associated with operating these sites as provider-based clinics of the hospital and collecting a facility fee, as compared to transferring operation of these sites to NEMG.

- 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.

Response:

Please see Exhibit IV for Financial Attachment II.

- 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.).

Response:

Please see Exhibit IV for a list of assumptions.

- 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).

Response:

A copy of the rate schedule is on file with OHCA.

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

Response:

Yes, payers reimburse YNHH for these services. Reimbursement levels did not enter into the determination to terminate.

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

Response:

Not applicable.

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

Response:

Not applicable.

- h. Describe how this proposal is cost effective.

Response:

Please see 3b and 4f above. NEMG will continue to provide the same services. NEMG has extensive experience in practice management and geriatric primary care. This proposal will enable NEMG to coordinate care across multiple sites and offer enhanced practice management and other administrative improvements. It also efficiently integrates a service formerly provided by HSR into the care

delivery network of Yale New Haven Health System. Services will continue to be provided for the same patients in a less costly manner with improved quality via NEMG.

CON REGULATORY HISTORY

Hospital of Saint Raphael

Certificate of Need Application:

Project ElderCare – Primary Care Services for the Elderly

DN 02 – 516

May 8, 2002



Hospital of Saint Raphael

A member of the Saint Raphael Healthcare System

1450 Chapel Street
New Haven, Connecticut 06511
(203) 789-3000

May 8, 2002

Susan Cole
Supervisor, Utilization Review & Forecasting
State of Connecticut
Office of Health Care Access
410 Capital Avenue
MS #13 HCA
Hartford, Connecticut 06134-0308

RE: Docket Number 02 – 516
Hospital of Saint Raphael
Certificate of Need Application
Project ElderCare – Primary Care Services to the Elderly

Dear Ms. Cole:

Enclosed for your review are one (1) original and four (4) copies of the Hospital of Saint Raphael's Certificate of Need Application for *Project ElderCare – Primary care Services for the Elderly*.

We are also requesting a waiver of hearing in that we believe that this Certificate of Need is non-substantive.

We look forward to working with you and the Office of Health Care Access staff during this review process. Please do not hesitate to contact me at (203) 789-5961 or John Kessler, Vice President, Planning & Business Development at (203) 789-4384 should you have any questions, or should you want any additional information.

Thank you in advance for your consideration of this application.

Sincerely,

Jeffrey B. Hughes
Director of Planning & Business Development

Hospital of Saint Raphael
Certificate of Need Application
Project ElderCare – Primary Care Services for the Elderly
DN 02 – 516

Filing Fee

OFFICE OF HEALTH CARE ACCESS
REQUEST FOR NEW CERTIFICATE OF NEED
FILING FEE COMPUTATION SCHEDULE

<p>APPLICANT: Hospital of Saint Raphael</p> <p>PROJECT TITLE: Project ElderCare – Primary Care Services for the Elderly</p> <p>DATE: May 8, 2002</p>	<p>FOR OHCA USE ONLY:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;">DATE</th> <th style="width: 15%; text-align: center;">INITIAL</th> </tr> </thead> <tbody> <tr> <td>1. Check logged (Front desk)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>2. Check rec'd (Clerical/Cert.)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>3. Check correct (Superv.)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>4. Check logged (Clerical/Cert.)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>		DATE	INITIAL	1. Check logged (Front desk)	_____	_____	2. Check rec'd (Clerical/Cert.)	_____	_____	3. Check correct (Superv.)	_____	_____	4. Check logged (Clerical/Cert.)	_____	_____
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3. Check correct (Superv.)	_____	_____														
4. Check logged (Clerical/Cert.)	_____	_____														

SECTION A – NEW CERTIFICATE OF NEED APPLICATION	
<p>1. Check statute reference as applicable to CON application (see statute for detail):</p> <p><input checked="" type="checkbox"/> 19a-638..Additional function or service, Change of Ownership, Service Termination. No Fee Required.</p> <p>_____ 19a-639 Capital expenditure for major medical equipment, imaging equipment or linear accelerator exceeding \$400,000 but less than or equal to \$1,000,000. Fee Required.</p> <p>_____ 19a-639 Capital expenditure for major medical equipment, imaging equipment or linear accelerator exceeding \$1,000,000 or other capital expenditure exceeding \$1,000,000. Fee Required.</p> <p>_____ 19a-638 and 19a-639. Fee Required.</p> <p>2. Enter \$0 on "Total Fee Due" line (SECTION B) if application is required pursuant to Section 19a-638 only, otherwise go on to line 3 of this section.</p> <p>3. Enter \$400 on "Total Fee Due" line (SECTION B) if application is for capital expenditure for major medical equipment, imaging equipment or linear accelerator exceeding \$400,000 but less than or equal to \$1,000,000</p> <p>4. Section 19a-639 fee calculation (applicable if section 19a-639 capital expenditure for major medical equipment, imaging equipment or linear accelerator exceeding \$1,000,000 or other capital expenditure exceeding \$1,000,000 is checked above <u>OR</u> if both 19a-638 and 19a-639 are checked):</p> <p style="margin-left: 20px;">a. Base fee: _____</p> <p style="margin-left: 20px;">b. Additional Fee: (Capital Expenditure Assessment) _____</p> <p style="margin-left: 40px;">(To calculate: Total requested Capital Expenditure including capitalized financing costs multiplied time .0005 and round to nearest dollar.) (\$ _____ x .0005)</p> <p style="margin-left: 20px;">c. Sum of base fee plus additional fee: (Lines A3a + A3b) _____</p> <p style="margin-left: 20px;">d. Enter the amount shown on line A3c. on "Total Fee Due" line (SECTION B).</p>	<p>\$ 1,000.00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <hr/> <p>\$ 0 .00</p>
<p>SECTION B TOTAL FEE DUE: _____</p>	<p>\$ 0 .00</p>

ATTACH HERE CERTIFIED OR CASHIER'S CHECK ONLY (Payable to: Treasurer, State of Connecticut)

w:\cert\conforms\confeenew

**Hospital of Saint Raphael
Certificate of Need Application
Project ElderCare – Primary Care Services for the Elderly
DN 02 – 516**

Affidavit

HOSPITAL AFFIDAVIT

Applicant: Hospital of Saint Raphael

Project Title: Project ElderCare – Primary care Services for the Elderly

I, Gary Brudnicki, Senior Vice President, Finance & CFO of the Hospital of Saint Raphael 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. With respect to the financial impact related to this CON application, I hereby affirm that:

1. The proposal will have a capital expenditure in excess of \$15,000,000.

Yes No

2. The combined total expenses for the proposal's first three years of operation will exceed one percent of the actual operating expenses of the Hospital for the most recently completed fiscal year as filed with the Office of Health Care Access.

Yes No

Signature *Gary Brudnicki*

Date *May 8, 2002*

Subscribed and sworn to before me on *May 8, 2002*

Gloria Astarita

Notary Public/Commissioner of Superior Court
GLORIA ASTARITA
NOTARY PUBLIC
My commission expires: MY COMMISSION EXPIRES OCT. 31, 2006

**Hospital of Saint Raphael
Certificate of Need Application
Project ElderCare – Primary Care Services for the Elderly
DN 02 – 516**

Certificate of Need Application



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

Please complete all questions. If any question is not relevant to your project, Not Applicable will be an acceptable response. Your Certificate of Need application will be eligible for submission no earlier than March 11, 2002 and may be submitted no later than May 10, 2002. The Analysts assigned to your application are Steven Lazarus and Sandra Czunas and may be reached at the Office of Health Care Access at (860) 418-7012 or (860) 418-7036, respectively.

Docket Number: 02-516

Applicant(s) Name: Hospital of Saint Raphael

Contact Person: John R. Kessler, Jr.
Contact Title: VP Planning and Business Development
Contact Address: Hospital of Saint Raphael
 1450 Chapel Street
 New Haven, CT 06511

Project Location: Various Sites in Greater New Haven Area

Project Name: Project ElderCare- Primary Care Services for the Elderly

Type proposal: Change in Facility (F), Service (S) or Function (F) pursuant to Section 19a-638, C.G.S.
 Expansion of an existing Facility, Function or Service

Est. Capital Expenditure: \$0

1. Expansion of or New Service

What services are currently offered at your facility that the proposed expansion or new service will augment or replace? Please list.

Augment: *This application is seeking approval to operate nine (seven existing and two proposed) sites for Project ElderCare – an onsite preventive health care education and social services program for the frail elderly – operated by the Hospital of Saint Raphael, and conducted through offices located in elderly housing centers throughout greater New Haven.*

Replace: _____

2. State Health Plan

No questions at this time.

3. Applicant's Long Range Plan

Is this application consistent with your long-range plan?

Yes No

If "No" is checked, please provide an explanation.

4. Clear Public Need

A. Document how it was determined there was a need for the proposal in your service area.

- i) Provide the following information by site:
 - a) Existing referral patterns
 - b) Hours of operation

- ii) Identify the existing providers of the proposed service in your service area. What will be the effect of your proposal on existing providers?

"Project ElderCare" is the provision of primary care services to the frail elderly through offices located in elderly housing centers throughout greater New Haven. A full range of primary care services are provided by a Geriatric Physician, Physician Assistants, and Social Workers (see response to question 8.B, for a listing of services typically provided).

Project ElderCare embodies a key focus of the Mission of the Hospital of Saint Raphael through its sole purpose to meet the needs of the underserved elderly. The Hospital of Saint Raphael currently operates six Project ElderCare clinics/sites in the greater New Haven area (see response to question 8.B below, for a listing of each existing and proposed location). Each month approximately 300 individuals are served by these clinics.

The purpose of this Certificate-of-Need application is to seek formal approval for the Project ElderCare program at the existing seven sites, and to gain approval for expansion of the program by the following

two additional site locations – McQueeney Towers, 358 Orange Street, New Haven; and Surfside 200, 204 Oak Street, West Haven.

The target population for this program is low income, elderly residing in various elderly housing complexes located throughout greater New Haven. This program operates as an outreach program designed to provide on-site preventive health care, education and social services to a segment of the senior population that is currently underserved. Project ElderCare patients are typically homebound and do not have a primary care physician. These patients self-refer to the on-site clinic.

This program has been developed in close collaboration with, and at the request of the New Haven Housing Authority. At all existing and proposed locations, the clinics operate in space provided rent-free, from the Housing Authority. For the proposed program expansion, the program will incur the addition of a half-time (0.5 FTE) medical assistant, and incremental costs for medical supplies utilized in each new clinic location. No capital costs are associated with this proposed program expansion.

To the best of our knowledge, there are no other providers currently providing these primary care services to this target population.

B. Will your proposal remedy any of the following barriers to access? Please provide an explanation.

- | | | | |
|-------------------------------------|-------------------|-------------------------------------|------------------------|
| <input checked="" type="checkbox"/> | Cultural | <input checked="" type="checkbox"/> | Public transportation |
| <input checked="" type="checkbox"/> | Geographic | <input checked="" type="checkbox"/> | Economic |
| <input type="checkbox"/> | None of the above | <input type="checkbox"/> | Other (Identify) _____ |

If you checked other than None of the above, please provide an explanation.

The targeted population of Project ElderCare are the frail elderly residing in public housing centers, who are typically home-bound. As an on-site, primary care services program, we believe this outreach program significantly overcomes cultural, geographic, transportation and economic barriers to providing necessary health care services to an underserved segment of the senior population in greater New Haven.

C. Provide copies of any of the following plans, studies or reports related to your proposal.

- | | | | |
|--------------------------|----------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Epidemiological studies | <input type="checkbox"/> | Needs assessments |
| <input type="checkbox"/> | Public information reports | <input type="checkbox"/> | Market share analysis |
| <input type="checkbox"/> | Other (Identify) | | |

This program began in 1992 in recognition that many elderly in New Haven suffered from an increased number of chronic illnesses, had poor mobility and function, experienced more frequent hospitalizations, and didn't receive regular primary care. The Hospital of Saint Raphael began, and then expanded this program at the request of local elderly public housing facilities.

5. Quality Measures

- A. Submit a list of all key professional and administrative personnel related to the proposal and a copy of their Curriculum Vitae.

Note: For physicians, please provide a list of hospitals where physicians have admitting privileges.

The personnel related to this proposal are:

Jay Pinsince, MPH, Administrator, Outpatient Services & Department of Psychiatry

John Merritt, MD, Section Chief, Geriatrics

Ronald Arsenault, PA-C, Physician Assistant

Brian Fillmore, PA, Physician Assistant

Diane Rosen, ACSW, LCSW, Social Worker

Please see Attachment 1 for copies of Resumes and Curriculum Vitae.

- B. Submit the following (as applicable):

- Copy of Quality Assurance plan
 Protocols for service (new service only)
 Patient Selection Criteria/ Intake form

The monitoring and evaluation of quality for Project ElderCare is conducted as part of the overall quality improvement program of the Hospital of Saint Raphael. Please see Attachment 2 for a copy of the Hospital of Saint Raphael's "Plan for Excellence in Patient Care, Quality Improvement Plan".

6. Improvements to Productivity

In the past year has your facility undertaken any of the following activities to improve productivity and contain costs?

- Energy conservation Group purchasing
 Reengineering None of the above
 Application of technology (e.g., computers, robotics, telecommunications, etc.)
 Other (identify) _____

7. Miscellaneous

- A. Will this proposal result in a change to your teaching or research responsibilities?

- Yes No

If you checked "Yes," please provide an explanation.

B. Are there any characteristics of your patient/physician mix that makes your facility unique?

Yes No

If you checked "Yes," please provide an explanation.

C. Type of licensure category:

General/ Children's Hospital Primary Care Clinic Psychiatric Hospital

O/P Amb. Surgery Centers Chronic Disease Hospital Hospice

DCF (Check levels that apply below)

Child Care Facility/Residential Treatment Facility

Psychiatric O/P Clinic for Children

Extended Day Treatment

Behavioral Health: Mental Health (Check all that apply below)

Day Treatment

Intensive Treatment Facility

Psychiatric O/P Clinic for Adults

Substance Abuse: (Check off all that apply below)

Ambulatory Chemical Detoxification Treatment

Chemical Maintenance Treatment

Day or Evening Treatment

Intensive Treatment

Medical Triage

Residential Detoxification and Evaluation

Intermediate and Long Term Treatment and Rehabilitation

Not Applicable (provide explanation)

D. Please provide the name of the entity that will be billing for the proposed service.

Services provided through Project ElderCare will be billed through the Hospital of Saint Raphael.

8. Project Specific Questions

A. Provide a copy (ies) of any written agreement(s) or memorandum (s) of understanding between the Applicant and the City of New Haven as related to this Elder Care sites.

There are no written agreements between the Hospital of Saint Raphael and the City of New Haven related to Project ElderCare.

B. Identify the following items for each site:

1) Geographical service area.

2) Health care services provided.

Note: If final version is not available, provide a draft with an estimated date by which the final agreement will be available.

The geographic service area is currently limited to the City of New Haven. More specifically, the targeted population consists principally of elderly residents of each housing facility in which Project ElderCare operates. The location of these housing centers are as follows:

Existing Sites:

- 1) *Crawford Manor
New Haven Housing Authority
90 Park street
New Haven, Connecticut 06511*
- 2) *Edith Johnson Towers
11 Bristol Street
New Haven, Connecticut 06511*
- 3) *Ribicoff
New Haven Housing Authority
200 Brookside Street
New Haven, Connecticut 06511*
- 4) *Tower One
18 Tower Lane
New Haven, Connecticut 06511*
- 5) *Atwater Senior Center
26 Atwater Street
New Haven, Connecticut 06513*
- 6) *East Shore Senior Center
411 Townsend Avenue
New Haven, Connecticut 06512*
- 7) *Casa Otonal Housing Corporation
135 Sylvan Avenue
New Haven, Connecticut 06511*

Proposed Additional Sites:

- 8) *McQueeney Towers
New Haven Housing Authority
358 Orange Street
New Haven, Connecticut 06511*

- 9) *Surfside 200*
West Haven Housing Authority
204 Oak Street
West Haven, Connecticut 06516

The purpose of Project ElderCare is to provide outreach health care services to an underserved segment of New Haven's senior population – the frail elderly – residing in elderly housing centers throughout greater New Haven. Medical services are provided on-site at each location for specific, regularly scheduled hours on a weekly basis. Services provided include the following:

Medical Services:

- *Physical examinations*
- *Treatment of non-emergency illnesses and injuries*
- *Immunizations*
- *Prescription renewals*
- *Follow-up hospital care*
- *Referrals to specialists*

Social Services:

- *Psycho-social evaluation*
- *Individual and family counseling*
- *Case management*
- *Financial counseling*
- *Community resources referrals*
- *Advocacy*

Health Education / Screenings / Other:

- *Screenings for high blood pressure, diabetes, vision and hearing problems*
- *Podiatry*
- *Various educational programs for health promotion*

- C. Please identify if a new cost center will be established or if an existing cost center will be utilized. Provide the units of service for all new cost centers.

Project ElderCare operates under a separate cost center at the Hospital of Saint Raphael. The proposed two new locations will be folded into this existing cost center.

9. Financial Information

- A. Provide a complete set of audited financial statements and/or an annual report which includes a balance sheet, income statement, and cash flow statement for the most recently completed fiscal year. Acute care hospitals may incorporate by reference the most recently completed fiscal year audit on file with OHCA.

Please refer to the most recent audited financial statements for the Hospital of Saint Raphael already on file with the Office of Healthcare Access.

- B. Type of ownership: (Please check off all that apply)

Corporation Limited Liability Company
 Partnership Professional Corporation
 Joint Venture Other (Specify): _____

Project ElderCare is operated by the Hospital of Saint Raphael, a not-for-profit, voluntary, general acute care hospital, located in New Haven, Connecticut.

10. Revenue, Expense and Volume Projections

- A. Payer Mix Projection

Please provide both the current payer mix and the projected payer mix for each Elder Care site for the Total Facility based on Net Patient Revenue in the following reporting format:

Total Facility Description	Current Payer Mix	Year 1 Projected Payer Mix	Year 2 Projected Payer Mix	Year 3 Projected Payer Mix
1. Medicare*	100%	100%	100%	100%
2. Medicaid* (includes other medical assistance)				
3. TriCare (formerly CHAMPUS)				
Total Government				
1. Commercial Insurers*				
2. Self-Pay				
3. Workers Compensation				
Total Non-Government Payers				
4. Uncompensated Care				
Total Payer Mix	100.0%	100.0%	100.0%	100.0%

* Includes managed care activity.

- B. **Managed Care**
Please provide the percentage of Medicare Managed Care and Medicaid Managed Care for the proposed service included above.

Less than 1% of the patients seen are enrolled in a managed Medicare program.

- C. **Projected Incremental Losses from Operations**
Explain the reasons for any projected incremental losses from operations contained in the financial projections that result from the CON.

The first two years are considered the start-up period for the two new centers. Losses (contribution margin) from operations are expected during the first two years of operation as a result of the need to cover incremental salary costs of a half-time medical assistant during this start-up period. It is expected that revenue from the program will offset direct program costs during FY2004.

- D. **Financial Projections**
Complete the attached summary of revenue, expense and volume statistics, with the project, without the project and incremental to the project.
Note: Provide the assumptions utilized in developing the projections (e.g., FTE's, utilization, other expenses, etc.).

Attachment 3 contains the financial projection.

List of Attachments

- 1) Resumes and Curriculum Vitae of Personnel Related to Project ElderCare
- 2) Hospital of Saint Raphael's *Plan for Excellence in Patient Care, Quality Improvement Plan*
- 3) Financial Projection

Attachment 1

Resumes and Curriculum Vitae of Personnel Related to Project ElderCare

Jay Pinsince, MPH, CHE
 16 Ocean Ave., Milford, CT. 06460
 (203) 877-2924 jpinsince@SRHS.ORG

Education

- 1985 Masters in Public Health, Yale University, New Haven, CT.
 School of Medicine, Epidemiology and Public Health, Healthcare Administration
- 1974 Bachelor of Arts, English, Pennsylvania State University, University Park, PA.

