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CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

July 2, 2004

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

Re: Letter of Intent: Replacement of Electrophysiology Laboratory Equipment

Dear Commissioner Vogel:

St. Vincent's Medical Center is pleased to submit the attached Letter of Intent for the replacement of its Electrophysiology Laboratory Equipment. The current equipment is obsolete and unreliable. The proposed equipment will be state-of-the-art offering major enhancements to image quality and efficiency.

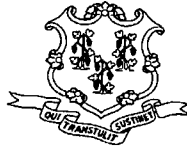
Please forward, to my attention, the Certificate of Need (CON) application questions. I look forward to working with you and the Office of Health Care Access staff throughout the completion of the CON for this important project.

Thank you for your consideration.

Sincerely,

John M. Ahle  
Senior Vice President/Chief Financial Officer

Attachment



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

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CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form 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 there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	St. Vincent's Medical Center	
Doing Business As		
Name of Parent Corporation	St. Vincent's Health Services	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	2800 Main Street Bridgeport, CT 06606	
Applicant type (e.g., profit/non-profit)	Non-Profit	
Contact person, including title or position	John M. Ahle Senior Vice President/Chief Financial Officer	
Contact person's street mailing address	2800 Main Street Bridgeport, CT 06606	
Contact person's phone #, fax # and e-mail address	203-576-5551 (PH) 203-576-5345 (Fax) jahle@svhs-ct.org	

**SECTION II. GENERAL APPLICATION INFORMATION**

a. Proposal/Project Title:

Replacement of Electrophysiology Laboratory Equipment

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.: New (F, S, Fnc)       Replacement       Additional (F, S, Fnc) Expansion (F, S, Fnc)     Relocation       Service Termination Bed Addition       Bed Reduction       Change in  
Ownership/Control Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.: Project expenditure/cost cost greater than \$ 1,000,000 Equipment Acquisition greater than \$ 400,000 New       Replacement       Major Medical Imaging       Linear Accelerator Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

2800 Main Street, Bridgeport, CT

d. List all the municipalities this project is intended to serve:

**Primary market:** Bridgeport, Easton, Fairfield, Milford, Monroe, Shelton & Stratford, and Trumbull**Secondary market:** Darien, New Canaan, Norwalk, Stamford, and Westporte. Estimated starting date for the project: January 2005f. Type of project: 1, 25 (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 (Decrease)	Proposed Total Licensed
N/A				
N/A				

**SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION**

- a. Estimated Total Capital Expenditure: \$1,405,129 (Is mobile lab cost an operating expense or will you capitalize? Cost estimated at \$80K)
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$125,000
Medical Equipment (Purchase)	\$1,220,129
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	\$60,000 (IS)
Sales Tax	
Delivery & Installation	
<b>Total Capital Expenditure</b>	<b>\$1,405,129</b>
Fair Market Value of Leased Equipment	
<b>Total Capital Cost</b>	<b>\$1,405,129</b>

**Major Medical and/or Imaging equipment acquisition:**

Equipment Type	Name	Model	Number of Units	Cost per unit
GE EP System	LC/LP+E P Bi- Plane System	LC/LP+E P Bi- Plane System	1	\$1,220,129

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

A copy of the vendor quote is included in Appendix I.

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

- Applicant's Equity       Lease Financing       Conventional Loan  
 Charitable Contributions       CHEFA Financing       Grant Funding  
 Funded Depreciation       Other (specify): \_\_\_\_\_

#### SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

**See Attachment I**

**If requesting a Waiver of a Certificate of Need, please complete Section V.**

**SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT**

I may be eligible for a waiver from the Certificate of Need process because of the following: (Please check all that apply)

- This request is for Replacement Equipment.
  - The original equipment was authorized by the Commission/OHCA in Docket Number: \_\_\_\_\_.
  - The cost of the equipment is not to exceed \$2,000,000.
  - The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

## 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 Amuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

### Non-Clinical

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

## ATTACHMENT I PROJECT DESCRIPTION

St. Vincent's Medical Center is a 397-bed acute care hospital located in Bridgeport, Connecticut. The hospital offers a full range of medical and surgical services including centers of excellence in cardiovascular disease, cancer prevention, women's services, senior services and behavioral health services. St. Vincent's Medical Center is affiliated with two medical schools, Columbia University College of Physicians and Surgeons and New York Medical College. Cardiac services include cardiac catheterization, angioplasty, coronary artery bypass surgery, electrophysiology and a wide range of educational programs for heart disease prevention and recovery. The Hospital is licensed by the Department of Public Health in the State of Connecticut (see Appendix II for a copy of the DPH license).

