

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

April 19, 2013

IN THE MATTER OF:

An Application for a Certificate of Need
filed Pursuant to Section 19a-638, C.G.S. by:

Notice of Final Decision
Office of Health Care Access
Docket Number: 12-31805-CON

**Rockville General Hospital and
Saint Francis Hospital and Medical
Center**

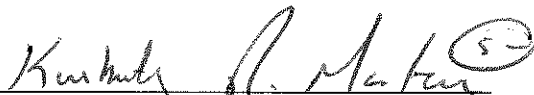
**Termination of Diagnostic Cardiac
Catheterization Services at Rockville
General Hospital**

To:

Mr. Dennis P. McConville
Senior Vice President, Planning, Marketing &
Communications
Eastern Connecticut Health Network
71 Haynes Street
Manchester, CT 06040

Dear Mr. McConville:

This letter will serve as notice of the Final Decision of the Office of Health Care Access in the above matter, as provided by Section 19a-638, C.G.S. On April 18, 2013, 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

Enclosure
KRM:av

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

Final Decision

Applicants: **Rockville General Hospital**
 31 Union Street, Vernon, CT 06066

Saint Francis Hospital & Medical Center
114 Woodland St, Hartford, CT, 06105

Docket Number: **12-31805-CON**

Project Title: **Termination of Diagnostic Cardiac Catheterization Services at
Rockville General Hospital**

Project Description: Rockville General Hospital (“Rockville Hospital”) and Saint Francis Hospital & Medical Center (“Saint Francis Hospital”) (Rockville Hospital and Saint Francis Hospital are herein collectively referred to as the “Applicants”) seek authorization to terminate diagnostic cardiac catheterization services at Rockville Hospital in Vernon Connecticut, with no associated capital expenditures.

Procedural History: The Office of Health Care Access (“OHCA”) received a Certificate of Need (“CON”) application from Rockville Hospital and Saint Francis Hospital on November 20, 2012 for the above-referenced project and deemed the application complete on January 25, 2013. The Applicants published notice of their intent to file the CON application in the *Journal Inquirer* on October 11, 12 and 13, 2012. OHCA received no responses from the public concerning the Applicants’ proposal and no hearing requests were received from the public pursuant to Connecticut General Statutes (“Conn. Gen. Stat.” or “Statutes”) § 19a-639a.

Findings of Fact

1. Rockville Hospital is an acute care hospital located at 31 Union Street, Vernon, Connecticut and a health care facility or institution as defined by Conn. Gen. Stat. § 19a-630. Ex. A. p. 13

2. Saint Francis Hospital is an acute care hospital located at 114 Woodland St, Hartford, Connecticut and a health care facility or institution as defined by Conn. Gen. Stat. § 19a-630. Ex. A. p. 156
3. Rockville Hospital and Saint Francis Hospital are proposing the termination of diagnostic cardiac catheterization services at Rockville Hospital. Ex. A. p. 12
4. The existing population served by Rockville Hospital includes patients who live in the following towns:

Andover	East Hartford	Manchester	Tolland
Ashford	East Windsor	Mansfield	Vernon
Bolton	Ellington	Somers	Willington
Columbia	Glastonbury	South Windsor	Union
Coventry	Hebron	Stafford	

Ex. A. p.13

5. On February 19, 2002, under CON Docket No.: 01-537, Rockville Hospital was authorized to provide diagnostic cardiac catheterization services through a service agreement with Saint Francis Hospital. Ex. A. p.14
6. The approval under CON Docket No.: 01-537 was granted based on Rockville Hospital's diagnostic cardiac catheterization service projected volume of 525, 562 and 596, respectively, for each year over the first three years of the program. However, the Applicants report that the actual number of diagnostic catheterization procedures never reached the level projected. The actual volume for the first three years was 332, 383 and 177, respectively; and dropped steadily in the following years. In the last three years, 11 patients were scheduled for diagnostic cardiac catheterization in 2010 and none in 2011 or 2012.
Ex. A. pp. 14, 18; Report 450 FY07-11 (HRS)
7. The Applicants indicate that referral volume has not been realized for diagnostic procedures due to the fact that the referring physicians found the ability to perform only a diagnostic catheterization service without the ability to perform interventional procedures to be too limiting, inefficient, and inconvenient for them and their patients. As a result, the diagnostic cardiac catheterization service at Rockville Hospital has not received any referrals since July 2, 2010. Ex. A. pp.13-19
8. Although no diagnostic cardiac catheterizations have been performed at Rockville Hospital since 2010, Saint Francis Hospital has continued to provide the hospital with the equipment and clinical staff necessary to perform the procedures. Ex. A. p.18
9. In 2012, an outside consultant, Corazon, Inc., was engaged in an effort to renew the referring cardiologists' commitment to utilizing the program at Rockville Hospital. However, efforts to garner renewed support were unsuccessful. Ex. A. p. 15

