



# The Hospital of Central Connecticut

at New Britain General and Bradley Memorial

100 Grand Street  
New Britain, CT 06050  
860-224-5011 or 860-224-6244

81 Meriden Avenue  
Southington, CT 06489

860-276-5000

www.thocc.org  
Laurence A. Tanner, President

December 1, 2006

Cristine A. Vogel, Commissioner  
Office of Health Care Access  
410 Capital Avenue, MS #13HCA  
P.O. Box 340308  
Hartford, Connecticut 06134-0308

RE: Letter of Intent  
The Hospital of Central Connecticut  
Purchase of the Novalis SRS System

Dear Commissioner Vogel:

Enclosed are an original and five copies of the Letter of Intent submitted on behalf of The Hospital of Central Connecticut ("HCC") regarding our proposal to purchase the Novalis Stereotactic Radio Surgery ("SRS") System. With the recent advancements in medical technology, it is now possible to successfully treat lesions without ever using a scalpel. The Novalis SRS system will allow HCC to do so with increased precision and less risk than our current equipment allows. HCC proposes to augment its radiation oncology and neurosurgery capabilities by offering our patients a non-invasive alternative to conventional radiation therapy and neurosurgery. We look forward to working with OHCA on this project.

If you require any additional information about this proposal, please contact Claudio Capone, Director of Strategic and Business Planning at (860) 224-5279.

Sincerely,



Laurence A. Tanner  
President  
The Hospital of Central Connecticut



RECEIVED  
CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS  
006 DEC -4 PM12:52

# State of Connecticut Office of Health Care Access Letter of Intent Form Form 2030

All Applicants involved with the proposal must be listed for identification purposes. A proposal's Letter of Intent (LOI) form must be submitted prior to a Certificate of Need application submission to OHCA by an Applicant, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please complete and submit Form 2030 to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

## SECTION I. APPLICANT INFORMATION

If this proposal has more than two Applicants, please attach a separate sheet, supplying the same information for each additional Applicant in the format presented in the following table.

|   | Applicant One   | Applicant Two |
|---|---|---------------|
| Full legal name   | The Hospital of Central Connecticut at New Britain General and Bradley Memorial |               |
| Doing Business As   | The Hospital of Central Connecticut ("HCC")                                     |               |
| Name of Parent Corporation  | Central Connecticut Health Alliance   |               |
| Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail                                   | 100 Grand Street<br>New Britain, CT 06050                                       |               |
| What is the Applicant's Status:<br>P for Profit or<br>NP for Nonprofit  | NP  |               |
| Does the Applicant have Tax Exempt Status?  | <u>Yes</u> No   | Yes      No   |
| Contact Person, including Title/Position:<br>This Individual will be the Applicant's Designee to receive all correspondence in this matter. | Claudio A. Capone<br>Director of Planning                                       |               |
| Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail  | 100 Grand Street<br>New Britain, CT 06050                                       |               |

|                                   |                   |  |
|-----------------------------------|-------------------|--|
| Contact Person's Telephone Number | 860.224.5279      |  |
| Contact Person's Fax Number       | 860.224.5740      |  |
| Contact Person's e-mail Address   | ccapone@thocc.org |  |

## SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Novalis Stereotactic Radio Surgery System

b. Type of Proposal, please check all that apply:

Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

|   |  |  |
|---|--|--|
| <input type="checkbox"/> New (F, S, Fnc)                  | <input type="checkbox"/> Replacement   | <input checked="" type="checkbox"/> Additional (F, S, Fnc) |
| <input checked="" type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation    | <input type="checkbox"/> Service Termination               |
| <input type="checkbox"/> Bed Addition                     | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control       |

Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

Project expenditure/cost greater than \$ 3,000,000

Equipment Acquisition

|   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> New | <input type="checkbox"/> Replacement                   | <input checked="" type="checkbox"/> Major Medical (> \$3,000,000) |
| <input type="checkbox"/> Imaging        | <input checked="" type="checkbox"/> Linear Accelerator |   |

Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$3,000,000

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

100 Grand Street, New Britain, CT 06050

d. List each town this project is intended to serve: Berlin, Burlington, Cheshire, Cromwell, Farmington, Meriden, Middletown, New Britain, Newington, Plainville, Southington, West Hartford

e. Estimated starting date for the project: November, 2007

f. Type of project: 13, 25, 27, 34  
**(Fill in the appropriate number(s) from page 7 of this Form)**

**Number of Beds (to be completed if changes are proposed)**

| Type | Existing Staffed | Existing Licensed | Proposed Increase or (Decrease) | Proposed Total Licensed |
|------|------------------|-------------------|---------------------------------|-------------------------|
|      |                  |                   |                                 |                         |
|      |                  |                   |                                 |                         |

**SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION**

a. Estimated Total Project Cost: \$ 5.2 Million

b. Please provide the following tentative capital expenditure/costs related to the proposal:

|   |                    |
|---|--------------------|
| Medical Equipment Purchases                                 |                    |
| Major Medical Equipment Purchases                           | \$2,700,000        |
| Non-Medical Equipment Purchases*                            |                    |
| Land/Building Purchases                                     |                    |
| Construction/Renovation                                     | \$2,500,000        |
| Other (Non-Construction) Specify:                           |                    |
| <b>Total Capital Expenditure</b>                            | <b>\$5,200,000</b> |
| Medical Equipment – Fair Market Value of Leases             |                    |
| Major Medical Equipment – Fair Market Value of Leases       |                    |
| Non-Medical Equipment – Fair Market Value of Leases*        |                    |
| Fair Market Value of Space – Capital Leases Only            |                    |
| <b>Total Capital Cost</b>                                   | <b>\$5,200,000</b> |
| <b>Total Project Cost</b>                                   | <b>\$5,200,000</b> |
| Capitalized Financing Costs<br>(Informational Purpose Only) |                    |

\* Provide an itemized list of all non-medical equipment to be purchased and leased.

c. If the proposal has a total capital expenditure/cost of \$20,000,000 or more, you may request a Waiver of Public Hearing pursuant to Section 19a-643-45 of OHCA's Regulations? Please check the your preference as follows:

No       Yes

If you checked "Yes" above, please check the appropriate box below:

Energy  Fire Safety Code  Non Substantive

If you checked "Yes" to the Waiver of Public Hearing, please provide the following:

a) Supporting documentation from elected town officials  
(i.e. letter from Mayor's Office).

**Major Medical and/or Imaging Equipment Acquisition:**

| Equipment Type     | Name | Model | Number of Units | Cost per unit |
|--------------------|------|-------|-----------------|---------------|
| Novalis SRS System |      |       | 1               | 2,700,000     |
|                    |      |       |                 |               |

Note: Provide a copy of the vendor contract or quotation for the major medical/imaging equipment.

**See Attachment A**

d. Type of financing or funding source (more than one can be checked):

|  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Applicant's Equity       | <input type="checkbox"/> Capital Lease   | <input checked="" type="checkbox"/> Conventional Loan |
| <input checked="" type="checkbox"/> Charitable Contributions | <input type="checkbox"/> Operating Lease | <input type="checkbox"/> CHEFA Financing              |
| <input type="checkbox"/> Funded Depreciation                 | <input type="checkbox"/> Grant Funding   | <input type="checkbox"/> Other (specify): _____       |

**SECTION IV. PROJECT 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 items need to be addressed, if applicable.

1. List the types of services are currently being provided. If applicable, provide a copy of each Department of Public Health (DPH) license held by the Applicant.

2. List the types of services are being proposed and what DPH licensure categories will be sought, if applicable.
3. Identify the current population served and who is the target population to be served.
4. Identify any unmet need and describe how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. Describe the anticipated effect of this proposal on the health care delivery system in the State of Connecticut.
7. Who will be responsible for providing the service?
8. Who are the current payers of this service and identify any anticipated payer changes when the proposed project becomes operational?

**See Attachment B**

## AFFIDAVIT

### To be completed by each Applicant

Applicant: The Hospital of Central Connecticut

Project Title: Novalis SRS System

I, Clarence J. Silvia, COO  
(Name) (Position – CEO or CFO)

of The Hospital of Central Connecticut being duly sworn, depose and state that the information provided in this CON Letter of Intent (Form 2030) is true and accurate to the best of my knowledge, and that The Hospital of Central Connecticut complies with the (Facility Name)

appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Signature

Date

Subscribed and sworn to before me on December 1, 2006

Joyce M. Hawrylik  
Notary Public/Commissioner of Superior Court

**JOYCE M. HAWRYLIK**  
**NOTARY PUBLIC**  
MY COMMISSION EXPIRES DEC. 31, 2009

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

## Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

### Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

### Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. PET/CT Scanner
23. Other Imaging Services
24. Lithotripsy
25. Other Medical Equipment
26. Mobile Services
27. Other Outpatient
28. Central Services Facility
29. Occupational Health

### Non-Clinical

30. Facility Development
31. Non-Medical Equipment
32. Land and Building Acquisitions
33. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
34. Renovations
35. Other Non-Clinical

## ATTACHMENT A

### EQUIPMENT QUOTE



New Britain General Hospital  
100 Grand St  
New Britain

United States

BrainLAB Inc.  
3 Westbrook Corporate Center · Suite 400 · Westchester  
IL 60154 · USA

phone: +1 708 409-1343  
fax: +1 708 409-1619

brainlab.com

Westchester, 11/9/2006

unlocking possibilities

**Novalis Shaped Beam Surgery Program - System Configuration  
Quotation ID: QN-UGQRB-ABU-1**

Technical Quote Review done by:

Aaron Burwick  
Senior Area Manager North, Novalis  
Aaron.Burwick@brainlab.com

Alan Chan  
Product Support Manager  
Alan.Chan@brainlab.com

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fax: +1 708 409-1619  
brainlab.com

unlocking possibilities

Novalis Shaped Beam Surgery Program - System Configuration

**Quotation**

| Customer Ref. | Shipment | Terms of Payment                                     | Quotation ID   | Date      |
|---------------|----------|--|----------------|-----------|
| UGQRB         | FoB      | see BrainLAB's Standard Terms and Conditions of Sale | QN-UGQRB-ABU-1 | 11/9/2006 |

The prices set forth in this quotation are valid for a period of 90 days as of its date of issue. BrainLAB's Standard Terms and Conditions of Sale and BrainLAB's Standard Terms and Conditions of Service as attached hereto are hereby incorporated and form an integral part of this quotation.

| Pos. | Art.No. | Description | Qty. | Single (\$) | Total (\$) |
|------|---------|-------------|------|-------------|------------|
|------|---------|-------------|------|-------------|------------|

**P L A T F O R M**

**1 21254 iPLAN NET CLIENT SOFTWARE (5 LICENCES)** 1

Access anytime and anywhere - remote connection to the iPlan planning server from any desktop PC / laptop inside or outside the hospital connected to the hospital network (LAN or WLAN):

- User access control: every user has an assigned login
- Support of all existing iPlan software modules already installed
- 5 user licences for up to 5 concurrent sessions
- Any Windows 32 Client within hospital network can connect via Microsoft Internet Explorer (4.01 or newer)
- No additional client installation needed (ActiveX download)
- Possibility to export treatment plans to the client via USB stick, Zip drive or network
- Data protection - HIPAA compliant; developed in accordance with patient confidentiality and data protection laws
- Minimum Requirements:
- Local area network (LAN) must already exist connecting the office workstations and the server
- LAN speed of 10 Mb/s or higher
- Client computer minimum requirements:
- Windows 32 bit operating system
- Internet Explorer 4.01 or later (recommended Service Pack 2 for IE 4.01)
- Screen resolution: min. 1024 x 768, max. 1600 x 1200
- Color depth 24 bit (or higher) Pre-requisite: iPlan Net Remote Planning Server

