

## 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  | Petitioner |
|--|---|------------|
| Full Legal Name  | John Dempsey Hospital   |            |
| Doing Business As  |   |            |
| Name of Parent Corporation   | University of Connecticut<br>Health Center,<br>State of Connecticut |            |
| Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail | 263 Farmington Avenue<br>Farmington, CT 06030-3802                  |            |
| What is the Petitioner's Status:<br>P for profit and<br>NP for Nonprofit                                   | NP  |            |
| Contact Person at Facility, including Title/Position:  | James Thibeault<br>Director, Strategy and<br>Business Development   |            |
| Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail           | 263 Farmington Avenue<br>Farmington, CT 06030-3800                  |            |
| Contact Person's Telephone Number  | 860-679-8780  |            |

|                                 |                     |  |
|---------------------------------|---------------------|--|
| Contact Person's Fax Number     | 860-679-1255        |  |
| Contact Person's e-mail Address | Jthibeault@uchc.edu |  |

## SECTION II. GENERAL PROPOSAL INFORMATION

**a. Proposal/Project Title:**

Temporary mobile MRI during move of permanent equipment

**b. Estimated Total Project Cost:** rental fee of \$28,000 / month

**c. Location of proposal, identifying Street Address, Town and Zip Code:**

263 Farmington Avenue, Farmington, Connecticut, 06030

**d. List each town this project is intended to serve:**

The Hospital's primary service area includes the following towns: Avon, Bloomfield, Burlington, Canton, East Hartford, Farmington, Granby, Hartford, New Britain, Newington, Simsbury, and West Hartford. The secondary service area includes the following towns: Barkhamsted, Berlin, Bristol, Cromwell, East Granby, East Windsor, Glastonbury, Hartland, Harwinton, Litchfield, Manchester, New Hartford, Plainville, Plymouth, Rocky Hill, South Windsor, Southington, Torrington, Vernon, Wethersfield, Winchester, and Windsor.

**Estimated starting date for the project:** January 4, 2016

## 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.
2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.
3. Identify the current population served and the target population to be served.

**SECTION V. AFFIDAVIT**

**(Each Petitioner must submit a completed Affidavit.)**

Petitioner: John Dempsey Hospital – UConn Health

Project Title: Temporary mobile MRI during move of permanent equipment

I, Anne Diamond, CEO  
(Name) (Position – CEO or CFO)

of John Dempsey 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.

Anne Diamond October 28, 2015  
Signature Date

Subscribed and sworn to before me on October 28, 2015

  
\_\_\_\_\_  
Notary Public/Commissioner of Superior Court



My commission expires: \_\_\_\_\_

## Project Description

As part of the Bioscience Connecticut initiative that was approved by the Connecticut legislature in June 2011, and signed into law by Governor Dannel Malloy in July 2012, a new patient care tower is currently being constructed on the campus of John Dempsey Hospital. The new hospital tower, which is expected to be completed in March 2016, will consist of 11 floors, 169 inpatient beds, and key patient areas including the emergency department, surgery suite, MRI suite, renal dialysis, respiratory therapy, inpatient rehab (orthopedics, rehab gym and workspace), clinical support, and patient education space.

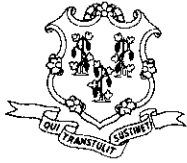
John Dempsey Hospital currently has two MRIs with a combined volume of 7,476 units for the recently complete fiscal year 2015 (fiscal year is July 1, 2014 to June 30, 2015). The in-house MRI is a Siemens Avanto 1.5T. This is a fixed unit and is located on the main level of the existing hospital tower adjacent to the Emergency Department. John Dempsey also leases a mobile Siemens Avanto 1.5T, which is located across the street from the main hospital campus at 230 Farmington Avenue.

John Dempsey is planning to relocate the in-house Siemens Avanto 1.5T from the current area to the new hospital tower. To do this, the unit will need to be shut down, disassembled and transported to the new hospital tower. With construction, physicist acceptance testing and ramp up time all significant factors, the process of relocating the in-house MRI Siemens Avanto 1.5T is estimated to begin on or about January 4, 2016 with completion on or about June 30, 2016.

During this interval, John Dempsey Hospital will require the utilization of an interim mobile MRI. The interim mobile MRI will be rented from Insight Health Corp at a cost of \$28,000 per month and will be located in an area adjacent to the current hospital building. Patient access to the interim MRI will be through an enclosed, sealed and weatherproof environment designed for maximum comfort to both inpatients and outpatients.