Experience

- 1990 - Present Administrator, Outpatient Services and Psychiatry, Hospital of Saint Raphael, New Haven, CT. Administratively responsible for all Psychiatry services, plus a network of ambulatory Medicine, Pediatrics, Ob-Gyn, and Surgical programs including over 30 on-campus clinics, freestanding community satellites, and mobile van; 70 staff direct/indirect reports; planning, program development, operations, and quality management; focus is improving patient satisfaction, increasing access to needed care, and assuring financial viability of services.
- 1988-1990 Manager, Outpatient Services, Mount Sinai Hospital and University of CT. Ambulatory Services and Community Medicine, Hartford, CT. Similar scope of responsibilities as present position on a smaller scale.
- 1982-1988 Yale University, School of Medicine, New Haven, CT.
 Progressive administrative responsibilities as follows:
 1982-1984 Administrative Staff Assistant, Department of Psychiatry
 1984-1986 Assistant Administrator, Department of Psychiatry
 1986-1988 Business Manager, Department of Diagnostic Radiology

Professional Activities

Yale University EPH Student Preceptor
 Certified Healthcare Executive (CHE), American College of Healthcare Executives
 CT. Regent's Advisory Council, American College of Healthcare Executives
 CT. Hospital Association, Conference Mental Health-Substance Abuse Services
 Greater New Haven Partnership for a Healthy Community
 Community Foundation for Greater New Haven, Healthy Start Program
 Alumni Leadership Greater New Haven
 Pediatric Immunization Advisory Council, New Haven Health Department
 School Based Health Center Advisory Board
 New Haven Oral Health Coalition
 Business Volunteer to the Arts

CURRICULUM VITAE

John Augustus Merritt, Jr., M.D., FACP

Hospital Address: Hospital of Saint Raphael
1450 Chapel Street
New Haven, CT 06511
203-789-4150

Present Title: Chief, Section of Geriatric Medicine

Education: Dartmouth College
Hanover, NH
A.B. 1954

Yale University School of Medicine
New Haven, CT
M.D. 1958

Internship -
Upstate Medical Center
Syracuse, NY
1958-1959

Residency - Internal Medicine
Boston City Hospital
Boston, MA
1959-1961

Clinical Fellow in Hematology
Boston City Hospital
Boston, MA
1961-1962

Research Fellow in Hematology
Boston City Hospital
Boston, MA
1962-1963

Additional Training: Harvard Geriatric Education Center
1986-1987

Board Certifications: American Board of Geriatric Medicine, Recertification, 1998
American Board of Geriatric Medicine, 1988
American Board of Hematology, 1972
American Board of Internal Medicine, 1968

Professional Organizations: Fellow, American College of Physicians, 1969

Massachusetts Committee of American
Geriatric Society - Co-Founder and
Member of the Board of Directors

Gerontological Society of America
National Council on the Aging

Delegate, Connecticut State Medical
Society House of Delegates of
Board of Governors
New Haven County Medical Association

Academic Appointments:

Assistant Professor
Department of Medicine
Tufts University School of Medicine
1967-1970

Lecturer on Medicine
Harvard University School of Medicine
1969-1970

Attending Physician
Boston Veterans Administration Hospital
1966-1970

Assistant Professor of Medicine
University of Maryland School of Medicine
1970-1972

Assistant Professor, Associate Professor and
Professor of Medicine
Department of Medicine
University of Massachusetts Medical School
1972-1988

Associate Clinical Professor of Medicine
Yale University School of Medicine
1989-Present

Hospital Appointments:

Associate Visiting Physician
I & II Medical Services
Boston City Hospital
1966-1970

Chief, Division of Hematology
York Hospital
York, PA 1970-1972

Chief, Division of Medicine
Worcester City Hospital
1985-1988

Chief, Geriatric Medicine
Worcester City Hospital
1985-1988

Chief, Geriatric Medicine
Hospital of Saint Raphael
1988-present

Publications:

Textbook and journal publications upon request.

Ronald Joseph Arsenault, PA-C
15 Carriage Drive
Woodbridge, CT 06525-1212
203-393-0777

Career Experience:

Hospital of Saint Raphael, New Haven, CT. Physician Assistant (1992- present)
Geriatric Primary Care Clinic. Duties include: performing a history and physical, vital signs, diagnosis and interpretation of labs, EKGs, X-rays, MMSE, and other tests. Designing a treatment plan, calibrate equipment, draw labs, ABGs, and cultures at off campus satellite clinics in senior housing, coordinating care with outside agencies and MD's and daily rounds on geriatric in-patients.

Program Coordinator- managed seven Geriatric Primary Care Clinics located in city senior housing. Duties include: setting up of clinics, ordering medical, office and pharmaceutical supplies, documenting quality assurance, documentation of care in medical records, medical billing, schedule patient visits and arrange transportation.

Saint Francis Hospital, Hartford, CT. Physician Assistant (1990-1992) in Intermediate Coronary Care Unit and CCU. Duties include: admission, daily rounds, diagnosis and treatment, evaluation of labs and procedure data for cardiac and general medical patients. Interpretation of cardiac telemetry monitor, EKG, Cardiac Echo and MUGA Scan, ETT, cardiac catheter results, Swan-Ganz monitors, X-rays, and ventilators. Procedures include: emergency IV medications, ABGs, venous and arterial lines, NG tubes, and Foley catheters.

Cardiology Associates, New Haven, CT. Physician Assistant (part time 1990-1992) in the care of cardiac patients. Duties include: hospital rounds, admissions and discharge. Also, cardiac catheter sheath removal, ABGs, arterial and venous lines insertion.

Community Health Care Plan HMO, New Haven, CT. Physician Assistant (1987-1990) in Urgent Visit, Internal Medicine and Family Practice clinics. Duties include: triage, diagnosis and treatment of adult and pediatric patients, interpretation of EKGs, X-rays, and lab data, suturing, I & D, splint casting and IV therapy.

Veterans Administration Medical Center, Durham, NC. Affiliated with Duke University medical Center. Physician Assistant (1985 - 1987)
Worked in ambulatory care clinics: Medical, Screening and Employee Health Clinics. Duties included: Triage and screening of all medical and surgical problems of walk-in patients; evaluation and continual care of internal medicine patients; evaluating and treating on the job injuries, sick call and pre-employment physical examinations.

Duke University Hospital, Durham, NC. Physician Assistant (part time 1986- 1987) in Eye Clinic doing both pre-op and post-op physical examinations. Evaluated outpatient surgical and in-patient care of diabetic patients.

New Haven Ambulance Service, New Haven, CT. Volunteer EMT (1983).

Yale New Haven Hospital, New Haven, CT. Nurse's Aide (1980-1983) worked in the float pool on all nursing units and ER.

Southern Connecticut State University, New Haven, CT. Graduate Teacher's Assistant (part time 1979-1980). Lectured nursing students and instructed them in laboratory techniques and Human Biology and General Zoology.

Veterans Administration Medical Center, West Haven, CT. Orderly (1978) : worked on all the medical and surgical units in the float pool.

Internship as Animal Lab Assistant (1997) worked as lab researcher and assisted in the animal surgery course in the Yale Physician Assistant Program.

Education:

1983-1985 Diploma. Wake Forest University, Bowman Gray School of Medicine, Winston-Salem, NC. Physician Assistant Program.

1978-1981 Master's of Science in Biology. Southern Connecticut State University, New Haven, CT. Published Thesis.

1974-1978 Bachelor's of Science in Biology. Southern Connecticut State University, New Haven, CT.

1965-1969 High School Diploma. Notre Dame, Fairfield, CT. College Preparation.

Memberships and Certificates:

American Association of Physician Assistants
 Connecticut Association of Physician Assistants
 PA-C #860990
 BLS
 ACLS
 BMT

Military: United States Air Force, Sergeant (1970-1974). Honorable Discharge

Awards: Eagle Scout, Boy Scouts of America

References: Available upon request.

Brian G. Fillmore, PA
 45 Old Barnabas Road
 Woodbridge, CT 06525
 (203) 387-4899

Professional Experience:

- 1/01 – Present **Hospital of Saint Raphael, New Haven, CT**
 Project Eldercare, a primary care geriatric practice delivering primary care
 To the poor elderly of New Haven via a network of satellite clinics located
 In elderly housing complexes throughout the city.
- 6/00 – 12/00 **Yale-New Haven Nursing Home Practice, New Haven, CT**
 Evaluation and management of patients on Long-Term as well as
 Sub-Acute units.
- 2/94 – 5/00 **Quinnipiac Medical, PC, Orange/Milford, CT**
Internal Medicine and Primary Care
 Evaluation and treatment of acute illnesses, surgical procedures such
 as suturing lacerations, I & D abscesses, wound debridement.
 Evaluation and treatment of chronic illnesses, especially Diabetes.
 Full participation in weekday and weekend call rotation, admitting
 and following hospitalized patients in consultation with attending
 and subspecialists.
- 7/97 – 2/94 **Hospital of Saint Raphael, New Haven, CT**
Department of Medicine
 Admissions and workups, rotating through all medical floors with
 other house staff and covering an exclusive PA service. Supervising
 PA in the Medical Observation Unit, a short stay subsection of the
 E.D. with monitored beds for ROMI, treatment of asthmatics,
 diabetics, etc.
- 8/83 – 6/91 **Community Health Care Plan, New Haven, CT**
Medicine Department – Adult primary care and internal medicine.
Urgent Visit Department – Acute Medicine and minor trauma.
Plastic and Reconstructive Surgery – Assist in evaluations,
procedures, and follow-up.
- 1987 – 1991 **Park City Hospital, Bridgeport, CT**
Emergency Department- Part time.

Education:

- 1978 **University of California, Davis**
 Bachelor of Science, Animal Physiology
- 1983 **Yale University School of Medicine, Physician Assistant Program**
 Physician Assistant Certificate
 Certified by NCCPA 10/83 with Specialty in Primary Care.

Brian G. Fillmore, PA
45 Old Barnabas Road
Woodbridge, CT 06525
(203) 387-4899

Professional Organizations:

American Academy of Physician Assistants
Connecticut Association of Physician Assistants

Hospital Privileges:

Yale-New Haven Hospital, New Haven, CT
Hospital of Saint Raphael, New Haven, CT

DIANE ROSEN, ACSW, LCSW
 16 Foxbridge Village Road
 Branford, Connecticut 06405
 (203) 481-3308

- EDUCATION:
- M.S.W. Smith College School for Social Work 1987
 Northampton, MA
- Thesis: Margaret Mahler's Theory of Separation -
 Individuation: An Appropriate Framework
 for Therapeutic Work with Black Clients?
- B.S. Southern Connecticut State University
 New Haven, CT
 Elementary Education: Certified Nursery through
 grade eight.
- SOCIAL WORK EXPERIENCE
- Social Work Care Manager 1996 - Present
 Hospital of Saint Raphael
- Psychosocial evaluation of geriatric patients.
 - Provide psychosocial assesment to geriatric treatment team.
 - Coordination of needs with area agencies.
 - Medicaid and Medicare referrals.
 - Housing and Healthcare referrals.
 - Psychosocial counseling of patients and families.
 - Social Work coverage on inpatient medical floors when needed.
- Psychiatric Social Worker 1994-1996
 Comprehensive Psychiatric Services, New Haven, CT
- Evaluate and treat clients who present within a wide range of development levels, and within a broad range of diagnostic categories.
 - Collaborate treatment with other professionals in the group who practice in a wide range of clinical disciplines.
- Psychiatric Social Worker 1990-1996
 Bridgeport Hospital, formerly Park City Hospital, Bridgeport, CT
 Inpatient Psychotherapy/Adolescent Treatment Coordinator
- Assist team in psychiatric evaluation of all patients who present with a wide range of diagnostic categories.
 - Assess families of patients for psychosocial stressors and interpersonal dysfunction and refer to appropriate social service agencies and individuals when necessary.
 - Coordinate psychiatric evaluation, treatment and discharge plans for all adolescent patients.
 - Convene and participate in Planning and Placement Team meetings in order to guide and assist school personnel in reintegrating adolescents into the school system.
 - Arrange for all nursing home placements.
 - Co-lead/lead psychotherapy, adolescent and multi-family groups.
 - Contribute to staff development by offering occasional inservice programs.
- Individual, Child, and Family Psychotherapist 1989-Present
 Health Management, Inc., Milford, CT
 Outpatient Psychotherapy
- Evaluate and treat working class clients who present within a wide range of diagnostic categories.
 - Refer clients to a wide variety of treatment services when necessary.
 - Counsel clients with alcohol and or drug dependencies.

Diane Rosen
page 2

Child Psychotherapist 1987-1990

Boys' Village, Milford, CT

Residential and Outpatient Child Psychiatry

- Evaluate and treat lower and middle class latency age and young adolescent boys who present within a wide range of diagnostic categories.
- Treatment of families, couples and single parents when appropriate.
- Co-lead groups of latency age boys.
- Supervise child care staff.
- Lead multidisciplinary treatment teams.
- Management of case load.
- Lead discussions at staff meetings.

Young Adult Psychotherapist 1986-1987

Yale University Health Service,

Department of Mental Hygiene, Yale University, New Haven, CT

Outpatient Treatment

- Diagnosed and treated young adults with diverse racial and ethnic backgrounds and who presented within a broad range of diagnostic categories.
- Evaluated staff, faculty, and children and facilitated referrals to appropriate sources.
- Co-led a therapy group of undergraduate and graduate students.
- Supervised student groups leaders.
- Provided brief treatment for clients in crisis.
- Full-time field placement.

Child Psychotherapist 1985-1986

Clifford Beers Child Guidance Clinic, Inc., New Haven, CT

Outpatient Child Psychiatry

- Evaluated and treated lower and middle class children from diverse racial groups who presented within a wide range of diagnostic categories.
- Treatment of families when appropriate.
- Full-time field placement.

RELATED
EXPERIENCE:

Counselor, Owner/Operator 1979-1987

Diet Center of East Haven, East Haven, CT

Center for Weight Control and Maintenance

- Counseled adolescents and adults in a behaviorally oriented weight control program.
- Lectured and led discussions on good nutrition and weight control strategies.
- Facilitated discussions which would lead to clients' heightened awareness of their issues.
- Managed and carried out all personnel, financial and operational functions.

Tutor of Elementary School Children 1971-1979

Milford Board of Education, Milford, CT

- Planned for and provided instruction for remedial programs for learning disabled and/or emotionally disturbed children.
- Provided instruction for and facilitated the emotional and social adjustment of a deaf student.
- Consulted with others in a team approach to planning educational programs.

Classroom Teacher 1957-1960

New Haven Board of Education, New Haven, CT

- Provided classroom instruction to first and second grade children.

Diane Rosen
page 3

**PERSONAL
EXPERIENCE:**

Raised three children (ages 33, 29, and 27).
Actively participated in various community organizations.

ACTIVITIES:

- Community Project: Preparation of a pamphlet describing resources for runaway teens prepared under the auspices of the Douglas House, shelter for adolescents in New Haven, CT.
- Co-founded a PTA sponsored council for parents.
- Leader of Synagogue affiliated group for teenagers.
- Secretary of B'nai B'rith Organization.
- Hospitality Chairperson for National Council of Jewish Women.
- Committee member for Women's Division of Jewish Federation.

**PROFESSIONAL
MEMBERSHIPS:**

- NASW (National Association of Social Workers)
- Connecticut Association for Social Workers
- Connecticut Society for Clinical Social Work

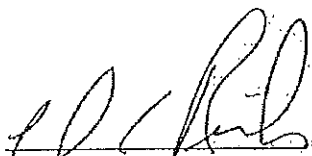
Attachment 2

**Hospital of Saint Raphael's *Plan for Excellence in Patient Care, Quality Improvement
Plan***

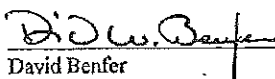
HOSPITAL OF SAINT RAPHAEL
PLAN FOR EXCELLENCE IN PATIENT CARE
FY 2002
CONTENT

- Purpose
 - A. Principles
 - B. Program Goals
 - C. Scope/Activity
- II. Responsibilities
 - A. Board of Trustees
 - B. Hospital Leadership
 - C. Medical Staff
 - D. Quality Improvement Committee
 - E. Quality Improvement Department
 - F. Hospital Divisions/Departments
- III. Quality Improvement Methodology
 - A. Framework
 - B. Improvement Model
- Appendix A (Forms)
 - A. Key Indicators
 - B. Ongoing Measures
 - c. FOCUS-PDCA Template

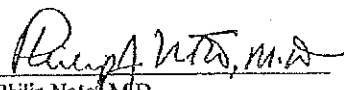
Revised & Endorsed: 1/14/02


Charles Riordan, M.D.
Chair, Quality Improvement Committee

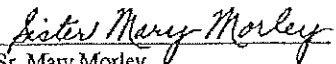
Endorsed: 1/14/02


David Benfer
Chief Executive Officer

Endorsed: Date 1/14/02


Philip Notor, M.D.
President, Medical Staff

Endorsed: 1/24/02


Sr. Mary Morley
Chair, Quality Committee
Saint Raphael Healthcare System
Board of Trustees

**HOSPITAL OF SAINT RAPHAEL
PLAN FOR EXCELLENCE IN PATIENT CARE
QUALITY IMPROVEMENT PLAN
FY 2002**

I. Purpose

The Plan for Excellence is organized and designed to support the values, mission and strategic goals of the Hospital of Saint Raphael. This shall be achieved through an ongoing effort by all individuals to continually improve systems, processes, outcomes and individual and organizational performance. The Hospital is committed to fostering a safe environment that encourages continual assessment and improvement of key governance, managerial, clinical and support functions

A. Principles

1. The Hospital of Saint Raphael is committed, through the implementation of this plan, to the following principles:
 - a. Commitment and involvement of senior management, medical staff leadership and the entire workforce in achieving excellence
 - b. Utilizing the mission, values, and strategic goals as the foundation of our plan for excellence.
 - c. Focusing on continuous improvement over time to improve systems and processes, reduce risks to patients and staff and to provide a safe environment for all.
 - d. Doing the right thing well the first time.
 - e. Patient centered approach to care.
 - f. Ongoing education and training in areas of Quality Improvement and Patient Safety to support hospital initiatives..
 - g. Coordination and collaboration of activities with shared responsibility for the proactive identification and pursuit of opportunities for improving quality of patient care and services, patient safety, customer service and appropriate utilization of resources.
 - h. Respect for all employees and medical staff members for their knowledge and contributions to patient care and safety.
 - i. Assessment, project prioritization and goal formation are data driven and benchmarks are utilized when appropriate.

B. Plan Goals

1. Achieve patient outcomes of the highest quality and safety and provide services that meet or exceed the expectations of our customers.
2. Provide an efficient and effective template(s) for the evaluation, improvement and risk reduction processes.
3. Promote interdisciplinary/interdepartmental teams to improve existing processes and outcomes and sustain a safe improved performance.
4. Support processes to meet regulatory, licensure and accreditation requirements.

C. Scope of Activity

1. Departments/services shall participate in activities that address quality, proactive risk reduction assessment, patient safety, customer service and appropriate utilization of resources. This participation includes but is not limited to:
 - a. Patient care and associated functions and services
 - b. Patient/customer satisfaction
 - c. Efficient and effective use of resources and delivery of services
 - d. Personnel competency
 - e. Regulatory compliance
 - f. Unanticipated patient outcomes resulting in injury or significant potential for injury.
 - g. Organizational and/or departmental priorities

II. Responsibilities

A. Board of Trustees

1. The Hospital of Saint Raphael System Board of Trustees has the final authority and responsibility for quality, patient safety and effectiveness of patient care and the implementation of a collaborative, comprehensive and integrated plan to achieve excellence in patient care. In meeting this responsibility, the Quality Committee of the System Board recommends strategic direction for achieving excellence, receives reports and oversees the system quality and risk reduction activities. As appropriate, the System Board shall hold the Quality Committee of the Board, medical staff and hospital leaders responsible for the implementation of improvement and risk reduction efforts and ensuring the same standard of care for all patients.
2. Because the improvement processes and the resultant information include peer review activities (as defined by state statute 19a-17b), the Board of Trustees places the quality improvement program under the Medical Staff structure to provide confidentiality and enhance participation and effectiveness.
3. In conjunction with the organization's leadership, the Board of Trustees commits to the provision of programmatic and financial support for quality improvement initiatives, risk reduction priorities and implementation of recommendations .