**2 10910-11 iPLAN NET ADDITIONAL LICENSE** 2

Additional licence for iPlan Net:

- Allows one additional user access to the iPlan applications
- Pre-requisite: 21254 iPlan Net Client Software (5 licences)

**Novalis Dose Delivery Module**

**3 44900 NOVALIS DOSE DELIVERY SYSTEM** 1

- One photon beam with 6MV nominal energy
- Dose rate output 160-800 cGy / minute variable in five steps
- Automatic transfer of patient treatment parameters from database to dose delivery sub-system
- Interlocks prevent treatment unless all parameters are correctly set
- Automatic positioning of beam shaper for each field



| Pos. | Art.No. | Description | Qty. | Single (\$) | Total (\$) |
|------|---------|-------------|------|-------------|------------|
|------|---------|-------------|------|-------------|------------|

- Autofield Sequencing for automated delivery of multiple coplanar fields
- Automatic record of actual treatment set-up and dose delivered to central database
- Patient Treatment couch with local and remote controls for manual and motorized movement
- CCTV Color Room cameras (one fixed, one remote control) to supervise the patient
- Two 13" CCTV color control monitors
- Delivery time 120 days from receipt of order

## 4 41600-0 NOVALIS HIGH RESOLUTION BEAM SHAPER

1

- 3 mm leafs optimized for SRS application (AAPM Report #54)
- Leaf widths: 14 x 3mm, 6 x 4.5mm, 6 x 5.5mm on both sides
- 10 x 10 cm max. field size at isocenter
- 52 tungsten leaves with 6 cm leaf height
- Full 5cm isocenter overtravel
- Single focused leaves with patented leaf end design
- Tongue-and-Groove design for leaf transmission < 3%
- 2 Independent leaf position readouts
- Constant communication with Novalis controller
- 37 cm isocenter clearance
- Factory integrated during the assembly process

## 5 41610 NOVALIS CONICAL COLLIMATORS

1

- Set of 6 lead collimators for superior beam shaping
- Sizes 4.0, 6.0, 7.5, 10, 12.5 and 15 mm
- Conical aperture to address beam diversion
- Bayonet mount for quick and safe attachment to Novalis Collimator Mount
- Isocenter pointer

6 60200-09 NOVALIS CROSS LASER GREEN  
ASTOR LAP-AP-KG

2

- Manual adjustment
- Line width up to 4m distance <1mm
- Line length at 3m/10ft distance: 3m/10ft
- Laser type: Diode Pumped Solid State
- Wavelength: 532 nm
- Color: green
- Output: < 1mW
- Laser class II
- Power requirement: 110/230V AC / 5V DC
- Main voltage: 5V DC
- Power consumption: 10W
- Ambient temperature: 15-30°C
- Dimensions: 200x110x100mm (HxWxD)
- Weight: 2,3 kg / 5 lbs
- Isocenter adjustment accuracy ±0,5mm

7 60200-10 NOVALIS LINE LASER GREEN  
ASTOR LAP-AP-LG

1

- Manual adjustment
- Line width up to 4m distance <1mm
- Line length at 3m/10ft distance: 3m/10ft
- Laser type: Diode Pumped Solid State
- Wavelength: 532 nm
- Color: green
- Output: < 1mW
- Laser class II

unlocking possibilities



| Pos. | Art.No. | Description | Qty. | Single (\$) | Total (\$) |
|------|---------|-------------|------|-------------|------------|
|------|---------|-------------|------|-------------|------------|

- Power requirement: 110/230V AC / 5V DC
- Main voltage: 5V DC
- Power consumption: 10W
- Ambient temperature: 15-30°C
- Dimensions: 200x110x100mm (HxWxD)
- Weight: 2,3 kg / 5 lbs
- Isocenter adjustment accuracy ±0,5mm

**8 60200-07 NOVALIS RC CROSS LASER GREEN**

1

APOLLO LAP-AP-KG

- Remote control adjustment
- Line width up to 4m distance <1mm
- Line length at 3m/10ft distance: 3m/10ft
- Laser type: Diode Pumped Solid State
- Wavelength: 532 nm
- Color: green
- Output: < 1mW
- Laser class II
- Power requirement: 110/230V AC / 5V DC
- Main voltage: 5V DC
- Power consumption: 10W
- Ambient temperature: 15-30°C
- Dimensions: 200x110x100mm (HxWxD)
- Weight: 2,3 kg / 5 lbs
- Isocenter adjustment accuracy ±0,5mm

unlocking possibilities

**Novalis Planning Platform**

**9 10800-50 TREATMENT PLANNING WORKSTATION, FLATSCREEN AND**

1

PRINTER

For radiosurgery treatment planning:

- Dual Processor Intel Xeon, 3.2 GHz min.
- 2048 MB Main Memory
- 2x 70 GB Harddisk (RAID Level 1) min.
- DVD R/RW burner
- Keyboard and Mouse
- MS-Windows XP
- 19" Flatscreen Monitor (1280 x 1024)
- 48 cm visible screen diagonal
- ISO A3 inkjet printer for documentation of treatment plan
- Prints patient set-up templates (BrainLAB Target Positioner)

**10 20143 SECOND WORKSTATION FOR SRS/SRT PLANNING**

1

Additional BrainLAB SRS/SRT treatment planning software license with an identical configuration of software modules and functionality as the first license:

- Includes one additional Treatment Planning Workstation with flatscreen monitor
- Service package for BrainLAB Treatment Planning Software is mandatory after warranty period
- Link between different workstations only within one network (LAN)

**11 10911 iPLAN NET REMOTE PLANNING AND SERVER**

1

iPlan Net software and network server solution.

- Available for iPlan RT in IIQ/06.
- 24 hour remote planning access to iPlan via the hospital's internal or external LAN or WLAN network
- Maximum of 5 simultaneous iPlan sessions
- Patient data archiving and communication software :
- "Query & Retrieve" function for all installed PatXfer modules
- Supports 3rd Party DICOM archives or planning systems

| Pos. | Art.No. | Description | Qty. | Single (\$) | Total (\$) |
|------|---------|-------------|------|-------------|------------|
|------|---------|-------------|------|-------------|------------|

- Eliminates need to "send" data from remote scanners
- Preview function for images to be transferred
- Automatic data conversion and organization
- Adjustment of grey-level values with windowing function
- Delete and archive of patient data
  
- Network Server :
- Processor: Dual Intel Xeon, 3.2 GHz with Hyperthreading technology; 2MB L2-Cache
- 3GB DDR2/400 ECC Main Memory
- 4 x 146 GB SCSI Harddisk (RAID 5 for data security including hotspare drive). 280 GB total usable disk space
- Redundant power supply
- Redundant fans
- 2 x Gbit LAN ports
- DVD/CD writer
- 3.5" floppy diskdrive
- Operating System: Microsoft Windows 2003 Server
- Possibility to integrate data back-up device
- Possibility to integrate MOD/CD/DAT/TWAIN in iPlan Net Software (requires a stand-alone Planning Station for local access)
- Possibility to integrate a local monitor/keyboard/mouse drawer (incl. 8x KVM) console for server administration
- Pre-requisite: 21254 iPlan Net Client Software (contains 5 licences, possibility to purchase additional licences)
  
- Customer site pre-requisites :
- IT room for the server with air conditioning not to exceed the maximum operating temperature of 35°C / 95°F
- 19" IT rack with dimensions 220mm x 655mm x 445mm (height/depth/width) to handle a 5HU Server and min. 50kg additional load capacity. In any case the manufacturer, type and dimensions of the 19" rack must be communicated to the BrainLAB Sales Representative If the rack does not meet the above requirements, the floor stand option should be specified in the order/pre-installation protocol
- Network must be 10MBit/s or higher (RJ45 connector, no optical networks)
- Home office requires connection speed of 1Mb/s or faster and available access to the hospital network (e.g. via VPN)
- Order can only be accepted/confirmed upon the receipt of a completed sales checklist.

**12 10911-52 BACK-UP SOLUTION FOR iPLAN NET SERVER**

1

Offers optional data back-up for iPlan Net Server:

- Additional tape drive
- Additional tape with 400 GB capacity
- Includes back-up software
- LTO Ultrium tape drive (U320 SCSI interface)

**13 31000-0 TRANSFER CT DICOM NET / CD / MOD**

1

- Selection of patient to transfer by name/ID
- Automatic conversion and data organization

unlocking possibilities


**BrainLAB**

| Pos. | Art.No. | Description | Qty. | Single (\$) | Total (\$) |
|------|---------|-------------|------|-------------|------------|
|------|---------|-------------|------|-------------|------------|

**14 35000-0 TRANSFER MR DICOM NET / CD / MOD** 1

- Selection of patient to transfer by name/ID
- Automatic conversion and data organization

**15 38100-0 TRANSFER X-RAY DICOM** 1

Transfer of X-ray images using DICOM 3.0 standard

- Selection of patient to transfer by name/ID
- Automatic conversion and data organization

**16 36002 TRANSFER PET/SPECT DICOM NET** 1

- Selection of patient to transfer by name/ID
- Automatic conversion and data organization
- Verify with BrainLAB: Only specific scanners are supported

**17 36020 TRANSFER "ANALYZE" NET (fMRI)** 1

- Import of functional MRI data (fMRI) for treatment planning with or without FiberTracking
- Automatic conversion and data organization
- Allows transfer from "Analyze" format with SW PatXfer
- Selection of patient to transfer by name/ID
- Supported transfer media: HDD, NET, or CD-ROM
- Please verify data format requirements with BL prior to order

**18 30034 DICOM QUERY RETRIEVE** 1

Patient data archiving and communication software:

- "Query & Retrieve" function for all installed PatXfer modules
- Supports 3rd Party DICOM archives or planning systems
- Eliminates need to "send" data from remote scanners
- Preview function for images to be transferred
- Automatic data conversion and organization
- Adjustment of grey-level values with windowing function
- Delete and archive of patient data

**19 30045 DICOM RT STRUCTURE IMPORT** 1

- Import of 3D objects, structures, image fusion data and isocenter position (Dicom RT "Struct" standard) from 3rd Party Applications to iPlan RT Image

**20 30050 DICOM RT STRUCTURE EXPORT** 1

- Export of 3D objects, structures and image fusion data (Dicom RT "Struct" standard) from iPlan RT Image to 3rd Party Applications

**21 30051 DICOM RT PLAN EXPORT** 1

- Link to VARiS 6.5 or higher / ARIA and IMPAC / Lantis 6.1 or higher Record & Verify Systems with DICOM RT Import capability
- Export of Dicom RT Plan information (Beam Parameters) from iPlan RT Dose to 3rd Party Applications for Composite Planning
- Requires Dicom RT functionality/capability of existing Record & Verify system

unlocking possibilities

| Pos. | Art.No. | Description | Qty. | Single (\$) | Total (\$) |
|------|---------|-------------|------|-------------|------------|
|------|---------|-------------|------|-------------|------------|

