STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

October 26, 2010

IN THE MATTER OF:

An Application for a Certificate of Need filed Pursuant to Section 19a-639, C.G.S. by:	Notice of Final Decision Office of Health Care Access Docket Number: 10-31548-CON
Bridgeport Hospital	**Acquisition of a Computed Tomography Simulator in Trumbull**

To:
Lyn Salsgiver
Senior Vice President, Planning & Marketing
Bridgeport Hospital & Healthcare Services, Inc.
267 Grant Street
P.O. Box 5000
Bridgeport, CT 06610

Dear Ms. Salsgiver:

This letter will serve as notice of the Final Decision of the Office of Health Care Access in the above matter, as provided by Sections 19a-639, C.G.S. On October 26, 2010, the Final Decision was rendered as the finding and order of the Office of Health Care Access. A copy of the Final Decision is attached hereto for your information.

Kimberly R. Martone
Director of Operations

KRM: cgc
Enclosure

Department of Public Health
Office of Health Care Access
Certificate of Need Application

Final Decision

Applicant: **Bridgeport Hospital**

Docket Number: **10-31548-CON**

Project Title: **Acquisition of a Computed Tomography Simulator in Trumbull**

Project Description: Bridgeport Hospital ("Applicant") is proposing to acquire a Computed Tomography Simulator ("CT simulator") to be located at Trumbull Radiation Therapy Center ("TRTC"), in Trumbull, Connecticut with an associated total capital expenditure of $1,062,730.

Procedural History: On August 12, 2010, the Office of Health Care Access ("OHCA") received the Certificate of Need ("CON") application for the above-referenced project.

A notice to the public concerning OHCA's receipt of the Applicant's CON application was published in *The Connecticut Post,* on March 9, 2010. OHCA received no responses from the public concerning the Applicant's proposal. Pursuant to Section 19a-638, C.G.S., three individuals or an individual representing an entity with five or more people had until September 2, 2010, the twenty-first calendar day following the filing of the Applicant's CON Application, to request that OHCA hold a public hearing on the Applicant's proposal. OHCA received no hearing requests from the public.

OHCA's authority to review, approve, modify, or deny this proposal is established by Section 19a-639, 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

1. The Applicant is a not-for profit hospital located at 267 Grant Street, in Bridgeport, Connecticut. *(February 14, 2010, Letter of Intent, page 1)*

2. TRTC is a satellite radiation therapy practice owned by the Applicant since July 2009. *(June 11, 2010,CON application, page 24 and 35)*

3. The Applicant is proposing to acquire a CT simulator for TRTC to perform onsite 3-D imaging and radiation treatment planning for TRTC patients to enhance the quality of care and to support the new linear accelerator approved under Docket Number 08-31279-CON. *(June 14, 2010, CON application, page 24)*

4. TRTC is staffed by Bridgeport Hospital clinical and administrative employees and by physicians from Yale School of Medicine Department of Therapeutic Radiology/Smilow Cancer Hospital Department of Radiation Oncology. *(February 14, 2010, Letter of Intent, page 7, and June 14, 2010, CON application, page 24)*

5. TRTC is currently located at 15 Corporate Drive in Trumbull, Connecticut; however, TRTC will be relocated to a newly constructed, larger location at 5520 Park Avenue in Trumbull pursuant to Docket Number 10-31279-MDF. *(June 14, 2010, CON application, page 24)*

6. The Applicant indicates that the need for the CT simulator at TRTC is due to:
   - The radiographic simulator being outdated;
   - The need to have CT capabilities to support the new linear accelerator at TRTC's new location; and
   - Patients having CT scans scheduled at an offsite location which affects the accuracy of their treatment.

   (June 14, 2010, CON application, page 24)

7. TRTC's simulator was manufactured 1995, put into service in 1997 and has an expected life of 10 years. It is fully depreciated and past the end of its useful life. *(August 12, 2010, Completeness Responses, page 143)*

8. TRTC's new linear accelerator capabilities include stereotactic radiosurgery (SRS)[1] and intensity-modulated radiotherapy (IMRT)[2]. The SRS and IMRT targets are small and, therefore, require the high resolution, 3-D imaging produced by the CT simulator to accurately identify the radiation targets. *(June 14, 2010, CON application, pages 24 and 26)*

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[1] SRS-precisely delivers large doses of radiation primarily to brain and spine tumors, often in as few as three to five sessions.