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B. Hospital Leadership

1. Hospital leadership is committed to providing resources and support systems for the planning, directing, coordination, provision, evaluation and improvement of safe health care services which is responsive to the needs of patients' and the community.
2. Hospital leaders:
 - a. Develop a future vision and a shared direction.
 - b. Set expectations, prioritize activities and oversee their implementation for achieving safety and excellence in patient care delivery consistent with Quality Committee expectations and SRHS core strategies.
 - c. Create an environment where individuals from all disciplines and departments are an integral part of the collaborative improvement process, which is marked by effective communication and creative thinking.
 - d. Consider the results of quality improvement and risk reduction assessment in strategic planning.
 - e. Establish priorities for organization-wide activities by focusing on those opportunities for improvement with the greatest impact on patient care, patient/customer satisfaction, safety and efficient and effective resource utilization.

C. Medical Staff

The Medical Board, as the Executive Committee of the Medical Staff, is responsible to ensure that a comprehensive program is in place to address opportunities to improve care and assess the effectiveness of implemented plans and maintain a commitment to evidence based medicine.

1. The Medical Staff participates in:
 - a. Establishing priorities for improving patient safety and care
 - b. Recommending allocation of resources to support patient care improvement
 - c. Holding physicians and staff accountable for results
 - d. Clinical monitoring and evaluation of patient care provided by individuals with clinical privileges
 - e. Collaborating and communicating with other disciplines in projects to improve the quality and safety of patient care.
 - f. Planning and evaluation of the effectiveness and efficiency of the plan for excellence in patient care considering evidence based data and findings.
 - g. Meeting at least 10 times per year, receiving reports from Quality Improvement Patient Safety Committee on significant improvement/risk reduction efforts and organizational wide indicators.

D. Quality Improvement/Patient Safety Committee (QISC)

1. The Quality Improvement Patient Safety Committee consists of hospital leaders representing key components of the organization.
2. Members are expected to participate in 70% of the meetings scheduled.
3. Members include:
 - a. Voting Members
 - Vice President for Medical Affairs, Chair, QISC
 - Chair, Clinical Management, Vice Chair, QISC
 - President or president-elect of the Medical Staff
 - Vice President of Mission Services
 - Vice President of Human Resources
 - Vice President for Patient Services
 - Vice President of Information Services
 - Vice Present of Clinical Operations
 - Chair, Department of Medicine
 - Chair, Department of Surgery
 - Chair, Infection Control Committee
 - Chair, Medical Records Committee
 - Two year renewal appointments
 - (i) Two Non Medical Staff members appointed for two-year terms by the Chief Executive
 - (ii) Three Medical Staff members appointed by the President, Medical Staff
 - b. Non-Voting Members (ex-officio)

Shall have a standing invitation to all meetings and receive a copy of minutes (presentation packets on request)

 - President & Chief Executive Officer
 - Chair, Board Quality Committee and/or designee
 - Chair, Emergency Medicine
 - c. QIC Support
 - Quality Improvement Department
 - d. Permanent Guest Status
 - Information Services: Decision Support
 - VP General Counsel/Corporate Compliance Officer
 - Chairman of Safety Committee
4. The committee shall oversee and coordinate the quality assessment and clinical risk assessment/reduction and improvement activities with in the organization: Functions include:

- a. Approve the Hospital's Plan for Excellence in Patient Care, and oversee the quality/risk assessment and reduction program. A reporting schedule is established on an annual basis.
- b. Assign responsibility and accountability for communication follow through based on reports received.
- c. Encourage development and availability of systems to facilitate the collection, management and analysis of data for quality improvement, safety and risk reduction activities.
- d. Empower cross-functional teams, which advance the goals and priorities of the plan. Identify a member of leadership to provide operational support and throughput for these teams.
- e. Oversee compliance with recommendations related to requirements of regulatory and accrediting groups.
- f. Encourage education for key personnel on the principles, methods and techniques of quality improvement/risk reduction. Responsibility is delegated as appropriate.
- g. Conduct an annual review of the effectiveness of the hospital's activities to assess and improve quality of care/risk reduction and organizational performance.
- h. Recommend to hospital leadership the resources necessary to carry out the hospital plan for excellence in patient care.
- i. Meet at least ten times per year with reports to Medical Board and Quality Committee of the Board of Trustees.
- j. Request collection and analysis of data and information with regards to quality improvement activities and risk reduction strategies. .
- k. Maintain confidentiality and support peer review activities pursuant to the Connecticut State Statutes.
- l. Oversee analysis of sentinel events and/or root cause analysis reports and ensure that appropriate risk reduction strategies are implemented.

E. Quality Improvement Department

- I. Coordinates the hospital quality improvement initiatives and clinical risk reduction strategies.

2. Consults on data management efforts including; design collection, analysis, display, interpretation, reporting and use of information to support quality improvement activities. Where relevant, collaborates with Information Systems Division for data retrieval.
3. Participates in and coordinates external activities surrounding Qualidigm/ CMS Health Care Quality Improvement Initiatives, CHA's Toward Excellence In Care Benchmarking Programs, Joint Commission on Accreditation for Healthcare Organizations' ORYX/Core Measures program.
4. Prepares and submits quarterly Board Quality Indicator Report to the Medical Board via the Quality Improvement Committee, and a system report to the Quality Committee of the Board. The System Board Report includes the Hospital's Quality Indicator Report, as well as indicators from Saint Regis and Regional VNA and the Hamden Surgery Center. (Addendum A)
5. Prepares an annual quality improvement activity summary for the Quality Improvement Committee and an annual report for the Medical Board.
6. Provides staff support to the Quality Improvement Committee.
7. Facilitates and/or leads quality improvement activities: teams, initiatives, clinical risk reduction strategies and root cause analysis projects.
8. Educates departments and services on principles of quality improvement/tools and techniques and team processes.
9. Fosters collaborative working partnerships among staff from all disciplines and professional backgrounds.
10. Supports enhanced communication efforts across the organization.
11. Maintains electronic database and coordinates data for the Medical Staff reappointment process.
12. Assists in the coordination of responses to external agencies with regards to quality issues.

F. Hospital Divisions/Departments

1. Perform ongoing assessment and/or evaluation of opportunities for improvement and risk reduction including regulatory compliance
2. Conduct quality improvement activities related to important aspects of care and/ or key processes. Participates as requested on organization Quality Improvement/Risk Reduction teams.

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3. Submit reports to the Quality Improvement/Patient Safety Committee on an established scheduled, as required.
4. Submit an annual plan and appraisal of activity to the Quality Improvement Department.
5. Seeks opportunities to address quality initiatives using a collaborative multi-disciplinary approach.
6. Obtain endorsement from VP or Chair of Department for all Quality Improvement plans, appraisals and reports.
7. Allocate adequate resources for assessment, improvement and risk reduction activities.
8. Track the status of identified problems or opportunities to assure improvement or resolution.
9. Sustain an environment that facilitates communication and continual improvement in intra- and inter-departmental patient care services.

III. QUALITY IMPROVEMENT PROCESS

- A. The model adopted for St. Raphael's Quality Improvement/Risk assessment and reduction is FOCUS-PDCA (Addendum C)
 - F- Focus – Find a process to improve (based on monitoring data, safety issues, organizational initiatives.
 - O – Organize – Organize a review of the process (group/team of process owners)
 - C – Clarify – Clarify the process (current knowledge of processes via baseline data)
 - U – Understand - Understand the process by collecting information on how current process works, why it fails, what are barriers to success and sources of variation. All factors must be placed in importance of impact on outcomes and prioritized for action.
 - S – Select – Select changes to improve or decrease the risk associated with the process.
 - P – Plan – Plan the improvement and continued data collection
 - D – Do – Implement the improvement and measurement
 - C – Check – Analyze the results to evaluate improvement
 - A – Act – Act to hold the gain and stabilize the process
- B. Annually the Hospital via the Quality Improvement/Patient Safety Committee, sets priorities for hospital initiatives and risk reduction projects and identifies the implementation process. One high-risk process for pro-active risk assessment will be selected annually.

- C. Annually, departments identify opportunities for improvement/risk reduction, develop goals and determine the approach for measuring and improving processes of patient care and service.
- D. Prioritization of opportunities is based on:
- Internal and/or external requirements
 - Processes that effect large numbers of patients
 - Processes that place patient at risk if
 - Not performed well
 - If performed well when not indicated
 - Not preformed when indicated
 - Problem prone processes/procedures
 - Financial impact
 - Organizational impact
 - Sensitive to emerging needs
 - Relationship to mission and core strategies
- E. The Quality Improvement Department compiles all department identified opportunities and generates an opportunity list for presentation at the Quality Improvement/Patient Safety Committee.
- F. When the hospital or department assess the need for modification/redesign of existing functions, processes, or designs new programs, consideration is given to:
- Needs and safety of all customers: patients, staff, visitors, medical staff, etc.
 - The project's consistency with the hospital's mission, values and strategic goals
 - Needs and expectations of key constituents (patients, staff, and others)
 - Dimensions of performance:
 - Efficacy
 - Appropriateness
 - Availability
 - Timeliness
 - Continuity
 - Safety
 - Efficiency
 - Respect and Caring
 - Effectiveness
 - Current accepted standards of care/best practices and known benchmarks
 - Compatibility with sound business practices
 - Incorporates external and internal information regarding safety and potential risks to patients.
- G. Data collection and analysis will include external regulatory requirements and hospital identified indicators. (Addendum B)
- H. The assessment process is systematic, interdisciplinary and/or interdepartmental, as appropriate. Conclusions about need for more intensive measurement will be determined based on :
1. Adverse events (important single event)
 2. Major pre/post-operative diagnosis discrepancies

3. Confirmed significant transfusion reactions
4. Significant drug events; ADR's; medication errors
5. Adverse events or patterns of adverse events associated with use of anesthesia
6. Patterns/trends (as determined by significant variance using data over time)
7. Variances (significant deviation from standards of care/expected outcomes/best practices, peer organizations)
8. Competency issues
9. Prioritized proactive issues for risk reduction
10. Root Cause Analysis in response to undesirable occurrences.
11. Potential staffing effectiveness issues

I. Data collected as part of the measurement process are converted to information through assessment and analysis which can include:

- Use of statistical tools and techniques as appropriate for assessing variation:
- Flow Charts (identifying process)
- Failure Mode analysis and criticality (barriers to success/critical variances)
- Histograms (graphic summary of variation)
- Pareto Diagrams (prioritize issues)
- Run Charts (display summary and comparison data)
- Control Charts (variance and trend identification over time)
 - (i) Common cause
 - (ii) Special cause

J. Comparison data can be utilized as benchmarks and can include:

- (i) Reference Data Bases
- (ii) Evidence based Practice Guidelines
- (iii) Relevant Literature/Best Practices
- (iv) Ongoing Internal Process/Outcome Data

IV. COMMUNICATION

Vertical and Horizontal communication is critical and an essential component to an effective quality/risk reduction program. All employees are encouraged to share any and all information that will perpetuate a culture of improvement and safety.

Attachment 3
Financial Projection

Hospital of Saint Raphael Consolidated Statements of Operations

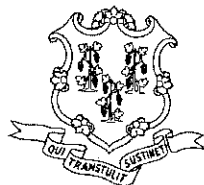
10 D. Please provide one year of actual results and three years of projections of Total Facility revenue, expense and if applicable, volume statistics without, incremental to and with the proposal in the following reporting format:

Total Facility: Description	FY 2001 Actual Results	FY2002		FY2003		FY2004	
		Projected Without Project	Projected With Project	Projected Without Project	Projected With Project	Projected Without Project	Projected With Project
Revenue from Operations	\$ 288,777,000	\$ 308,588,000	\$ 308,592,050	\$ 24,300	\$ 308,612,300	\$ 308,588,000	\$ 308,620,400
Non-Operating Revenue	\$ 6,587,000	\$ 3,260,000	\$ 3,260,000	\$ 3,260,000	\$ 3,260,000	\$ 3,260,000	\$ 3,260,000
Total Revenue:	\$ 295,364,000	\$ 311,848,000	\$ 311,852,050	\$ 24,300	\$ 311,872,300	\$ 311,848,000	\$ 311,880,400
Total Operating Expenses	\$ 295,143,000	\$ 311,844,000	\$ 311,850,575	\$ 27,759	\$ 311,871,759	\$ 311,844,000	\$ 311,873,281
Revenue Over/(Under) Expense	\$ 221,000	\$ 4,000	\$ (2,525)	\$ (3,459)	\$ 542	\$ 4,000	\$ 7,119

*Volume Statistics: 2,618 2,618 90 2,708 2,618 540 2,618 720 3,336

Notes:

Actual results for FY2001 per audited financial statements for Consolidated Hospital of Saint Raphael Projections "Without Project" per FY2002 internal budget, developed as of September 2001.
 Projected incremental represents incremental costs for 2 new proposed sites
 Projected incremental represents direct costs only (no indirect costs assumed)
 Assumes McQueeney opens 4th quarter of FY02, and Surfside opens 3rd quarter FY03
 Incremental staff assumed to be 0.5 FTE Medical Assistant starting 4th quarter FY02
 Salary & supply costs inflated 3% per year beginning in FY03
 Benefits assumed to be 25% of salary costs
 Volume statistics represent Project ElderCare



Office of Health Care Access Certificate of Need Application

Final Decision

Hospital: Hospital of Saint Raphael

Docket Number: 02-516

Project Title: Establish Primary Care Services for the Elderly

Statutory Reference: Section 19a-638, Connecticut General Statutes

Filing Date: May 9, 2002

Hearing Date: Not Applicable

Decision Date: May 31, 2002

Default Date: August 7, 2002

Staff: Sandra Czunas
Steven Lazarus

Project Description: The Hospital of Saint Raphael ("Hospital") is seeking OHCA authorization for Project ElderCare, a primary care services program for the elderly with no associated capital cost. The program currently operates at seven sites in New Haven and is seeking to expand to McQueeney Towers, 358 Orange Street in New Haven and Surfside 200, 204 Oak Street, West Haven Connecticut.

Nature of Proceeding: On May 9, 2002, the Office of Health Care Access ("OHCA") received the Hospital's Certificate of Need ("CON") application seeking authorization to operate two proposed primary care service sites for the elderly at McQueeney Towers, 358 Orange Street in New Haven and Surfside 200, 204 Oak Street in West Haven Connecticut, in addition to seven existing sites, with no associated capital expenditure. The Hospital is a health care facility or institution as defined by Section 19a-630, of the Connecticut General Statutes ("C.G.S.").

OHCA's authority to review and approve, modify or deny this application is established by Section 19a-638, C.G.S. The provisions of this section, as well as the principles and guidelines set forth in Section 19a-637, C.G.S., were fully considered by OHCA in its review.

FINDINGS OF FACT

Clear Public Need

Contribution of the Proposal to the Quality and Accessibility of Health Care Delivery in the Region

Impact on the Hospital's Current Utilization Statistics

1. The Hospital of Saint Raphael ("Hospital") is an acute care hospital located in New Haven, Connecticut. *(CON Application, May 9, 2002, page 1)*
2. The Project Eldercare program ("Program") is an onsite preventive health care education and social services program for the frail elderly operated by the Hospital. *(CON Application, May 9, 2002, page 2)*
3. The Hospital seeks formal approval for the Program at the existing seven sites and to gain approval for the expansion of two additional sites. *(CON Application, May 9, 2002, page 2)*
4. The Hospital proposes to establish the two additional sites at McQueeney Towers, 358 Orange Street in New Haven and Surfside 200, 204 Oak Street, West Haven, Connecticut. *(CON Application, May 9, 2002, page 3)*
5. The Program currently has sites at the following locations:

*Crawford Manor
New Haven Housing Authority
90 Park Street
New Haven, CT 06511*

*Atwater Senior Center
26 Atwater Street
New Haven, CT 06513*

*Edith Johnson Towers
11 Bristol Street
New Haven, CT 06511*

*East Shore Senior Center
411 Townsend Avenue
New Haven, CT 06512*

*Ribicoff
New Haven Housing Authority
200 Brookside Street
New Haven, CT 06511*

*Casa Otonal Housing Corporation
135 Sylvan Avenue
New Haven, CT 06511*

*Tower One
10 Tower One
New Haven, CT 06511*

(CON Application, May 9, 2002, page 6)

6. The Program was initiated in 1992 to provide primary care services to those elderly in New Haven who suffered from chronic illness, had poor mobility and function, experienced more frequent hospitalizations, and did not receive regular primary care. *(CON Application, May 9, 2002, page 3)*
7. The Hospital states it began and then expanded the Program at the request of local elderly public housing facilities. *(CON Application, May 9, 2002, page 3)*
8. Services currently provided at the seven existing locations and to be provided at the two proposed locations include the following:

Medical Services:

- Physical Examinations
- Treatment of Non-emergency illnesses and injuries
- Immunizations
- Prescription renewals
- Referrals to specialists

Social Services:

- Psycho-social evaluation
- Individual and family counseling
- Case management
- Financial Counseling
- Community resources referrals
- Advocacy

Health Education / Screenings / Other:

- Screenings for high blood pressure
- Podiatry
- Various educational programs for Health-promotion

(CON Application, May 9, 2002, page 7)

9. Program services will be provided by physician assistants, social workers and a geriatric physician. *(CON Application, May 9, 2002, page 2)*
10. According to the Hospital, approximately 300 individuals are served by the Program each month. *(CON Application, May 9, 2002, page 2)*
11. The Hospital states that the Program addresses cultural, geographic, transportation and economic barriers and provides necessary health care services to an underserved segment of the senior population in greater New Haven. *(CON Application, May 9, 2002, page 3)*
12. The Project operates under a separate cost center at the Hospital and the proposed two new sites will be included in this existing cost center. *(CON Application, May 9, 2002, page 7)*

13. The Hospital states that all existing and proposed locations operate in spaces provided rent-free from the New Haven Housing Authority or the West Haven Housing Authority. *(CON Application, May 9, 2002, page 3)*

**Financial Feasibility of the Proposal and its Impact on the Hospital's Rates and
Financial Condition
Rates Sufficient to Cover Proposed Capital and Operating Costs
Impact of the Proposal on the Interests of Consumers of Health Care Services and
Payers for Such Services**

14. The operating costs associated with this project are minimal. The Program will incur the expense of a half-time (0.5 FTE) medical assistant, and incremental costs for medical supplies utilized in each new clinic location. *(CON Application, May 9, 2002, page 3)*
15. The Hospital projects minimal losses in the amount of \$2,525 and \$3,459 for FY2002 and FY2003, respectively, and projects a gain of \$3,119 in FY2004. *(CON Application, May 9, 2002, page 34)*
16. The Hospital attributes projected losses in operations in FYs 2002 and 2003 (start-up years) to the need to cover incremental salary costs of a half-time medical assistant during this start-up period. The Hospital expects that revenue from the program will offset direct program costs during FY 2004. *(CON Application, May 9, 2002, page 9)*
17. There are no capital expenditures associated with the proposed Program expansion. *(CON Application, May 9, 2002, page 3)*

**Consideration of Other 19a-637, C.G.S.
Principles and Guidelines**

The following findings are made pursuant to other principles and guidelines set forth in Section 19a-637, C.G.S.:

18. There is no State Health Plan in existence at this time. *(CON Application, May 9, 2002, page 2)*
19. The Hospital has adduced evidence that this proposal is consistent with the Hospital's long-range plan. *(CON Application, May 9, 2002, page 2)*
20. The Hospital has improved productivity and contained costs through group purchasing, energy conservation, reengineering and applications of technology. *(CON Application, May 9, 2002, page 4)*

The Hospital of Saint Raphael
Final Decision, DN: 02-516

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May 31, 2002

21. The Hospital currently does not have teaching or research responsibilities. (*CON Application, May 9, 2002, page 6*)
22. The Hospital has sufficient technical, financial and managerial competence to provide efficient and adequate services to the public. (*CON Application, May 9, 2002, page 4 and Attachment 1, pages 12-21*)

Rationale

The Hospital of Saint Raphael ("Hospital") seeks formal approval to operate nine (seven existing, two proposed) sites for Project ElderCare, an onsite preventive health care education and social services program for the frail elderly. Currently, the Hospital operates seven sites, located at Crawford Manor, Edith Johnson Towers, Ribicoff, Tower One, Atwater Senior Center, East Shore Senior Center and Casa Otonal Housing Corporation in New Haven. The Hospital proposes two additional sites to be located at McQueeney Towers, 358 Orange Street in New Haven and Surfside 200, 204 Oak Street, West Haven, Connecticut.