**Novalis Planning Software**

|    |  |  |   |  |  |
|----|--|--|---|--|--|
| 22 | <b>21211 iPLAN RT IMAGE PLATFORM 3.0</b>                 | Software package for physician viewing, image fusion and volume definition:<br><ul style="list-style-type: none"> <li>• Process-oriented workflow for streamlined planning</li> <li>• Direct access to all tasks at all times with status overview</li> <li>• Rapid image selection through comprehensive overview</li> <li>• Display of multiple sets (CT, MR, PET/SPECT, Angio); requires corresponding transfer module</li> <li>• Selectable left-right image orientation</li> <li>• Automatic localization of BrainLAB CT localizer on BrainLAB Headring / Mask or H&amp;N System for stereotactic planning</li> <li>• Manual Image Fusion of multiple diagnostic data sets with fine adjustment</li> <li>• Zoom and pan function with adjustable grey levels</li> <li>• Convenient windowing selection from pre-defined settings</li> <li>• Mouse-driven distance and angle measurements</li> <li>• Interactive object delineation with intuitive "brush" function</li> <li>• Advanced segmentation tool for blood vessels in angiograms, bones in CT and active regions in functional imaging</li> <li>• Linear interpolation between contours for fast and effective object delineation with manual adjustment in any slice</li> <li>• Object delineation in single or multiple windows, original data or axial, coronal &amp; sagittal reconstructions</li> <li>• Simultaneous object delineation in fused data sets</li> <li>• Allows object manipulation and Boolean operations</li> <li>• Immediate creation and representation of 3D volume</li> <li>• Voxel based surface generation and comprehensive 3D visualization of patient anatomy and delineated objects</li> <li>• Interactive plan optimization with undo / redo function</li> <li>• Simultaneous Display of multiple image set with independent settings (windowing, reconstruction)</li> <li>• Pre-configured interface for Dicom RT Import and Export (requires corresponding software modules)</li> <li>• Export of defined objects and isocenter to iPlan Dose or BrainSCAN 5.31 for SRS / SRT / IMRT beam planning</li> <li>• Supports Extracranial Autesgmentation</li> <li>• Supports iPlan RT Fiber Tracking</li> <li>• Requires min. P4 with 2.4 GHz, 40 GB HDD, 512 MB RAM</li> <li>• Recommended P4 with 3.2 GHz, 80 GB HDD, 1 GB RAM</li> </ul> | 1 |  |  |
| 23 | <b>21221 iPLAN RT ANGIOGRAPHIC REGISTRATION</b>          | For AVM treatments using Angiographic images:<br><ul style="list-style-type: none"> <li>• Identification of BrainLAB CT/X-Ray localizer fiducials</li> <li>• Automatic correlation of X-Ray images onto CT images for target delineation on both data sets</li> <li>• Pan, Zoom &amp; Windowing functions for easy localization</li> <li>• Wearpart</li> </ul>   | 1 |  |  |
| 24 | <b>21222 iPLAN RT ANGIOGRAPHIC DISTORTION CORRECTION</b> | Automatic correction of distorted x-ray images caused by the general design of x-ray image intensifiers and external magnetic fields (e.g. magnetic field of the earth):<br><ul style="list-style-type: none"> <li>• Lightweight carbon fibre reference plate</li> <li>• Rapid attachment to BrainLAB cranial Localizer for 2D X-Rays</li> <li>• Software detection of beads for distortion correction</li> <li>• Wearpart</li> </ul>  | 1 |  |  |

unlocking possibilities


**BrainLAB**

| Pos. | Art.No. | Description | Qty. | Single (\$) | Total (\$) |
|------|---------|-------------|------|-------------|------------|
|------|---------|-------------|------|-------------|------------|

25 **21223 iPLAN RT DSA PROCESSING** 1

- X-ray localization and transfer of stereotactic coordinate system to analogue or digital DSA image series
- Target definition within DSA images
- Wearpart

26 **21224 iPLAN RT ADDITIONAL LOCALIZER / FRAME SUPPORT** 1

Software support of additional Localizer / Headring combinations:

- BrainLAB Localizer on Leksell Headring
- BrainLAB Localizer on Radionics Headring
- Leksell CT Indicator (9 Rods)
- Medical Intelligence BodyFix (small & big)
- Radionics BRW-LF
- Wearpart

27 **21340 iPLAN AUTOMATIC IMAGE FUSION** 1

Fast automatic fusion based on mutual information algorithm:

- Supports CT, MR (T1, T2, MRA), PET, SPECT in combination with the corresponding transfer modules
- Compatible with data sets of various body regions
- Definition of "Region of Interest" to exclude areas from fusion
- Manual fine-adjustments possible in all dimensions
- Simultaneous visualization in axial, coronal and sagittal planes
- Color overlay and spyglass verification for all planes

28 **21220 iPLAN SMARTBRUSH SEGMENTATION** 1

Fast target delineation by adjustable threshold-based detection algorithm:

- Immediate and automatic identification of object boundaries
- Manual modification possible at any time

29 **21217 iPLAN RT FIBERTRACKING** 1

Integration of detailed information about the eloquent white matter structure into radiosurgery treatment planning:

- Automatic detection of diffusion directions
- Calculation of fractional anisotropy (FA) map and diffusion information
- Conversion of fiber tracts to 3D structures for visualization of spatial relationship to defined objects and structures
- Intuitive user interface for manual adjustment of tracking parameters
- Interactive selection of fiber tracts
- Overlay to other anatomical or functional image sets
- Support of DICOM DTI data from Siemens, Philips and most GE MR scanners
- Sample media required

30 **21213 iPLAN RT DOSE PLATFORM 3.0** 1

Software package for advanced stereotactic dose planning:

- Process-oriented workflow for streamlined planning
- Direct access to all tasks at all times with status overview
- 3D object database and automatic manipulation (expansion, boost and shell generation)
- Comprehensive 3D visualization of objects, patient anatomy and beams from any angle
- Automatic isocenter placement into PTV center of gravity
- Beam/Plan Library for fast planning of standard indications
- 3D Room display to view table and gantry angles
- Dose prescription and fractionation scheme planning
- Pencil Beam dose calculation from 4MV to 18MV

unlocking possibilities



| Pos. | Art.No. | Description | Qty. | Single (\$) | Total (\$) |
|------|---------|-------------|------|-------------|------------|
|------|---------|-------------|------|-------------|------------|

- Fine 1.5 mm pencil beam grid size for accurate dose calculation
- Tissue inhomogeneity compensation with pencil beam path length correction
- Adaptive dose grid for faster dose visualization
- Optional manipulation of patient surface for dose calculation
- Dose-Volume-Histogram for all structures with variable grid size and conformity index for plan comparison
- Composite Planning combining different iPlan RT Dose treatment modalities
- Dose visualization as isodose line, isodose wash or threshold dose in absolute or relative values
- Multiple color schemes each with different levels for dose visualization as isodose line, isodose wash or threshold dose
- Export of DVH values as a table for scientific analysis
- Measurement function for dose verification at any 3D point
- Fields' eye view function with dose display
- Printout function for plan and templates for stereotactic patient set-up using the BrainLAB Target Positioner
- Integrated quality assurance checks for maximum safety
- Mapping of entire treatment plan to Phantom for verification
- DRR Calculation (Digitally Reconstructed Radiographs) for verification of set-up
- Pre-configured interface for Dicom RT Import and Export (requires corresponding software modules)
- iPlan RT Dose 3.0 platform is a prerequisite for the following extra planning modules: Circular Arc SRS/SRT Planning, Conformal SRS/SRT Planning, Dynamic Conformal Arc Planning, IMRS/IMRT Inverse Planning, Dicom RT Plan or Dose Import / Export
- Requires iPlan RT Image Platform
- Requires min. P4 with 2.4 GHz, 40 GB HDD, 512 MB RAM
- Recommended P4 with 3.2 GHz, 80 GB HDD, 1 GB RAM

unlocking possibilities

|  |       |  |   |
|--|-------|--|---|
| 31   | 20630 | <b>CIRCULAR ARC SRS/SRT PLANNING</b>             | 1 |
| Planning for cranial SRS/SRT using Circular Collimators:   |       |  |   |
| <ul style="list-style-type: none"> <li>• Interactive positioning of up to 16 isocenters in various views</li> <li>• Efficient tools to control and optimize the dose to critical structures while maximizing target volume coverage</li> <li>• Interactive optimization of start and stop angles in beams eye display or arc plane reconstruction</li> <li>• Numeric manipulation of all relevant treatment parameters</li> <li>• Independent dose weighting of Arc Planes or Isocenters</li> <li>• Planning via BrainSCAN 5.31 Platform until iPlan RT Dose 4.x release</li> </ul>  |       |  |   |
|  |       |  |   |
| 32   | 23015 | <b>CONFORMAL AND DYNAMIC CONFORMAL SRS / SRT</b> | 1 |
| Planning software for cranial SRS and SRT treatments using Conformal Beams, Conformal Arcs and Dynamic Conformal Arcs:   |       |  |   |
| <ul style="list-style-type: none"> <li>• Dynamic conformal arc modality utilizes continuously changing MLC field shape optimized to the contour of the PTV with rotating gantry</li> <li>• Interactive placement and 3D manipulation of beams and conformal arc planes in various displays including beams eye views</li> <li>• Intuitive and rapid beam and arc placement guided by 3D collision map to minimize critical structure involvement while maximising target volume coverage</li> <li>• Automatic and interactive optimization of beam shape using "paintbrush" function in beams eye views</li> <li>• Definition of beam margins and primary jaw settings</li> <li>• Numeric manipulation of all relevant treatment parameters</li> </ul> |       |  |   |

| Pos. | Art.No. | Description | Qty. | Single (\$) | Total (\$) |
|------|---------|-------------|------|-------------|------------|
|------|---------|-------------|------|-------------|------------|

- Independent dose weighting of beams and arc planes

**33 23065 HIGH RESOLUTION INVERSE PLANNING** 1

Inverse Planning software for Intensity Modulated treatments:

- Intuitive specification and weighting of relative importance of PTV, risk organ and normal tissue dose constraints
- Simultaneous calculation of four optimized IMRT plans with varying emphasis of PTV versus risk organ consideration
- Comprehensive side-by-side comparison and selection of preferred plan from the four options
- Fast dose preview and "intelligent" re-calculation with modified parameters
- Optional boost volumes within PTV
- Integrated leaf sequencing and "tongue & groove" optimization

**34 43805 NOVALIS PLANNING FOR VARIAN MLCs** 1

Provides additional functionality to use Novalis Treatment Planning Software for conformal beam, dynamic conformal arc and IMRT with Varian 120/80/52 MLCs:

- Dynamic treatments require the dynamic capability of the Varian MLC enabled

**35 21280 iPLAN AUTOMATIC SEGMENTATION SOFTWARE** 1

Fast automatic segmentation algorithm using 3D atlas for cranial, prostate & spine applications:

- Automatic, volumetric atlas-based segmentation
- Anatomical structure-based automatic image morphing
- Increased resolution and anatomical detail in 3D representation
- Threshold based segmentation for quick and easy selection of anatomic structures (lesions, vessels, bones, etc.)
- Allows manual editing of automatic segmented objects
- Separate volumetric calculation for each object
- Transparent mode for each object
- Requires T1 weighted MRI patient scan for cranial indications
- Requires CT patient scan (without contrast agent) for extracranial indications
- Requires minimum iPlan RT Image versions 3.0 or higher
- Requires minimum Pentium IV, 2.4 GHZ, 1 GB Ram, 40 GB HDD with Graphic card supporting OpenGL