10. The Applicants state that despite their best efforts to reinvigorate the cardiac catheterization program at Rockville Hospital and the continued availability of the necessary staff and equipment to perform the diagnostic procedures, the referring physicians sent their patients predominantly to Saint Francis Hospital because of its capability to perform both diagnostic cardiac catheterization and interventional procedures. Ex. A. p. 19
11. The 2011 ACCF/AHA/SCAI Guidelines for PCI indicates that one out of every three patients receiving a diagnostic cardiac catheterization requires an interventional procedure to treat an identified blockage. The Applicants report that performing the diagnostic catheterization at a facility that is authorized to provide the interventional procedures helps to eliminate the unnecessary duplication and inefficiencies that resulted from having to perform the catheterization procedure multiple times at multiple facilities. Ex. A. p.14
12. There are no other providers of diagnostic cardiac catheterization services in Rockville Hospital’s service area; however, Hartford Hospital and Saint Francis Hospital, both located in Hartford, provide cardiac catheterization services. In addition to cardiac catheterization, both hospitals provide elective and primary angioplasty. Ex. A. p.18
13. Travel distances from Rockville Hospital to Saint Francis Hospital and Hartford Hospital are as follows:

Table 1: Mileage from Rockville Hospital to Saint Francis Hospital and Hartford Hospital

Hospital	City, State	Miles from Rockville Hospital
St. Francis Hospital	Hartford, CT	16.5
Hartford Hospital	Hartford, CT	17.0

www.mapquest.com

14. The Applicants report that out of 3,072 diagnostic cardiac catheterizations performed at Saint Francis Hospital in FY 2012, 40% or 1,232 were completed on residents of Rockville Hospital’s service area, as illustrated in Table 2.

¹ The American College of Cardiology Foundation (ACCCF) / The American Heart Association Task Force on Practice Guidelines (AHA) / The Society for Cardiovascular Angiography and Intervention (SCAI)

Table 2: Diagnostic Cardiac Catheterizations performed at Saint Francis Hospital

Town	FY 2012
Andover	8
Ashford	22
Bolton	17
Columbia	5
Coventry	47
East Hartford	179
East Windsor area	56
Ellington	60
Glastonbury	41
Hebron	12
Manchester	320
Storrs/Mansfield	18
Somers	38
South Windsor	122
Stafford	52
Tolland	56
Vernon	168
Willington	11
Rockville Hospital's area towns Total	1,232
Total Other towns	1,840
Grand Total	3,072

Ex. A. p. 178

15. The Applicants reported the following patient/payer mix for FY 2011.

Table 3: Rockville and Saint Francis Hospitals payer mix

Payer	Rockville Hospital FY2011	Saint Francis Hospital FY2011
Medicare	31%	42%
Medicaid	14%	14%
Total Government	45%	56%
Non-Government	55%	44%
Total Payer Mix	100%	100%

Ex. A. pp. 27, 161

16. The Applicants state that there are currently no patients receiving or scheduled for cardiac catheterization services at Rockville Hospital and therefore there are no special populations that need to be accommodated or notified about the termination of these services. Ex. A. p. 20
17. The Applicants state that the proposed termination of diagnostic cardiac catheterization services at Rockville Hospital will not impact the quality of health care services being delivered at Rockville Hospital given that no catheterizations have been performed since July 2010. Ex. A. p. 23
18. Rockville Hospital provides care for patients with less severe cardiac symptoms or congestive heart failure and offers cardiology services such as electrocardiograms, echocardiograms, holter monitoring, stress testing and cardiac rehabilitation services. The Applicants state that Rockville Hospital will continue to maintain these services after the discontinuation of diagnostic cardiac catheterization services. Ex. A. p. 156
19. There are no capital expenditures or costs to be incurred by Rockville Hospital as a result of discontinuing this program. The cost of removing Saint Francis Hospital's equipment from Rockville Hospital is estimated at \$30,000. Ex. A. pp. 24, 164
20. There are no incremental gains or losses from operations expected as a result of discontinuing diagnostic cardiac catheterization services at Rockville Hospital. Ex. A. p. 29
21. OHCA is currently in the process of establishing its policies and standards as regulations. Therefore, OHCA has not made any findings as to this proposal's relationship to any regulations not yet adopted by OHCA. (Conn. Gen. Stat. § 19a-639(a)(1)).
22. OHCA recently published a statewide facilities and services plan. Since the plan was not in circulation more than ninety days at the time the CON application was deemed complete, OHCA has not made any findings as to this proposal's relationship to the plan. (Conn. Gen. Stat. § 19a-639(a)(2))
23. The Applicants have established that there is a clear public need for its proposal. (Conn. Gen. Stat. § 19a-639(a)(3)).
24. The Applicants have demonstrated that the proposal is financially feasible. (Conn. Gen. Stat. § 19a-639(a)(4)).
25. The Applicants have satisfactorily demonstrated that their proposal would maintain the accessibility of health care delivery in the region and have satisfactorily demonstrated a potential improvement in quality and cost effectiveness. (Conn. Gen. Stat. § 19a-639(a)(5))

