

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

August 28, 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: 13-31821-CON

**Bristol Hospital**

**Acquisition of a 40 Slice Computed  
Tomography Scanner**

To:

Ms. Shelia Kempf  
Senior VP Patient Care Services  
Chief Nursing Officer  
Bristol Hospital  
41 Brewster Road  
Bristol, CT 06010

Ms. Marie Marciano  
Director of Diagnostic Services  
Bristol Hospital  
41 Brewster Road  
Bristol, CT 06010

Dear Ms. Kempf and Ms. Marciano:

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 August 28, 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.

A handwritten signature in black ink, appearing to read "Kimberly R. Martone".

Kimberly R. Martone  
Director of Operations

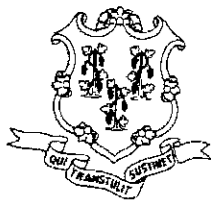
Enclosure  
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## Final Decision

**Applicant:** Bristol Hospital, Inc.  
41 Brewster Road, Bristol, CT 06010

**Docket Number:** 13-31821-CON

**Project Title:** Acquisition of a 40 Slice Computed Tomography Scanner

**Project Description:** Bristol Hospital, Inc. (the "Applicant" or "Bristol Hospital") is proposing the acquisition of a Computed Tomography ("CT") Scanner to be located at 41 Brewster Road in Bristol, Connecticut. The total capital expenditure associated with this proposal is \$795,000.

**Procedural History:** On February 4, 2013, the Office of Health Care Access ("OHCA") received a Certificate of Need ("CON") application from Bristol Hospital for the above-referenced project and deemed the application complete on May 6, 2013. The Applicant published notice of its intent to file the CON Application in the Bristol Press on December 12, 13, and 14, 2013. OHCA received no responses from the public concerning the Applicant's proposal and no hearing requests were received from the public pursuant to Connecticut General Statutes ("Conn. Gen. Stat.") § 19a-639a.

### Findings of Fact

1. Bristol Hospital is a 134-bed acute care hospital located at 41 Brewster Road in Bristol, Connecticut and a health care facility or institution as defined by Conn. Gen. Stat. §19a-630. Ex. A. p. 11
2. Bristol Hospital currently operates a 64 slice Siemens CT Scanner (the "existing CT Scanner"). The original CT Scanner was acquired in 1983 (CON decision issued under Docket 83-515) and has since been replaced several times. The existing CT Scanner was installed in October of 2011. Ex. A. p. 161
3. The existing CT scanner is available twenty-four hours a day, seven days a week and serves Emergency Center patients, scheduled and walk-in outpatients, inpatients and interventional special procedure patients (scheduled and urgent). Ex.A. p.11

- In 2012, Bristol Hospital patients receiving CT scans on the existing CT Scanner came from the towns which represent Bristol Hospital's service area.

**Table 1: Bristol Hospital CT Scans by Town**

Town	2012 Volume	% of Total
Bristol	6,907	67%
Plymouth	1031	10%
Plainville	412	4%
Burlington	309	3%
Wolcott	206	2%
Southington	206	2%
Farmington	103	1%
Other	1,135	12%
Total	10,309	100%