**Novalis Record & Verify VARiS**

**36 45150 NOVALIS RECORD AND VERIFY SYSTEM** 1

Electronic patient chart allows record of patient diagnosis, radiosurgery prescription including dose-delivery system set- up parameters and history of actual patient treatment:

- Report generation software application for an unlimited variety of fully customized and standard reports
- Software licences Novalis Clinic and Novalis Report
- Dual Intel Xeon Processors, 3.2 GHz
- 2 GB Main Memory
- 4x73 GB Harddisk and CD-RW/DVD ROM Drive
- Standalone Smart UPS (3000VA, 110/220V)
- MS-Windows 2000 Server
- 15" Flat Screen Monitor

unlocking possibilities


**BrainLAB**

| Pos. | Art.No. | Description | Qty. | Single (\$) | Total (\$) |
|------|---------|-------------|------|-------------|------------|
|------|---------|-------------|------|-------------|------------|

**37 45015 NOVALIS EDIT WORKSTATION & MONITOR** 1

Workstation to run Novalis Clinic & Novalis Reports application for Patient Registration, Patient Chart, Mini-Schedule, Patient Check-In and Administration. Hardware specifications:

- Intel Pentium 4, 3 GHz min.
- 1024 MB Main Memory
- 80 GB Harddisk min.
- 3.5" Diskdrive, DVD R/RW & CD burner
- 3-button scroll mouse, keyboard, LAN 10/100 Mbit
- Flatscreen TFT- Monitor 17"
- Windows XP Professional

**Novalis Treatment Hardware**

**38 40210 NOVALIS COUCHMOUNT** 1

Provides connectivity between Novalis Headring / Novalis Mask System and Novalis Couch:

- Micro-adjustor for AP, lateral, and vertical movement
- Calibration of tilt to compensate for table declination
- Permits full 360° gantry rotation

**39 41200 STEREOTACTIC HEADRING** 2

Invasive patient immobilization with highest positioning accuracy for single fraction treatments, including:

- Extra long carbon fiber posts with adjustable length / angle
- 2 Torque wrenches for consistent torque of fixation pins
- Velcro belt for support of headring during attachment
- Set of re-usable, artifact-free quick fixation pins
- Exchangeable intubation frontpiece

**40 41099 STEREOTACTIC MASK SYSTEM & UPPER JAW SUPPORT** 2

Non-invasive repeat-fixation system using a 3-part thermo-transformable mask for stereotactic radiotherapy/radiosurgery, including:

- Occipital head support not obstructing oral areas
- Allows treatment of deep seated lesions (up to C4)
- Comfortable design suitable for pediatric / geriatric patients
- Upper Jaw Support to reduce longitudinal patient movement
- 20 cm between side posts for increased patient comfort
- Fast repositioning with adjustable pressure within the mask
- Quick-release mechanism using side clips

**41 41100 MASK-SET FOR ONE PATIENT** 10

Complete set for molding the mask for one patient, including:

- Sheets with handles for the occipital and frontal mold
- Strips for additional immobilization of the patient's face
- Pellets for molding the impression of the nasal bridge
- Mesh for molding in the water bath and identification label

**42 43600 HEAD & NECK / FRAMELESS SRS MASK SET FOR ONE PATIENT** 10

Complete set for molding the mask for one patient, including:

- Sheets with handles for the occipital and frontal mold
- Strips for additional immobilization of the patient's face
- Pellets for molding the impression of the nasal bridge
- Mesh for molding in the water bath and identification label

unlocking possibilities

| Pos. | Art.No. | Description | Qty. | Single (\$) | Total (\$) |
|------|---------|-------------|------|-------------|------------|
|------|---------|-------------|------|-------------|------------|

**43 49650 HEAD & NECK SHOULDER MASK SET FOR ONE PATIENT** 5

Complete set with additional shoulder fixation for one patient, including:

- Sheet with handles for the occipital mold
- Strips for additional immobilization of the patient's face
- Large patient head & shoulder sheet for the upper mold
- Pellets for molding the impression of the nasal bridge
- Mesh for molding in the water bath and identification label

**44 41350 CT/X-RAY LOCALIZER AND SUPPORT** 1

CT/X-ray reference system for stereotactic target localization:

- Fiducials for CT localization and gantry tilt compensation
- Removable fiducial arrays for X-ray/DSA localization
- Maximum vertical range (185 mm) for deep seated lesions
- Patient immobilization board compatible to all CT couches
- Mounts onto the Stereotactic Headring and Mask System

**45 40700-0 STEREOTACTIC TARGET POSITIONER** 1

- Reference box for precise stereotactic patient set-up
- Lightweight aluminium design
- Locking mechanism to Headring and Mask system
- Safe and fast transfer of planned isocenter coordinates through laser alignment of computer generated printouts
- Direct documentation of the isocenter position
- Attachment of patient-specific printouts onto individual Target Positioner Carrier Plates
- Four sets of coded target positioner carrier plates
- Fast and safe magnetic attachment of carrier plates
- Visual treatment setup verification by lightfield projection
- Lesion outline projection of orthogonal & beams eye views
- Design featuring auto. isocenter position transfer & positioning for optimized patient set-up w/o manual scale adjustment minimizing human errors
- System design reduces manual steps, resulting in reduced human error possibilities and optimized patient setup
- Additional marker for verification & compensation after table rotation

**46 40950-0 NOVALIS QA EQUIPMENT** 1

- Phantom Pointer and Film Holder for Winston Lutz verification of isocenter
- 30 x 30 cm IMRS / IMRT Verification Phantom with inlay for Film (252 x 302 mm) and drilling for 0.125 cm<sup>3</sup> ion chamber

#### Novalis X-Ray Positioning

**47 49920 NOVALIS BODY EXACTRAC PLATFORM** 1

Optical 3D patient tracking system to position patient at LINAC isocenter according to stereotactic coordinates determined in a CT data set. Consists of:

- Min. Pentium IV 3.2 GHz computer to operate infrared tracking, x-ray imaging and positioning systems
- Min. 1 GB RAM, 80 GB Harddisk, CD-ROM Burner
- 17" flatscreen monitor positioned beside Linac console
- 17" touchscreen Ceiling Monitor in the treatment room
- 2 separate I/O interfaces (Linac console & treatment room)
- Infrared tracking camera set
- Independent video system for verification and documentation of patient set-up in the Linac room
- Isocenter calibration phantom

unlocking possibilities

| Pos. | Art.No. | Description | Qty. | Single (\$) | Total (\$) |
|------|---------|-------------|------|-------------|------------|
|------|---------|-------------|------|-------------|------------|

- 2 Sets of ExacTrac IR Body Marker Spheres (8pcs per set)
- 1 Set of ExacTrac CT Body Marker Spheres (8pcs per set)
- 3 Sets of ExacTrac Body Marker Sockets (250pcs per set)
- 1 Set of ExacTrac Body Marker Adhesive Pads (500pcs)
- ExacTrac 5.0 software with wizard guided setting of treatment parameters for fast workflow
- Support of prone, supine patient position and rotated couch
- Position and compensation value output after couch rotation
- Support of multiple isocenters
- Patient position monitoring during treatment with visual alarm
- Documentation printout and positioning report
- Integrated patient archive
- Self-explanatory calibration wizard
- Supports Frameless Radiosurgery
- Supports ExacTrac Robotics
- Supports ExacTrac Adaptive Gating
- Requires access to network for data input

48 49907 EXACTRAC CEILING MOUNTED MONITOR ARM 1

- Flexible Ceiling Arm for easy adjustment of in-room touchscreen monitor
- Rigid mounting in Linac Room
- Pre-requisite is ExacTrac Infrared Tracking Platform 4.x
- Wearpart

49 49921 NOVALIS BODY X-RAY 6D 1

- Two x-ray sources with 150 kV Varian tubes, generator and control system
- Two Amorphous Silicone detectors, 20 x 20 cm, 512 x 512 pixel (incl. ceiling mount support structure)
- X-ray system calibration phantom
- Stereoscopic imaging of internal anatomy through high-resolution kV x-ray images from both x-ray sources
- Patient CT data import using Dicom RT or BrainLAB format
- Multiple 6D DRR calculation from CT data in different planes to identify rotational error
- Automatic and manual fusion of DRR to x-ray
- Automatic or manual alignment of implanted markers
- Calculation of positioning deviation in 6 dimensions
- Comprehensive treatment Quality Assurance checks
- Positioning protocol for treatment documentation

50 49911 EXACTRAC PRE-INSTALLATION KIT X-RAY 1

Complete set of all components required for pre-installation of ExacTrac X-Ray System:

- Ceiling Mount for Infrared Cameras
- Ceiling Mount for a-Si Detector Panels
- Data, Power and Grounding Cabling

51 49912 EXACTRAC X-RAY FLOOR CASING 1

Set of two casing units for pre-installation of ExacTrac X-Ray System:

- Fitted into Linac floor during room construction
- Includes stable top cover level with Linac room floor

unlocking possibilities

| Pos. | Art.No. | Description | Qty. | Single (\$) | Total (\$) |
|------|---------|-------------|------|-------------|------------|
|------|---------|-------------|------|-------------|------------|

**52 49300 EXACTRAC ADAPTIVE GATING\***

Software module utilizing X-Ray 6D images and infrared optical tracking to establish extent of internal target motion in relation to external markers and definition of beam-on "gating" window

- Daily visualization of internal motion at treatment position
- Verification images may be taken at any gantry angle
- In-built detection of consistency of breathing pattern
- Link to Linac to enable beam-on at defined points
- Requires implanted marker for organ detection
- Requires upgrade to ExacTrac Software 5.0
- Only available for Novalis / Varian Linacs
- Including Hardware for Novalis Interface
- For non-Novalis Linacs, availability dependent on release of new Varian 3rd Party Linac Interface (under development by Varian)

1

**53 49610 FRAMELESS RADIOSURGERY SYSTEM**

Non-invasive stereotactic patient set-up for frameless SRS and SRT utilizing x-ray verification and robotic patient set-up:

- Extended CT Localizer allows compensation of CT table sag for stereotactic precision from cranial to vertebra T1/ T2
- 2 separate radio-translucent carbon base plates, one for CT imaging and one for patient set-up
- Frameless Radiosurgery Imaging Board for CT / MR Imaging
- Positioning Array for frameless stereotactic patient set-up
- 2 Frameless Radiosurgery Mask sets for cranial treatments
- 2 Head & Neck Shoulder Mask Sets
- ExacTrac Robotics recommended to adjust angular set-up
- Requires Imaging Couch Top Frameless Couch Extension (Varian couches only)
- Requires ExacTrac Software 4.5
- Requires min. BrainSCAN Software 5.31 or iPlan RT Dose 2.0

1

**54 49601 IMAGING COUCH TOP FOR VARIAN EXACT**

1

- Low density Carbon Fiber Imaging Couch Top for greater x-ray image quality
- Permanent attachment to existing Couch Frame
- 200cm x 53cm
- Maximum load 185kg
- Removable low density carbon fiber 23cm Couch Extension
- Includes removable connector for BrainLAB Varian Exact Couch Mount / Novalis Couchmount
- Includes 3 removable connectors fully compatible with the Med-Tec / Varian table fixation system
- Includes Couch Calibration Bar as reference for calibration purpose
- Aluminium Side Rails and Indexing System

**55 49604 IMAGING COUCH TOP FRAMELESS EXTENSION**

1

- Low density carbon fiber 43cm Couch Extension for Frameless Radiosurgery
- Attaches to BrainLAB Imaging Couch Top

