



STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

August 8, 2007

David L. Smith
Executive Vice President Strategy and Market Development
The Stamford Hospital
Shelburn Rd.at West Broad Street
Stamford, CT 06904

RE: Certificate of Need Determination; Report Number 07-30990-DTR
The Stamford Hospital
Addition of Fraction Flow Reserve Assessment Service

Dear Mr. Smith:

On June 18, 2007, the Office of Health Care Access (“OHCA”) received your request for a Certificate of Need Determination regarding the addition of Fraction Flow Reserve assessment to The Stamford Hospital’s existing full service cardiac program, at no associated capital expenditure. Please be advised that OHCA has reviewed your request and makes the following findings:

1. The Stamford Hospital (“TSH”) is an acute care hospital located at Shelburn Rd. at West Broad Street, Stamford Connecticut.
2. The Hospital is proposing to expand its existing full-service program to include diagnostic Fraction Flow Reserve (“FFR”) assessment.
3. According to TSH, FFR assessment measures the functional severity of coronary stenosis. This measurement is not only effective in selecting the correct placement for stents but it also yields important prognostic information.
4. On January 4, 2006, OHCA, through an agreed settlement under Docket No.: 03-30374-CON approved TSH to perform elective angioplasty service and open heart surgery.
5. TSH currently provides cardiac services including cardiac catheterization, nuclear cardiac imaging, EKGs, echocardiography, electrophysiology services, which include pacemaker and automated implantable cardiveter-defibrillator insertions.

6. There is no capital expenditure associated with this proposal.

Based on the above findings, OHCA has determined that without an operational full-service cardiac program, the proposed addition of fractional flow reserve to TSH at no associated capital expenditure is considered a new service and that Certificate of Need authorization from OHCA is required in this matter pursuant to Section 19a-638 of the Connecticut General Statutes. However, *once* TSH begins operation of its OHCA authorized elective angioplasty and open heart surgery program, it will be considered a full-service cardiac program, and the proposed addition of fractional flow reserve to TSH at no associated capital expenditure would not be considered a new service for TSH. This CON specifically does not allow for fractional flow reserve service to be provided prior to that point in time. With a full-service cardiac program, a Certificate of Need would not be required pursuant to Section 19a-638 of the Connecticut General Statutes.

Thank you for informing OHCA of TSH's plans to offer the proposed service. **If the Petitioner wishes to secure CON authorization for the proposed transaction prior to commencement of the full-service cardiac program TSH must submit a Letter of Intent to OHCA regarding its proposal.** However, no Certificate of Need is required after the full-service cardiac program is operational. If you have any questions concerning this letter, please contact Steven W. Lazarus or Alexis G. Fedorjaczenko at (860) 418-7001.

Sincerely,

Signed by Cristine A. Vogel
Commissioner

c: Sandra C. Bauer, Licensing Examination Assistant, Facility Licensing & Investigations Section, DPH

CAV:swl:agf