Ex. A. p.33

- Bristol Hospital seeks authorization to acquire and operate a new 40 slice Siemens CT Scanner for its Emergency Center patients. The Applicant states that the proposed CT Scanner will improve patient flow, decrease patient wait times and enhance patient care. Ex. A. p. 11
- According to the Applicant, the need for an additional CT Scanner is predicated on: Bristol Hospital's designation as a Primary Stroke Center and the need to accommodate stroke patients in a timely manner; anticipated growth in Emergency Center volume and associated CT scans; continued growth in interventional procedures related to hiring additional breast and bariatric surgeons; current delays in the diagnosis and treatment of Emergency Center patients due to the use of Bristol Hospital's only scanner by all patients; significant wait times; and unanticipated CT Scanner down time. Ex. A. pp. 17-22.
- Bristol Hospital is designated as a Primary Stroke Center and must ensure rapid diagnostic evaluation and treatment for stroke patients. The standard of care from door to CT Scanner for stroke patients is 25 minutes. According to the Applicant, the existing CT Scanner is operating at a capacity that does not provide sufficient availability required to diagnose and treat stroke patients adequately. If a stroke patient presents during an interventional procedure utilizing the existing CT Scanner, which takes approximately 2 hours, the procedure is interrupted to perform the CT procedure for the stroke patient in a timely manner. Ex. A. pp. 13, 17
- In FY2010, Bristol Hospital treated 103 stroke patients. This number increased 11% and 5%, respectively, in FY2011 and FY2012. Bristol Hospital anticipates that the number of stroke patients will continue to rise 5% per year. Ex. A. pp. 13, 18

9. The Applicant anticipates that Emergency Center visits will increase by 3% in FY2013 as a result of regaining lost market share, infusion of patients with insurance due to the Affordable Care Act and increasing aging population in its service area. Ex. A. pp. 12, 19
10. In 2012, approximately 11% of Emergency Center patients underwent CT scanning procedures. Ex. A. pp. 11-12
11. Bristol Hospital stated that future demand for the existing CT Scanner will increase. As illustrated in the table below, the Applicant anticipates that the current CT scanning volume will grow due to a projected increase in Emergency Center visits and associated scans, stroke patients and strategic growth initiatives for the Bariatric and Cancer programs.

**Table 2: Historical and Projected Volume for Emergency Center Visits, Stroke Patients and CT Guided Procedures**

DESCRIPTION	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
ED VISITS	38,760	39,860	38,029	39,170	39,562	39,958	39,958
ED CT EXAMS	6,072	5,543	4,028	4,309	4,352	4,395	4,395
STROKE PATIENTS	103	115	121	127	133	140	147
CT INTERVENTIONAL PROCEDURES	120	127	146	168	193	222	255
BARIATRIC SURGERIES**	30	72	96	120	144	168	192
BREAST SURGERIES*	n/a	n/a	80	130	180	230	280

\* Additional breast surgeon was anticipated to start in April of 2013

\*\* Two additional surgeons will be hired for this program in 2013-2014

Note: With the recruitment of an additional breast surgeon, CT volumes are projected to grow by additional 50 cases starting in 2013.

n/a –utilization is not available for this period

Ex. A. pp. 18, 20-21, 166

12. The Applicant stated that Emergency Center patients experience delayed diagnosis and treatment due to CT scans scheduled for outpatients, scheduled biopsies and scheduled and stat inpatient CT scans. In FY 2012, CT scan wait time for Emergency Center patients was 55, 35 and 29 minutes, respectively, for first, second and third shifts. The wait time for an emergency CT scan was 1 hour and 22 minutes when a CT interventional procedure was in process. Ex. A. p. 21
13. Bristol Hospital reports that in FY 2012, the average CT scan wait time for outpatient walk-ins was approximately 50 minutes. Ex. A. p. 27

14. In FY 2012, Bristol Hospital's existing CT Scanner had 254 hours of downtime, of which 247 hours were unscheduled. Since the beginning of FY 2013, the existing CT Scanner has had 157 hours of unscheduled downtime.

**Table 3: CT Scanner Maintenance Downtime**

Description	FY 2010	FY 2011	FY 2012	FY 2013*
Scanner	Philips	Philips	Siemens	Siemens
Preventative maintenance (hrs.)	4.5	14.4	69.5	8
Unscheduled down times (hrs.)	6	164.5	247.3	156.5
Total Downtime (hrs.)	10.5	178.9	253.8	164.5