**56 49100 EXACTRAC AUTOPOSITIONING FOR VARIAN EXACT**

1

- Electronic interface and cabling for automatic software- controlled couch movement in xyz planes allowing automatic patient set-up
- Novalis and Varian EXACT Couches

unlocking possibilities

| Pos. | Art.No. | Description | Qty. | Single (\$) | Total (\$) |
|------|---------|-------------|------|-------------|------------|
|------|---------|-------------|------|-------------|------------|

**57 49577 EXACTRAC VERIFICATION PHANTOM** 1

- Pelvic Phantom for Quality Assurance and Therapist Training
- Bone equivalent pelvic bones inset into tissue equivalent material
- Ca. 27cm x 34cm x 24cm
- 16kg
- Wearpart

**58 43210 BODYFIX VACUUM PATIENT IMMOBILIZATION SYSTEM** 1

BodyFix-Evacuum-based patient fixation system ensuring constant and stable patient posture for CT imaging and treatment:

- Provides stable patient immobilization for complex treatments (spine, IMRT)
- Radiotranslucent patient tray, compatible with CT/MR/PET/SPECT
- Five "Total Body" 2.3m vacuum cushions and pump set
- Vacuum Supply with pressure adjustment to regulate rigidity
- Comprehensive accessory pack of additional support sheets and cushions
- Direct connectivity to BrainLAB Imaging Couch Top via Imaging Couch Top indexing bars (included)
- Spare Part set

**59 49700 EXACTRAC ROBOTICS** 1

Independent module allowing fast robotic tilt adjustment of treatment table top for most precise patient set-up:

- Integrates with Varian Exact Couch
- Pitch max. 3°, Roll max. 4°
- 2 independent electric variable speed motors and controllers
- Integrated electrical and mechanical safety system
- Integrated brake in case of power failure
- Manual override to initial position always possible
- Battery powered, cordless design, incl. Battery Charger
- Requires BrainLAB Imaging Couch Top
- Dimensions: 85cm x 53cm 14.5cm
- Maximum load 135kgs
- Requires ExacTrac Software 5.0

#### Novalis Services

**60 50794 PRE-INSTALLATION VISIT** 1

Meeting with qualified BrainLAB engineer to plan and coordinate Novalis Dose Delivery System installation

**61 50756 iPLAN WORKSTATION CONFIGURATION** 1

Complete software installation of one BrainLAB Workstation for Radiosurgery / IMRT:

- Workstation hardware assembly and software pre-installation off-site

**62 50757 iPLAN RT SOFTWARE INSTALLATION** 1

Installation and acceptance of iPlan RT Planning System:

- Workstation hardware and software installation and testing on-site
- Link to local network
- Test and verification of data transfer
- Verification of completeness and functionality of all software functions and components

unlocking possibilities



| Pos. | Art.No. | Description | Qty. | Single (\$) | Total (\$) |
|------|---------|-------------|------|-------------|------------|
|------|---------|-------------|------|-------------|------------|

63 **50753 iPLAN NET SERVER INSTALLATION** 1  
 Complete installation and acceptance of one BrainLAB iPlan Net Planning System Server:  
 • Server hardware assembly and software pre-installation off-site  
 • Server hardware and software installation and testing on-site  
 • Link to local network  
 • Test and verification of client connection and data transfer  
 • Verification of completeness and functionality of all software functions and components

64 **50791 NOVALIS SYSTEM INSTALLATION** 1  
 Complete hardware installation of Novalis Shaped Beam Surgery System comprising:  
 • Base frame placement and rigging  
 • Complete installation of the dose delivery system  
 • Installation of Circular Collimators  
 • Fitting and central beam fine adjustment of the Novalis beam shaper and of the Collimator Mount  
 • Winston Lutz quality assurance check of geometrical accuracy of Novalis gantry and table  
 • Fitting and fine adjustment of Couch Mount, Couch Mount Adapter and Couch Stabilizer  
 • Clarkson Algorithm dose measurement support (PDD, OAR, Scatter)  
 • Pencil Beam Data Aquisition  
 • Quality check, Verification of completeness and functionality of all system functions and components  
 • Acceptance protocol according to BrainLAB's certified quality system

65 **50795-01 NOVALIS BODY INSTALLATION** 1  
 Set-up of complete Novalis Body system on-site:  
 • On-site pre-installation meeting  
 • Workstation hardware assembly and software pre-installation off-site  
 • Assembly of all hardware & computer hardware- components and adjustment to the LINAC  
 • Adjustment and calibration of the x-ray system  
 • Testing & verification of data transfer by scanning a test- phantom and simulation of the data processing chain  
 • Acceptance protocol according to BrainLAB's Quality System Phantom Test Procedure  
 • Verification of completeness, functionality, precision and operational condition of all software and hardware components  
 • Hands-on training simulating patient treatments using a phantom

66 **50777 BODYFIX INSTALLATION AND TRAINING** 1  
 Set-up of complete BodyFIX" system on-site:  
 • Assembly of all components  
 • Verification of completeness, function and operational condition of all components  
 • Training on-site

67 **50730 CASE COVERAGE ON-SITE BY BRAINLAB SERVICE ENGINEER (1 DAY)** 3  
 • On-site support via a qualified and trained BrainLAB service engineer during a case with BrainLAB equipment  
 • Requires 48 hours advance notice

unlocking possibilities


**BrainLAB**

| Pos. | Art.No. | Description | Qty. | Single (\$) | Total (\$) |
|------|---------|-------------|------|-------------|------------|
|------|---------|-------------|------|-------------|------------|

**68 50770 RADIOTHERAPY TRAINING ON-SITE BY BRAINLAB SUPPORT 7  
SPECIALIST (1 DAY)**

Software & Hardware training after installation, prior to first treatment according to quality guidelines by qualified BrainLAB Support Specialist:

- Simulation of complete patient treatment incl. preparation, treatment planning, set-up, hardware utilization, quality assurance, verification and documentation
- Training to acquire, secure and transfer patient data for BrainLAB system including set-up for treatment
- Treatment case pre-planning & optimization of software operation

**69 50795-02 NOVALIS FREIGHT, INSURANCE AND FEES**

1

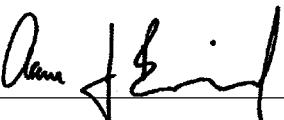
**TOTAL EXCL. TAX**
**3.300.000,00**

unlocking possibilities

This quote has been created according to your equipment specifications which are listed below. Please review this information carefully since any discrepancies may cause incompatibilities to the BrainLAB system.

Turnkey SRS System BrainLAB Novalis,  
DTI scanner GE data checked and confirmed,  
Infrastructure Air Conditioning - Server Room max. 35°C,  
Infrastructure Ethernet Network >= 10 Mbit/sec,  
Infrastructure Floor Stand,  
Linac Couch Varian Exact,  
Record and Verify System Varian VARiS R&V has DICOM RT import avail.

\* Availability in the US pending FDA clearance.



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## ATTACHMENT B

### PROJECT DESCRIPTION

**The Hospital of Central Connecticut**  
**Letter of Intent**  
**Novalis SRS**

**Project Description**

In this Letter, The Hospital of Central Connecticut (HCC) is announcing its proposal to purchase a Novalis Stereotactic Radio Surgery System to be installed at the New Britain General Campus.

Over the last forty years, Stereotactic Radio Surgery (SRS) has proven to be an effective treatment for tumors located throughout the body. Intended to supplement conventional neurosurgery, SRS provides the option of noninvasive surgery to those patients predetermined by the consultative team to be appropriate candidates. The Novalis SRS System effectively treats patients by delivering highly focused and precise beams of radiation to ablate lesions in less time and without pain. The system offers patients from Central Connecticut the ability to undergo fewer treatments, shorter treatment times and minimize the side effects to normal tissue. With various SRS systems available, HCC strongly believes that the Novalis SRS System is the best solution available at this time.

Some of the advantages to using this system are:

- Non-Invasive painless intra or extra cranial surgery
- Flexibility of using a framed or frameless setup
- Treatment times of 15-20 minutes
- Single or multiple session depending on patient case
- Proven technology with over 20,000 patients treated in the past several years
- Helps recruit Neurosurgeons
- Flexibility of use either as IMRT, IGRT, SRS or SRT

HCC plans to augment its current repertoire of neurosurgical and radiation oncology procedures by incorporating the Novalis SRS technology. The patients of Central Connecticut will benefit from the use of state-of-the-art technology proven to have excellent outcomes. HCC will not only be able to better treat the existing conditions our patients present with, it will have the technology to treat neurological disorders such as trigeminal neuralgia. Since the system setup and treatment time is so short compared to other SRS systems, HCC will be able to quickly treat patients. In addition, this system can operate as a standard linear accelerator therefore complimenting HCC's existing unit.

The total cost of the project is estimated to be about \$5,200,000. An addition to The American Savings Foundation Radiology Oncology Treatment Center at HCC's New Britain General Campus will be built to provide the proper shielding, footings, control rooms, setup rooms and utilities at a cost of \$2.5 million. HCC will fund this project through a combination of its own equity, charitable contributions and/or debt.

This proposal will improve the delivery of care through offering a noninvasive alternative to brain surgery. We respectfully request a favorable determination by the Office of Health Care Access on the purchase of the Novalis SRS System for The Hospital of Central Connecticut at New Britain General.

**Supplemental Information:**

- 1. List the types of services are currently being provided. If applicable, provide a copy of each Department of Public Health (DPH) license held by the Applicant.**

The Hospital of Central Connecticut reflects the combined talent, resources, and capabilities of New Britain General Hospital and Bradley Memorial Hospital. It is a 414-bed acute care teaching hospital affiliated with the University of Connecticut School of Medicine and serves as the primary referral center for the central Connecticut region, serving a population of 250,000. As a full-service hospital, The Hospital of Central Connecticut offers many clinical services that are recognized for their comprehensiveness and excellence. They include: The George Bray Cancer Center; The Wolfson Palliative Care Program; The Joslin Center for Diabetes at The Hospital of Central Connecticut; The Wound Care Center; The Family BirthPlace; Critical Care Services, and The Sleep Disorders Center.

A copy of the Department of Public Health license held by this facility is presented in Attachment C.

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

No change in the services offered at this facility is proposed in this application.

In this proposal, the Applicant is seeking to purchase a Novalis SRS System to augment its current neurosurgical and radiation oncology capabilities at the New Britain General Campus. No new DPH licensure categories are being sought.

- 3. Identify the current population served and who is the target population to be served.**

The Hospital of Central Connecticut currently receives nearly 80% of its volume from the towns of New Britain, Berlin, Newington, Southington and Plainville. The remainder of the patients originates from the secondary service area comprised of the towns of Farmington, Burlington, Bristol, Cromwell, West Hartford, Meriden and Cheshire. With the implementation of the Novalis SRS System, HCC will continue to target patients from the aforementioned towns within HCC's primary and secondary market.

- 4. Identify any unmet need and describe how this project will fulfill that need.**

HCC's proposal to purchase a Novalis SRS System will provide the community of central Connecticut the option of non-invasive treatments of intra and extracranial lesions. The advancement of the software and equipment that comprises the Novalis SRS System allows HCC to treat lesions as small as three millimeters without ever using a scalpel. The growth in patients who today would benefit from the use of the

proposed equipment has increased by 3% per year over the last 6 years according to recent CHIME data.

