

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner



Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Office of Health Care Access

August 8, 2017

Michele M. Volpe, Esq.
Bershtein, Volpe & McKeon, P.C.
105 Court Street
New Haven, CT 06511

RE: Docket Number 17-31768-MDF: Modification of the
Certificate of Need authorized under Docket Number 12-31768-CON
Lawrence & Memorial Hospital
Establishment and Operate an Elective Angioplasty Program

Dear Attorney Volpe:

Please be advised that, pursuant to Conn. Gen. Stat. § 4-181a(b), the Office of Health Care Access ("OHCA") intends to modify the CON issued in the above-referenced action to require annual filings rather than quarterly filings. Specifically: the Order will be modified to read as follows:

1. Lawrence & Memorial Hospital shall submit on an annual basis to OHCA the following reports which must be submitted within one (1) month following the end of the calendar year through the end of calendar year 2019:
 - a. Elective and Emergency PCI performed annually by town of patient origin, in a format to be specified.
 - b. Elective and Emergency PCI performed annually, broken out by inpatient and outpatient, in a format to be specified.
 - c. The number of patients transferred to another hospital for cardiac treatment as a direct result of Emergency and/or Elective PCI at Lawrence & Memorial Hospital. Details to include:
 - i. The cause/reason for transfer;
 - ii. The name of the facility to which the patient was transferred; and



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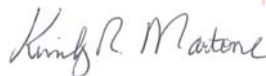
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- iii. The actual time-line beginning with the reason for transfer, including the transportation time and the actual procedure administered at the facility to which the patient was transferred.
2. Reports a through c above shall not include patient identifiable data.
3. Based on OHCA's review of this annual data, the Office may request a meeting with Lawrence & Memorial Hospital to discuss the data submitted.
4. If Lawrence & Memorial Hospital does not perform the minimum number of elective PCIs within twelve months of the initiation of the elective PCI program, as recommended by America College of Cardiology/American Heart Association, Lawrence & Memorial Hospital shall submit monthly reports of the number of elective PCIs arrayed by physician to OHCA until such time as these volumes are met by Lawrence & Memorial Hospital or until it meets with OHCA to discuss a plan that will adhere to the quality standards recommended by the American College of Cardiology/American Heart Association.
5. Lawrence & Memorial Hospital shall participate in the ACC National Cardiovascular Database Registry (ACC-NCDR) and report all data including the optional follow-up section. Lawrence and Memorial Hospital shall provide to OHCA, a copy of the Executive Summary of the Institutional Outcomes Report it receives from ACC-NCDR. Each of the reports that the Hospital receives during the calendar year shall be submitted to OHCA one (1) month subsequent to the end of the calendar year through the end of calendar year 2019. Lawrence & Memorial Hospital is required to comply with the ACC/AHA criteria and standards. If Lawrence and Memorial Hospital determines not to participate in the ACC-NCDR, Lawrence & Memorial Hospital shall notify OHCA immediately, and continue to comply with the ACC/AHA criteria and standards. This condition supersedes Condition 3 of Docket Number 04-30297-CON, as modified by Docket Numbers 06-30297-MDF and 08-30297-MDF

If you would like to submit any comments regarding this matter, please do so in writing to OHCA by 4:30 PM on Friday, August 25, 2017.

Sincerely,

 Digitally signed by
Kimberly Martone
Date: 2017.08.08 12:59:48
-04'00'

Kimberly R. Martone
Director of Operations

cc: Shraddha Patel, FACHE

Olejarz, Barbara

From: Microsoft Outlook
To: Michele Volpe; SHRADDHA.PATEL@YNHH.ORG
Sent: Tuesday, August 08, 2017 1:04 PM
Subject: Relayed: Lawrence + Memorial Hospital

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

[Michele Volpe \(mmv@bvmlaw.com\)](mailto:mmv@bvmlaw.com)