The hospital has one electrophysiology (EP) laboratory located on the second floor of the main building. The EP laboratory is used for either device insertions (i.e. pacemakers, AICDs, biventricular pacemakers) or for EP procedures/studies (i.e. ablations, cardioversions and DFTs). EP procedures and studies are performed on patients with heart conduction/rhythm disturbances. The underlying causes of cardiac rhythm disturbances include coronary artery disease, structural heart disease and congenital cardiac structural anomalies. Many of these patients develop chronic heart failure. The procedures and studies are performed by two cardiologists who are in private practice and have privileges at the Hospital. Some device insertions are also performed by cardiac surgeons. The volume of device insertions and EP studies has progressively increased and is anticipated to continue to grow. The target population for this service is patients with conduction/rhythm disturbances who live in either the Hospital's primary or secondary service areas.

The current equipment was installed in 1996 and has become obsolete and unreliable. St. Vincent's Medical Center seeks to replace this equipment with state-of-the-art, high speed and bi-plane digital equipment. The new equipment will provide superior image quality which will reduce procedure time and improve overall quality of patient care. The new equipment will also be compatible with the Hospital's Information System for storage and retrieval of results. Installation of the new equipment will require approximately 12 weeks and the Hospital plans to utilize mobile equipment during the installation time period to ensure uninterrupted services.

St. Vincent's Medical Center and Bridgeport Hospital are the only two hospitals in the service area currently offering device implantations and EP studies. Norwalk Hospital offers only EP studies. Replacement of the current equipment at St. Vincent's Medical Center will have a positive effect on the health care delivery system, since it will improve the quality of care through enhanced imaging, improved throughput which will ultimately increase efficiency. The service will be provided by St. Vincent's Medical Center. Payors for this service include all third party payors.



**APPENDIX I**  
**VENDOR QUOTE**

**FOR INTERNAL GE USE ONLY****"GE Company Proprietary and Confidential"****PRELIMINARY PROPOSAL**

**To:** ST VINCENTS MEDICAL  
CENTER  
2800 MAIN ST  
Bridgeport, CT 06606

**GE Medical Systems**

**From:** Edward Thomas Kilcoyne  
1400 Computer Drive  
Westborough, MA 01581-5088  
(508) 870-5200

M3IC49.M3I01 Thursday, January 08, 2004

<u>Qty</u>	<u>Catalog#</u>	<u>Description</u>	<u>Price</u>
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**GE LC/LP+ EP Biplane System 1-8-04 (Consorta Discounting Reflected)**

**GE LC/LP+ BiPlane EP System**

1	S18001HM	<p>S18001HM LCLP+ Cardiac Cath 9 Inch Biplane System for 60 Hz Countries  <b>Vascular Positioner:</b>            Unique LCLP+ Floor Mounted 3-axis Design            Anatomical and Mechanical Movement for Easy Gantry Positioning            Single Handed, Simultaneous Control of Positioner and Table Movements From the Operator Control</p> <p><b>Advantx System Manager with Advantx VMP 100kW High Frequency Generator:</b>            AutoTrial Scout-free Image Acquisition or Manual Exposure Control            Insite Remote Diagnostics With GE Service Contract            Grid Pulsed Fluoro            HLC Fluoro Capability</p> <p><b>MX-150BG X-Ray Tube:</b>            1.2 and 0.6mm Effective Focal Spots and Pulsed Fluoroscopy            1.95 MHU Heat Capacity</p> <p><b>Two 22cm Image Intensifiers</b>            22cm (9 Inch) HX-spec II With 22cm/9", 17cm/6.7, 11cm/4.5" Fields of View            Removable Grid for High Resolution and Low Dose Pediatric Imaging</p> <p><b>Biplane Contour Filters and Tableside Control System</b></p> <p><b>DLX Digital Image Processing System</b>            Wireless Remote for In-Lab Control.            SmartFluoro II Provides Fluoro Noise Reduction with User Selected Temporal Filtering            Single Plane Dynamic Cardiac Acquisition of 512x512 Images at 30 fps            Standard Disk Storage of 8000 512x512 Images            1024x1024 Image Display Regardless of Acquisition Matrix            High Resolution 36cm Black and White Monitor for Control Room Console            Photo/Roadmap Storage Up to Fifty Images            Stenosis Analysis and Distance Measurement            Manual or Auto Quantification            Catheter or Segment Calibration            Ventricular Analysis            Center Line Wall Motion Analysis Method (Florence Sheehan)            Global Ejection Fraction (Simpson/Dodge)            Auto-contour and Manual Trace Sphere Calibration Provides Accurate Scaling</p> <p><b>DLX Peak Opacified Roadmap</b></p>	
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## DLX Photo Spot