Project ElderCare was initiated in 1992 in an effort to treat New Haven elderly who suffered from chronic illness, had poor mobility and function, experienced more frequent hospitalizations, and did not receive regular primary care. The Hospital states that the Program addresses cultural, geographic, transportation and economic barriers and provides necessary health care services to an underserved segment of the senior population in greater New Haven. Services to be provided at the proposed sites include medical services, social services, health education, screenings and other services. The Hospital states that approximately 300 individuals are served by the Program clinics each month.

The Project operates under a separate cost center at the Hospital and the proposed two new sites will be folded into this existing cost center. In addition, all existing and proposed locations operate in spaces provided rent-free from the Housing Authorities of New Haven and West Haven.

Finally, the proposal is financially feasible. There is no capital expenditure associated with the proposed expansion. After a small loss in FY2002 and FY 2003, the Hospital expects a gain of \$3,119 in FY2004. In addition, there are no capital costs associated with this Proposal.

Based upon the foregoing Findings of Fact and Rationale, the Certificate of Need application of Saint Raphael Hospital to operate primary care clinics at Crawford Manor, Edith Johnson Towers, Ribicoff, Tower One, Atwater Senior Center, East Shore Senior Center and Casa Otonal in New Haven and McQueeney Towers in New Haven and Surfside 200 in West Haven, Connecticut, with no associated capital expenditure, is hereby GRANTED.

The Hospital of Saint Raphael
Final Decision, DN: 02-516

Page 7 of 7
May 31, 2002

ORDER

Saint Raphael Hospital is hereby authorized to operate nine primary care clinics at Crawford Manor, Edith Johnson Towers, Ribicoff, Tower One, Atwater Senior Center, East Shore Senior Center and Casa Otonal Housing Corporation in New Haven and McQueeney Towers, 358 Orange Street in New Haven and Surfside 200, 204 Oak Street, West Haven, Connecticut, with no associated capital expenditure.

All of the foregoing constitutes the final order of the Office of Health Care Access in this matter.

By Order of the
Office of Health Care Access

May 31, 2002
Date

Signed by:
Raymond J. Gorman
Commissioner

RJG/sec
w:\decision\02516dec



**State of Connecticut
Office of Health Care Access
CON Determination Form
Form 2020**

All persons who are requesting a determination as to whether a CON is required for a proposed project must complete this form. Completed forms should be submitted to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	Hospital of Saint Raphael	
Doing Business As	Hospital of Saint Raphael	
Name of Parent Corporation	Saint Raphael Healthcare System, Inc.	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	1450 Chapel Street New Haven, CT 06511	
Petitioner type (e.g., P for profit and NP for Not for Profit)	Non-profit	
Name of Contact person, including title	Barbara Durdy Planning & Business Development	
Contact person's street mailing address	1450 Chapel Street New Haven, CT 06511	
Contact person's phone, fax and e-mail address	203) 789-4378 Phone (203) 789-3653 Fax bdurdy@srhs.org	

SECTION II. GENERAL PROPOSAL INFORMATION

a. Proposal/Project Title:

Project ElderCare Restructuring

b. Location of proposal (Town including street address):

The Project ElderCare program currently provides primary healthcare services at the following eight (8) locations :

1) Crawford Manor New Haven Housing Authority 90 Park Street New Haven, CT. 06511	2) Atwater Senior Center 26 Atwater Street New Haven, CT. 06513
3) Edith Johnson Towers 114 Bristol Street New Haven, CT. 06511	4) Tower One 18 Tower Lane New Haven, CT. 06511
5) Ribicoff Cottages New Haven Housing Authority 200 Brookside Avenue New Haven, CT. 06515	6) Casa Otonal Housing Corporation 135 Sylvan Avenue New Haven, CT. 06511
7) Surfside 200 200 Oak Street West Haven, CT. 06516	8) McQueeney Towers 358 Orange Street New Haven, CT. 06511

c. List all the municipalities this project is intended to serve:

Project ElderCare serves the residents of the Hospital's primary service area which includes New Haven, East Haven, West Haven and Hamden.

d. Estimated starting date for the project:

January 1, 2007

e. Type of Entity: (Please check *E* for Existing and *P* for Proposed in all the boxes that apply)

- | | | | | | |
|-------------------------------------|--------------------------|---|--------------------------|-------------------------------------|--------------------------|
| E | P | E | P | E | P |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Acute Care Hospital | | Imaging Center | | Cancer Center | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Behavioral Health Provider | | Ambulatory Surgery Center | | Primary Care Clinic | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Other (specify): | | | |
| Hospital Affiliate | | | | | |

SECTION III. EXPENDITURE INFORMATION

a. Estimated Total Capital Expenditure/Cost: \$ Please provide the following breakdown as appropriate: (may not represent the aggregate shown above)

New Construction/Renovations	
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	
Fair Market Value of Leased Equipment	
Total Capital Cost	\$

N/A. There are no capital expenditures associated with this project.

Major Medical and/or imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide copy of contract with vendor for medical equipment.

Not applicable. No major medical equipment or imaging equipment purchases related to this project.

b. Type of financing or funding source:

- Operating Funds Lease Financing Conventional Loan
- Charitable Contributions CHEFA Financing Grant Funding
- Funded Depreciation Other (specify): _____

N/A. There are no capital expenditures associated with this project.

SECTION IV. PROPOSAL DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

Please see Attachment # 1 for a description of the project.

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.

The Hospital of Saint Raphael is a 511 bed general acute care teaching hospital located in New Haven, Connecticut. Please see Attachment # 2 for a copy of the current license for the Hospital of Saint Raphael issued by the Department of Public Health.

2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?

The Hospital is proposing the restructuring of the Project ElderCare program. Specifically, the Hospital's proposal is to eliminate the provision of services at two under-utilized sites, McQueeney Towers and Ribicoff Cottages. The Project ElderCare program is operated under the Hospital of Saint Raphael's License.

3. Will you be charging a facility fee?

The Hospital will continue to bill for this service in a manner consistent with other outpatient services.

4. Who is the current population served and who is the target population to be served?

The Hospital of Saint Raphael generally serves the residents of South Central Connecticut, consisting of the 22 municipalities (approximately 700,000 persons) which include and surround New Haven. Project ElderCare provides access to primary healthcare services for senior residents in New Haven and West Haven.

Please see Attachment # 3 for a listing of cities and towns which comprise the Hospital's Service Area.

5. Who will be providing the service?

Project ElderCare services are provided by registered nurse practitioners, physician assistants and social workers under the medical supervision of Hospital physicians who are Board certified in Geriatric medicine.

6. Who are the payers of this service?

The payors of this service will primarily be Government (Medicare, Medicaid, and other government payors).

SECTION V. AFFIDAVIT

Applicant: Hospital of Saint Raphael
Project Title: Project ElderCare Restructuring

I, David Benfer, Chief Executive Officer (CEO)

of the **Hospital of Saint Raphael** being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge, and that the **Hospital of Saint Raphael** complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Signature

Date

Subscribed and sworn to before me on _____

Notary Public/Commissioner of Superior Court

My commission expires: _____

Attachment #1
Project Description

Project ElderCare Restructuring

The Project ElderCare program operated by the Hospital of Saint Raphael, provides primary care services to elderly residents of the Hospital's service area. A full range of primary care services are provided by registered nurse practitioners, physician assistants and social workers under the medical supervision of Hospital physicians who are Board certified in Geriatric medicine. The services offered include physical examinations, immunizations, individual and family counseling and health screenings. Currently, the Hospital of Saint Raphael operates eight Project ElderCare sites in the greater New Haven area.

The Hospital is proposing to restructure the Project ElderCare program in order to more effectively serve residents of local elderly public housing facilities and to maximize the use of resources deployed for this program. Specifically, the Hospital is proposing to eliminate the provision of services at two City of New Haven public housing facilities, McQueeney Towers and Ribicoff Cottages, locations where patient volume has significantly declined or has not materialized as planned.

McQueeney Towers and Ribicoff Cottages were originally selected as Project ElderCare sites because at the time they were designated as a senior living facility or there was a high density of seniors living in the facility. Over the years, the Housing Authority has integrated these facilities with younger and / or disabled residents, **this coupled with a general decline in the number of older adults applying for Public Housing has substantially changed the resident demographic.** The Housing Authority has a plan to rehabilitate selected facilities and return them to designated senior housing sites, however, **this plan is slowly being executed.**

The volume of patient encounters at McQueeney Towers and Ribicoff Cottages has steadily declined. (Please see Table 1, below) During FY 2006 12 patients (96 encounters) were seen at McQueeney Towers and 15 patients (108 encounters) were seen at Ribicoff Cottages. As presented in Table 1, patient encounters at McQueeney Towers and Ribicoff Cottages declined by 18% and 34% respectively from the date each site was opened.

Hospital of Saint Raphael Project ElderCare Patient Encounters McQueeney Towers and Ribicoff Cottages				
	2004	2006	change	% change
McQueeney Towers	117	96	(21)	-18%
	2002	2006	change	% change
Ribicoff Cottages	163	108	(55)	-34%

Table 1.

The increasing integration of McQueeney Towers and Ribicoff Cottages with younger and / or disabled individuals is evident when comparing the utilization of Project ElderCare services among alternate sites. These two locations represent the least utilized sites for Project ElderCare services. (Please see Table 2 below).

Hospital of Saint Raphael Project ElderCare Patient Encounters by Site									
	Atwater	Casa	Crawford	EastShore (a)	Edith Johnson	McQueeney	Ribicoff	Tower 1	Surfside
FY 2006 annualized (b)	276	413	185	N/A	236	96	108	635	298

notes:
(a) Services provided at the East Shore site are limited to blood pressure screening and health education.
(b) FY 2006 encounters annualized based on 10 months actual activity.

Table 2.

The steady decline in volume which reflects the changing resident demographic at each of these public housing locations has prompted the Hospital to restructure the ElderCare program redeploing resources to those Project ElderCare sites where volume remains strong and demand is increasing.

The Hospital will continue to provide care for patients living in either public housing facility. These patients will be seen at the Project ElderCare site closest to their residence. The Hospital will assist these patients with transportation to and from ElderCare visits. Transportation will be arranged through Title XIX, community agencies or home care programs. The Hospital has made arrangements with its security department to serve as back-up transportation if needed. Patients affected by this change will be notified by

mail and also with a follow-up phone call to make sure that they understand where they will be receiving care going forward.



M. JODI REIL
GOVERNOR

STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL
COMMISSIONER

January 11, 2007

Barbara Durdy
Planning & Business Development
Hospital of Saint Raphael
1450 Chapel Street
New Haven, CT 06511

RE: Certificate of Need Determination; Report Number 06-30884-DTR
Hospital of Saint Raphael
Termination of 2 Project ElderCare programs in New Haven

Dear Ms. Durdy:

On December 7, 2006, the Office of Health Care Access ("OHCA") received your request for the termination of 2 Project ElderCare programs in New Haven, Connecticut.

Please be advised that OHCA has reviewed your request and makes the following findings:

1. The Hospital of Saint Raphael ("HSR") is a 511 bed general acute care teaching hospital located at 1450 Chapel Street, New Haven, Connecticut.
2. Currently HSR operates the following eight Project ElderCare in the greater New Haven Area:

Table 1: Project ElderCare locations

Crawford Manor New Haven Housing Authority 90 Park Street New Haven, CT 06511	Atwater Senior Center 26 Atwater Street New Haven, CT 06513
Edith Johnson Towers 114 Bristol Street New Haven, CT 06511	Tower One 18 Tower Lane New Haven, CT 06511
Ribicoff Cottages New Haven Housing Authority	Casa Otonal housing Corporation 135 Sylvan Avenue

An Equal Opportunity Employer
410 Capitol Avenue, MS #13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308
Telephone: (860) 418-7001 • Toll free (800) 797-9688
Fax: (860) 418-7053

200 Brookside Avenue New Haven, CT 06515	New Haven, Ct 06511
Surfside 200 200 Oak Street West Haven, CT 06516	McQueeney Towers 358 Orange Street New Haven, CT 06511

The Project ElderCare program is operated under the Hospital of Saint Raphael's license.

3. HSR is proposing to eliminate the provision of services at two City of New Haven public housing facilities, McQueeney Towers and Ribicoff Cottages, locations where patient volume has declined or has not materialized as planned.
4. HSR serves the residents of South Central Connecticut, consisting of the 22 municipalities (approximately 700,000 persons) which include and surround New Haven. Project ElderCare provides access to primary healthcare services for senior residents in New Haven and West Haven.
5. Project ElderCare services are provided by registered nurse practitioners, physician assistants and social workers under the medical supervision of Hospital physicians who are Board Certified in Geriatric medicine. The services offered include physical examinations, immunizations, individual and family counseling and health screening.
6. HSR states that the proposed sites were originally selected as ProjectElderCare because at the time they were designated as a senior living facility or there was a high density of seniors living in the facility. Over the years, the Housing Authority has integrated these facilities with younger and / or disabled residents.
7. HSR states that it will continue to provide care for patients living in both public housing facilities. The Hospital will assist these patients with transportation to and from ElderCare visits.
8. The primary service area and target population will not change as a result of the termination of the McQueeney Towers and Ribicoff Cottages Project ElderCare in New Haven.
9. The total capital expenditure associated with this termination is \$0.

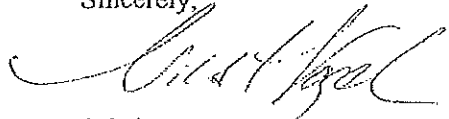
The Hospital of Saint Raphael
Report Number 06-30884-DTR

January 11, 2007
Page 2 of 3

Based on these findings, OHCA has determined that Certificate of Need approval is not required for you to proceed with the termination of the McQueeney Towers and Ribicoff Cottages Project ElderCare in New Haven.

Thank you for keeping OHCA informed of your plans regarding this proposal. If you have any questions regarding this letter, please contact Paolo Fiducia, Associate Health Care Analyst, Health System Development, at (860) 418-7035.

Sincerely,



Cristine A. Vogel
Commissioner

c: Rose McLellan, DPH,

CAV:pf

* * * Communication Result Report (Jul. 29. 2013 11:49AM) * * *

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Date/Time: Jul. 29. 2013 11:47AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
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Reason for error

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Fax 203-853-4736



FAX

Date: July 20, 2013
 To: Mr. Kimberly Martone
 Fax Number: 860-418-7053
 From: Nancy Rosenthal
 Subject: Certificate of Need Determination Letter
 Change of Operational Control of Elder-Care Clinics

Number of pages including cover sheet: 7

CONFIDENTIAL NOTICE: This fax is originated from Yale New Haven Health System. The information contained in this transmitted may be privileged and confidential. If you are hereby notified that you have received this transmission in error and any review, use, distribution or copying is strictly prohibited. If you have received this transmission in error, please notify the sender immediately and destroy this message. Thank you.

5Perryridge Road
Greenwich, CT 06830-4697
203-863-3908
Fax 203-863-4736



FAX

Date: July 29, 2013
To: Ms. Kimberly Martone
Fax Number: 860-418-7053
From: Nancy Rosenthal
Subject: Certificate of Need Determination Letter
Change of Operational Control of ElderCare Clinics

Number of pages including cover sheet: 7

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July 29, 2013

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

RE: Certificate of Need Determination Letter
Change of Operational Control of ElderCare Clinics

Dear Ms. Martone:

Please find enclosed a Certificate of Need Determination Letter regarding a proposed change of operational control of the ElderCare clinics currently operated by Yale-New Haven Hospital.

If you have any questions, please let me know.

Thank you for your timely assistance with this matter.

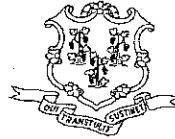
Sincerely,

A handwritten signature in cursive script that reads 'Nancy Rosenthal'.

Nancy Rosenthal
Senior Vice President – Health System Development

cc: Jennifer Willcox, Esq.

*Enclosures



**State of Connecticut
Office of Health Care Access
CON Determination Form
Form 2020**

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed project must complete this Form 2020. The completed form should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If this proposal has more than two Petitioners, please attach a separate sheet, supplying the same information for each Petitioner in the format presented in the following table.

	Petitioner
Full Legal Name	Yale-New Haven Hospital
Doing Business As	Yale-New Haven Hospital
Name of Parent Corporation	Yale-New Haven Health Services Corporation
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	20 York Street New Haven, CT 06510
What is the Petitioner's Status: P for profit and NP for Nonprofit	NP
Contact Person at Facility , including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	Nancy Rosenthal Senior VP Health Systems Development

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	20 York Street New Haven, CT 06510
Contact Person's Telephone Number	(203) 863-3908
Contact Person's Fax Number	(203) 863-4736
Contact Person's e-mail Address	nancy.rosenthal@greenwichhospital.org

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Change of Operational Control of ElderCare Clinics
- b. Estimated Total Project Cost: \$0
- c. Location of proposal, identifying Street Address, Town and Zip Code:

Project ElderCare currently provides geriatric primary care services at the following hospital satellite clinic locations:

Location	Hours of Clinic Operation
Atwater Senior Center 26 Atwater Street New Haven, CT 06513	Every Friday from 9:30am to 3:00pm.
Edith Johnson Towers 114 Bristol Street New Haven, CT 06511	The 2 nd and 4 th Monday of each month from 9:00 to 3:00pm.
ElderCare Clinic -- Hamden 2080 Whitney Avenue Hamden, CT 06518	The 1 st and 3 rd Monday of each month from 9:30am to 3:00pm.
Casa Otonal 135 Sylvan Avenue New Haven, CT 06519	Every Tuesday from 9:30am to 1:00pm; The 1 st Friday of each month from 9:00am to 12:00pm.
Tower One/Tower East 18 Tower Lane New Haven, CT 06519	The 1 st Tuesday of each month from 9:30am to 11:00am; Every Wednesday from 9:30am to 3:00pm; The 2 nd Thursday every other month from 9:30am to 11:00am; The 2 nd and 4 th Friday of each month from 9:00am to 12:00pm.
Surfside Apartments 200 Oak Street West Haven, CT 06516	Every Tuesday from 9:30am to 3:00pm; Every Thursday from 9:30am to 3:00pm.

- d. List each town this project is intended to serve: See Section IV.3.
- e. Estimated starting date for the project: October of 2013

SECTION IV. PROPOSAL DESCRIPTION

Please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following elements need to be addressed, if applicable:

1. If applicable, identify the types of services currently provided and provide a copy of each Department of Public Health license held by the Petitioner.

Project ElderCare offers primary care services to elderly residents of New Haven, East Haven, West Haven and Hamden. These services are provided at several easy-to-access community locations, including senior centers and elderly housing complexes. A full range of geriatric primary care services are provided at these sites by registered nurse practitioners and physician assistants under the supervision of licensed physicians. The services offered include physical examinations, immunizations, counseling and health screenings. The clinic sites are open during weekdays for several hours a day and serve as primary care outreach to elderly residents in the local community. The primary sources of payment for the services offered are Medicare and Medicaid.

Project ElderCare is currently operated by Yale-New Haven Hospital (YNHH) and the clinical services are provided by Northeast Medical Group, Inc. (NEMG). NEMG is a medical foundation established under chapter 594b of the Connecticut General Statutes. NEMG and YNHH share the same corporate parent (Yale-New Haven Health Services Corporation) and are members of the Yale-New Haven Health System (YNHHS). A copy of the Department of Public Health license for YNHH is attached in Exhibit A. The license references the Project ElderCare satellite locations that are listed in Section II.c above.

2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.

YNHH is a 1,541 bed (including bassinets) teaching hospital with two integrated campuses located in New Haven. Prior to September 12, 2012, the Project ElderCare clinics were owned and operated by the Hospital of Saint Raphael (HSR) located in New Haven. At one time, HSR owned and operated eight Project ElderCare satellite clinics. In 2006, HSR filed a determination letter to close two locations and was subsequently approved by the Office of Health Care Access (OHCA); OHCA noted in that determination that Certificate of Need approval was not required for the closure. (Docket No. 06-30884-DTR). HSR opened a Project ElderCare clinic in Hamden in April of 2011, and closed a Project ElderCare clinic at Crawford Manor in June of 2011. This latter site was closed due to its low volume (two Crawford Manor patients) and its proximity to another ElderCare site, within four blocks. HSR arranged for transportation.

Notably, YNHH acquired HSR on September 12, 2012 (Docket No. 12-31747-CON) and since that time has owned and operated the six remaining Project ElderCare clinic locations. The clinical services at these locations are provided by NEMG.