[SHRADDHA.PATEL@YNHH.ORG \(SHRADDHA.PATEL@YNHH.ORG\)](mailto:SHRADDHA.PATEL@YNHH.ORG)

Subject: Lawrence + Memorial Hospital

Olejarz, Barbara

From: Michele Volpe <mmv@bvmlaw.com>
Sent: Tuesday, October 03, 2017 12:51 PM
To: Hansted, Kevin
Cc: Martone, Kim; Olejarz, Barbara; Jennifer O'Donnell
Subject: RE: Modification of L&M decision

Thank you, Kevin. I hope this email finds you well. The information has been sent on to L+M and they will be in touch regarding getting back to you with a fully executed modification. Please feel free to contact me should you require anything further. Take care.

Michele M. Volpe
Bershtein, Volpe & McKeon P.C
105 Court Street
New Haven, CT 06511
Phone: (203) 777-6995
Fax: (203) 777-5806

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From: Hansted, Kevin [mailto:Kevin.Hansted@ct.gov]
Sent: Friday, September 29, 2017 10:30 AM
To: Michele Volpe <mmv@bvmlaw.com>
Cc: Martone, Kim <Kimberly.Martone@ct.gov>; Olejarz, Barbara <Barbara.Olejarz@ct.gov>
Subject: Modification of L&M decision

Good morning Michele:

Attached is a modification of the decision originally rendered under Docket Number 12-31768-CON for L+M's elective angioplasty program. Please have your client review and execute the document and return the original to my attention for the Commissioners' signature.

Thank you,

Kevin T. Hansted
Staff Attorney
Office of Health Care Access

Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
Phone: 860-418-7044
kevin.hansted@ct.gov



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User, OHCA

From: Patel, Shraddha <SHRADDHA.PATEL@YNHH.ORG>
Sent: Tuesday, October 10, 2017 4:41 PM
To: User, OHCA
Cc: Michele Volpe; Anderson, Maureen; Fiore, Denise; Cambi, Brian
Subject: Docket 17-31768-MDF - L+M Hospital
Attachments: CON Modification Docket 12-31768-CON.pdf

Good afternoon,

Attached please find the signed CON modification form 17-31768-MDF for Docket 12-31768-CON.

Please contact me if you have any questions.

Thank you,
Shraddha

Shraddha Patel, FACHE
Director of Strategy and Regulatory Planning & Reporting
2 Howe 3rd Floor
New Haven, CT 06519
Phone: 860-912-5324
Email: shraddha.patel@ynhh.org

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STATE OF CONNECTICUT

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Michele M. Volpe, Esq.
Bershtein, Volpe & McKeon, P.C.
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New Haven, CT 06511

RE: Docket Number 17-31768-MDF: Modification of the
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Lawrence & Memorial Hospital
Establishment and Operate an Elective Angioplasty Program

Dear Attorney Volpe:

On August 8, 2017 the Office of Health Care Access ("OHCA") notified Lawrence & Memorial Hospital that OHCA intended to modify certain conditions within the Certificate of Need ("CON") issued under Docket No.: 12-31768-CON. OHCA requested that Lawrence & Memorial Hospital submit any comments by August 25, 2017. OHCA received no comments from Lawrence & Memorial Hospital.

In accordance with Connecticut General Statutes § 4-181a(b), OHCA hereby modifies Conditions 1 through 5 of the Order issued under Docket No.: 12-31768-CON as follows:

1. Lawrence & Memorial Hospital shall submit on an annual basis to OHCA the following reports which must be submitted within one (1) month following the end of the calendar year through the end of calendar year 2019:
 - a. Elective and Emergency PCI performed annually by town of patient origin, in a format to be specified.
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All other conditions contained in the Order issued under Docket No.: 12-31768-CON remain in full force and effect.