- 1 S18061DG The Omega IV Cardiac Table is a Manually Operated Cardiac Table that Allows Easy Patient Positioning.
- 195 Mechanical Float for Complete Flexibility in Patient Positioning
  - 118 Inches Long; 18 Inches Wide; 43.5 Inches Longitudinal Travel
  - Motorized Variable Height From 30.5 Inches to 42.5 Inches Above Floor
  - Carbon Fiber Tabletop Provides Maximum Rigidity with Low Absorption and Scatter
  - +/-180 Degrees Rotation Allows Fingertip to Fingertip Imaging Without Moving the Patient on the Table Top and Provides Easy Patient Access for Transfer or Emergency Situations
  - 450 Pound Patient Weight Rating with Table Top Full Extended
  -
- 1 C1710JM FLUORO MONITOR CABLE SEL
- 1 C1710JP FLUORO MONITR LAT CBL SEL
- 1 S18341TN Table mounted vertical grip for fast and easy table lock release and panning of the Omega IV Cardiac and Omega V Angio tables. One Table Panning Device comes standard with the system.
- 1 S18351SG S18351SG Smart Handle for Biplane System
- 1 S18351SW S18351SW Additional Smart Box (Biplane)
- Additional Ergonomically Designed Joystick Control of Several L/C-Arm Positioner and Table Movements, Including:
- 195 Table Panning Handle. An Ergonomic Handle with Mild Form Fitting Curvature Designed for Fast and Easy Table Lock Release and Panning of the Omega IV Table in Longitudinal and Horizontal Directions.
  - C-Arm and Pivot Movements: Cranial/Caudal, Axial or LAO/RAO, and Off-Angle Rotations of the C-arm. L-arm or Pivot Movements. Simultaneous C-Arm and Pivot Movements.
  - Image Intensifier Up/Down Movements
  - Table Movement: Vertical as well as Longitudinal Movement Control. Also, Table Pivot +/-180 Degrees.
  - Anatomical and Mechanical Movement for Easy Gantry Positioning Regardless of the L-arm Position
  - Frontal/Lateral Plane Selection for C-arm, Pivot and Image Intensifier Movements
  - Optional: May be Combined with the Smart Handle or Another Smart Box for a Dual Set of Controls
  -
- 2 S18411PD Normal; S18411PD 17 Inch Flicker Free High Bright Control Room Monitor
- 17 Inch Flicker Free High Bright Control Room Monitor for Innova with or Without Pedestal.

**All Components Required for Viewing of High Quality Flicker Free Images. The Kit Includes:**  
**17 Inch High Line Rate High Brightness Progressive Display Control Room Monitor,**  
**Upscanner,**  
**All Required Cabling and EMC Compliance Kit**

- 1 S18411TA DLX Menu selections using a Trackball instead of a computer mouse.  
 - Includes trackball device

4-LCD Monitors on 6-LCD Monitor Suspension

- 1 S18381EX (4) 18" LCD Monitors for use in an Exam Room Monitor Suspension
- 1 S18461FM Normal; Two 18" (46 cm) LCD Monochrome Control Room Monitors.  
 ● fi-195 All Required Cabling  
 ●
- 1 S18391BG 6 monitor boom for use with LCD Monitors
- 1 S18551PD Pre-Installation Kit

X-ray Training

- 1 W0100RA
- One 4 day onsite visit to coincide with system start-up
  - One 2 day onsite follow-up visit 4-8 weeks post system start-up

Recommended Training Package

During the first visit, the applications specialist will work with the medical and technical staff on basic, intermediate and advanced system operation and patient procedures. The training produces the best results when a dedicated core group of 3-5 technologists complete the session with a modified patient schedule. It is suggested that key physicians are available to participate in the advanced acquisition and software post-processing of the images.