YNHH proposes to transfer operational control of the Project ElderCare primary care clinics to NEMG in August of 2013. This proposal would result in more efficient and cost-effective care as the medical foundation affiliated with YNHH assumes operation of the Project ElderCare clinics. The clinical integration and consolidation of primary care services after the acquisition of HSR was noted in the Three Year Integration Plan that YNHH submitted to OHCA on March 31, 2013.

NEMG is a physician governed multi-specialty group practice that offers enhanced collaboration, improved clinical quality and practice management resources. It includes several hundred primary care physicians and specialists that practice in the community and as hospitalists at facilities affiliated with YNHHS. NEMG will offer time and cost-saving resources, and the expertise to efficiently operate the Project ElderCare clinic locations. NEMG currently provides similar care through geriatric practices located in New Haven and in Bridgeport, and several skilled nursing facilities for both long and short term care patients, including a primary care service in several assisted living programs. Moreover, the clinical staff that provides care at the Project ElderCare clinics is currently employed by NEMG, and NEMG is currently billing and collecting for such professional services. Any facility fee reimbursement that may have been billed by YNHH will not be billed after the transfer of operation to NEMG.

With the proposed transfer of operation, NEMG will take over full operational control of these locations. The proposal would remove the Project ElderCare clinics from the DPH license of YNHH, as the sites would operate as primary care physician offices operated by NEMG. YNHH will notify DPH of the proposed change upon confirmation from OHCA that CON approval is not required. Despite the change in operational control, the clinics will continue to operate under the same parent corporation and health system – YNHHS. To patients, this change will be seamless, as they will continue to receive the same services in the same locations from the same practitioners.

The purpose of this determination letter is to obtain confirmation from OHCA that CON approval is not required for the proposed change of operational control. The proposal is currently planned to take effect in August of 2013. YNHH respectfully requests guidance regarding whether the change of operational control of the six Project ElderCare clinics from YNHH to NEMG (within the same health system) requires Certificate of Need approval. Following the transaction, NEMG will continue to provide access to geriatric primary care and outreach services at the various community based locations noted above. The proposal will not impact services provided to the patients of Project ElderCare, including the Medicare and Medicaid population currently served at these locations.

3. Identify the current population served and the target population to be served.

The current population and target population served by the Project ElderCare clinics includes patients that reside within the YNHH primary service area, including, but not limited to, New Haven, East Haven, West Haven, and Hamden.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Yale-New Haven Hospital

Project Title: Change of Ownership of Project ElderCare Clinics

I, Nancy Rosenthal, Senior VP Health Systems Development
(Name) (Position – CEO or CFO)

of Yale-New Haven Hospital being duly sworn, depose and state that the
(Organization Name)

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

Signature Date

Subscribed and sworn to before me on _____

Notary Public/Commissioner of Superior Court

My commission expires: _____

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0044

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493: Yale-New Haven Hospital, Inc. of New Haven, CT d/b/a Yale-New Haven Hospital, Inc. is hereby licensed to maintain and operate a General Hospital.

Yale-New Haven Hospital, Inc. is located at 20 York Street, New Haven, CT 06504.

The maximum number of beds shall not exceed at any time:

134 Bassinets
1407 General Hospital Beds

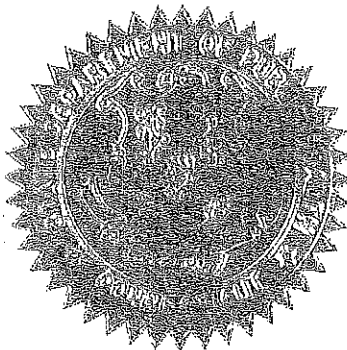
This license expires **September 30, 2013** and may be revoked for cause at any time.
Dated at Hartford, Connecticut, October 1, 2011.

SATELLITES

Hill Regional Career High School, 140 Legion Avenue, New Haven, CT
Branford High School Based Health Center, 185 East Main Street, Branford, CT
Walsh Middle School, 185 Damascus Road, Branford, CT
James Hillhouse High School Based Health Center, 480 Sherman Parkway, New Haven, CT
Weller Building, 425 George Street, New Haven, CT
Yale-New Haven Psychiatric Hospital, 184 Liberty Street, New Haven, CT
Yale-New Haven Shoreline Medical Center, 111 Goose Lane, Guilford, CT
Pediatric Dentistry Center, 860 Howard Avenue, New Haven, CT
YNHASC Temple Surgical Center, 60 Temple Street, New Haven, CT
YNHASC Women's Surgical Center, 40 Temple Street, New Haven, CT
Mauro-Sheridan School Based Health Center, 191 Fountain Street, New Haven, CT
Yale-New Haven Hospital Dental Center, 2560 Dixwell Avenue, Hamden, CT
Murphy School Based Health Center, 14 Brushy Plain Road, Branford, CT
P.T. Barnum Pediatric Center, 226 Mill Hill Avenue, Bridgeport, CT
Yale-New Haven Hospital-Saint Raphael Campus, 1450 Chapel Street, New Haven, CT
Adolescent Day Hospital, 646 George Street, New Haven, CT
Psychiatric Day Hospital, 1294 Chapel Street, New Haven, CT
Children's Psychiatric Day Hospital, 1450 Chapel Street, New Haven, CT
Elder Care Clinic, Atwater Clinic, 26 Atwater Street, New Haven, CT
Elder Care Clinic/Tower One, 18 Tower Lane, New Haven, CT
Elder Care Clinic/Casa Otonal, 135 Sylvan Avenue, New Haven, CT
Elder Care Clinic/Edith Johnson Tower, 114 Bristol Street, New Haven, CT
Evening Chemical Dependency Program, 1294 Chapel Street, New Haven, CT
Elder Care Clinic/Sunside, 200 Oak Street, West Haven, CT
Troup Magnet Academy School-Based Health Center, New Haven, CT
Adult PHP, 110 Sherman Avenue, Hamden, CT
Wheat, 674 Washington Avenue, West Haven, CT
Barnard Environmental Studies Magnet School, 170 Derby Avenue, New Haven, CT
Center for Women's Health/Midwifery & Chapel Pediatrics, 2 Ivy Brook Road, Suite 111, Shelton, CT
"Smiles 2 Go" Dental Mobile Van, 60 Commerce Street, East Haven, CT
Project Eldercare, 2080 Whitney Avenue, Suite 150, Hamden, CT
Chapel Pediatrics, 2080 Whitney Avenue, Suite 150, Hamden, CT
Shoreline Child and Adolescent Mental Health Services, 21 Business Park Drive, Branford, CT

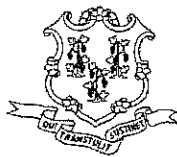
License Revised to Reflect

* Hospital of Saint Raphael merged with Yale-New Haven Hospital, Inc. effective 9/12/12



Jewel Mullen

Jewel Mullen, MD, MPH, MPA
Commissioner



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

September 24, 2013

VIA E-MAIL ONLY

Nancy Rosenthal
Senior Vice President Health Systems Development
Yale-New Haven Hospital
20 York Street
New Haven, CT 06510

RE: Certificate of Need Determination Report Number 13-31854-DTR
Yale-New Haven Hospital
Termination of Project ElderCare (Elder Care Clinics) by Yale-New Haven Hospital

Dear Ms. Rosenthal:

On August 5, 2013, the Office of Health Care Access ("OHCA") received your notification of the termination of Project ElderCare (Elder Care Clinics) on behalf Yale-New Haven Hospital ("Hospital"). Project ElderCare offers primary care services to elderly residents of New Haven, East Haven, West Haven and Hamden. These services are provided at several easy-to-access community locations, including senior centers and elderly housing complexes. The current location of these Elder Care clinics is as follows: Atwater Clinic, 26 Atwater Street, Tower One, 18 Tower Lane, Casa Otonal, 135 Sylvan Avenue, and Edith Johnson Tower, 114 Bristol Street (all in the City of New Haven).

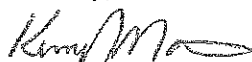
The four Elder Care Clinics are currently operated by the Hospital and the clinical services are provided by Northeast Medical Group, Inc. ("Practice"). The Practice is a medical foundation established under chapter 594b of the Connecticut General Statutes. The Hospital and the Practice share the same corporate parent, Yale-New Haven Health Services Corporation.

The Hospital is proposing to transfer the operational control of the four Elder Care Clinics to the Practice. This proposal will remove the Elder Care Clinics from the Hospital's Department of Public Health license. The Elder Care Clinics' sites will be operated as primary care physician offices operated by the Practice.

The cessation of operation of the Elder Care Clinics by the Hospital is a termination of inpatient or outpatient services offered by a hospital, as referenced in Connecticut General Statutes § 19a-638(a)(4). Based upon the foregoing, OHCA concludes that a CON is required.

Please feel free to contact Steven W. Lazarus, Associate Health Care Analyst at (860) 418-7012, if you have any questions.

Sincerely,


Kimberly R. Martone
Director of Operations

An Equal Opportunity Provider

(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)

410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

*** TX REPORT ***

TRANSMISSION OK

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

FAX SHEET

TO: Nancy Rosenthal ✓
FAX: (203) 363-4736
AGENCY: _____
FROM: Steven Lazarus
DATE: 9/24/13 TIME: 4:05 pm
NUMBER OF PAGES: 2
(including transmittal sheet)

Comments: Con Determination 13-31854 Enclosed.

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.



LETTER OF SUPPORT



January 30, 2014

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

Re: Project ElderCare

Dear Ms. Martone:

The purpose of this letter is to provide assurance to the Office of Health Care Access that the patients currently served at the ElderCare clinics will continue to have access to these services.

Northeast Medical Group, Inc. (NEMG) is a medical foundation established under chapter 594b of the Connecticut General Statutes and is affiliated with Yale-New Haven Hospital (YNHH). NEMG and YNHH share the same corporate parent, Yale-New Haven Health Services Corporation, and are members of the Yale-New Haven Health System. NEMG is an integrated physician group designed to provide excellence in medical care by creating opportunities for enhanced collaboration, quality of care, and physician alignment, all with the support and resources of the Yale-New Haven Health System.

NEMG currently provides the professional services at the ElderCare sites. Patients cared for at these sites will continue to have access to the same NEMG providers. These sites are currently operated as provider-based satellites of YNHH. NEMG physicians offer the same, non-provider based, geriatric care throughout the greater New Haven community. YNHH has proposed to transfer operational control of the ElderCare clinics to NEMG since NEMG has the physician expertise to provide the most appropriate and cost-effective care.

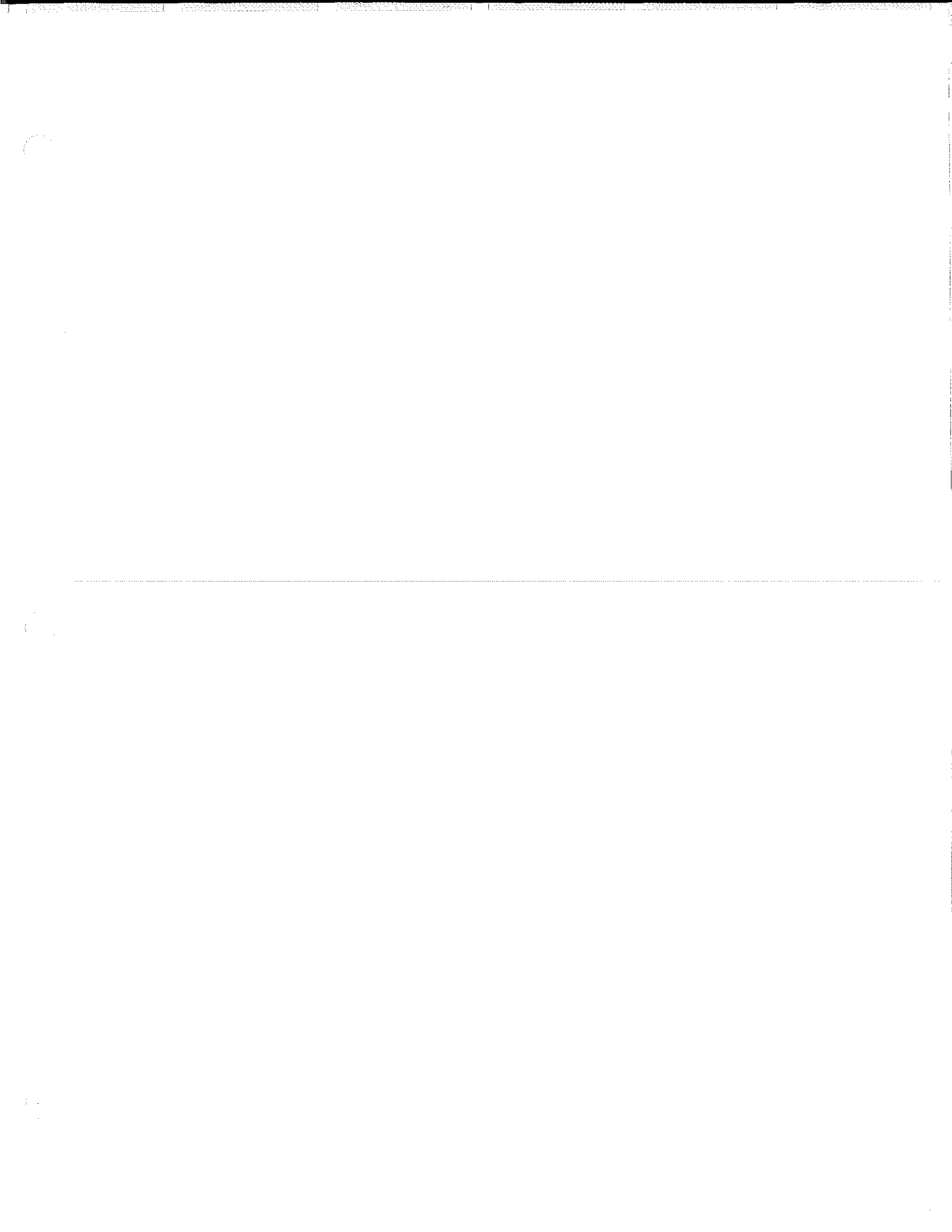
NEMG will continue to care for the patients served at the ElderCare clinics and will work with patients to ensure a successful transition during this reconfiguration.

Thank you for your support of this application.

Sincerely,

Robert A. Nordgren, MD, MPH, MBA
Chief Executive Officer, Northeast Medical Group
& Senior Vice President, Yale New Haven Health System

226 Mill Hill Avenue
Bridgeport, CT 06610
203-339-6499



CVs

MARNA PARKE BORGSTROM

Home: 458 Three Mile Course
 Guilford, Ct. 06437
 (203) 453-8782

Business: Yale-New Haven Hospital
 20 York Street
 (203) 688-2608

EDUCATION

- 1977-1979 Yale University School of Medicine
 Department of Epidemiology and Public Health
 Program in Hospital Administration, M.P.H.
- 1972-1976 Stanford University
 Bachelor of Arts in Human Biology awarded June, 1976

EXPERIENCE

- 2005-Present President and Chief Executive Officer: Yale New Haven Health System
 (YNHHS)

Yale New Haven Health System is a regional, integrated health care delivery system composed of three local health care delivery networks. Anchored by Yale-New Haven Hospital, the Yale-New Haven Children's Hospital, and the Yale-New Haven Psychiatric Hospital totaling 944-beds, the System includes a Bridgeport network led by the 425-bed Bridgeport Hospital and a Greenwich network anchored by 160-bed Greenwich Hospital. Westerly Hospital (Rhode Island) is also a network participant. In total, the System has 1,545 beds, over 80,000 admissions, 11,610 employees, 3,476 medical staff members, and annual net revenues of over \$1.5 billion.

- 2005-Present President and Chief Executive Officer: Yale-New Haven Hospital and
 Delivery Network (YNHH)

Yale-New Haven, a private not-for-profit 944-bed hospital founded in 1826. It serves as the primary teaching hospital for the Yale University School of Medicine and provides tertiary and quaternary patient care for the State of Connecticut and Southern New England, as well as general acute care services for the Greater New Haven metropolitan area. In FY 2006 there were 50,369 discharges and 669,422 outpatient visits. The institution's net revenues were over \$900 million with approximately 7,200 employees, and a Medical Staff numbering over 2,400.

1993-2005 Executive Vice President & Chief Operating Officer: Yale-New Haven Hospital
Executive Vice President and Secretary: Yale-New Haven Health Services Corporation

Responsible for New Haven Delivery Network operations (\$850 million operating budget), included Yale-New Haven Hospital operations, finance, human resources and planning and marketing; and Yale-New Haven Ambulatory Services Corporation, which operates two independent surgery centers and a large, full-service radiology business in New Haven and Guilford. Served as the senior Hospital interface for Yale School of Medicine operational issues.

Represented the YNHH Delivery Network in all Health System strategic and operational activities.

Major Accomplishments:

- Achieved nearly 14% growth in inpatient volume and grew operating gain from .7% to 4.1% between 2000-2004.
- Acquired the assets of an independent Psychiatric facility losing more than \$3 million/year and successfully integrated it into Yale-New Haven, eliminating the operating loss.
- Opened the Shoreline Medical Center, integrating services offered by Yale-New Haven Hospital and Yale-New Haven Ambulatory Service Corp.
- Implemented the New Clinical Program Development Fund with Yale University School of Medicine to seed key new clinical programs and program enhancements.
- Completed \$51.5 million renovation project in South Pavilion
- Implemented a comprehensive nursing recruitment and retention plan resulting in a registered nurse vacancy rate of 2% at the end of fiscal year 2004.
- As part of organization-wide performance enhancement initiative, implemented training partnership with GE, resulting in more than 40 Six Sigma competent staff who have been redeployed throughout the Hospital.

1992-1993 Senior Vice President, Administration: Yale-New Haven Hospital
Senior Vice President and Secretary: Yale-New Haven Health Services Corporation

Responsible for Hospital strategic planning and marketing, facilities planning and design, risk management and medicolegal affairs, managed care contracting, Service Quality Improvement, Community Relations, Public Affairs and Engineering.

Project Executive for implementation of Yale-New Haven's \$156 million Facilities Renewal Project.

1985-1992 Vice President, Administration: Yale-New Haven Hospital

Responsible for Hospital strategic planning and marketing, facilities planning and design, risk management and medicolegal affairs, managed care contracting, Service Quality Improvement, Community Relations, Public Affairs and Engineering. Provided administrative leadership to Yale-New Haven Health Services Corporation corporate affairs and strategic initiatives.

Major Accomplishments:

- Responsible for program and facilities planning associated with the initiation of a \$156 million Facilities Renewal Project adding 450,000 square feet of new inpatient space and renovating 390,000 square feet.
- Developed Facilities Master Plan for the Hospital including a phased design and construction plan.
- Project Captain for the acquisition by YNHHS of two independent surgery centers and a large radiology practice.
- Established a Service Quality Improvement initiative for Yale-New Haven.
- Developed and presented YNHHS Corp's response to Memorial Hospital (Meriden, Connecticut) RFP for a managed contract, which was awarded to Yale-New Haven.
- Developed multi-hospital HMO in Connecticut which began with a YNHH-HMO feasibility study and was subsequently implemented with six Hospital/Physician Organizations.
- Established Facilities Planning and Design function responsible for hospital architecture, space planning and real estate acquisition and management.

1984-1985 Assistant Vice President: Yale-New Haven Hospital

Directed the development and implementation of annual Hospital business plan format derived from strategic plan. Completed \$6 million renovation of Hospital clinical laboratories. Represented Hospital on underwriting and eligibility and finance activities in malpractice insurance captive.