26. The Applicants have shown that there would be no adverse change to the provision of health care services to the relevant populations and payer mix. (Conn. Gen. Stat. § 19a-639(a)(6)).
27. The Applicants have satisfactorily identified the population to be affected by this proposal. (Conn. Gen. Stat. § 19a-639(a)(7)).
28. The declining historical utilization of diagnostic cardiac catheterization procedures in the service area supports this proposal. (Conn. Gen. Stat. § 19a-639(a)(8)).
29. The Applicants have satisfactorily demonstrated that this proposal would not result in an unnecessary duplication of existing services in the area. (Conn. Gen. Stat. § 19a-639(a)(9)).

DISCUSSION

CON applications are decided on a case by case basis and do not lend themselves to general applicability due to the uniqueness of the facts in each case. In rendering its decision, OHCA considers the factors set forth in § 19a-639(a) of the Statutes. The Applicants bear the burden of proof in this matter by a preponderance of the evidence. *Goldstar Medical Services, Inc., et al. v. Department of Social Services, 288 Conn. 790 (2008)*.

Rockville Hospital is an acute care hospital located in Vernon, Connecticut. *FF1*. Saint Francis Hospital is an acute care hospital located in Hartford, Connecticut. *FF2*. The Applicants are proposing the termination of diagnostic cardiac catheterization services at Rockville Hospital. *FF3*.

On February 19, 2002, under CON Docket No.: 01-537, the Applicants were authorized to offer diagnostic cardiac catheterization services at Rockville Hospital. *FF5*. Rockville Hospital began offering diagnostic cardiac catheterization services in October 2002. The program never reached the volume that was projected in the CON application. Moreover, after the first three years of operation, volume started to decline. *FF6*. The last cardiac diagnostic catheterization was performed in July 2010 and since then, there have been no patients referred to Rockville Hospital's cardiac catheterization lab. *FF7&8*.

Rockville Hospital's inability to perform more invasive angioplasty procedures led to the loss of patient referrals in the recent years. Physicians have preferred to refer their patients to locations where both diagnostic and interventional procedures can be performed simultaneously, if needed. *FF10&11*. Despite efforts to reinvigorate the cardiac diagnostic catheterization program, the lack of referrals has prevented the program from achieving its projected goals. As a result of the declining volume, there is a need to terminate the program. *FF7-9*.

Termination of diagnostic cardiac catheterization at Rockville Hospital will not impact access since patients in the hospital's service area have access to diagnostic services at Hartford Hospital and Saint Francis Hospital, which are less than 18 miles away. *FF12&13*. Rockville Hospital's referring physicians send their patients predominantly to Saint Francis Hospital. *FF10*. Saint Francis Hospital has the ability to perform both diagnostic and interventional cardiac catheterization procedures and provide uninterrupted and continued access to Rockville Hospital's patients. In FY2012, out of 3,072 diagnostic cardiac catheterizations that were performed at Saint Francis Hospital, 1,232 were completed for residents in Rockville Hospital's service area. *FF10&14*. Based upon the foregoing, OHCA concludes that access to diagnostic cardiac catheterization services will be maintained for the relevant population.

Since Rockville Hospital has not had any cardiac catheterization patients since 2010, there is no need to transfer or refer any patients to another provider. *FF16*. The termination of the cardiac catheterization program will not impact the quality of health care services that are being delivered at Rockville Hospital. *FF17*. Furthermore, the quality and cost effectiveness of cardiac catheterization services will be improved since Saint Francis Hospital can provide diagnostic and interventional procedures at the same location, eliminating the unnecessary duplication and

inefficiencies that result from having to perform the procedures multiple times at multiple facilities. *FF11*.

There is no capital expenditure associated with this proposal and no incremental gains or losses from operations are expected to result from discontinuing the diagnostic cardiac catheterization services. Therefore, OHCA finds that this proposal is financially feasible. *FF19&20,24*

Order


Based upon the foregoing Findings and Discussion, the Certificate of Need application of Rockville General Hospital and Saint Francis Hospital & Medical Center for the termination of diagnostic catheterization services at Rockville General Hospital is hereby **APPROVED**.

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

By Order of the
Department of Public Health
Office of Health Care Access

Date

4/19/2013


Lisa A. Davis, MBA, BSN, RN
Deputy Commissioner