[2] IMRT-allows physicians to customize the radiation by modulating the amount of radiation given to different parts of the treatment area.

9. The CT simulator will be used with the practice's radiation therapy patients for treatment planning, an integral part of delivering radiation therapy, and will not be used for general diagnostic imaging. *(February 14, 2010, Letter of Intent, page 6, and June 14, 2010, CON application, page 27)*

10. A CT simulator is a highly specific piece of equipment for dedicated radiation therapy imaging. *(June 14, 2010, CON application, page 24)*

11. CT simulation is used to produce 3-dimensional images of the patient's tumor, along with the surrounding normal tissue, so that the radiation oncologist can map the area to be treated with a high degree of accuracy and spare as much of the surrounding healthy tissue as possible during treatment. *(June 14, 2010, CON application, page 24)*

12. The large bore of the CT simulator (>70 centimeters) can accommodate an immobilization device that allows patients to be imaged in their individualized treatment positions (such as arms up or akimbo); this specific positioning is not always possible in a general diagnostic CT scanner because of the smaller bore size of the scanner. *(June 14, 2010, CON application, page 25)*

13. The CT simulator, unlike a diagnostic CT scanner, is equipped with specialized patient localization and planning software that enables the radiation therapy team to accurately set up and mark the patient for treatment. The CT simulator set-up can then be accurately reproduced in the treatment room in order to deliver the prescribed doses according to the treatment plan. Under the current arrangement, it is not possible for the radiation oncologist to be certain that the patient is properly positioned and immobilized during his/her treatment planning scan at an outside radiology center. *(June 14, 2010, CON application, page 25)*

14. The American College of Radiology Guideline for the Performance of Stereotactic Radiosurgery indicates that the high 3-D spatial accuracy and tissue definition are very important imaging features if one is to utilize SRS to its fullest positional accuracy. When the imager is located in the radiology department and not under direct control of the radiation oncology department, considerable cooperation is required for good quality control specific to the needs of SRS. *(August 12, 2010, Completeness Responses, page 144, and Attachment XI, page 181)*

15. The CT simulator will provide TRTC physicians with advanced technology that will deliver the prescribed dose of radiation while minimizing the impact on surrounding normal tissue. *(June 14, 2010, CON application, pages 26, and Attachment 2, page 68)*

16. The CT simulator 3-D capability in addition to accurately localizing tumor volume, will allow for the accurate targeting of the treatment area on which physicians will be able to deliver a 3-D high-dose volume around the tumor while avoiding critical organs at risk nearby. *(David Driver and H Jane Dobbs "Improvements in radiotherapy practice: the impact of new imaging technologies." Cancer Imaging: 4:142-150, 2004, and June 14, 2010, CON application, page 26, and Attachment 2, pages 79-80)*

17. TRTC's current technology is outdated and the proposed CT simulator in conjunction with the new linear accelerator will improve the quality of care provided to the Applicant's patients.

18. A CT simulator onsite during the course of a patient's treatment will ensure that the clinical protocols are followed during the scanning process and that the patient's positioning is accurate. *(June 14, 2010, CON application, page 26)*

19. The CT simulator will benefit the practice and the patients in that the staff will be onsite to coordinate the patient's radiation therapy and radiation treatment planning within the same patient set-up parameters with greater accuracy and efficiency. *(June 14, 2010, CON application, page 24-25)*

20. The CT simulator's flat table top, indexed patient immobilization devices, larger bore imager, precision lasers, and patient skin marking system and treatment planning software enable the therapists to exactly reproduce the patient set-up parameters during CT simulation scan. Overall, patient positioning will be consistent from simulation stage to treatment planning. *(E G A Aird, MSc, PhD, FIPEM and J Conway, BSc, PhD, MIPEM "CT Simulation for Radiation Therapy Treatment Planning." The British Journal of Radiology: 75: 937-949, 2002, and June 14, 2010, CON application, pages 24-25, and Attachment 2, page 68)*

21. Having the CT simulator for treatment planning onsite allows oncologists to perform real-time assessment of the scan and provide input to make any adjustments or, if necessary, to request a second scan, reducing the total number of visits for the patients to offsite locations and TRTC. *(June 14, 2010, CON application, page 25)*

22. OHCA finds that an onsite CT simulator will provide more effective and efficient treatment for patients and positively impact the accessibility of care provided to patients of TRTC and the Hospital.