- Dec. 1982-1984 Associate Administrator: Yale-New Haven Hospital
Responsible for Hospital planning activities, including Strategic Planning and general facilities planning and related capital budget activities. Also responsible for Clinical Laboratories (\$23 million gross revenue and \$11 million expense) and Risk Management and Medicolegal Affairs.
- Dec. 1980-Nov. 1982 Assistant Administrator: Yale-New Haven Hospital
Responsible for planning and implementing \$11 million renovation program done in concert with major facility replacement project, and for planning and overseeing the move of five major departments and three clinical services (including 80 ICU beds) to a new \$73 million facility, during the Spring of 1982. Prepared and presented to the Health Systems Agency and Commission on Hospitals and Health Care, three Certificates of Need; all were approved. Also responsible for Hospital space planning and management, and provided general staff support to the Executive Vice President.
- Jan. 1980-Dec. 1980 Administrative Associate: Yale-New Haven Hospital
Provided general staff support to Executive Vice President. Major activities included employee fundraising and campaign to support \$73 million facility replacement and renovations program (50% of Hospital employees contributed almost \$500,000) and preparation of capital and operating budget materials.
- Jan. 1979-Dec. 1980 Administrative Resident: Yale-New Haven Hospital
- Summer 1978 Administrative Intern: Alexian Brothers Hospital, San Jose, California

PROFESSIONAL AWARDS:

1992 Up and Comers Award - Sponsored by Modern Healthcare and 3M Health Systems
Women In Leadership Award, 1993 - YWCA
Junior Achievement Hall of Fame, 1998
20 Noteworthy Women, New Haven Business Times, 1999
Gateway Community College Hall of Fame, 2002

MAJOR PROFESSIONAL AFFILIATIONS, BOARDS AND ACTIVITIES:

Yale-New Haven Hospital Board of Trustees,(1994 – present)
 Yale New Haven Health System Board of Directors (2005 - present)
 Yale Medical Group Board of Governors, (current)
 Yale-New Haven Ambulatory Services Corporations, Board President
 University HealthSystem Consortium, Board of Directors, (current)
 Healthcare Executives Study Society, 2006-present
 Greater New Haven Regional Leadership Council, 2005-present
 American Hospital Association, Committee on Health Professions
 The Connecticut Hospital Association, Vice Chair, Board of Trustees; Member,
 Executive Committee (2006-), Secretary and Member, Executive Committee (1999-2001)
 The Country School, Pre-K through 8, Madison, Connecticut, Board Member; Chair
 (2002-2007).
 Novation, Inc., Dallas, Texas ,Founding Board member – (1998-2000)
 Greater New Haven Chamber of Commerce, (1997-1998; Board of Directors, Executive
 Committee
 United Way of Greater New Haven Board of Directors (1995-1998)
 The Hole in the Wall Gang Camp Board of Directors (2007)
 Fellow – American College of Healthcare Executives (2007)

University Appointments

Yale University – Lecturer, Department of Epidemiology & Public Health, Health Policy & Administration Division.

PERSONAL:

Married: Eric N. Borgstrom (5/27/78)
 Children: Christopher (4/14/85) and Peter (8/4/89)

CURRICULUM VITAE

RICHARD D'AQUILA
 282 Boston Post Road
 Westbrook, CT 06498
 Telephone (860) 669-0871

BUSINESS ADDRESS: Yale-New Haven Hospital
 20 York Street
 New Haven, CT 06510
 Telephone: (203)-688-2606

PROFESSIONAL EXPERIENCE:

February, 2012
 Present

President and Chief Operating Officer
 Yale-New Haven Hospital
Executive Vice President
 Yale New Haven Health System

May, 2006 to
 February, 2012

Executive Vice President and Chief Operating Officer
 Yale-New Haven Hospital/Yale New Haven Health System

Organizational Profile

Yale New Haven Health System (YNHHS) is a 1597-bed delivery network formed in 1995 which consists of Yale-New Haven, Bridgeport and Greenwich Hospitals. YNHHS has revenues in excess of \$2.3 billion in FY '11 based on 90,000 discharges and 1.3 million outpatient visits. Yale-New Haven Hospital is a 1,008-bed tertiary referral medical center that includes the 201-bed Yale New Haven Children's Hospital and the 76-bed Yale New Haven Psychiatric Hospital. Both Yale New Haven Health System and Yale-New Haven Hospital are formally affiliated with Yale University School of Medicine.

Responsibilities

Overall responsibility for all aspects of day to day operations for Yale-New Haven Hospital (YNHH) and the senior network leader at the Yale New Haven Health System representing the YNHH delivery network. Hospital leadership responsibilities include direct accountability for the senior leadership team, strategic planning, organizational performance, quality improvement, labor relations and human resources

management, system integrations, external relations and service line development. Senior leadership and implementation responsibility for all aspects of the hospital's annual business (operating) plan. Senior level oversight of the hospital's facility plan including construction of a 112-bed, \$450 million Comprehensive Cancer Pavilion commencing construction in the fall of 2006.

August, 2000 to April, 2006

Senior Vice President/Chief Operating Officer
New York Presbyterian Hospital/
Weill Cornell Medical Center
New York, New York

Organizational Profile

New York Presbyterian Hospital is a 2,369 bed Academic Medical Center created from the merger between the New York Hospital and the Presbyterian Hospital in the City of New York. The Weill Cornell Medical Center consists of an 880 bed acute care facility in Manhattan and the 239 bed Westchester Division campus in White Plains specializing in behavioral health.

Responsibilities

Overall responsibility for all aspects of day to day operations for the Weill Cornell Medical Center and the Westchester Division, a two campus Academic Medical Center of 1120 beds. Direct responsibility for a total operating expense budget in excess of \$450,000,000 and revenues of \$850,000,000. Senior leadership and implementation for all aspects of the Medical Center's operating plan including quaternary and tertiary service development, medical staff relations and recruitment, employee relations and labor strategy. System level member of the Corporate Management Team with involvement in strategic and facilities planning, service line development, information technology and performance improvement.

May 1992 to June 2000

Executive Vice President/Chief Operating Officer
St. Vincent's Medical Center
Bridgeport, Connecticut

President
Vincentures, Inc.

President
St. Vincent's Development Corporation, Inc.

Chief Operating Officer of 391 bed, university-affiliated acute care hospital and health system. President/CEO of affiliated subsidiaries with management responsibility at the Medical Center and corporate level. Medical Center

responsibilities including day to day operations oversight for patient care services; support services and facilities planning and development. Corporate responsibilities including information systems, ambulatory network development, managed care contracting network oversight and real estate/satellite facility development.

January 1987-April 1992

President/CEO

Health Initiatives Corporation
Providence, Rhode Island

Chief Executive Officer of a consulting practice specializing in strategic planning, business development and project implementation assistance for acute care and specialty hospitals, state planning agencies and private investors. Specific responsibilities included:

- Practice Leadership
- Engagement Planning and Management
- Project Supervision and Control
- Client Interface
- Practice Marketing and Business Development

June 1984-December 1986

Vice President

The Mount Sinai Hospital Corporation
Hartford, Connecticut

June 1981-June 1984

**Vice President, Division of Planning
and Community Services**

The Mount Sinai Hospital
Hartford, Connecticut

June 1979-June 1981

Assistant Executive Director

The Mount Sinai Hospital
Hartford, Connecticut

January 1979-May 1979

Administrative Resident

The Mount Sinai Hospital
Hartford, Connecticut

OTHER APPOINTMENTS:

November 2000
To Present

Member, Board of Directors

Voluntary Hospitals of America/Metro New York
New Rochelle, New York

January 1995-
June 2000

Member, Board of Directors

Goodwill Industries
Bridgeport, Connecticut

December 1993- June 2000	Founding Board Member Park City Primary Care Center Bridgeport, Connecticut
May, 1992- June 2000	Member, Board of Directors St. Vincent's Development Corporation Vincentures, Inc. Omicron, Inc. Connecticut Health Enterprises Bridgeport, Connecticut
January 1992- December 1994	Member, Board of Directors Visiting Nurses Association of Fairfield County Bridgeport, Connecticut
January 1989- December 1991	Member, Board of Directors Easter Seal Society/Meeting Street Rehabilitation Center, Inc. of Rhode Island Providence, Rhode Island
January 1980- December 1989	Member, Board of Directors Combined Hospitals Alcohol Program Hartford, Connecticut
September 1985- December 1986	President, Board of Directors Regional Alcohol and Drug Abuse Resources, Inc. Hartford, Connecticut
September 1981- December 1986	Adjunct Faculty/Lecturer University of Hartford, Barney School of Business and Public Administration West Hartford, Connecticut
January 2001 - Present	Adjunct Faculty/Residency Preceptor and Lecturer Robert F. Wagner Graduate School of Public Service New York University New York, N.Y.
December 2000 - Present	Adjunct Faculty/Lecturer Weill Medical College of Cornell University Department of Public Health, New York New York, N.Y.
January, 2009 to Present	Member, Board of Directors Habitat of Greater New Haven New Haven, Connecticut
February, 2012 to Present	Member, Board of Trustees Yale-New Haven Hospital New Haven, Connecticut

September 2012-
May 2013

Preceptor
Fairfield University School of Nursing

EDUCATION:

Yale University School of Medicine
Graduate Program in Hospital Administration
Academic Distinctions: Research Excellence Award (1979)
1979 Graduate

Central Connecticut State University
Bachelor of Arts: Economics/Business
Academic Distinctions: Omicron Delta Epsilon
Economics Honor Society
1977 Graduate

PUBLICATIONS:

1. *Evidence-Based Management in Healthcare*, Kovner, Anthony R., Fine, David J., and D'Aquila, Richard. Health Administration Press Textbook, 2009.
2. *Yale-New Haven Hospital's Asset Acquisition of the Hospital of St. Raphael: Pre-Close, Planning and Transition Activities*, D'Aquila, Richard; Aseltyne, William; Lopman, Abe; Jweinat, Jillian; Ciacco, Teresa; Comerford, Matthew; American Journal of Medicine, August 2013 (Accepted).
3. *Achieving Safe Patient Flow in an Academic Medical Center: A Quality Improvement Journey at Yale-New Haven Hospital*; The Joint Commission Journal on Quality and Patient Safety (Accepted).

PROFESSIONAL AFFILIATIONS:

Fellow, American College of Health Care Executives
Yale Hospital Administration Alumni Association
Connecticut Hospital Association

CURRICULUM VITAE

NAME: James M. Staten
BIRTHDATE: September 26, 1958
EDUCATION: 1980 – B.S. – Business / Economics / State University College of NY

Yale New Haven Health System (YNHHS) and Yale-New Haven Hospital (YNHH)

October 2000 - Present

Executive Vice President of Finance and Corporate Services, YNHHS
 Senior Vice President and CFO, YNHH

Yale New Haven Health system is a regional, integrated health care system composed of three regional health care delivery networks. The New Haven-based delivery system is anchored by Yale-New Haven Hospital, the Yale-New Haven Children's Hospital, and the Yale-New Haven Psychiatric Hospital, which total 944-beds. The system includes a Bridgeport-based delivery system led by the 425-bed Bridgeport Hospital and Greenwich-based delivery system anchored by 160-bed Greenwich Hospital. The System is also affiliated with the Westerly Hospital in Rhode Island. The Yale New Haven Health System has a formal affiliation with the Yale University School of Medicine, as does Yale-New Haven Hospital which serves as the Medical School's primary teaching hospital. System services include acute care hospitals, ambulatory surgery and outpatient diagnostic imaging centers, as well as primary care centers. In total, the System has 1,500 beds, 74,000 admissions, 10,000 employees, assets of \$1.6 billion, and annual net revenues of over \$1.4 billion.

Responsible for financial and corporate services of YNHHS including managed care, information systems, materials management, admitting/registration, and medical records, as well as all financial responsibilities such as accounting, budgeting, financial and operational reporting, tax, reimbursement, and treasury.

OTHER EMPLOYMENT

New York-Presbyterian Hospital (NYPH) and New York-Presbyterian Healthcare System (NYPHS)

July 1999 – October 2000 Senior Vice President of Finance

Responsible for assuring the financial viability of a \$3 billion Health System, including monitoring financial condition of approximately 15 corporately-controlled Sponsored/Member Hospitals and other healthcare related organizations. Report regularly to the NYPHS Board and NYPH Board Executive Committee on financial performance.

January 1997 - June 1999 Vice President of Financial Planning
 June 1993 - December 1996 Director of Financial Planning

Responsible for complete integration of financial planning at all Sponsored Hospital Members including NYPH and leading the financial group of approximately 70 professionals in performing budget, reimbursement, managed care contracting, decision support and business plan development functions.

James M. Staten

Ernst & Young

January 1991 - June 1993 Senior Manager - Consulting Services

Directed and coordinated Ernst & Young's New York State Reimbursement Consulting Services.

Pannell Kerr Forster

October 1980 – December 1990 Partner

Elected Partner in June 1990 after working 10 years in the firm's large healthcare practice as a certified public accountant. 11th Largest Public Accounting Firm in United States during late 1980s.

PROFESSIONAL MEMBERSHIPS

American Institute of Certified Public Accountants (1982 – 1998)

New York State Society of Certified Public Accountants (1982 – 1996)

 Healthcare Committee (1988 – 1991)

 Chairman of the Hospital Sub-Committee (1990/1991)

Healthcare Financial Management Association (1984 – 1994)

 Chairman of various Committees (1984 – 1994)

 Trustee (1990/1991)

 President Elect (1993/1994)

Greater New York Hospital Association

 Fiscal Policy Committee (1993 – 2000)

 Managed Care Committee (1995 – 2000)

Connecticut Hospital Association

 Finance Committee (2000 – 2004)

 Special Committee on Medicaid Reimbursement (2000 – 2004)

Blue Ribbon Committee on the Future of Healthcare in Connecticut (2000 – 2003)

OTHER PROFESSIONAL ACTIVITIES

Presenter at New Jersey Health Care Financing Authority on Medicare Payment System

Presenter on Hospital Reimbursement Issues for the NYS Society of CPAs

Presenter on Accounts Receivable Issues for the Connecticut Hospital Association

Guest Speaker at NYU's graduate program in Hospital Administration on Healthcare Financing

Guest speaker at Cornell University's Sloan Program in Health Services on Managed Care

Presenter on Mergers and Acquisitions to New York State Hudson Valley HFMA

Guest speaker at Chicago Municipal Bond Analysts Society on New York State Hospital Deregulation

Guest speaker at Yale's School of Epidemiology and Public Management on Health Systems

Thomas J. Balcezak, M.D., M.P.H.

20 York Street, Clinic Building Room 1063 ~ New Haven, Connecticut 06510

203-688-1343

Thomas.Balcezak@ynhh.org

EDUCATION

GRADUATE:

YALE UNIVERSITY SCHOOL OF MEDICINE, Department of Epidemiology and Public Health, New Haven, CT
Master of Public Health/Concentration in Management, 2001-2003

MEDICAL:

YALE UNIVERSITY/YALE-NEW HAVEN HOSPITAL, Categorical Internal Medicine Program, New Haven, CT
Medical Residency, 1993-1996

Key Accomplishment:

~ Medical Chief Resident, 1995-1996.

YALE UNIVERSITY/YALE-NEW HAVEN HOSPITAL, Categorical Internal Medicine Program, New Haven, CT
Medical Internship, 1992-1993

UNIVERSITY OF CONNECTICUT, School of Medicine, Farmington, CT
Doctor of Medicine, 1988-1992

UNDERGRADUATE:

AMHERST COLLEGE, Department of Chemistry, Amherst, MA
Bachelor of Arts in Chemistry, 1984-1988

Key Accomplishment:

~ Graduated with distinction of *Cum Laude*, 1988.

ADMINISTRATIVE EMPLOYMENT

YALE-NEW HAVEN HOSPITAL, New Haven, CT

2012 – Present

Chief Quality Officer

Senior Vice President of Performance Management

Associate Chief of Staff

- Report to the President and Chief Operating Officer, and Senior Vice President for Medical Affairs.
- Serve as Clinical Service Coordinator for the Department of Medicine (2005) and Neurosciences Service Line (2007). Orchestrate strategic planning, recruitment and growth efforts for both service lines.
- Manage the following direct reports: Vice President of Physician and Access Services, Directors of Hospital Epidemiology, Infection Control, Regulatory Readiness, and Quality Improvement Support Services, Medical Staff Office, and Center for Outcomes Research.
- Responsible for all patient safety and clinical quality activities at Yale-New Haven Hospital.
- Provide administrative oversight for safe patient flow and throughput, the Hospitalist service and the Grimes Center.
- Lead system-wide clinical redesign efforts stemming from role as Chair of Yale New Haven Health System Clinical Redesign Committee.
- Lead the Yale-New Haven Hospital Epic Implementation Coordination Team.
- Responsible for the Grimes Center

YALE-NEW HAVEN HOSPITAL, New Haven, CT

2008 – 2012

Vice President of Performance Management

Associate Chief of Staff

- Reported to the President and Chief Operating Officer, and Senior Vice President for Medical Affairs.

ADMINISTRATIVE EMPLOYMENT (CONTINUED)

- Served as Clinical Service Coordinator for the Department of Medicine (2005) and Neurosciences Service Line (2007). Orchestrate strategic planning, recruitment and growth efforts for both service lines.
- Manage the following direct reports: Directors of Hospital Epidemiology, Administrator of Performance Management, Infection Control, Regulatory Readiness, and Quality Improvement Support Services, Medical Staff Office, and Center for Outcomes Research.
- Provided administrative oversight for safe patient flow and throughput, and patient safety and clinical quality outcomes.
- Lead the Yale-New Haven Hospital Epic Implementation Coordination Team.

YALE-NEW HAVEN HOSPITAL, New Haven, CT

2004 – 2008

*Administrative Director, Performance Management**Associate Chief of Staff*

- Reported to the Executive Vice President and Chief Operating Officer, and Senior Vice President for Medical Affairs.
- Served as Clinical Service Coordinator for the Department of Medicine (2005) and Neurosciences Service Line (2007). Orchestrated strategic planning, recruitment and growth efforts for both service lines.
- Managed the following direct reports: Directors of Hospital Epidemiology, Infection Control, Regulatory Readiness, and Quality Improvement Support Services, Medical Staff Office, and Center for Outcomes Research.
- Coordinated Hospital Performance Management functions, including measuring, monitoring, communicating, evaluative analysis, improvement, and meeting regulatory requirements for The Joint Commission, State Department of Public Health, and Center for Medicare and Medicaid Services.
- Chaired the Clinical Process Improvement Committee and Hospital Throughput Committee.
- Directed Clinical Documentation Management Program, a concurrent registered nurse review program aimed to improve accuracy of documentation and coding.
- Provided oversight of the Medical Staff Office operations; serving as Ex Officio member of Credentials Committee, Medical Executive Committee, and Medical Committee of Board of Trustees.
- Substituted for the Chief of Staff when necessary.

YALE-NEW HAVEN HOSPITAL, New Haven, CT

2002 – 2004

*Assistant Chief of Staff**Director of Clinical Quality*

- Provided oversight of the Medical Staff Office operations, serving as Ex Officio member of Credentials Committee, Medical Executive Committee, and Medical Committee of Board of Trustees.
- Implemented Clinical Documentation Management Program yielding improved clinical documentation and incremental net revenue of greater than \$3 million per year.
- Chaired Clinical Process Improvement Committee which was charged with improving clinical processes and reducing costs of care.
- Directed multiple Quality Improvement Projects, especially focused on utilizing Computerized Physician Order Entry.
- Collaborated with Finance to integrate quality improvements with operational, clinical, and financial domains.

YALE-NEW HAVEN HOSPITAL, New Haven, CT

1996 – 2002

Assistant to Chief of Staff

- Responsible for multiple Quality Improvement Projects focused on utilizing Computerized Physician Order Entry.
- Collaborated with Finance Departments to integrate quality improvements with operational, clinical, and financial domains.
- Organized efforts and coordinated resources for institutional Accreditation Council for Graduate Medical Education visit.
- Served as a project leader in correcting Medicare Grade Medical Education billing issues and in creating new process to accurately capture Resident and Fellow FTE's for Direct Graduate Medical Education and Indirect Medical Education reimbursement.

