

User, OHCA

From: Capone, Claudio <Claudio.Capone@TrinityHealth-NE.org>
Sent: Tuesday, April 04, 2017 11:57 AM
To: User, OHCA
Subject: CON Determination - Addition of One Operating Room to SFHMC's SurgiCare
Attachments: CON Determination - SFHMC's SurgiCare additional OR - CAC - 3.17-signed.pdf

Hello...Please find attached our CON Determination form requesting the addition of one OR to SFHMC's SurgiCare ambulatory surgery center located at 500 Blue Hills Ave in Hartford.

Thank you for attention to this matter.

Regards,

Claudio A. Capone, FACHE

Regional VP of Strategic Planning and Business Development
Trinity Health - New England

claudio.capone@trinityhealth-ne.org

W 860-714-6165

C 860-276-7975

1000 Asylum Avenue, 4th Floor
Hartford, CT 06105

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April 4, 2017

VIA EMAIL

Ms. Kimberly Martone
Director of Operations
Office of Health Care Access
410 Capitol Avenue, MS13HCA
PO Box 340308
Hartford, CT 06134-0308

RE: The Addition of One Operating Room to SurgiCare, a SFHMC licensed facility

Dear Ms. Martone,

Enclosed is Saint Francis Hospital and Medical Center's ("SFHMC") request to add an additional operating room to its SurgiCare ambulatory surgery center located at 500 Blue Hills Avenue, Hartford, CT. This site operates as a licensed facility under SFHMC.

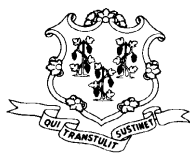
Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink that reads "Claudio Capone" with a long horizontal flourish extending to the right.

Claudio A. Capone
Regional Vice President
Strategic Planning and Business Development

Enc.



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	Saint Francis Hospital and Medical Center	
Doing Business As	N/A	
Name of Parent Corporation	Trinity Health – New England, Inc.	
Petitioner’s Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	1000 Asylum Avenue 5 th Floor Hartford, CT 06112	
What is the Petitioner’s Status: P for profit and NP for Nonprofit	NP	
Contact Person at Facility , including Title/Position: This Individual at the facility will be the Petitioner’s Designee to receive all correspondence in this matter.	Claudio Capone Reg. VP of Strategic Planning and Business Development	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	1000 Asylum Avenue Suite 2109A Hartford, CT 06112	
Contact Person's Telephone Number	860.714.6165	
Contact Person's Fax Number	860.714.8117	
Contact Person's e-mail Address	Claudio.Capone @TrinityHealth- NE.org	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: The Addition of One Operating Room to SurgiCare, a SFHMC licensed facility
- b. Estimated Total Project Cost: \$1,500,000
- c. Location of proposal, identifying Street Address, Town and Zip Code: 500 Blue Hills Avenue, Hartford, CT, 06112
- d. List each town this project is intended to serve: Hartford, East Hartford, West Hartford, Bloomfield, Enfield, Manchester, Windsor, South Windsor, Vernon, Windsor Locks, Simsbury, Wethersfield, Glastonbury, Bristol, Newington, Rocky Hill, Suffield, New Britain
- e. Estimated starting date for the project: October 1, 2017

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.**

Saint Francis Hospital and Medical Center's ("SFHMC") SurgiCare is a 3 operating room ambulatory surgery center located on the Mount Sinai Rehabilitation Hospital site on 500 Blue Hills Avenue in Hartford, CT. The center provides maxillofacial surgery and some

pain management procedures. SurgiCare is a licensed department of Saint Francis Hospital and Medical Center whose license is attached. Please note that SFHMC has not added an operating room in the last 3 or more years.

See Attachment A

2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.

SurgiCare plays an important role in Trinity Health – New England’s (“TH - NE”) ability to provide the appropriate care at the right time and in the right setting to our patients. Nationally, ASC’s are better positioned to be efficient and to have better patient satisfaction. This is in part due to how they are operated as a free-standing outpatient center focused on specific surgical services. To better meet the future demand of outpatient surgical services, TH - NE is finalizing its strategic plan which will determine how it offers outpatient surgical services to its patients. As an ASC, SurgiCare serves as a platform and a first step in the process of meeting tomorrow’s shifting demands from both patients seeking the convenience of dedicated ambulatory surgery centers and from providers working in a center focused around surgical specialties. Hospitals are structured to accommodate a broader range of specific surgical needs.