23. The population to be served consists of the Applicant's oncology patients. *(June 14, 2010, CON Application, page 29)*

24. TRTC's current patient population consists of the same towns served by the Applicant:

Table 1: Radiation Therapy Patient Volume by Town, FY 2009

Bridgeport Hospital	# of patients	January 1-September 30, 2009, (9 months)	# of patients	FY 2009 Annualized*
Bridgeport	96	Bridgeport	25	**33**
Easton	0	Easton	6	**8**
Fairfield	32	Fairfield	22	**30**
Milford	21	Milford	13	**17**
Monroe	8	Monroe	10	**13**
Shelton	10	Shelton	18	**24**
Stratford	63	Stratford	36	**48**
Trumbull	9	Trumbull	24	**32**
All Other	24	All Other	23	**31**
Total	**263**	**Total**	**177**	**236**

Source: Bridgeport Hospital and Radiation Oncology of Southern Connecticut-TRTC's former billing company.
*Calculation = [(#of patients ÷ 9 months) x 12] x 100
(June 14, 2010, CON application, pages 35, and August 12, 2010, Completeness Responses, page146)

25. The Applicant proposes no change in the population that will utilize the CT simulator. The CT simulator will be used to plan the radiation treatment for newly diagnosed cancer patients of which approximately 60% may benefit from radiation therapy. *(June 14, 2010, CON application, page 29)*

26. Based on cancer incidence rates reported by the Connecticut Tumor Registry, there were 1,947 newly diagnosed cancer patients in 2009 within the Applicant's primary and secondary service area towns. *(Connecticut Tumor Registry "Cancer Incidence in Connecticut, 2006": 1-17,December 2008, and June 14, 2010, CON application, page 25)*

27. There are two additional providers of CT simulation in the Applicant's service area: St. Vincent's Medical Center's Elizabeth Pfriem SWIM Center ("SVMC") and Griffin's Hospital Center for Cancer Care ("GH"). Both provide CT simulations to the patients onsite; SVMC with a PET/CT scanner and GH with a CT simulator. *(June 14, 2010, CON application, pages 30, and August 12, 2010, Completeness Responses, page 144)*

28. The proposal is not expected to have an impact on SVMC or GH since the proposed CT simulator will serve the program's existing patients who are referred by the Applicant's medical staff, and it is not expected to draw patients from other providers. *(August 12, 2010, Completeness Responses, page 144)*

29. The Applicant offers PET/CT services through a contract with Alliance HealthCare Services located in Newport, California which offers mobile PET/CT services. The Applicant does not utilize its PET/CT services for radiation therapy treatment planning. *(June 14, 2010, CON application, page 27, and August 12, 2010,Completeness Responses, page 145)*

30. The majority of TRTC's patients currently receive CT scans at Advanced Radiology Consultants ("ARC") located in the same building as TRTC at 15 Corporate Drive, in Trumbull. The CT scan is then transmitted electronically to TRTC's simulator workstation and used for treatment planning. *(June 14, 2010, CON application, pages 24, 29-30)*

31. The Applicant does not anticipate that the proposal will have a significant impact on ARC. *((June 14, 2010, CON application, pages 31, and August 12, 2010, Completeness Responses, pages 149-150)*

32. The following tables represents the Applicant's and TRTC's historical and current radiation therapy patient and scan volume:

Table 2a: Historical and Current Radiation Therapy Patient by a Regular Diagnostic Scanner

	Actual Volume (Last 3 Completed FYs)			CFY Volume Annualized*
Location	**FY 2007**	**FY 2008**	**FY 2009**	**FY 2010**
BH-radiation therapy patients	425	343	263	347
TRTC**-radiation therapy patients	221	195	236	199
Total Radiation Therapy Patients	**646**	**538**	**499**	**546**

Notes:
i. The Applicant's fiscal year runs from Oct 1st through Sept 30th.
ii. The Applicant indicates that the volume includes only active patients undergoing radiation therapy and not volume of patients returning for follow up visits after completion of their treatment.