CLINICAL PRACTICE EXPERIENCE

BRANFORD INTERNAL MEDICINE, Branford, CT

1997 – 2012

Private Internal Medicine Practice, Practice One Session per Week

YALE-NEW HAVEN HOSPITAL, New Haven, CT

1995 – Present

Service Attending in Internal Medicine, Practice Two Months per Year

CLINICAL APPOINTMENTS

YALE-NEW HAVEN HOSPITAL, Department of Internal Medicine, New Haven, CT <i>Attending Physician</i>	1996 – Present
HOSPITAL OF SAINT RAPHAEL, Department of Internal Medicine, New Haven, CT <i>Courtesy Attending Physician</i>	1997 – 2011
YALE-NEW HAVEN HOSPITAL, Department of Emergency Medicine, West Haven, CT <i>Attending Physician</i>	1994 – 1998

ACADEMIC APPOINTMENTS

YALE-NEW HAVEN HOSPITAL/YALE UNIVERSITY SCHOOL OF MEDICINE, New Haven, CT <i>Academic Role</i>	
• Associate Clinical Professor of Medicine	2008 – Present
• Lecturer in Public Health	2003 - Present
• Assistant Clinical Professor of Medicine	2005 - 2008
• Assistant Professor of Medicine	1999 - 2005
• Clinical Instructor in Medicine	1997-1999
• Instructor in Medicine	1995 - 1997

PROFESSIONAL ORGANIZATIONS

- *Fellow*, American College of Healthcare Executives
- *Member*, Association of American Medical Colleges
- *Fellow*, American College of Physicians
- *Member*, Institute for Healthcare Improvement Member, University Health System Consortium
- *Member*, Connecticut Hospital Associations:
 - Board of Trustee Committee on Patient Care Quality
 - Hospital Oversight Workgroup
 - Subcommittee on Pursing the Elimination of Harm of Board of Trustee Committee on Patient Care Quality
- *Member*, Gaylord Specialty Healthcare Board of Directors
- *Member*, Gaylord Specialty Healthcare Strategic Operations Committee
- *Judge*, University of Alabama Health Administration Case Competition
- *Member and Chair*, Grimes Center Board of Directors

PUBLICATIONS

Boyce, J, Lee, L, Topal, J, Peaper, DR, & Balcezak, TJ. Response to Mold Contamination of Intravenous Magnesium Sulfate Produced by a Compounding Pharmacy. JAMA Internal Medicine. Published online February 3, 2014.

Jweinat J, Damore, P, Morris, V, D'Aquila, R, Bacon, S, & Balcezak, TJ. Achieving Comprehensive, Safe Patient Flow in an Academic Medical Center: A Collaborative Quality Improvement Journey at Yale-New Haven Hospital. The Joint Commission Journal of Quality and Patient Safety 2013; 39(10): 447-459.

Hendrickson K, Bozzo J, Zimkus, Scorel K., Psarakis H, Maerz L, Balcezak, TJ, Inzucchi SE. Evaluating Inpatient Glycemic Management: The Quality Hyperglycemia Score. Diabetes Technology & Therapeutics 2011; 13(7):753-8

Topal J, Conklin S, Camp K, Morris V, Balcezak TJ, Herbert P. Prevention of Nosocomial Catheter-Associated Urinary Tract Infections Through Computerized Feedback to Physicians and a Nurse-Directed Protocol. American Journal of Medical Quality 2005; 20:121-126.

PUBLICATIONS (CONTINUED)

Mason P, Morris V, Balcezak TJ. Serotonin Syndrome: Presentation of Two Cases and a Reviews of the Literature. *Medicine*. 2000; 79:201-209.

Balcezak TJ, Krumholz HK, Getnick GS, Vaccarino LV, Lin ZQ, Cadman EC. Utilization and Effectiveness of a Weight-Based Heparin Nomogram at a Large Academic Medical Center. *American Journal of Managed Care*. 2000; 6(3): 329-338.

Balcezak TJ, Getnick GS, Cadman EC. A Surplus of Physicians? The View of Internists at a Single Institution. *Connecticut Medicine*. 1999; 63(12): 723-728.

Mallory R., Balcezak TJ. Treatment of Mobile Left Ventricular Thrombus with Low-Molecular-Weight Heparin. *New England Journal of Medicine* 1999; 341(14): 1082-83

Balcezak TJ, Lynch P, Jackson S, Richter J, Jaffe CC, Cadman EC. A Web-based Risk Management and Medical-Legal Curriculum for Graduate Medical Education. *Journal of Biocommunication*. 1998; 25(4): 2-5.

Balcezak TJ, Lynch P, Simon P, Jackson S, Jaffe CC, Cadman EC. Issues in Risk Management, Yale Center for Advanced Instructional Media, 1997. <http://info.med.yale.edu/caim/risk/>.

Kim JK, Balcezak TJ, Nathin S, McMullen H, and Hansen D. The Use of a Spectrophotometric Assay to Study the Interaction of S-Adenosylmethionine Synthetase with Methionine Analogues. *Analytical Biochemistry* 1992; 207: 68-72.

ABSTRACTS

Balcezak TJ, Jweinat J. WorkSMART: A Program to Eliminate Waste and Improve Efficiency. American College of Healthcare Executives 2013 Congress on Healthcare Leadership. March 2013: 30.

Miller, Balcezak TJ, Morris V, Topal J, Yazdi M, Stump L. Cost-Benefit of a Multidisciplinary Formulary Management Model. *American Journal of Medical Quality*. March/April 2011 Volume 26. (Suppl 2).

Jenq, GY, Bacon SM, Balcezak TJ, Horwitz LI. Achieving earlier discharge time through teamwork and local initiative. *Quality Safety Health Care*. Aug 2008 17(4):11-12.

Bozzo JA, Lin Z, Ulisse G, Psarakis H, Thomas P, Balcezak TJ, Inzucchi SE. A Decade of Inpatient Diabetes Management: Trends at an Academic Medical Center. American Diabetes Association 68th Scientific Sessions, San Francisco, CA June 2008.

Bozzo JA, Lin Z, Ulisse G, Psarakis H, Thomas P, Balcezak TJ, Inzucchi, SE. Assessing the Impact of an Inpatient Diabetes Management Team with Glucometrics. American Diabetes Association 67th Scientific Sessions, Chicago, IL June 2007 (Diabetes 56 (Supl 2):A153, 2007).

Mesmer M, Bozzo JE, East K, Balcezak TJ, Inzucchi SE. Coding for Inpatient Diabetes (DM Care: Lost Opportunities? American Diabetes Association 65th Scientific Sessions, San Diego, CA June 2005 (Diabetes 54 (Suppl 2):A296,2005).

Morris VA, Balcezak TJ, Getnick G, Betz J, Cadman EC. How Physicians Spend Their Time; A Comparison of Primary Care vs. Non-primary Care Physicians Trained at Yale-New Haven Hospital 1929-1994. *J. Invest Med*. 1997; 45(3): 291A.

Balcezak TJ, Morris VA, Getnick G, Betz J, Cadman EC. Current Attitudes Regarding Health Care Reform and Job Satisfaction Among House Staff Graduates of Yale-New Haven Hospital 1929-1994. *J. Invest Med*. 1997; 45(3): 289A.

Balcezak TJ, Getnick G, Cadman E. Using a Computerized Order Entry System to Improve Utilization of an Efficacious weight-based heparin nomogram. 36th Annual Research in Medical Education Conference, RIME/1997. 1997: page 25.

Balcezak TJ, Jaffe CC, Lynch P, Simon P, Jackson S, Cadman E. A Network Model for Documentable Graduate Medical Education Using Internet Technology. 36th Annual Research in Medical Education Conference, RIME/1997. 1997: page 22.

LETTERS

Balcezak TJ, Lynch P, Cadman EC. An Internet-Based Law and Medicine Curriculum for Residents. *Academic Medicine*. 1999; 74(10):1053-54.

Mallory R, Balcezak TJ. Treatment of Mobile Left Ventricular Thrombus with Low Molecular Weight Heparin. *NEJM*; 1999;341(14):1082-3.

ORAL PRESENTATIONS AND INVITED LECTURES

Cost and Value Positioning at Yale New Haven Health System. D'Aquila, R, Balcezak, TJ. UHC Annual Conference. Atlanta, Georgia. October 2013.

The WorkSMART Program at Yale-New Haven Hospital; Balcezak TJ, Jweinat JJ. American College of Healthcare Executives 2013 Congress on Healthcare Leadership, Chicago, Illinois. March 2013.

Achieving Comprehensive, Safe Patient Flow in an Academic Medical Center; Balcezak TJ, D'Aquila R. American College of Healthcare Executives 2012 Congress on Healthcare Leadership, Chicago, Illinois. March 2012.

Achieving Continuous Operational Efficiencies; Balcezak TJ, Bacon S. University HealthSystem Consortium Annual Conference 2011, Chicago, Illinois. September 2011.

Achieving Comprehensive, Safe Patient Flow in an Academic Medical Center; Balcezak TJ, Capozzalo G. Institute for Healthcare Improvement 22nd National Forum, Orlando, Florida. December 2010.

Clinical Initiatives: The View from Hospital Administration; T Balcezak, American Association of Clinical Endocrinologists-American Diabetes Association Consensus Development Conference: Improving Inpatient Diabetes Care: A Call to Action, Washington, D.C.. January 2006

Decision Support as Internal Consultants; Thomas J. Balcezak, M.D.; Charles Torre, Jennifer Lombardi. 2001 Eclipsys User Network Annual International Conference; Orlando, Florida, October 2001.

Changing Physician Ordering Behavior; Thomas J. Balcezak, M.D; Marvin S. Lurie, Rph, MS; MISPA International Conference; Orlando, Florida. November 2011.

Medical Grand Rounds-"Quality Improvement-The Case of Intravenous Heparin Therapy". Yale School of Medicine Department of Medicine. June 1997.

POSTER PRESENTATIONS

Balcezak, T., Crede, W., Testa, K., Roumanis, S., Nuzzo., J., Macone., E., Vinhais., N., Vennet., TV., Sanchez., T. Morning Safety Report: Implementation and Evaluation of an Evidence Based Methodology Aiming to Improve Bi-Campus Communication for Patient Safety and Quality at Yale-New Haven Hospital. Poster presented at the Joseph A. Zaccagnino Patient Safety and Clinical Quality Conference. New Haven, CT: May, 2013.

Jenq G, Balcezak TJ, et al. Earlier Discharges from Inpatient Medicine: Using information technology, dialogue, feedback, and staff accountability. Poster Presentation at the International Forum on Quality and Safety in Healthcare, Amsterdam, Holland. April 2011.

Bacon S, Balcezak TJ, Damore P, Hayes M, Vorio D. Safe Patient Flow: Improving Time of Day Capacity with 11 am Discharges. Poster presentation at the Joseph A. Zaccagnino Patient Safety and Clinical Quality Conference, New Haven, CT; May, 2010.

POSTER PRESENTATIONS (CONTINUED)

Hendrickson K, Bozzo J, Zimkus, Scorel K., Psarakis H, Maerz L, Balcezak, TJ, Inzucchi S. Evaluating Inpatient Glycemic Management: The QHS. Poster presentation at the Joseph A. Zaccagnino Patient Safety and Clinical Quality Conference, New Haven, CT; May, 2010.

Nystrom K, Schindler J, Bedard L, Moalli D, Cusano A, Cemeno, Baehring J, Nygard H, Harel N, Balcezak TJ, Capozzalo G. We Can Hear (and See) You Now! Connecticut's First Telestroke Program – Part 2. Poster presentation at the Joseph A. Zaccagnino Patient Safety and Clinical Quality Conference, New Haven, CT; May, 2010.

Bedard L, Nystrom K, Moalli D, Cusano A, Cememo M, Baehring J, Nygard H, Harel N, Balcezak TJ, Capozzalo G. Implementation of a JUB and SPOKE Model for Acute Stroke Care – Part 1. Poster presentation at the Joseph A. Zaccagnino Patient Safety and Clinical Quality Conference, New Haven, CT; May, 2010.

Sangkachand P, Tangredi R, Cooper D, Gorero N, Marshal P, Maccubbin, Devin L, Fletcher E, Hewitt R, LoRusso F, Wira C, Curtis J, Roumanis S, Nystrom K, Bautista C, Schindler J, Yazdi M, DeFilippo G, Ehrenkranz R, Mercurio M, Swan A, Pettker

C. Balcezak TJ. Therapeutic Hypothermia. Poster presentation at the Joseph A. Zaccagnino Patient Safety and Clinical Quality Conference, New Haven, CT; May, 2010.

Moss, RL, Hirsch MW, Ferigno DL, Balcezak TJ, Carusone CA. Yale-New haven Children's Hospital's Role in Developing a National system for Assessing Outcomes in Children's Surgery. Poster presentation at the Joseph A. Zaccagnino Patient Safety and Clinical Quality Conference, New Haven, CT; May, 2009.

Zinck-Lederer T, Jenq G, Hawkins H, Depukat D, Mccausland K, Russell-Milici H, PSMs of Medicine, Chief Residents Medicine, Benis L, Morris V, Balcezak TJ, Bennick M, Fisher R. Linking SCM and Smartweb Paging to improve communication between Nursing and Medical Staff on the Inpatient Medical Units. Poster presentation at the Joseph A. Zaccagnino Patient Safety and Clinical Quality Conference, New Haven, CT; May, 2009.

Jenq G, Balcezak TJ, et al. Teamwork in Earlier Discharges. Poster Presentation at the International Forum on Quality and Safety in Health Care, Paris, France. April 2008.

Jenq G, Balcezak TJ, Crede W, Lee L, Benis L. Medication reconciliation: inpatient medicine's approach. Poster presentation at the Joseph A. Zaccagnino Patient Safety and Clinical Quality Conference, New Haven, CT; April, 2008.

Bacon S, Balcezak TJ, Bursey C, Byrne P, Carraway N, Carter K, Finoia B, Forth D, Ghidini J, Horwitz LI, Iacomacci A, Jenq G, Lober F, Masselli W, Sward J. Achieving 11 am discharge through teamwork and local initiative. Poster presentation at the Joseph A. Zaccagnino Patient Safety and Clinical Quality Conference, New Haven, CT; April, 2008.

Lin Z, Scorel K, Teng W, Goldberg PA, Roussel M, Psarakis H, Ulisse G, Roumanis S, Siegel M, Carageno T, Danilowicz C, Farrington J, Finoia B, For-Flanel D, Lanouette L, Nickless N, Nikolisch J, Thomas P, Balcezak TJ, Inzucchi S. A decade of progress in blood glucose management. Poster presentation at the Joseph A. Zaccagnino Patient Safety and Clinical Quality Conference, New Haven, CT; April, 2008.

Balcezak TJ, Apkon M, Bacon S, Guglin M, Holland C, Horwitz L, Lisitano R, Merz SM, Morris V, Riley T, Shwayhat S, Smith N, Vorio D. Improving patient flow through in-hospital interventions. Poster presentation at the Joseph A. Zaccagnino Patient Safety and Clinical Quality Conference, New Haven, CT; April, 2008.

Balcezak TJ, Jaffe CC, Lynch P, Simon P, Jackson S, Cadman EC. A Network Model for Documentable Graduate Medical Education Using Internet Technology. AAMC Annual Meeting, Washington, D.C. November 1997.

Balcezak TJ, Getnick GS, Cadman EC. Using a Computerized Order Entry System to Improve Utilization of an Efficacious Weight-based Heparin Nomogram. AAMC Annual Meeting, Washington, D.C. November 1997.

INTERESTS

- Pre-war Ford automobiles
- Gardening
- Cooking
- Keeping up with my daughters

PERSONAL

Born: Hartford, Connecticut
Married: Soni K. Clubb, M.D.
Children: Lucy Olivia Balcezak
Isabel Luna Balcezak

Robert A. Nordgren

Chief Executive Officer
 Northeast Medical Group
 Senior Vice President
 Yale New Haven Health System
 226 Mill Hill Ave.
 Bridgeport, CT 06610
 (203) 384-4391
 Robert.Nordgren@ynhh.org

Employment:

2010-present	Chief Executive officer, Northeast Medical Group/ Senior Vice President, Yale-New Haven Health System
2007-2010	Associate Medical Director, Dartmouth-Hitchcock Manchester
2000-2007	Executive Director, Child Health Services, Manchester, NH

Education*:

1992-1996	M.D. Columbia University, College of Physicians and Surgeons
1992-1996	M.P.H. Columbia University, School of Public Health
1987-1991	B.A. Williams College (Religion)

*Completed 90 percent of MBA program at the UMass Amherst Isenberg School of Management and the American College of Physician Executives. MBA degree expected summer 2012.

Postgraduate Training:

1999-2000	Chief Resident in Pediatrics Children's Hospital of Philadelphia, Philadelphia, PA
1996-1999	Intern and Resident in Pediatrics Children's Hospital of Philadelphia, Philadelphia, PA

Licensure/Certification:

2000-present	Board Certified – Pediatrics (Certified until 2014)
2000-present	New Hampshire MD # 10962
1999-2000	Pennsylvania: PA MD-065276-L
2011-present	Connecticut MD: 049659

Boards and Committees:Yale New Haven Health System:

2010-present	System Executive Committee
2010-present	System Quality Committee
2010-present	Epic Steering Committee
2011-present	Accountable Care Solutions Committee

Dartmouth-Hitchcock (DH):

2007-2010	DH System Medical Home Leadership Steering Committee
2007-2008	DH System Population Health Strategic Planning Committee
2009	DH Clinic Presidential Search Committee
2007-2010	Co-Chair, DH Medical Home Measurement Committee
2010-2010	DH System Education Strategic Planning Committee
2009-2010	DH System EPIC Population Health Committee
2007-2010	Community Group Practices Leadership Team
2007-2010	DH Manchester Board of Governors
2007-2010	Chair, DH Manchester Medical Home Implementation Committee
2008-2010	Chair, DH Manchester Quality Improvement Committee

Community and Statewide:

2005-2007	Co-Chairman, New Hampshire Citizen's Health Initiative; Governor's Task Force for Health Care Reform
2004	Endowment for Health: Citizen's Roundtable on Health Costs and Coverage, The Pillars Project
2003-2006	Board of Directors, American Heart Association, NH Chapter
2002-2006	Board of Directors, Visiting Nurse Association for Manchester and Southern New Hampshire
2002-2007	New Hampshire Covering Kids and Families Coalition
2002-2006	NH Department of Health and Human Services: Newborn Screening Advisory Committee
2001-2007	Healthy Kids Corporation, Quality Committee
2000-2004	NH Department of Health and Human Services: Primary Care Access Committee
2000-2010	Healthy Manchester Leadership Council
2005-2010	Board of Directors, Heritage United Way
2006-2010	Manchester Sustainable Access Project, Executive Committee
2006-2010	Manchester Sustainable Access Project, Chair, Strategic Planning Committee

American Academy of Pediatrics:

1998-2000 Committee on Pediatric Workforce, Section Representative
 1996-1997 District Coordinator and Executive Committee Member, Resident
 Section

Professional Development:

2004-2005 Leadership New Hampshire
 August 2004 SEAK Institute: Business School for Physicians

Awards and Honors:

2007 “*New Hampshire Health Care Business of the Year*”. Awarded to
 Child Health Services by Business NH Magazine.
 2005 The Walter J. Dunfey Award “*For Excellence in Nonprofit
 Management*” Awarded to Child Health Services by the
 Corporate Fund of New Hampshire.
 2004 The New Hampshire Union Leader and Business and Industry
 Association, “40 Under Forty” recognizing emerging leaders in
 New Hampshire.
 1999 The Nancy Elizabeth Barnhart Award, to the Senior Resident “*In
 recognition of dedicated efforts to improve the health and well-
 being of children in the community.*”
 1996 Excellence in Legislative Action- The American Medical Student
 Association
 1993 NIH/ Dean’s Scholarship for Research, Columbia
 1989-1991 Dean’s List, Williams College

Faculty Appointments:

2000-2011 Adjunct Faculty, Department of Pediatrics, Dartmouth
 Medical School
 1999-2000 Assistant Physician, Division of General Pediatrics,
 Department of Pediatrics, Children’s Hospital of
 Philadelphia

Research:

1995-1996 Research Assistant, Columbia University, School of Public
 Health and School of Nursing, *Health of the Public
 Program*
 1993 Research Assistant, Division of Cardiology, Columbia
 University, College of Physicians and Surgeons
 1991-1992 Research Assistant, Department of Cognitive Neuroscience,

Dartmouth Medical School

Grants and Funding:

- | | |
|-----------|--|
| 2000-2007 | Primary author for several grants awarded to Child Health Services, totaling over \$4,000,000. Grants received from: The Endowment for Health, The Jesse B. Cox Foundation, The Norwin S. and Elizabeth N. Bean Foundation, The Cogswell Trust, The Agnes Lindsay Trust, The Hunt Foundation, The Garth Brooks Foundation, Ronald McDonald House Charities, among others |
| 1999-2000 | <u>Dyson Initiative on Pediatric Training in the Community:</u> Member of committee awarded \$2.5 million for the Children's Hospital of Philadelphia |
| 1999 | <u>Rome CATCH Grant:</u> first author on visiting professor grant awarded to the residency program at the Children's Hospital of Philadelphia |

Teaching Experience:

- | | |
|-----------|---|
| 1999-2000 | Chief Resident at CHOP: responsible for teaching at daily Senior Rounds, weekly Extern Rounds, and Attending Rounds |
| 1996 | "Money, Markets and Medicine" Semester course taught to medical students at Columbia University |

Bibliography and Presentations:

Nordgren R, "The 105th Congress: Profiles and Predictions." Resident Report, Resident Section of the American Academy of Pediatrics, Spring 1997, Vol. 7, No. 1, p.3.