\*October 1, 2012-February 24, 2013  
 Ex. A. pp.79, 162

15. The Applicant reports that when the existing CT Scanner goes down unexpectedly, Bristol Hospital cancels scheduled CT scans and goes into Emergency Center diversion. Emergency Center patients and inpatients requiring CT scans are transported by ambulance either to the nearest imaging center in Bristol,<sup>1</sup> which operates a 4 slice CT Scanner, or Saint Francis Hospital in Hartford, and then back to Bristol Hospital for treatment. The Bristol 4 slice CT Scanner does not have the technological capability of performing certain CT scans. Such patient transport to a different imaging facility or hospital delays results and subsequent treatment of patients. Ex. A. pp. 11-12, 24
16. During downtime in FY2011 and FY2012, Bristol Hospital had 43 and 26 transports, respectively, for inpatients and Emergency Center patients. Ex. A. p. 24
17. Bristol Hospital's existing CT scanner's historical and current utilization by patient type is as follow:

**Table 4: Historical and Current Volume by Patient Type**

Scanner	Patient Type	FY 2010	FY 2011	FY 2012	FY 2013*
CT Scanner *	IP	3,980	2,789	3,489	3,519
	OP	5,003	3,799	2,792	2,864
	ED	6,072	5,543	4,028	4,309***
<b>Total</b>		15,055	12,131	10,309****	10,692**

\*FY2013 (annualized)

\*\* includes 359 scans projected for a new scanner

\*\*\*Emergency Center volumes decreased in the past, however the changes in physician and nursing leadership has turned this trend around.

\*\*\*\* The decrease in volume is due to the combination of certain CPT codes as a new single code in 2010 and 2011. If the 2010 separate CPT code methodology was in effect in 2012, total CT volume in FY 2012 would have been 12,240.

Ex. A.pp.12, 19, 30, 34

<sup>1</sup> Owned by Bristol Hospital and Bristol Radiologic Associates.

18. Bristol Hospital estimates that by 2016 CT scanning volume will grow by 7.7%, or 793 cases. Bristol Hospital's projected CT Scanner volume by patient type is as follow:

**Table 5: Projected CT Utilization**

Scanner	Patient Type	FY 2014	FY 2015	FY 2016
CT Scanner 64 slice ( <i>existing</i> )	IP	3,549	3,580	3,611
	OP	2,939	3,018	3,101
CT scanner 40 slice ( <i>proposed</i> )	ED	4,352	4,395	4,395
<b>Total</b>		10,840	10,993	11,107

Ex. A. p.31

19. Bristol Hospital stated that having one CT Scanner poses limitations on providing CT scanning services. The competing priorities of scheduled interventional special procedures, scheduled outpatient and walk-in procedures, urgent unscheduled inpatient and emergent procedures from the Emergency Center have increased the need for a second CT Scanner. Ex. A. p. 12
20. The proposed CT Scanner will be used primarily for Emergency Center patients and as back-up for scheduled or add-on patients when the existing CT Scanner is not available. It is intended to address the volume and delay issues that exist at Bristol Hospital and, therefore, is not anticipated to impact volumes of CT scanning services currently performed at other provider sites. Ex. A. pp. 28-29
21. Bristol Hospital stated that by adding the proposed CT Scanner, patients in Bristol Hospital's service area will experience timely and unencumbered access to CT scanning services resulting in quicker diagnosis and treatment and shorter lengths of stay for inpatients and emergency patients. Ex. A. pp. 21, 39
22. Bristol Hospital indicates that the limitation on CT Scanner availability prevents it from providing quality patient care in a timely manner. The addition of a second CT Scanner will eliminate the need for Emergency Center diversion and will enable the Applicant to provide timely urgent CT scans for the Emergency Center. In addition, it will help to shorten the wait time for stroke patients and will increase the efficiency of scheduling outpatient procedures. Ex. A. pp. 21, 168
23. The proposed CT Scanner has lower dose radiation and can better accommodate bariatric patients with its larger bore diameter. Ex. A. p. 167
24. Bristol Hospital stated that its Medicare patient population is projected to increase due to the aging population in its service area. The current and projected patient payer mix is as follows:

**Table 6: Current and Projected Payer mix**

	FY 2012	FY2013	FY2014	FY2015	FY2016
Medicare*	44.17	46.17	47.17	47.17	47.17
Medicaid*	18.28	18.28	18.28	18.28	18.28
CHAMPUS &TriCare					
<b>Total Government</b>	<b>62.45</b>	<b>64.45</b>	<b>65.45</b>	<b>65.45</b>	<b>65.45</b>
Commercial Insurers*	34.13	32.13	31.13	31.13	31.13
Uninsured	1.85	1.85	1.85	1.85	1.85
Workers Compensation	1.57	1.57	1.57	1.57	1.57
<b>Total Non-Government</b>	<b>37.55</b>	<b>35.55</b>	<b>34.55</b>	<b>34.55</b>	<b>34.55</b>
<b>Total Payer Mix</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

\* Includes managed care activity.

Ex. A. p. 39

25. The proposal will be funded through the Bristol Hospital Development Foundation. The proposed total capital expenditure associated with this proposal is as follows:

**Table 7: Total Capital Expenditure**

Medical Equipment Purchase	Cost
Imaging Equipment Purchase	\$595,000
Construction/Renovation	\$200,000
<b>Total Project Cost</b>	<b>\$795,000</b>

Ex. A. pp. 37, 168

26. The Applicant's incremental gains with the proposal indicate a consistent increase in income from operations.

**Table 8: Projected Overall Revenues and Expenditures with the Proposal**

	FY 2013	FY 2014	FY 2015
<b>Revenues From Operations</b>	\$141,250,021	\$144,376,141	\$147,373,905
<b>Total Operation Expense</b>	\$139,446,347	\$142,272,949	\$145,213,406
<b>Overall Gain (Loss) from Operations</b>	<b>\$1,803,674</b>	<b>\$2,103,104</b>	<b>\$2,180,490</b>

Ex.A.p.157

27. 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 and standards not yet adopted as regulations by OHCA. (Conn. Gen. Stat. § 19a-639(a)(1)).
28. This CON application is consistent with the overall goals of the Statewide Health Care Facilities and Services Plan. (Conn. Gen. Stat. § 19a-639(a)(2))

29. The Applicant has established that there is a clear public need for its proposal. (Conn. Gen. Stat. § 19a-639(a)(3)).
30. The Applicant has demonstrated that the proposal is financially feasible. (Conn. Gen. Stat. § 19a-639(a)(4)).
31. The Applicant has satisfactorily demonstrated that its proposal would improve the accessibility of health care delivery in the region and demonstrated a potential improvement in quality. (Conn. Gen. Stat. § 19a-639(a)(5))
32. The Applicant has 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)).
33. The Applicant has satisfactorily identified the population to be served by this proposal and has satisfactorily demonstrated that this population has a need as proposed. (Conn. Gen. Stat. § 19a-639(a)(7)).
34. The Applicant's historical CT Scanner utilization supports this proposal. (Conn. Gen. Stat. § 19a-639(a)(8)).
35. The Applicant has satisfactorily demonstrated that this proposal would not result in unnecessary duplication of existing CT scanning 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 Connecticut General Statutes. The Applicant bears the burden of proof in this matter by a preponderance of the evidence. *Jones v. Connecticut Medical Examining Board*, 309 Conn. 727 (2013).

Bristol Hospital is a 134-bed acute care hospital located in Bristol, Connecticut. *FF1*. Currently, the hospital operates one 64 slice CT Scanner that is available twenty-four hours a day, seven days a week and provides service to Emergency Center patients, outpatients, inpatients and patients requiring special interventional procedures. *FF2&3*. Bristol Hospital is proposing the acquisition of a new 40 slice Siemens CT Scanner for its Emergency Center. *FF5*.