*Based on 7 months actual (October-April); BH includes 37 additional patients and 43 simulations from the new attending physicians.
** TRTC's volume for 2007, 2008 and 2009 is reported on a calendar year basis due to the previous owner's accounting methodology.
(June 14, 2010, CON application, page 33, and August 12, 2010, Completeness Responses, page 147)

Table 2b: Historical and Current Simulation Volume by a Regular Diagnostic Scanner

	Actual Volume (Last 3 Completed FYs)			CFY Volume Annualized*
Location	**FY 2007**	**FY 2008**	**FY 2009**	**FY 2010**
BH-scans**	489	394	302	399
TRTC-scans**	254	224	271	229
Total Scans	**743**	**618**	**573**	**628**

Notes:
i. The Applicant's fiscal year runs from Oct 1st through Sept 30th.

ii. The Applicant indicates that the volume includes only active patients undergoing radiation therapy and not volume of patients returning for follow up visits after completion of their treatment.

*Based on 7 months actual (October-April); BH includes 37 additional patients and 43 simulations from the new attending physicians.

**Scans= number of patients x average scans per patient (1.15)

(June 14, 2010, CON application, page 33, and August 12, 2010, Completeness Responses, page 147)

33. The Applicant's and TRTC's patient volume declined between FY 2008 and FY 2009 and the first part of FY 2010 as a result of considerable turnover in TRTC's medical staff. Three TRTC physicians retired and two physicians who had not yet established relationships with referring physicians joined the practice. *(June 14, 2010, CON application, page 36, and August 12, 2010, Completeness Responses, page 148)*

34. The new physicians Drs. Mani and McGibbon are radiation oncologists from the Yale School of Medicine. They have been conducting significant outreach efforts to referring physicians and have stabilized volume at TRTC. Consequently, the annualized volume in FY 2010 has shown an increase to 546 patients for the year, on par with FY 2008 levels. *(June 14, 2010, CON application, page 36, and August 12, 2010, Completeness Responses, page 148)*

35. The Applicant projects a 75% decrease in simulations by a regular diagnostic scanner at the main hospital campus based on the assumption that their oncologists will refer patients to TRTC to benefit from the new capabilities of the proposed CT simulator and the new linear accelerator in the same location. Due to traveling distance, the Applicant does not expect that all of the patients will follow their oncologist's suggestion. *(June 14, 2010, CON application, pages 34, and August 12, 2010, Completeness Responses, page 149)*

36. The following tables represent the Applicant's and TRTC's projected radiation therapy patient and simulation volume:

Table 3a: Projected Radiation Therapy Patient with the Proposed CT Simulator

	Projected Volume (First 3 Full Operational FYs)			
Location	**FY 2011***	**FY 2012**	**FY 2013**	**FY 2014**
BH-radiation therapy patients	360	300	300	300
TRTC-radiation therapy patients	255	400	420	440
Total Radiation Therapy Patients	**615**	**700**	**720**	**740**

Notes:

i. The Applicant's fiscal year runs from Oct 1st through Sept 30th;

ii. TRTC projected number of patients volume is based on the Hospital's fiscal year; and

iii. The Applicant indicates that the volume includes only active patients undergoing radiation therapy and not volume of patients returning for follow up visits after completion of their treatment.

* Based on 4 months of CT scan simulations since the CT simulator and linear accelerator are not expected to be operational until June 2011.

(June 14, 2010, CON application, page 34, and August 12, 2010, Completeness Responses, page 148)

Table 3b: Projected Simulation Volume with the Proposed CT Simulator

Location	Projected Volume (First 3 Full Operational FYs)			
	FY 2011*	**FY 2012**	**FY 2013**	**FY 2014**
BH-simulations	310**	85	85	85
TRTC-simulations	397**	720	749	766
Total Simulations***	**707**	**805**	**834**	**851**

Notes:

i. The Applicant's fiscal year runs from Oct 1st through Sept 30th;
ii. TRTC projected number of patients volume is based on the Hospital's fiscal year; and
iii. The Applicant indicates that the volume includes only active patients undergoing radiation therapy and not volume of patients returning for follow up visits after completion of their treatment.

* Based on 4 months of CT scan simulations since the CT simulator and linear accelerator are not expected to be operational until June 2011.
** FY 2011 BH simulations actual number is 414. The Applicant included an additional 104 (or 25%) simulations referral to TRTC's number of simulations to address the 4 months of operation; TRTC's number of simulations includes 195 scans on a simulator;
*** FYs 2012 to 2014 Simulations= number of patients x average scans per patient (1.15) minus the expected referral of 75% from BH and then added to TRTC's number of simulations.
(June 14, 2010, CON application, page 34, and August 12, 2010, Completeness Responses, page 148)

37. Based on the Applicant's assumption that their oncologists will refer their patients to TRTC, the Applicant is projecting a shift in volume from scans at the main hospital campus to the CT simulator located at TRTC.