**5. Are there any similar existing service providers in the proposed geographic area?**

Since HCC is currently a provider in this area, this proposal is not expected to have a significant impact on the patient volumes, financial stability or the quality of care offered by the other providers of service. The closest provider of this service is Saint Francis Hospital and Medical Center who currently operates the CyberKnife. Although the two systems are robotic and both are used to treat tumors, the Novalis SRS System provides greater precision and more flexibility. This is in part due to the adjustability of the field size and the option of stabilizing the patient using a rigid frame or a molded casting. The Novalis SRS System can also operate as a traditional linear accelerator providing additional capacity to HCC's treatment capabilities.

**6. Describe the anticipated effect of this proposal on the health care delivery system in the State of Connecticut.**

This proposal will improve the delivery of health care in central Connecticut by providing a proven method of treating intracranial and extracranial tumors including those found in the prostate, spine, liver and lung. In addition, the proposal will assist in attracting and retaining neurosurgeons trained in the use of SRS. Finally, it affords the community access to proven high-tech care in non-invasive procedure with treatment times averaging fifteen to twenty minutes.

**7. Who will be responsible for providing the service?**

The responsibility for providing services for the new equipment would not be changed by this project. The equipment will be located at The American Savings Foundation Radiology Oncology Treatment Center at HCC's New Britain General Campus.

**8. Who are the current payers of this service and identify any anticipated payer changes when the proposed project becomes operational?**

The payor sources for services rendered utilizing the Novalis SRS System will be the same as they are today, as payer mix is not expected to be impacted by the facility project.

## ATTACHMENT C

### DPH LICENSE

**STATE OF CONNECTICUT**

**Department of Public Health**

**LICENSE**

**License No. 0052**

**General Hospital**

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

The Hospital of Central Connecticut at New Britain General and Bradley Memorial of New Britain, CT, d/b/a The Hospital of Central Connecticut is hereby licensed to maintain and operate a General Hospital.

**The Hospital of Central Connecticut** is located at 160 Grand Street, New Britain, CT 06050

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

32 Bassinets

414 General Hospital beds

This license expires **December 31, 2006** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2005.

License revised to reflect:

Change of facility d/b/a name and change of Licensee name only eff: 10/1/06.

Addition of Satellite eff: 10/1/06 due to merger. Added 84 beds eff: 10/1/06.

**Satellites**

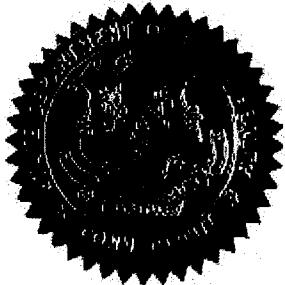
Older Adult Program, 33 Highland Street, New Britain, CT

Hispanic Counseling Center, 24 Whiting Street, New Britain, CT

New Britain General Counseling Center, 504 Grand Street, New Britain, CT

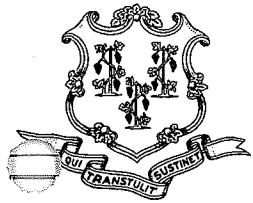
Substance Abuse Services, 33 Highland Street, New Britain, CT

\*The Hospital of Central Connecticut & Bradley Memorial, 81 Meriden Avenue, Southington, CT



*J. Robert Galvin, M.D., M.P.H.*

J. Robert Galvin, M.D., M.P.H.,  
Commissioner



# STATE OF CONNECTICUT

## OFFICE OF HEALTH CARE ACCESS

M. JODI RELL  
GOVERNOR

CRISTINE A. VOGEL  
COMMISSIONER

December 6, 2006

Claudio Capone  
Director of Planning  
The Hospital of Central Connecticut  
100 Grand Street  
New Britain, CT 06050

Re: Letter of Intent; Docket Number: 06-30882  
The Hospital of Central Connecticut  
Purchase the Novalis Stereotactic Radio Surgery System  
Notice of Letter of Intent

Dear Mr. Capone:

On December 4, 2006, the Office of Health Care Access (“OHCA”) received the Letter of Intent (“LOI”) Form of The Hospital of Central Connecticut (“Applicant”) to purchase the Novalis Stereotactic Radio Surgery System, at a total capital expenditure of \$5,800,000.

A notice to the public regarding OHCA’s receipt of a LOI was published in *The Herald* pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes. Enclosed for your information is a copy of the notice to the public.

Sincerely,

Kimberly R. Martone  
Certificate of Need Supervisor

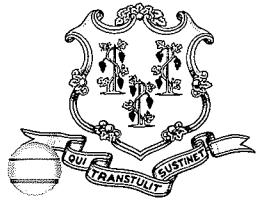
KRM:PF:dpd

*An Equal Opportunity Employer*

410 Capitol Avenue, MS #13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308

Telephone: (860) 418-7001 • Toll free (800) 797-9688

Fax: (860) 418-7053



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

M. JODI RELL  
GOVERNOR

CRISTINE A. VOGEL  
COMMISSIONER

December 6, 2006

Requisition # HCA07-092  
Fax: 860-225-2611

The Herald  
One Herald Square  
New Britain, CT 06050

Gentlemen/Ladies:

Please make an insertion of the attached copy, in a single column space, set solid under legal notices, in the issue of your newspaper by no later than Sunday, December 10, 2006.

Please fax evidence that the legal notice was published by the date requested above to (860) 418-7053. In addition, please send the original legal notice (full tear sheet is required) with the invoice.

If there are any questions regarding this legal notice, please contact Paolo Fiducia at (860) 418-7001.

**KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.**

Sincerely,

Kimberly R. Martone  
Certificate of Need Supervisor

Attachment

KRM:PF:dpd

c: Sandy Salus, OHCA

*An Equal Opportunity Employer*

410 Capitol Avenue, MS #13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308

Telephone: (860) 418-7001 • Toll free (800) 797-9688

Fax: (860) 418-7053

**The Herald**  
**Docket Number 06-30882-LOI**

**Letter of Intent**  
**December 6, 2006**

**PLEASE INSERT THE FOLLOWING:**

Statute References: 19a-638 and 19a-639  
Applicant: The Hospital of Central Connecticut  
Town: New Britain  
Docket Number: 06-30882-LOI  
Proposal: Purchase the Novalis Stereotactic Radio Surgery System  
Total Capital Expenditure: \$5,800,000

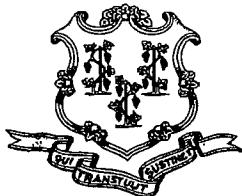
The Applicant may file its Certificate of Need application between February 02, 2007 and April 3, 2007. Interested persons are invited to submit written comments to Cristine A. Vogel, Commissioner Office of Health Care Access, 410 Capitol Avenue, MS13HCA P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available for inspection at OHCA. A copy of the Letter of Intent or a copy of Certificate of Need Application, when filed, may be obtained from OHCA at the standard charge. The Certificate of Need application will be made available for inspection at OHCA, when it is submitted by the Applicant.

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

|                   |              |
|-------------------|--------------|
| TX/RX NO          | 1576         |
| RECIPIENT ADDRESS | 918602252611 |
| DESTINATION ID    |              |
| ST. TIME          | 12/06 16:56  |
| TIME USE          | 00 '45       |
| PAGES SENT        | 2            |
| RESULT            | OK           |



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

M. JODI RELL  
GOVERNOR

CRISTINE A. VOGEL  
COMMISSIONER

December 6, 2006

Requisition # HCA07-092  
Fax: 860-225-2611

The Herald  
One Herald Square  
New Britain, CT 06050

Gentlemen/Ladies:

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If there are any questions regarding this legal notice, please contact Paolo Fiducia at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,



M. JODI RELL  
GOVERNOR

# STATE OF CONNECTICUT

## OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL  
COMMISSIONER

December 6, 2006

Claudio Capone  
Director of Planning  
The Hospital of Central Connecticut  
100 Grand Street  
New Britain, CT 06050

RE: Certificate of Need Application Forms, Docket Number 06-30882-CON  
The Hospital of Central Connecticut  
Purchase the Novalis Stereotactic Radio Surgery System.

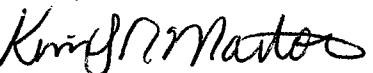
Dear Mr. Capone:

Enclosed are the application forms for The Hospital of Central Connecticut's Certificate of Need ("CON") proposal to purchase the Novalis Stereotactic Radio Surgery System with an associated capital expenditure of \$5,800,000. According to the parameters stated in Sections 19a-638 and 19a-639 of the Connecticut General Statutes the CON application may be filed between February 2, 2007, and April 3, 2007.

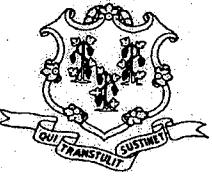
**When submitting your CON Application, please paginate and date each page contained in your submission. In addition, please submit one (1) original and three (3) hard copies; as well as a scanned copy of the complete Application, including all attachments, on CD or Diskette. OHCA requests a copy of the submission be in MS Word format and the scanned copy be in Adobe format. Please submit the Financial Attachment and other data as appropriate in MS Excel format.**

The analyst assigned to the CON application is Paolo Fiducia. Please feel free to contact him at (860) 418-7001, if you have any questions.

Sincerely,

  
Kimberly Martone  
Certificate of Need Supervisor

Enclosures



## State of Connecticut Office of Health Care Access Certificate of Need Application

Please complete all questions. If any question is not relevant to your project, Not Applicable may be an acceptable response. Your Certificate of Need application will be eligible for submission no earlier than February 2, 2007, and may be submitted no later than April 3, 2007. The Analyst assigned to your application is Paolo Fiducia and may be reached at the Office of Health Care Access at (860) 418-7001.

**Docket Number:** 06-30882-CON

**Applicant(s) Name:** The Hospital of Central Connecticut

**Contact Person:** Claudio Capone

**Contact Title:** Director of Planning

**Contact Address:** The Hospital of Central Connecticut  
100 Grand Street  
New Britain, CT 06050

**Project Location:** New Britain

**Project Name:** Purchase the Novalis Stereotactic Radio Surgery System.

**Type proposal:** Section(s) 19a-638 and/or 19a-639, C.G.S.

**Est. Capital Expenditure:** \$5,800,000

## **1. Expansion of Existing or New Service**

What services are currently offered at your facility that the proposed expansion or new service will augment or replace? Please list.

Augment:

Replace:

## **2. State Health Plan**

No questions at this time.

## **3. Applicant's Long Range Plan**

Is this application consistent with your long-range plan?

Yes       No

If "No" is checked, please provide an explanation.

## **4. Clear Public Need**

- A. Explain how it was determined there was a need for the proposal in your service area.
- B. Provide the following information:
  - a) Primary and secondary service area towns
  - b) If existing facility/service, the unit of service (i.e. procedure, scan, visit, etc.) for the past three fiscal years by service area town
  - c) If new facility/service, the population to be served, including the number of individuals to receive the proposed service(s). Include demographic information, as appropriate.
  - d) Scheduling backlogs in service area
  - e) Travel distance from proposed site to service area towns
  - f) Hours of operation of existing/proposed service
- C. Identify the existing providers of the proposed service in your service area.
- D. What will be the effect of your proposal on existing providers (i.e. patient volume, financial stability, quality of care, etc.)?