Bristol Hospital has demonstrated a clear public need to acquire an additional CT Scanner due to the following: 1) Bristol Hospital's designation as a Primary Stroke Center and the need to accommodate stroke patients in a timely manner; 2) anticipated growth in Emergency Center volume and associated CT scans; 3) continued growth in interventional procedures related to hiring additional breast and bariatric surgeons; 4) current delays in the diagnosis and treatment of Emergency Center patients due to the use of Bristol Hospital's only scanner by all patients; 5) significant wait times; and 6) unanticipated CT Scanner down time. *FF6*.

Specifically, Bristol Hospital's existing CT Scanner had 247 hours of unscheduled downtime in FY 2012 and 157 hours of unplanned downtime to date this year. *FF14*. When the CT Scanner goes down, the hospital cancels scheduled CT scans and diverts Emergency Center patients and inpatients by ambulance either to the nearest imaging center in Bristol, which operates a 4 slice scanner, or Saint Francis Hospital in Hartford, and then back to Bristol Hospital for treatment. Patient transport to a different imaging facility or hospital delays results and subsequent treatment of patients. *FF15*. During FY 2011 and FY 2012, Bristol Hospital had 43 and 26 transports, respectively, for inpatients and emergency patients. *FF16*.

Additionally, since Bristol Hospital is designated as a Primary Stroke Center, it must ensure rapid diagnostic evaluation and treatment for stroke patients. The standard of care from door to CT Scanner for stroke patients is 25 minutes. The existing CT Scanner is operating at a capacity that does not provide sufficient availability required to diagnose and treat stroke patients adequately. If a stroke patient presents during an interventional procedure utilizing the existing CT Scanner, which takes approximately 2 hours, the procedure is interrupted to perform the CT procedure for the stroke patient in a timely manner. *FF7*.

Further, Bristol Hospital Emergency Center patients are experiencing delayed diagnosis and treatment due to CT scans scheduled for outpatients, scheduled biopsies and

scheduled and stat inpatient CT scans. In FY 2012, CT scan wait time for Emergency Center patients was 55, 35 and 29 minutes, respectively, for first, second and third shifts. The wait time for an emergency CT scan was 1 hour and 22 minutes when a CT special procedure was in process. *FF12*.

Bristol Hospital projects that Emergency Center utilization will increase by 3% in 2013 as a result of regaining market share, an infusion of insured patients due to the Affordable Care Act and an increasing aging population in the Hospital's service area. *FF9*. As a result, it anticipates increased CT scan demand, coupled with demand generated from an increasing number of stroke patients, interventional procedures and strategic growth initiatives in the Bariatric and Cancer Programs. *FF 11*.

The proposed CT Scanner will be designated for Emergency Center patients. *FF20*. It will support Bristol Hospital's projected increased demand for CT scanning and will ensure a smoother flow of patients as a result of fewer CT Scanner delays and unavailability. In addition, adequate CT Scanner availability will allow Bristol Hospital's Stroke Center to perform CT scans for stroke patients in a timely manner without interrupting any CT interventional procedure in progress. The proposed CT Scanner's availability will result in timely treatment and shorter length of stay for inpatient and emergency patients, which will improve and enhance patient safety and care without impacting the volumes of CT scanning services performed by other providers. *FF20-23*.

The proposed CT Scanner will also support the projected increase in demand that will result from adding additional surgeons to the Cancer and Bariatric programs. *FF11*. Additionally, the proposed scanner's lower radiation dose will also improve patient safety. *FF23*.


OHCA finds that the Applicant has demonstrated clear public need for its proposal and that its projections are reasonable. As the funds for proposal are currently available in the Bristol Hospital Development Foundation and there will be incremental gains from operations associated with the proposal for the first three years of operation, OHCA finds the proposal to be financially feasible. *FF25&26*.

**Order**

Based upon the foregoing Findings of Fact and Discussion, the Certificate of Need application of Bristol Hospital for the acquisition of a Computed Tomography Scanner to be utilized for its Emergency Center is hereby **APPROVED**.

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

8/28/2013  
Date

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