Nordgren, R, "Medical Savings Accounts: Magic Pill or Poison?" Health Policy Forum, American Medical Student Association, Spring 1997, Vol. 2, Issue 1, pp. 3-4.

Nordgren R, "Health Care and the 1996 Election." American Medical Student Association Regional Convention, Pittsburgh, PA. October 16, 1996.

Nordgren R and Hantman J, "The Effect of Managed Care on Undergraduate Medical Education." The Journal of the American Medical Association (JAMA), April 3, 1996, Vol. 275, No. 13, pp.1053, 1058.

Nordgren R, "Physicians' Political Response to Managed Care in New York State." Generalist Physicians in Training (GPIT) Poster Session, American Medical Student Association National Convention, March 14-17, 1996.

Nordgren R and Deng J (eds.), The U.S. Health Care System: A Primer. Legislative Action Committee, American Medical Student Association, February 1996.

Nordgren RA, "Political Success, Policy Failure: The Story of the 1992 and 1994 Elections." Task Force Quarterly, American Medical Student Association, Winter, 1996, pp. 14-16.

Nordgren RA, "The Major Health Care Bills: Finding Your Way Through the Woods." American Medical Student Association Task Force Quarterly, Spring, 1994, pp. 45-47.

Nordgren RA, "Interview with Dr. John Wennberg on Managed Care and Clinical Practice." American Medical Student Association Task Force Quarterly, Fall, 1993.

Nordgren RA, "Interview with Sherry Glied on the Clinton Health Care Plan." American Medical Student Association Task Force Quarterly, Fall, 1993.

RL Green, JJ Hustler, WC Loftus, MJ Tramo, CE Thomas, AW Silberfarb, RE Nordgren, RA Nordgren, MS Gazzaniga, "The Caudal Infrasyllvian Surface in Dyslexia: Novel Magnetic Resonance Imaging-based Findings." Neurology, Vol. 53, September, 1999, pp. 974-981.

Loftus WC, Green RL, Silberfarb A, Thomas CE, Nordgren RA, Nordgren RE, Gazzaniga MS, "Regional Cortical Surface Area in Subjects with Developmental Dyslexia." *Presented by Loftus, inaugural meeting of the Cognitive Neuroscience Society, San Francisco*, March 1994.

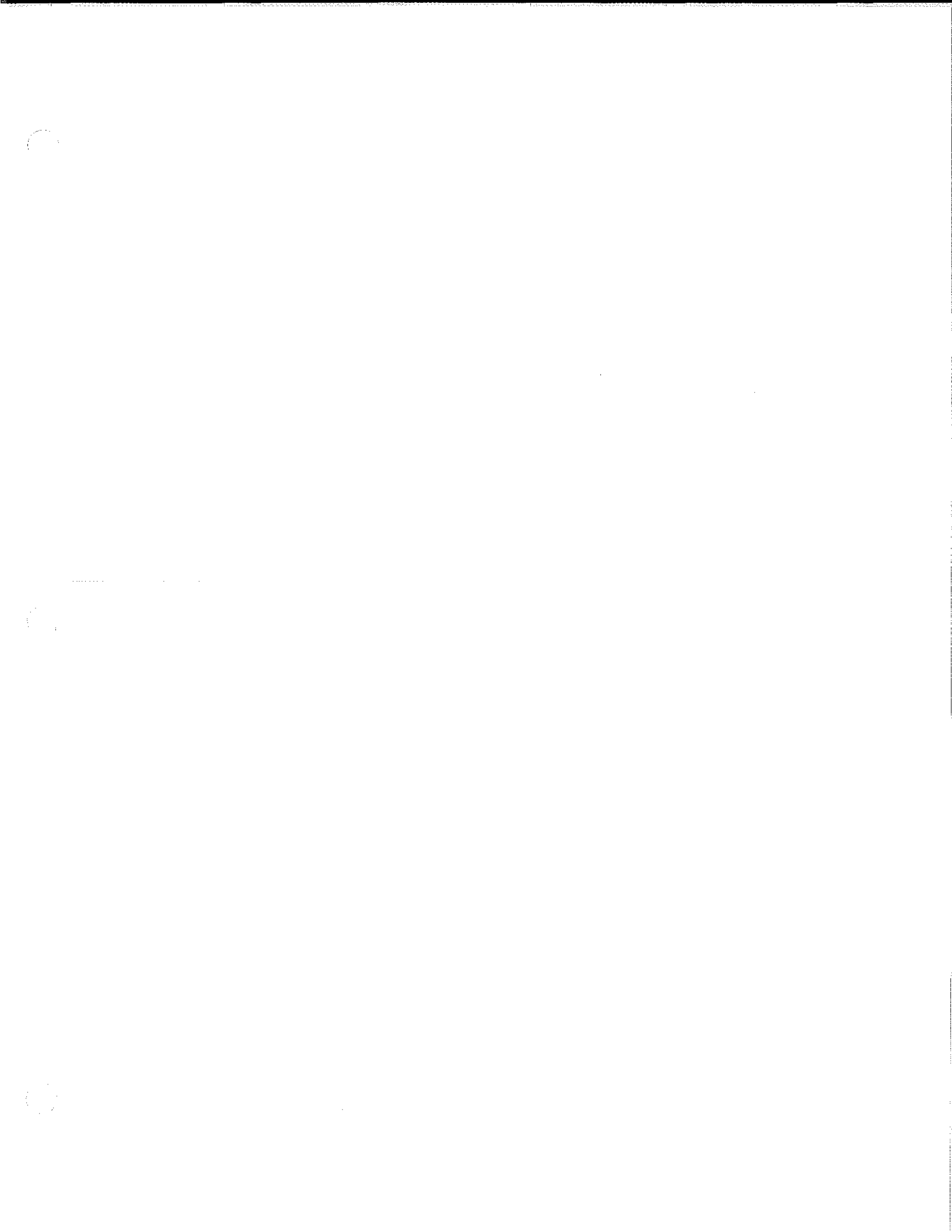
Loftus WC, Tramo MJ, Thomas CE, Green RL, Nordgren RA, and Gazzaniga MS, "Three Dimensional Quantitative Analysis of Hemispheric Asymmetry in the Human Superior Temporal Region." Cerebral Cortex, Vol. 3, No. 4, July/ August 1993 pp. 348-355.

Contributor:

American Academy of Pediatrics, Committee on Pediatric Workforce: "Financing Graduate Medical Education to Meet Pediatric Workforce Needs" Pediatrics, Vol. 107, No. 4, pp. 785-789.

American Academy of Pediatrics, Committee on Pediatric Workforce: "Enhancing the Racial and Ethnic Diversity of the Pediatric Workforce" Pediatrics, Vol. 105, No. 1, January 2000, pp. 129-131.

American Academy of Pediatrics, Committee on Pediatric Workforce: "Culturally Effective Pediatric Care: Education and Training Issues" Pediatrics, Vol. 103, No. 1, January 1999, pp. 167-170.



DOCUMENTATION OF NON-PROFIT STATUS

OGDEN UT 84201-0038

In reply refer to: 0441981549
Nov. 01, 2010 LTR 4168C EO
06-0646652 000000 00
00029143
BODC: TE

YALE NEW HAVEN HOSPITAL
% LAURIE CAHILL
20 YORK ST
NEW HAVEN CT 06510-3220



025077

Employer Identification Number: 06-0646652
Person to Contact: Mr. Ludlow
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Oct. 21, 2010, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in November 1966.

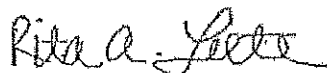
Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(iii).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/efo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,



Rita A. Leete
Accounts Management II

OGDEN UT 84201-0038

025077.788528.0120.003 1 MB 0.382,540



YALE NEW HAVEN HOSPITAL
% LAURIE CAHILL
20 YORK ST
NEW HAVEN CT 06510-3220

025077

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT,
EVEN IF YOU ALSO HAVE AN INQUIRY.



The IRS address must appear in the window.

Use for payments

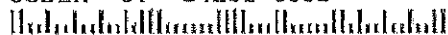
BODCD-TE

0441981549

Letter Number: LTR4168C
Letter Date : 2010-11-01
Tax Period : 000000

INTERNAL REVENUE SERVICE

OGDEN UT 84201-0038



060646652

YALE NEW HAVEN HOSPITAL
% LAURIE CAHILL
20 YORK ST
NEW HAVEN CT 06510-3220

060646652 20 YALE 00 2 000000 670 000000000000

Internal Revenue Service

District
DirectorYale-New Haven Hospital Inc.
789 Howard Avenue
New Haven, Ct. 06504

Department of the Treasury

P.O. Box 9107
JFK Federal Bldg., Boston, Mass. 02203

Person to Contact: Daniel T. Valenzano

Telephone Number: (617) 223-1442

Refer Reply to: EO:Processing Unit

Date: JUL 10 1979

Name of Organization: Same

Gentlemen:

This is in reply to your recent letter requesting a copy of an exemption letter for the above-named organization.

Due to our records retention program, a copy of the original letter is not available.

However, records in this office show that a determination letter was issued in November 1966 ruling that the organization was exempt from Federal Income Tax under Section (now) 501(C)(3) of the Internal Revenue Code of 1954.

However, records in this office show that the organization is exempt under Section (now) of the Internal Revenue Code as part of a group ruling issued to _____

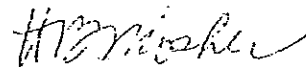
Further, the organization is not a private foundation because it is an organization described under Section 170(b)(1)(a)(vi) and

This ruling remains in effect as long as there are no changes ^{509(a)(1)} in the character, purposes, or method of operation of the organization.

I trust the foregoing information will serve your purpose.

If you have any questions, you may contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



District Director



FINANCIAL ATTACHMENTS

YALE-NEW HAVEN HOSPITAL
Change of Operational Controls of the ElderCare Clinics
Yale-New Haven Hospital
Assumptions

<u>Net Revenue Rate Increases</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
1) Government	-0.06 - 0.0%	0.0 - 1.0%	0.0 - 1.0%
2) Non-Government	5.0%	5.0%	5.0%
	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
<u>EXPENSES</u>			
A. Salaries and Fringe Benefits	3.1%	3.1%	3.1%
B. Non-Salary			
1) Medical and Surgical Supplies	3.5%	3.5%	3.5%
2) Pharmacy and Solutions	3.5%	3.5%	3.5%
3) Malpractice Insurance	4.0%	4.0%	4.0%
4) Professional and Contracted Services	2.5%	2.5%	2.5%
5) All Other Expenses	3 - 5%	3 - 5%	3 - 5%
	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
<u>FTEs</u>			
1) Total estimated FTEs	<u>10,866.0</u>	<u>10,984.0</u>	<u>11,106.0</u>

Note - The above increase projections reflect all changes relating to Medicare and Medicaid reimbursement regulations.

Minimum Number of Units required

	2013	2014	2015	2016
Expenses from operations	NA	\$161,932	\$166,790	\$171,794
Cases Needed to show incremental gain from operations	NA	1,760	1,813	1,867
Average Revenue per case by year	NA	\$92	\$92	\$92
Volume	NA	1,334	1,334	1,334
Revenue	NA	\$ 122,728	\$ 122,728	\$ 122,728

Notes: Based on facility fee.

Office of Health Care Access
Financial Attachment I

Yale-New Haven Hospital
(All dollars are in thousands)
Change of Operational Controls of the ElderCare Clinics

Description	FY 2012 Actual Results	FY 2013		FY 2014		FY 2015		FY 2016		FY 2016	
		Projected with CON	Projected Incremental	Projected with CON	Projected Incremental	Projected with CON	Projected Incremental	Projected with CON	Projected Incremental	Projected with CON	Projected without CON
Net Patient Revenue	\$ 916,690	\$ 1,227,684	\$ -	\$ 1,300,546	\$ -	\$ 1,408,690	\$ -	\$ 1,528,440	\$ -	\$ 1,528,440	\$ -
Non-Government	550,286	736,971	-	860,493	61	928,069	61	1,028,069	61	1,028,069	61
Medicare	241,197	323,025	-	344,571	61	367,467	61	382,385	61	382,385	61
Medicaid and Other Medical Assistance	5,101	6,831	-	6,703	-	6,632	-	6,632	-	6,632	-
Other Government	\$ 1,713,271	\$ 2,294,511	\$ -	\$ 2,312,288	\$ 123	\$ 2,410,755	\$ 123	\$ 2,560,224	\$ 123	\$ 2,560,224	\$ 123
Total Net Patient Revenue	\$ 47,584	\$ 54,500	\$ -	\$ 47,500	\$ -	\$ 47,500	\$ -	\$ 47,500	\$ -	\$ 47,500	\$ -
Other Operating Revenue	\$ 1,760,955	\$ 2,349,111	\$ -	\$ 2,353,788	\$ 123	\$ 2,458,255	\$ 123	\$ 2,607,724	\$ 123	\$ 2,607,724	\$ 123
Revenue from Operations	\$ 757,263	\$ 1,043,623	\$ 125	\$ 1,094,270	\$ 129	\$ 1,145,931	\$ 133	\$ 1,194,085	\$ 137	\$ 1,194,222	\$ 137
Salaries and Fringe Benefits	398,196	519,551	22	481,677	22	470,629	23	470,629	24	514,243	24
Professional / Contracted Services	367,406	501,412	-	524,892	-	542,853	-	561,438	-	561,438	-
Supplies and Drugs	32,922	64,205	-	69,199	-	74,983	-	81,256	-	81,256	-
Bad Debts	15,983	21,812	10	23,353	10	24,288	11	24,289	11	25,270	11
Other Operating Expense	\$ 1,371,469	\$ 2,150,603	\$ 157	\$ 2,193,391	\$ 162	\$ 2,258,884	\$ 167	\$ 2,376,258	\$ 172	\$ 2,376,429	\$ 172
Subtotal	73,101	93,114	-	94,420	-	101,180	-	108,482	-	108,482	-
Depreciation/Amortization	17,720	24,199	-	25,405	-	33,957	-	40,878	-	40,878	-
Interest Expense	9,847	13,174	-	12,213	-	15,769	-	16,417	-	16,417	-
Lease Expense	\$ 1,672,137	\$ 2,260,950	\$ 187	\$ 2,328,429	\$ 192	\$ 2,409,590	\$ 197	\$ 2,542,035	\$ 172	\$ 2,542,207	\$ 172
Total Operating Expense	\$ 88,918	\$ 68,121	\$ (167)	\$ 67,964	\$ (39)	\$ 48,955	\$ (44)	\$ 65,669	\$ (49)	\$ 65,640	\$ (49)
Gain/(Loss) from Operations	\$ 24,098	\$ 39,000	\$ -	\$ 30,000	\$ -	\$ 33,500	\$ -	\$ 34,300	\$ -	\$ 34,300	\$ -
Plus: Non-Operating Revenue	\$ 112,916	\$ 107,121	\$ (157)	\$ 106,964	\$ (39)	\$ 81,921	\$ (44)	\$ 99,989	\$ (49)	\$ 99,940	\$ (49)
Revenue Over/(Under) Expense	10,607	10,839	-	10,868	-	10,984	-	11,106	-	11,106	-
Number of FTE's	59,427	60,472	-	60,472	-	62,725	-	65,042	-	65,042	-
Inpatient Cases	309,398	424,710	-	424,710	-	436,602	-	448,827	-	448,827	-
Patient Days	774,095	1,054,980	1,334	1,073,045	1,334	1,112,990	1,334	1,154,581	1,334	1,154,581	1,334
Outpatient encounters											

Notes: Based on facility fee.

Yale-New Haven Hospital

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 Type of Unit Description: # of Months in Operation	(1) Visits/Treatments 12	(2) Rate	(3) Units	(4) Gross Revenue Col. 2 * Col. 3**	(5) Allowances/ Deductions	(6) Charity Care	(7) Bad Debt	(8) Net Revenue Col.4 - Col.5 -Col.6 - Col.7	(9) Operating Expenses Col. 1 Total * Col. 4 / Col. 4 Total	(10) Gain/(Loss) from Operations Col. 8 - Col. 9
Year 1 - 2014 (full year) FY Projected Incremental Total Incremental Expenses:										
Total Facility by Payer Category:										
Medicare		\$198	667	\$132	\$71			\$62	\$81	(\$19)
Medicaid		\$198	667	\$132	\$71			\$62	\$81	(\$19)
CHAMPUS/TriCare		\$198	-	\$0	\$0			\$0	\$0	\$0
Total Governmental			1,334	\$264	\$141	\$0	\$0	\$123	\$162	(\$39)
Commercial Insurers		\$198	0	\$0	\$0			\$0	\$0	\$0
Uninsured		\$198	-	\$0	\$0			\$0	\$0	\$0
Total NonGovernment			0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total IP All Payers		\$198	1,334	\$264	\$141	\$0	\$0	\$123	\$162	(\$39)

** Column (4)-(10) in thousands.

Yale-New Haven Hospital

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:	Visits/Treatments	Rate	Units	Gross Revenue	Allowances/ Deductions	Charity Care	Bad Debt	Net Revenue	Operating Expenses	Gain/(Loss) from Operations
# of Months in Operation	12			Col. 2 * Col. 3**				Col.4 - Col.5 -Col.6 - Col.7	Col. 1 Total * Col. 4 / Col. 4 Total	Col. 8 - Col. 9
Year 2 - 2015										
FY Projected Incremental										
Total Incremental Expenses:	\$167									
Total Facility by Payer Category:										
Medicare		\$198	667	\$132	\$71			\$62	\$83	(\$22)
Medicaid		\$198	667	\$132	\$71			\$62	\$83	(\$22)
CHAMPUS/TriCare		\$198	-	\$0	\$0			\$0	\$0	\$0
Total Governmental			1,334	\$264	\$141	\$0	\$0	\$123	\$167	(\$44)
Commercial Insurers		\$198	0	\$0	\$0			\$0	\$0	\$0
Uninsured		\$198	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total NonGovernment		\$198	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total All Payers		<u>\$198</u>	1,334	\$264	\$141	\$0	\$0	\$123	\$167	(\$44)

** Column (4)-(10) in thousands.

Yale-New Haven Hospital

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 Type of Unit Description: # of Months in Operation	(1) Visits/Treatments	(2) Rate	(3) Units	(4) Gross Revenue Col. 2 * Col. 3**	(5) Allowances/ Deductions	(6) Charity Care	(7) Bad Debt	(8) Net Revenue Col.4 - Col.5 -Col.6 - Col.7	(9) Operating Expenses Col. 1 Total * Col. 4 / Col. 4 Total	(10) Gain/(Loss) from Operations Col. 8 - Col. 9
Year 3 - 2016										
FY Projected Incremental										
Total Incremental Expenses:	<u>\$172</u>									
Total Facility by Payer Category:										
Medicare		\$198	667	\$132	\$71			\$62	\$86	(\$24)
Medicaid		\$198	667	\$132	\$71			\$62	\$86	(\$24)
CHAMPUS/TriCare		\$198	-	\$0	\$0			\$0	\$0	\$0
Total Governmental	<u>1,334</u>		<u>1,334</u>	<u>\$264</u>	<u>\$141</u>	<u>\$0</u>	<u>\$0</u>	<u>\$123</u>	<u>\$172</u>	<u>(\$49)</u>
Commercial Insurers		\$198	0	\$0	\$0			\$0	\$0	\$0
Uninsured		\$198	-	\$0	\$0			\$0	\$0	\$0
Total NonGovernment		<u>\$198</u>	<u>-</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total All Payers		<u>\$198</u>	<u>1,334</u>	<u>\$264</u>	<u>\$141</u>	<u>\$0</u>	<u>\$0</u>	<u>\$123</u>	<u>\$172</u>	<u>(\$49)</u>

** Column (4)-(10) in thousands.