Signed by Denise J. Fiore
(Print name)

Denise J. Fiore
(Title)

Date 10/10/17

Denise J. Fiore
Duly Authorized Agent for
Lawrence & Memorial Hospital

Department of Public Health
Office of Health Care Access

Date:

Yvonne T. Addo, MBA
Deputy Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.
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Michele M. Volpe, Esq.
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All other conditions contained in the Order issued under Docket No.: 12-31768-CON remain in full force and effect.

Signed by Denise J. Fiore
(Print name)

Denise J. Fiore
(Title)

10/10/17
Date

Denise J. Fiore
Duly Authorized Agent for
Lawrence & Memorial Hospital

10/11/2017
Date:

Department of Public Health
Office of Health Care Access

Yvonne T. Addo
Yvonne T. Addo, MBA
Deputy Commissioner

Olejarz, Barbara

From: Olejarz, Barbara
Sent: Wednesday, October 11, 2017 10:07 AM
To: 'Michele Volpe'; 'SHRADDHA.PATEL@YNHH.ORG'
Subject: Modification
Attachments: CON Modification Docket 12-31768-CON.pdf

Tracking:	Recipient	Delivery
	'Michele Volpe'	
	'SHRADDHA.PATEL@YNHH.ORG'	
	Martone, Kim	
	Hansted, Kevin	
	Riggott, Kaila	
	Roberts, Karen	
	McLellan, Rose	
	Foreman, Rebecca	
	Jensen, Dana	
	Addo, Yvonne	Delivered: 10/11/2017 10:07 AM
	Karen.Roberts@ct.gov	Delivered: 10/11/2017 10:07 AM
	Kimberly.Martone@ct.gov	Delivered: 10/11/2017 10:07 AM
	Kaila.Riggott@ct.gov	Delivered: 10/11/2017 10:07 AM
	Kevin.Hansted@ct.gov	Delivered: 10/11/2017 10:07 AM
	Rebecca.Foreman@ct.gov	Delivered: 10/11/2017 10:07 AM
	Rose.C.McLellan@ct.gov	Delivered: 10/11/2017 10:07 AM
	Dana.Jensen@ct.gov	Delivered: 10/11/2017 10:07 AM

10/11/17

Please see attached signed modification for Docket Number: 17-31768-MDF, modification of Certificate of Need authorized under Docket Number: 12-31768-CON

Barbara K. Olejarz
Administrative Assistant to Kimberly Martone
Office of Health Care Access
Department of Public Health
Phone: (860) 418-7005
Email: Barbara.Olejarz@ct.gov



Olejarz, Barbara

From: Microsoft Outlook
To: Michele Volpe; SHRADDHA.PATEL@YNHH.ORG
Sent: Wednesday, October 11, 2017 10:07 AM
Subject: Relayed: Modification

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[Michele Volpe \(mmv@bvmlaw.com\)](mailto:mmv@bvmlaw.com)

[SHRADDHA.PATEL@YNHH.ORG \(SHRADDHA.PATEL@YNHH.ORG\)](mailto:SHRADDHA.PATEL@YNHH.ORG)

Subject: Modification

Olejarz, Barbara

From: Patel, Shraddha <SHRADDHA.PATEL@YNHH.ORG>
Sent: Wednesday, October 11, 2017 10:14 AM
To: Olejarz, Barbara; Michele Volpe
Subject: RE: Modification

Thank you Barbara.

From: Olejarz, Barbara [mailto:Barbara.Olejarz@ct.gov]
Sent: Wednesday, October 11, 2017 10:07 AM
To: Michele Volpe <mmv@bvmlaw.com>; Patel, Shraddha <SHRADDHA.PATEL@YNHH.ORG>
Subject: Modification

10/11/17

Please see attached signed modification for Docket Number: 17-31768-MDF, modification of Certificate of Need authorized under Docket Number: 12-31768-CON

Barbara K. Olejarz
Administrative Assistant to Kimberly Martone
Office of Health Care Access
Department of Public Health
Phone: (860) 418-7005
Email: Barbara.Olejarz@ct.gov



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