E. Provide the units of service projected for the first three years of operation of the proposed service. **Include the derivation/calculation.**

F. Provide the information as outlined in the following table concerning the existing providers' in the Applicant PSA & SSA current operations:

**Primary Service Area:**

| Name of Provider | Similar Services Provided? (Y/N) | Affiliated Physicians |
|------------------|----------------------------------|-----------------------|
|                  |                                  |                       |
|                  |                                  |                       |
|                  |                                  |                       |
|                  |                                  |                       |
|                  |                                  |                       |
|                  |                                  |                       |

**Secondary Service Area:**

| Name of Provider | Similar Services Provided? (Y/N) | Affiliated Physicians |
|------------------|----------------------------------|-----------------------|
|                  |                                  |                       |
|                  |                                  |                       |
|                  |                                  |                       |
|                  |                                  |                       |
|                  |                                  |                       |
|                  |                                  |                       |

G. Will your proposal remedy any of the following barriers to access? Please provide an explanation.

Cultural       Transportation  
 Geographic       Economic  
 None of the above       Other (Identify) \_\_\_\_\_

If you checked other than None of the above, please provide an explanation.

H. Provide copies of any of the following plans, studies or reports related to your proposal:

Epidemiological studies       Needs assessments  
 Public information reports       Market share analysis  
 Other (Identify) \_\_\_\_\_

None, *Explain* why no reports, studies or market share analysis was undertaken related to the proposal:

## 5. Quality Measures

A. If the proposal is for a new technology or procedure, have all appropriate agencies approved the proposed procedure (e.g., FDA etc.)?

Yes       No       Not Applicable

If "No", please provide an explanation.

B. Check off all the Standard of Practice Guidelines that will be utilized by the Applicant for the proposed service. Please submit the most recent copy of each report related to the proposal:

|   |  |  |
|---|--|--|
| <input type="checkbox"/> American College of Cardiology                     | <input type="checkbox"/> National Committee for Quality Assurance          | <input type="checkbox"/> Public Health Code & Federal Corollary                            |
| <input type="checkbox"/> National Association of Child Bearing Centers      | <input type="checkbox"/> American College of Obstetricians & Gynecologists | <input type="checkbox"/> American College of Surgeons                                      |
| <input type="checkbox"/> Report of the Inter-Council for Radiation Oncology | <input type="checkbox"/> American College of Radiology                     | <input type="checkbox"/> Substance Abuse Society and Mental Health Services Administration |
| <input type="checkbox"/> Other, Specify:                                    |  |  |

C. Describe in detail how the Applicant plans to meet the each of the guidelines checked off above.

D. Submit a list of **all** key professional and administrative personnel, including the Applicant's Chief Executive Officer (CEO) and Chief Financial Officer (CFO), Medical Director, physicians, nurses, therapists, counselors, etc., related to the proposal and a copy of their Curriculum Vitae.

**Note:** For physicians, please provide a list of hospitals where the physicians have admitting privileges.

E. Provide a copy of the most recent inspection reports and/or certificate for your facility:

|   |  |
|---|--|
| <input type="checkbox"/> DPH                  | <input type="checkbox"/> JCAHO                             |
| <input type="checkbox"/> Fire Marshall Report | <input type="checkbox"/> Other States Health Dept. Reports |
| <input type="checkbox"/> AAAHC                | <input type="checkbox"/> (New Out-of-State Providers)      |
|   | AAAASF   |

Other:

Note: Above referenced acronyms are defined below.<sup>1</sup>

F. Provide copies of any Quarterly Action Reports, Consent Decrees or Statement of Charges against the Hospital (Applicant), Physicians and any staff related to the proposal, for the past five (5) years.

G. Provide a copy of any plan of action which has been formulated to address the above action against the Hospital (Applicant), Physician(s) working at the Hospital and/or any staff related to the proposal.

H. Provide a copy of the following (as applicable):

A copy of the related Quality Assurance plan  
 Protocols for service (new service only)  
 Patient Selection Criteria/Intake form

## 6. Improvements to Productivity and Containment of Costs

In the past year has your facility undertaken any of the following activities to improve productivity and contain costs?

Energy conservation  
 Application of technology (e.g., computer systems, robotics, telecommunication systems, etc.)  
 None of the above  
 Other (identify):

Group purchasing  
 Reengineering

## 7. Miscellaneous

A. Will this proposal result in new (or a change to) your teaching or research responsibilities?

Yes       No

If you checked "Yes," please provide an explanation.

B. Are there any characteristics of your patient/physician mix that makes your proposal unique?

Yes       No

---

<sup>1</sup> DPH – Department of Public Health; JCAHO – Joint Commission on Accreditation of Hospitals Organization; AAAHC – Accreditation Association for Ambulatory Health Care, AAAASF – American Association for Accreditation of Ambulatory Surgery Facilities, Inc.

If you checked "Yes," please provide an explanation.

C. Provide the following licensing information:

- i) If you are currently licensed, provide a copy of the State of Connecticut Department of Public Health license currently held.
- ii) The DPH licensure category you are seeking.
- iii) If not applicable, please explain why.

**8. Financial Information**

A. Type of ownership: (Please check off all that apply)

|   |  |
|---|--|
| <input type="checkbox"/> Corporation (Inc.) | <input type="checkbox"/> Limited Liability Company (LLC) |
| <input type="checkbox"/> Partnership        | <input type="checkbox"/> Professional Corporation (PC)   |
| <input type="checkbox"/> Joint Venture      |  |
| <input type="checkbox"/> Other (Specify):   |  |

B. Provide the following financial information:

- i) Pursuant to Section 19a-644, C.G.S., each hospital licensed by the Department of Public Health is required to file with OHCA copies of the hospital's audited financial statements. If the Applicant is a hospital that has filed its most recently completed fiscal year audited financial statements, the Applicant may reference that filing for this proposal.
- ii) Provide the total current assets balance as of the date of submission of this application.
- iii) Provide a copy of the most recently completed internal monthly financial statements, including utilization volume totals to date. (For new service only)
- iv) Provide the name and units of service for the new cost center to be established for the proposal.
- v) Identify the entity that will be billing for the proposed service.

## 9. Major Cost Components/Total Capital Expenditure

Submit a final version of all capital expenditures/costs as follows:

|   |  |
|---|--|
| Medical Equipment (Purchase)                                |  |
| Major Medical Equipment (Purchase)                          |  |
| Non-Medical Equipment (Purchase)*                           |  |
| Land/Building (Purchase)                                    |  |
| Construction/Renovation                                     |  |
| Other (Non-Construction) Specify:                           |  |
| <b>Total Capital Expenditure</b>                            |  |
| Medical Equipment (Lease (FMV))                             |  |
| Major Medical Equipment (Lease (FMV))                       |  |
| Non-Medical Equipment (Lease (FMV))*                        |  |
| Fair Market Value of Space – (Capital Leases Only)          |  |
| <b>Total Capital Cost</b>                                   |  |
| Capitalized Financing Costs<br>(Informational Purpose Only) |  |
| <b>Total Capital Expenditure with Cap. Fin. Costs</b>       |  |

\* Provide an itemized list of all non-medical equipment.

## 10. Construction Information

- A. Provide a detailed description of the proposed new construction/renovation including the related gross square feet of new construction/renovation.
- B. Provide all schematic drawings related to the project that are available, including existing and proposed floor plans.
- C. Provide the following breakdown of the new construction/renovation costs:

| Item Designations                | New Construction | Renovation | Total Cost |
|----------------------------------|------------------|------------|------------|
| Total Building Work Costs        |                  |            |            |
| Total Site Work Costs            |                  |            |            |
| Total Off-Site Work Costs        |                  |            |            |
| Total Arch. & Eng. Costs         |                  |            |            |
| Total Contingency Costs          |                  |            |            |
| Inflation Adjustment             |                  |            |            |
| Other (Specify)                  |                  |            |            |
| <b>Total Construction/Renov.</b> |                  |            |            |

**Cost**

D. Explain how the proposed new construction or renovations will affect the delivery of patient care.

E. Provide the following information regarding the schedule for new construction/ renovation:

|                                 |  |
|---------------------------------|--|
| Construction Commencement Date  |  |
| Construction Completion Date    |  |
| DPH Licensure Date              |  |
| Commencement of Operations Date |  |

## **11. Capital Equipment Lease/ Purchase**

If the CON involves any capital equipment lease and/or purchase, please answer all of the following that apply:

|  |             |
|--|-------------|
| What is the anticipated residual value at the end of the lease or loan term?           | \$ _____    |
| What is the useful life of the equipment?  | Years _____ |
| Please submit a copy of the vendor quote or invoice as an attachment.                  |             |
| Please submit a schedule of depreciation for the purchased equipment as an attachment. |             |

For multiple items, please attach a separate sheet for each item in the above format.

## **12. Type of Financing**

A. Check type of funding or financing source and identify the following anticipated requirements and terms: (Check all which apply)

Applicant's equity:

Source and amount:

|                    |          |
|--------------------|----------|
| Operating Funds    | \$ _____ |
| Source/Entity Name |          |
| Available Funds    | \$ _____ |
| Contributions      | \$ _____ |

|                     |          |
|---------------------|----------|
| Funded depreciation | \$ _____ |
| Other               | \$ _____ |

Grant:

|                             |       |
|-----------------------------|-------|
| Amount of grant             | _____ |
| Funding institution/ entity | _____ |

Conventional loan or  
 Connecticut Health and Educational Facilities Authority (CHEFA) financing:

|                             |       |
|-----------------------------|-------|
| Current CHEFA debt          | _____ |
| CON Proposed debt financing | _____ |
| Interest rate               | %     |
| Monthly payment             | _____ |
| Term                        | Years |
| Debt service reserve fund   | _____ |

Lease financing or  
CHEFA Easy Lease Financing:

|   |       |
|---|-------|
| Current CHEFA Leases                                  | _____ |
| CON Proposed lease financing                          | _____ |
| Fair market value of leased assets at lease inception | _____ |
| Interest rate   | %     |
| Monthly payment                                       | _____ |
| Term  | Years |

Other financing alternatives:

|                                     |       |
|-------------------------------------|-------|
| Amount                              | _____ |
| Source (e.g., donated assets, etc.) | _____ |

B. Please provide copies of the following, if applicable:

- i. Letter of interest from the lending institution,
- ii. Letter of interest from CHEFA,
- iii. Amortization schedule (if not level amortization payments),
- iv. Lease agreement.

## 13. Revenue, Expense and Volume Projections

### A.1. Payer Mix Projection

Please provide both the current payer mix and the projected payer mix with the CON proposal for the Total Facility based on Net Patient Revenue in the following reporting format:

| Total Facility Description                    | Current Payer Mix | Year 1 Projected Payer Mix | Year 2 Projected Payer Mix | Year 3 Projected Payer Mix |
|---|-------------------|----------------------------|----------------------------|----------------------------|
| Medicare*                                     | %                 | %                          | %                          | %                          |
| Medicaid* (includes other medical assistance) |                   |                            |                            |                            |
| CHAMPUS and TriCare                           |                   |                            |                            |                            |
| <b>Total Government Payers</b>                |                   |                            |                            |                            |
| Commercial Insurers*                          |                   |                            |                            |                            |
| Uninsured                                     |                   |                            |                            |                            |
| Workers Compensation                          |                   |                            |                            |                            |
| <b>Total Non-Government Payers</b>            |                   |                            |                            |                            |
| <b>Payer Mix</b>                              | 100.0%            | 100.0%                     | 100.0%                     | 100.0%                     |

\*Includes managed care activity.

A.2. Please describe the impact of the proposal on the interests of consumers of health care services and the payers of such services.