38. The capital expenditure associated with the proposed acquisition of the CT Simulator is $1,062,730. *(June 14, 2010, CON application, pages 31)*

39. The lease for the CT simulator will be through GE Healthcare Financial Services for a period of 60 months at $17,712.18 payments per month, plus applicable taxes. *(June 14, 2010, CON application, Attachment IV, pages 131-133)*

40. The Applicant's FY 2009 Audited Financial Statements on file with OHCA, indicates that their total income from operations for FY 2008 and FY 2009 are $3.9 and $4.7 million, respectively. *(June 14, 2010, CON application, page 38)*

41. The Applicant projects that there will be no incremental losses from operations associated with this proposal.

Table 4: Applicant's Financial Projections Incremental to the Project

Description	FY 2011*	FY 2012	FY 2013	FY 2014
Incremental Revenue From Operations	$102,000	$361,000	$376,000	$385,000
Incremental Total Operating Expense	$28,000	$178,000	$167,000	$156,000
Incremental Gain/Loss from Operations	**$74,000**	**$183,000**	**$209,000**	**$229,000**
Incremental simulations volume	**202**	**720**	**749**	**766**
Break-even volume	**56**	**355**	**333**	**310**

Note: The Applicant's fiscal year runs from October 1st through September 30th.
*The Applicant will begin operations with the CT simulator and the new linear accelerator starting June FY 2011.
(June 14, 2010, CON application, Financial Attachment I, page 135)

42. The projected rates for this proposal are as follows:

Table 5: Projected Rates with this Proposal

Fiscal Year	FY 2011	FY 2012	FY 2013	FY 2014
Rate	$960	$966	$966	$966

(June 14, 2010, CON application, Financial Attachment II, pages 137-139)

43. The rates in Financial Attachment II are an average rate based on all payers for CT simulation. Between FY 2011 and 2012, the Applicant applied a 1% inflation factor, and held the rate constant from fiscal year 2013 to 2014. *(August 12, 2010, Completeness Responses, page 151)*

44. The Applicant's proposal is financially feasible based upon the Applicant's projections with respect to incremental and overall operating gains for the practice.

45. The Applicant reported the following payer mix for TRTC based on patient population as follows:

Table 6: TRTC Current & Three-Year Projected Payer Mix

Payer	Current FY 2010**	FY2011	FY2012	FY2013	FY2014
Medicare*	51.72%	49.50%	49.72%	49.80%	49.87%
Medicaid*	1.72%	6.44%	6.53%	6.28%	6.14%
CHAMPUS & TriCare	0.00%	0.00%	0.00%	0.00%	0.00%
Total Government	**53.45%**	**55.94%**	**56.25%**	**56.07%**	**56.01%**
Commercial Insurers*	43.97%	41.09%	40.97%	41.12%	41.25%
Uninsured	2.59%	2.97%	2.78%	2.80%	2.74%
Workers Comp.	0%	0.00%	0.00%	0.00%	0.00%
Total Non-Government	**46.55%**	**44.06%**	**43.75%**	**43.93%**	**43.99%**
Total Payer Mix	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

*Includes managed care activity
**Period covered is 7 months (October 1-April 30)
(June 14, 2010, CON application, page 40)

46. The projected payer mix for FYs 2011 to 2014 reflect the combined payer mix of both locations for patients receiving CT simulation, using the assumption that 100% of TRTC patients and 75% of the Applicant's patients will receive their CT simulations at TRTC's new location starting in June 2011. *(June 14, 2010, CON application, page 40)*

47. According to the Applicant, the total number of Medicaid patients is not expected to decline but to remain constant between FY 2012 and FY 2014. The Applicant further explains that the proportion of Medicaid patients as a percent of total patients declines from FY 2012 to FY 2014 due to the projected increase in volume from other payers, in particular Medicare, since cancer disproportionately afflicts the elderly. *(August 12, 2010, Completeness Responses, page 150)*