Due to the uncertainty of time required to relocate the current in-house Avanto 1.5T, and to obtain the occupancy permit for the new hospital tower, John Dempsey Hospital estimates the interim mobile MRI will be required for approximately 6 months. Once this process is completed and the unit is ready to be placed back into service, the temporary mobile MRI will no longer be required and will be removed by Insight Health.

John Dempsey Hospital respectfully requests that the Office of Health Care Access determine that a CON is not required for the use of an interim mobile MRI.



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

November 6, 2015

James Thibeault  
Director, Strategy and Business Development  
University of Connecticut Health Center  
263 Farmington Avenue  
Farmington, CT 06034-3800

RE: Certificate of Need Determination Report Number 15-32038 -DTR  
John Dempsey Hospital  
Temporary Mobile MRI Scanner

Dear Mr. Thibeault:

On November 2, 2015, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination Form on behalf of John Dempsey Hospital with respect to the use of a temporary mobile MRI.

John Dempsey Hospital is in the process of constructing a new hospital tower at 263 Farmington Avenue, Farmington, Connecticut. It currently operates two MRIs; one located on the main level of the existing hospital tower adjacent to the Emergency Department ("Main Campus MRI") and one located across the street at 230 Farmington Avenue. John Dempsey Hospital is planning to relocate the Main Campus MRI from its current location to the new hospital tower. To do so, the Main Campus MRI must be shut down, disassembled, and transported to the new hospital tower. The relocation of the Main Campus MRI is expected to begin on or about January 4, 2016 and be completed on or about June 30, 2016. During this time, John Dempsey Hospital will serve its patients with a mobile MRI that it intends to rent from Insight Health Corp. ("Temporary MRI"). Once the Main Campus MRI is back in operation the Temporary MRI will be removed by Insight Health Corp.

Connecticut General Statutes § 19a-638(b)(10), as modified by Public Act 15-146, requires CON authorization for the "acquisition of computed tomography scanners, magnetic resonance imaging scanners, positron emission tomography scanners or positron emission tomography-computed tomography scanners, by any person, physician, provider, short-term acute care general hospital or children's hospital, except (A) as provided for in subdivision (22) of subsection (b) of this section,..." That section also provides that "...a certificate of need issued by the office shall not be required where such scanner is a replacement for a scanner that was previously acquired through certificate of need approval or a certificate of need determination".

Section 19a-630-1(1) of the Regulations of Connecticut State Agencies defines acquisition as the "purchase, lease, donation or other comparable arrangement of a computed tomography scanner, magnetic resonance imaging scanner, positron emission tomography scanner, positron emission tomography-computed tomography scanner, linear accelerator or equipment that utilizes technology that has not previously been utilized in the state".

*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

The rental of the Temporary MRI constitutes an acquisition of imaging equipment by John Dempsey Hospital. Additionally, the Temporary MRI is not considered a replacement for the Main Campus MRI since the Main Campus MRI will not be permanently removed.

Based upon the foregoing, OHCA concludes that a *CON is required* for John Dempsey Hospital's proposal.

Sincerely,

A handwritten signature in black ink, appearing to read "Kim M.", with a horizontal flourish extending to the right.

Kimberly R. Martone  
Director of Operations

\* \* \* COMMUNICATION RESULT REPORT ( NOV. 6. 2015 2:54PM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : NOV. 6. 2015 2:53PM

| FILE MODE | OPTION    | ADDRESS     | RESULT | PAGE |
|-----------|-----------|-------------|--------|------|
| 373       | MEMORY TX | 98606791255 | OK     | 3/3  |

REASON FOR ERROR  
 E-1) HANG UP OR LINE FAIL  
 E-3) NO ANSWER

E-2) BUSY  
 E-4) NO FACSIMILE CONNECTION



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

**FAX SHEET**

**TO:** JAMES THIBEAULT

**FAX:** 860 679-1256

**AGENCY:** UNIVERSITY OF CONNECTICUT HEALTH CENTER

**FROM:** OHCA

**DATE:** 11/6/15 **Time:** \_\_\_\_\_

**NUMBER OF PAGES:** 3  
*(including transmittal sheet)*

**Comments:**

Please see attached determination regarding Temporary Mobile MRI Scanner under Report Number: 15-32038-DTR.

**PLEASE PHONE Barbara K. Olejarz IF THERE ARE ANY TRANSMISSION PROBLEMS.**

Phone: (860) 418-7001

Fax: (860) 418-7053

410 Capitol Ave., MS#13HCA  
 P.O.Box 340308  
 Hartford, CT 06134