B. Does the Applicant(s) have Tax Exempt Status?  Yes  No

C. Provide the following for the financial and statistical projections:

- i) A summary of revenue, expense and volume statistics, without the CON project, incremental to the CON project, and with the CON project. **See attached, Financial Attachment I.** Please note that the actual results for the fiscal year reported in the first column must agree with the Applicant's audited financial statements.
- ii) Please complete the enclosed, OHCA's **Financial Attachment II**.
- iii) The assumptions utilized in developing the projections (e.g., FTE's by position, volume statistics, other expenses, revenue and expense %

increases, project commencement of operation date, etc.).

- iv) An explanation for any projected incremental losses from operations contained in the financial projections that result from the implementation and operation of the CON proposal.
- v) Provide a copy of the rate schedule for the proposed service.
- vi) Describe how this proposal is cost effective.
- vii) Provide a copy of any "turn-around" plan which the Applicant/Hospital may have in place concerning the Applicant/Hospital current financial position.

## HOSPITAL AFFIDAVIT

Applicant: \_\_\_\_\_

Project Title: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Name) (Position – CEO or CFO)

of \_\_\_\_\_ being duly sworn, depose and state that the (Hospital Name) information submitted in this Certificate of Need application is accurate and correct to the best of my knowledge. With respect to the financial impact related to this CON application, I hereby affirm that:

1. The proposal will have a capital expenditure in excess of \$15,000,000.

Yes       No

2. The combined total expenses for the proposal's first three years of operation will exceed one percent of the actual operating expenses of the Hospital for the most recently completed fiscal year as filed with the Office of Health Care Access.

Yes       No

---

**Signature**

---

Date

Subscribed and sworn to before me on

## Notary Public/Commissioner of Superior Court

My commission expires:

11.C(ii). Please provide one year of actual results and three years of projections of **Total Facility** revenue, expense and volume statistics without, incremental to and with the CON proposal in the following reporting format:

| <u>Total Facility:</u>                    | <u>FY Actual Results</u> | <u>FY Projected W/out CON</u> | <u>FY Projected With CON</u> | <u>FY Projected W/out CON</u> | <u>FY Projected Incremental</u> | <u>FY Projected With CON</u> | <u>FY Projected W/out CON</u> | <u>FY Projected Incremental</u> | <u>FY Projected With CON</u> |
|---|--------------------------|-------------------------------|------------------------------|-------------------------------|---------------------------------|------------------------------|-------------------------------|---------------------------------|------------------------------|
| <u>Description</u>                        |                          |                               |                              |                               |                                 |                              |                               |                                 |                              |
| Govt. Gross Revenue                       | \$ _____                 | \$ _____                      | \$ _____                     | \$ _____                      | \$ _____                        | \$ _____                     | \$ _____                      | \$ _____                        | \$ _____                     |
| Non-Govt. Gross Revenue                   | \$ _____                 | \$ _____                      | \$ _____                     | \$ _____                      | \$ _____                        | \$ _____                     | \$ _____                      | \$ _____                        | \$ _____                     |
| Total Gross Patient Revenue               |                          |                               |                              |                               |                                 |                              |                               |                                 |                              |
| Less: Uncompensated Care                  | \$ _____                 | \$ _____                      | \$ _____                     | \$ _____                      | \$ _____                        | \$ _____                     | \$ _____                      | \$ _____                        | \$ _____                     |
| Less: Other Deductions                    | \$ _____                 | \$ _____                      | \$ _____                     | \$ _____                      | \$ _____                        | \$ _____                     | \$ _____                      | \$ _____                        | \$ _____                     |
| Total Net Patient Revenue                 |                          |                               |                              |                               |                                 |                              |                               |                                 |                              |
| Plus: Other Operating Revenue             | \$ _____                 | \$ _____                      | \$ _____                     | \$ _____                      | \$ _____                        | \$ _____                     | \$ _____                      | \$ _____                        | \$ _____                     |
| Revenue from Operations                   |                          |                               |                              |                               |                                 |                              |                               |                                 |                              |
| Salaries and Fringe Benefits              | \$ _____                 | \$ _____                      | \$ _____                     | \$ _____                      | \$ _____                        | \$ _____                     | \$ _____                      | \$ _____                        | \$ _____                     |
| Professional Services                     |                          |                               |                              |                               |                                 |                              |                               |                                 |                              |
| Supplies and Drugs                        |                          |                               |                              |                               |                                 |                              |                               |                                 |                              |
| Lease Expense                             |                          |                               |                              |                               |                                 |                              |                               |                                 |                              |
| Depreciation/Amortization                 |                          |                               |                              |                               |                                 |                              |                               |                                 |                              |
| Interest Expense                          |                          |                               |                              |                               |                                 |                              |                               |                                 |                              |
| Other Operating Expense                   |                          |                               |                              |                               |                                 |                              |                               |                                 |                              |
| Total Operating Expense                   | \$ _____                 | \$ _____                      | \$ _____                     | \$ _____                      | \$ _____                        | \$ _____                     | \$ _____                      | \$ _____                        | \$ _____                     |
| Gain/(Loss) from Operations               | \$ _____                 | \$ _____                      | \$ _____                     | \$ _____                      | \$ _____                        | \$ _____                     | \$ _____                      | \$ _____                        | \$ _____                     |
| Plus: Non-Operating Revenue               |                          |                               |                              |                               |                                 |                              |                               |                                 |                              |
| Revenue Over/(Under) Expense              | \$ _____                 | \$ _____                      | \$ _____                     | \$ _____                      | \$ _____                        | \$ _____                     | \$ _____                      | \$ _____                        | \$ _____                     |
| Number of Full Time Equivalent Employees: |                          |                               |                              |                               |                                 |                              |                               |                                 |                              |
| *Volume Statistics:                       |                          |                               |                              |                               |                                 |                              |                               |                                 |                              |

\*Provide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.

| 13.C(ii). Please provide three years of projections of <u>incremental</u> revenue, expense and volume statistics attributable to the proposal in the following reporting format: |                           |                             |            |          |     |     |     |                 |                        |                                     |   |             |   |
|--|---------------------------|-----------------------------|------------|----------|-----|-----|-----|-----------------|------------------------|-------------------------------------|---|-------------|---|
| Type of Service Description  | Type of Unit Description: | # of Months in Operation    | Year 1     | (1)      | (2) | (3) | (4) | (5)             | (6)                    | (7)                                 | (8)                                     | (9)         | (10)  |
| FY Projected Incremental Expenses:   |                           | Total Incremental Expenses: |            |          |     |     |     | Gross Revenue   | Allowances/ Deductions | Charity Care                        | Bad Debt                                | Net Revenue | Operating Expenses                                |
| Total Facility by Payer Category:  |                           |                             |            |          |     |     |     | Col. 2 * Col. 3 |                        | Col. 4 - Col. 5<br>-Col. 6 - Col. 7 | Col. 1 Total *<br>Col. 4 / Col. 4 Total |             | Gain/(Loss)<br>from Operations<br>Col. 8 - Col. 9 |
| Medicare   |                           |                             |            |          |     |     |     | \$0             |                        | \$0                                 | \$0                                     | \$0         | \$0   |
| Medicaid   |                           |                             |            |          |     |     |     | \$0             |                        | \$0                                 | \$0                                     | \$0         | \$0   |
| CHAMPUS/TriCare  |                           |                             |            |          |     |     |     | \$0             |                        | \$0                                 | \$0                                     | \$0         | \$0   |
| <b>Total Governmental</b>  |                           |                             | <b>0</b>   |          |     |     |     | <b>\$0</b>      |                        | <b>\$0</b>                          | <b>\$0</b>                              | <b>\$0</b>  | <b>\$0</b>  |
| Commercial Insurers  |                           |                             |            |          |     |     |     | \$0             |                        | \$0                                 | \$0                                     | \$0         | \$0   |
| Uninsured  |                           |                             |            |          |     |     |     | \$0             |                        | \$0                                 | \$0                                     | \$0         | \$0   |
| <b>Total NonGovernment</b>   |                           |                             | <b>\$0</b> | <b>7</b> |     |     |     | <b>\$0</b>      |                        | <b>\$0</b>                          | <b>\$0</b>                              | <b>\$0</b>  | <b>\$0</b>  |
| <b>Total All Payers</b>  |                           |                             | <b>\$0</b> | <b>7</b> |     |     |     | <b>\$0</b>      |                        | <b>\$0</b>                          | <b>\$0</b>                              | <b>\$0</b>  | <b>\$0</b>  |

| 13.C(x). Please provide three years of projections of <u>incremental</u> revenue, expense and volume statistics attributable to the proposal in the following reporting format: |                 |            |                  |                 |                        |              |                 |                 |                                |
|---|-----------------|------------|------------------|-----------------|------------------------|--------------|-----------------|-----------------|--------------------------------|
| Type of Service Description   | CT Services     |            |                  |                 |                        |              |                 |                 |                                |
| Type of Unit Description:   | CT Scan         |            |                  |                 |                        |              |                 |                 |                                |
| # of Months in Operation  | 3               |            |                  |                 |                        |              |                 |                 |                                |
| Year 1  | (1)             | (2)        | (3)              | (4)             | (5)                    | (6)          | (7)             | (8)             | (9)                            |
| <b>FY Projected Incremental Expenses:</b>   | <b>\$53,513</b> | Rate       | Units            | Gross Revenue   | Allowances/ Deductions | Charity Care | Bad Debt        | Net Revenue     | Operating Expenses             |
| Total Incremental Expenses:   |                 |            |                  | Col. 2 * Col. 3 |                        |              |                 | Col. 4 - Col.5  | Col. 1 Total * Col. 8 - Col. 9 |
| <b>Total Facility by Payer Category:</b>  |                 |            |                  |                 |                        |              |                 | -Col.6 - Col.7  | Col. 4 / Col. 4 Total          |
| Medicare  | \$1,000         | 42         | \$42,000         | \$28,467        | \$0                    | \$0          | \$13,533        | \$17,838        | (\$4,305)                      |
| Medicaid  | \$1,000         | 3          | \$3,000          | \$1,963         | \$0                    | \$0          | \$1,037         | \$1,274         | (\$237)                        |
| CHAMPUS/TriCare   | \$1,000         | 0          | \$0              | \$0             | \$0                    | \$0          | \$0             | \$0             | \$0                            |
| <b>Total Governmental</b>   | <b>\$1,000</b>  | <b>45</b>  | <b>\$45,000</b>  | <b>\$30,430</b> | <b>\$0</b>             | <b>\$0</b>   | <b>\$14,570</b> | <b>\$19,112</b> | <b>(\$4,542)</b>               |
| Commercial Insurers   | \$1,000         | 79         | \$79,000         | \$42,229        | \$2,000                | \$0          | \$34,771        | \$33,552        | \$1,219                        |
| Uninsured   | \$1,000         | 2          | \$2,000          | \$900           | \$1,050                | \$0          | \$50            | \$849           | (\$799)                        |
| <b>Total NonGovernment</b>  | <b>\$1,000</b>  | <b>81</b>  | <b>\$81,000</b>  | <b>\$43,129</b> | <b>\$3,050</b>         | <b>\$0</b>   | <b>\$34,821</b> | <b>\$34,401</b> | <b>\$420</b>                   |
| <b>Total All Payers</b>   | <b>\$1,000</b>  | <b>126</b> | <b>\$126,000</b> | <b>\$73,559</b> | <b>\$3,050</b>         | <b>\$0</b>   | <b>\$49,391</b> | <b>\$53,513</b> | <b>(\$4,122)</b>               |