The 2 day revisit is suggested after the staff has run the system for at least 4 weeks, however this is flexible based on the site needs. The training will focus on the intermediate and advanced functions of the system or special needs of the clinical site. The training produces the best results when the same dedicated core group of 3-5 technologists from the initial visit complete the session with a modified patient schedule.

Radiation Shield (Ceiling & Table Mounted)

- 1 E3051AF **Features/Benefits**
- Provides radiation protection for medical personnel
  - Allows visual contact from practitioner to patient
  - Ceiling mount allows 360 degree rotation
- Specifications**
- 76 x 61 cm. center mounted barrier
  - Dual device ceiling mount
  - Easy-Glide™ Ceiling Track System (98.5 in.)
  - AADCO part #S-596/S-260
- Compatibility**
- Designed for Angiography and Radiology Environments

1 E3051AA

**Features/Benefits**

- Provides radiation protection for medical personnel
- Dual locking handles for better mounting adjustment
- Provides a side wing of up to 32 in. wide

**Specifications**

- 32 in. wide x 28 in. below the attachment arm
- Removable 24 in. wide top, 9 in. high
- AADCO part #S-404

**Compatibility**

- Designed for Angiography and Radiology Environments

**TOTAL NET EQUIPMENT SELLING PRICE****\$1,198,778.64****EQUIPMENT OPTIONS**

1 S18411WF

**S18411WF DLX High Speed DICOM Link High Speed Combo Gateway Provides Both Cardiac DICOM ATM (150 Mbps) Output and Angio DICOM Fast Ethernet (100 Mbps) Output for Acquisitions From the DLX Digital System. Provides Fast Transfer of Cardiac and 3D Angio Imaging Studies to the GEMnet and AW Systems. Includes DGW Cables for DLX3.**

**\$21,350.00****PRICING PROPOSAL**

General Electric Company is pleased to submit this Pricing Proposal for budgetary purposes only. This Pricing Proposal will be valid until March 08, 2004, unless otherwise indicated herein. If you would like to place an order for the equipment listed herein, your GE Sales Representative will arrange for the preparation and submission to you of a formal GE Quotation, including applicable GE Terms and Conditions, Warranties, and Payment Terms, for your consideration. Only a formal GE Quotation may be used to create a binding order for this equipment. Upon request, your GE Sales Representative can also provide you with information concerning GE training, lease/finance and service agreement options.

**APPENDIX II**  
**DPH LICENSE**

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0057

General Hospital

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

St. Vincent's Medical Center of Bridgeport, CT, d/b/a St. Vincent's Medical Center is hereby licensed to maintain and operate a General Hospital.

**St. Vincent's Medical Center** is located at 2800 Main Street, Bridgeport, CT 06606

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

47 Bassinets

397 General Hospital beds

This license expires **September 30, 2005** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2003. RENEWAL.

Satellites

St. Vincent's Immediate Health Care, 4490 Main Street, Bridgeport, CT

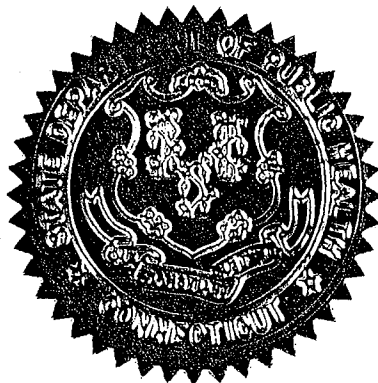
St. Vincent's Immediate Health Care, 1055 Post Road, Fairfield, CT

St. Vincent's Immediate Health Care, 15 Armstrong Road, Shelton, CT

St. Vincent's Medical Center, Neighborhood at St. Joseph's Center, 43 Madison Avenue, Bridgeport, CT

Family Health Center, 760-762 Lindley Street, Bridgeport, CT

Saint Joseph Family Life Center, 587 Elm Street, Stamford, CT



A handwritten signature in black ink, appearing to read "Norma Gyle".

Norma Gyle, R.N., Ph.D., Acting  
Commissioner