The first step will be adding an additional operating room at SurgiCare that will reflect modern design and equipment standards. This new operating room will be better equipped to handle some of the current outpatient orthopedic and sports medicine cases that are currently performed at SFHMC. The new operating room will allow surgeons to better perform surgeries due to the improved room layout, improved lighting and upgraded equipment. TH - NE is committed to the development and implementation of progressive solutions for SurgiCare which may include additional renovations, new equipment or other options.

3. Identify the current population served and the target population to be served.

This proposal will enable SurgiCare to better serve its current population (maxillofacial and pain patients) to add additional cases in outpatient orthopedic and sports medicine.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Saint Francis Hospital and Medical Center

Project Title: The Addition of One Operating Room to SurgiCare, a SFHMC licensed facility

I, John Rodis, MD, MPH, President
(Name) (Position – CEO or CFO)

of Saint Francis Hospital and Medical Center 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.

[Signature] 4-3-17
Signature Date

Subscribed and sworn to before me on 4/3/17

[Signature]
Notary Public/Commissioner of Superior Court

My commission expires: 5/31/17.



ATTACHMENT A

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0054

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Saint Francis Hospital and Medical Center of Hartford, CT d/b/a Saint Francis Hospital and Medical Center is hereby licensed to maintain and operate a General Hospital.

Saint Francis Hospital and Medical Center is located at 114 Woodland Street and 500 Blue Hills Avenue, Hartford, CT 06105.

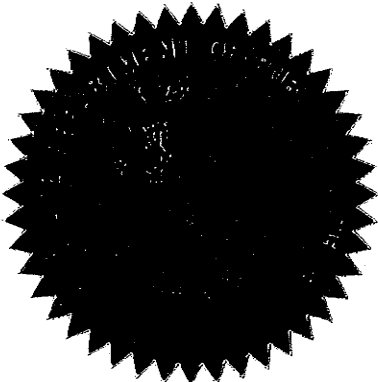
The maximum number of beds shall not exceed at any time:

65 Bassinets

617 General Hospital Beds

This license expires **December 31, 2017** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2016. RENEWAL.



Jewel Mullen MD

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

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

Office of Health Care Access

April 6, 2017

Claudio Capone
Regional Vice President of Strategic Planning
and Business Development
Saint Francis Hospital and Medical Center
1000 Asylum Avenue, 5th Floor
Hartford, CT 06112

RE: Certificate of Need Determination Report Number 17-32161-DTR
Addition of Operating Room

Dear Mr. Capone:

On April 5, 2017, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Saint Francis Hospital and Medical Center ("Petitioner") with respect to the addition of one operating room at SurgiCare.

SurgiCare is a 3 operating room ambulatory surgery center located on the Mount Sinai Rehabilitation Hospital site located at 500 Blue Hills Avenue in Hartford, Connecticut. SurgiCare is a licensed department of Saint Francis Hospital and Medical Center. The Petitioner seeks to add one operating room to the SurgiCare. The Petitioner has not added an operating room within the last 3 years.

Conn. Gen. Stat. § 19a-638(a)(14) requires CON authorization for "[a]n increase of two or more operating rooms within any three-year period, commencing on and after October 1, 2010, by an outpatient surgical facility, as defined in section 19a-493b, or by a short-term acute care general hospital;". The Petitioner has not added any operating rooms within the past three years. Therefore, the planned addition of one operating room *does not require CON authorization*.

Sincerely,

Handwritten signature of Kimberly R. Martone in blue ink.

Kimberly R. Martone
Director of Operations

C: Rose McLellan, License and Applications Supervisor, DPH, DHSR



Phone: (860) 418-7001 • Fax: (860) 418-7053
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



Olejarz, Barbara

From: Olejarz, Barbara
Sent: Thursday, April 06, 2017 12:28 PM
To: 'claudio.capone@trinityhealth-ne.org'
Subject: Determination
Attachments: 32161.pdf

Tracking:	Recipient	Delivery
	'claudio.capone@trinityhealth-ne.org'	
	Hansted, Kevin	Delivered: 4/6/2017 12:28 PM
	Riggott, Kaila	Delivered: 4/6/2017 12:28 PM
	Martone, Kim	
	McLellan, Rose	Delivered: 4/6/2017 12:28 PM
	Kimberly.Martone@ct.gov	Delivered: 4/6/2017 12:28 PM

4/6/17

Claudio Capone,

Please see attached determination for Report Number: 17-32161-DTR for the addition of an Operating Room.

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: Capone, Claudio <Claudio.Capone@TrinityHealth-NE.org>
Sent: Thursday, April 06, 2017 12:30 PM
To: Olejarz, Barbara
Subject: Read: Determination
Attachments: Read: Determination

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