48. In making comparisons of cancer incidence by time period and geographic area, rates are often "age adjusted" to take into account changes in the age structure of the population. The "aging" of the population, or the growing numbers of elderly persons, results in increases in total cancer rates because these rates rise with age. *(Connecticut Tumor Registry "Cancer Incidence in Connecticut, 2006": 1-17, December 2008, and June 14, 2010, CON application, Attachment I, page 47)*

49. The proposal is consistent with the Applicant's long-range plan to locate outpatient services in surrounding communities that will provide access to quality care to their patients by improving treatment accuracy and outcomes. *(June 14, 2010, CON application, page 42)*

50. This proposal improves productivity and contains cost in that it will eliminate the need for patients to visit two locations to receive their scans thereby further reducing the cost to the patients and the health care system. *(June 14, 2010, CON application, page 42)*

51. Since the onsite CT simulator will allow the radiation oncologist to confirm the accuracy of the image the first time, the payers and the patients will benefit from this proposal in that they will not have to pay for separate repeat scans if the first treatment planning CT scan is not accurate. *(June 14, 2010, CON application, page 38, and August 12, 2010, Completeness Responses, page 151)*

Discussion

OHCA approaches community and regional need for CON proposals on a case by case basis. CON applications do not lend themselves to general applicability due to a variety of factors, which may affect any given proposal; e.g., the characteristics of the population to be served, the nature of the existing services, the specific types of services proposed to be offered, the current utilization of services and the financial feasibility of the proposal.

The Applicant is a not-for profit, hospital located at 267 Grant Street, in Bridgeport, Connecticut. The Applicant is proposing to acquire a CT simulator to be located at TRTC, in Trumbull, Connecticut. (Findings 1 and 2) The population to be served consists of the Applicant's oncology patients and TRTC's patients that currently receive CT scans at an offsite location. (Finding 25)

TRTC's simulator is from 1995 and does not support TRTC's new linear accelerator capabilities, which include SRS and IMRT. The new linear accelerator capabilities require the high resolution, 3-D imaging produced by the CT simulator to accurately identify the radiation targets. (Findings 8 and 16) The CT simulator 3-D capability in addition to accurately localizing tumor volume, will allow for the accurate targeting of the treatment area on which physicians will be able to deliver a 3-D high-dose volume around the tumor while avoiding critical organs at risk nearby. OHCA finds that TRTC's current technology is outdated and that the proposed CT simulator in conjunction with the new linear accelerator will positively impact the quality of care provided to the Applicant's patients. (Finding 17)

Additionally, a CT simulator onsite will benefit the practice and the patients in that the staff will be onsite to coordinate the patient's radiation therapy and radiation treatment planning within the same patient set-up parameters with greater accuracy and efficiency. (Findings 18 and 19) The CT simulator's flat table top, indexed patient immobilization devices, larger bore imager, precision lasers, and patient skin marking system and treatment planning software enable the therapists to exactly reproduce the patient set-up parameters during the CT simulation scan. Overall, patient positioning will be consistent from simulation stage to treatment planning. (Finding 20) Having the CT simulator for treatment planning onsite allows oncologists to perform real-time assessment of the scan and provide input to make any adjustments or if necessary, to request a second scan, thereby reducing the total number of visits for the patients to offsite locations and TRTC. (Finding 21) OHCA finds that an onsite CT simulator will provide more effective and efficient treatment for patients and positively impact the accessibility of care provided to patients of TRTC and the Hospital. (Finding 24)

The total capital expenditure associated with this proposal is $1,062,730. (Finding 38) The Applicant's FY 2009 Audited Financial Statements establishes that their total income from operations for FY 2008 and FY 2009 are $3.9 and $4.7 million, respectively. (Finding 42) The Applicant projects that there will be no incremental losses from operations associated with this proposal. (Finding 43) OHCA finds that the Applicant's proposal is financially feasible based upon the Applicant's projections with respect to incremental and overall operating gains for the practice. (Finding 46)

Order

Based upon the foregoing Findings and Discussion, the Certificate of Need application of Bridgeport Hospital for the acquisition of a Computed Tomography Simulator to be located at Trumbull Radiation Therapy Center, in Trumbull, Connecticut, with an associated total capital expenditure of $1,062,730, is hereby GRANTED.

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

By Order of

10.26.10
Date

Norma D. Gyle, R.N., Ph.D.
Deputy Commissioner
Office of Health Care Access

NDG: MD: cgc