



**STATE OF CONNECTICUT**  
OFFICE OF HEALTH CARE ACCESS

M. JODI RELL  
GOVERNOR

CRISTINE A. VOGEL  
COMMISSIONER

July 8, 2004

Paula McManus  
Associate Vice President  
University of Connecticut Health Center  
263 Farmington Avenue  
Farmington, CT 06030-3802

RE: Certificate of Need Determination, Report Number 04-30306-DTR  
John Dempsey Hospital  
Relocation of Ambulatory Radiology Service

Dear Ms. McManus:

On July 2, 2004, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request concerning the proposal of John Dempsey Hospital to relocate ambulatory radiology services and related replacement equipment at a total capital expenditure of \$945,000. OHCA has reviewed the information contained in your CON Determination request letter and makes the following findings:

1. John Dempsey Hospital ("Hospital") is the acute care hospital component of the University of Connecticut Health Center ("UCHC") located in Farmington, Connecticut.
2. The Hospital plans to relocate its ambulatory radiology services to a new building on the UCHC campus. The Hospital will lease fully fit-out space in the building
3. Currently ambulatory radiology services are delivered in the same suite, using the same equipment and staff, as inpatient radiology equipment. The Hospital states that the separation of inpatient and outpatient radiology will promote efficiency and improve patient satisfaction,
4. The Hospital proposes to offer radiology, fluoroscopy, tomography, ultrasound and bone densitometry services at the new location. There will be no change in services offered.

5. The cost of the new equipment to be acquired is estimated to be approximately \$945,000. No single piece of equipment has a capital cost in excess of \$400,000.
6. The proposal's total capital expenditure will be lease financed.

Based on the above findings, OHCA has determined that Certificate of Need approval is not required for John Dempsey Hospital to relocate ambulatory radiology services and related replacement equipment at a total capital expenditure of \$945,000. Please be advised, however, that if the Hospital changes the scope of services or incurs a total capital expenditure greater than \$400,000 for any single piece of radiology equipment, Certificate of Need approval from OHCA would then be required.

Thank you for letting OHCA know of your plans. If you have any questions concerning this letter, please contact Paolo Fiducia at OHCA at (860) 418-7001.

Sincerely,

Signed by Cristine A. Vogel  
Commissioner

CAV:pf:sce