YALE-NEW HAVEN HOSPITAL

January 4, 2008

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

Re: **Waiver for the Replacement of a Single-Plane Angiography Laboratory, Waiver for the Replacement of a Bi-Plane Neuroangiography Laboratory and Letter of Intent for a the Purchase of Single-Plane Angiography Laboratory**

Dear Commissioner Vogel:

Please find attached two Waivers and one Letter of Intent with regard to the above-captioned laboratories. One Single-Plane Angiography Laboratory was approved by OHCA under DN 79-502, and the Bi-Plane Neuroangiography Laboratory was approved under DN 96-518 a/k/a 95-175. The second Single-Plane Angiography Laboratory, for which a Letter of Intent (LOI) is being submitted, was originally approved for purchase by the (then) Commission on Hospitals and Health Care as a capital budget item in Yale-New Haven's FY 1977 budget authorization, which predated the Certificate of Need (CON) process. Although approved, given that the laboratory was not approved officially under CON, it does not meet waiver requirements and therefore, a LOI is being submitted.

Yale-New Haven Hospital is planning to replace the three above-mentioned Interventional labs, two general angiography and one neuroangiography, with three new labs in a two-phased approach. The first phase includes removal of two very old Interventional labs and installation of one neuroangiography lab and one general angiography lab, which will provide continuity of care for neuroangiography applications with virtually no interruption of services to the Hospital's patients. The second phase will replace the current old neuroangiography lab with a second general angiography lab. The final result will provide two new general angiography labs and one new neuroangiography lab, consistent with our current configuration.

The cost of all three projects is $9,854,809, broken out as follows:

Waiver for Single-Plane Angiography Laboratory	$2,923,729
Waiver for Bi-Plane Neuroangiography Laboratory	$4,007,351
LOI for Single-Plane Angiography Laboratory	$2,923,729

Please forward any correspondence to:
Jean Ahn, System Director
Yale-New Haven Hospital
20 York Street
New Haven, CT 06504

Thank you for your consideration.

Sincerely,

Norman G. Roth
Senior Vice President
Administration

cc: Bill Aseltyne, Esq.
Denise Fiore
Cheryl Granucci

20 York Street
New Haven, CT 06510-3202

State of Connecticut
Office of Health Care Access
CON Waiver of Replacement Equipment Request Form
Form 2040

All Applicants involved with the proposal must be listed for identification purposes. Complete Form 2040 and submit the completed 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 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	Yale-New Haven Hospital	
Doing Business As	Yale-New Haven Hospital	
Name of Parent Corporation	YNH Network Corporation	
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	20 York Street New Haven, Ct 06504	
What is the Applicant's Status: **P** for Profit or **NP** for Nonprofit	NP	
Does the Applicant have Tax Exempt Status?	Yes X No	Yes No
Contact Person, including Title/ Position: This Individual will be the Applicant's Designee to receive all correspondence in this matter.	Jean Ahn System Director	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	Yale-New Haven Hospital 20 York Street New Haven, CT 06504	
Contact Person's Telephone Number	(203) 688-2609	
Contact Person's Fax Number	(203) 688-5013	
Contact Person's e-mail Address	Jean.Ahn@ynhh.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Replacement of an Existing Angiography Suite with a New Single Plane Suite.

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

Yale-New Haven Hospital, 20 York Street, New Haven, CT 06504

c. List each town this project is intended to serve:

Please see response to Question 3 in Project Description

d. Estimated starting date for the project: **Upon OHCA approval.**

SECTION III. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

a. This proposal may be eligible for a waiver of replacement equipment from the Certificate of Need process because of the following:

Please check each criterion that applies.

☒ The original equipment was authorized by the Commission/OHCA in Docket Number: **79-502**

Provide a copy of the Certificate of Need authorization approving the original equipment.

Please see Appendix 1.

☒ The cost of the equipment is not to exceed $3,000,000.

Note: Each criterion above must be met (checked off) for the proposal to qualify for waiver of replacement equipment from the Certificate of Need process.

b. Existing and the Proposed Major Medical and/or Imaging Equipment:

Equipment Type	Name/ Model	Existing/ Proposed	Date of Acquisition	Cost per unit	Description (i.e. tesla, # of slices, etc.)
Angiographic Interventional Suite	GE LUA Advantx Angiographic System	Existing	Acquired in 1982 Upgraded in 1990	$380,000 $224,150	Single plane angiographic system

Digital Flat Detector Angiographic Interventional Suite	GE Innova 4100 IQ	Proposed		$1,484,027	Interventional vascular angiographic system with 41cm Digital Flat Detector

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

The vendor's quote is attached as Appendix 2.

SECTION IV. ESTIMATED CAPITAL EXPENDITURE INFORMATION

a. Estimated Total Project Cost: **$2,923,729**

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

Medical Equipment Purchases	$139,702
Major Medical Equipment Purchases (patient monitoring)	$1,484,027
Non-Medical Equipment Purchases*	
Land/Building/Asset Purchases	
Construction/Renovation	$1,300,000
Other (Non-Construction) Specify:_____	
Total Capital Expenditure	**$2,923,729**
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	
Total Capital Cost	**$2,923,729**
Total Project Cost	**$2,923,729**
Capitalized Financing Costs (For Informational Purpose Only)	

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

c. Check each applicable financing method or funding source to be used for the proposal:

☒	Applicant's Equity	☐	Capital Lease	☐	Conventional Loan
☐	Charitable Contributions	☐	Operating Lease	☐	CHEFA Financing
☒	Funded Depreciation	☐	Grant Funding	☐	Other (specify):

SECTION V. 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, examinations or procedures that are currently provided by the existing piece of equipment?

2. List the types of services, examinations or procedures that will be provided by the proposed replacement equipment.

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

4. Explain the reasons why the existing equipment needs to be replaced.

5. Identify the benefits of replacing the existing equipment with the proposed replacement equipment?

SECTION IV. PROJECT DESCRIPTION

1. List the types of services, examinations or procedures that are currently provided by the existing piece of equipment.

Central venous access device placements, limited (arterial and venous) angiography as well as non-vascular procedures such as fluoroscopic- and ultrasound-guided biopsies, aspirations and fluid and/or abscess drainages are conducted on this equipment. Given equipment age and limitations, the procedures currently performed on this equipment are limited to those requiring basic digital imaging without the need for high resolution or reconstruction post processing.

2. List the types of services, examinations or procedures that will be provided by the proposed replacement equipment.

In addition to the above procedures, the proposed replacement equipment, given significantly enhanced imaging and resolution, will be capable of providing high resolution digital images for the diagnosis and treatment of peripheral vascular disease; image guidance for complex procedures for the treatment of cancer including radiofrequency tumor ablation, intra-arterial embolization using chemotherapy and direct primary therapy such as alcohol injection to ablate tumors; and more specialized and complex interventions such as dilatation of strictures (narrowings) in the urinary (kidney) or biliary (liver) system and the creation of shunts.

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

The current population served and the target population to be served include all residents of Ansonia, Bethany, Branford, Cheshire, Clinton, Deep River, Derby, East Haven, Essex, Guilford, Hamden, Killingworth, Madison, Meriden, Milford, New Haven, North Branford, North Haven, Old Saybrook, Orange, Oxford, Seymour, Wallingford, Westbrook, West Haven and Woodbridge.

4. Explain the reasons why the existing equipment needs to be replaced.

Several reasons why the existing equipment needs to be replaced are outlined below, including equipment age, capability, and radiation exposure:

- Although the existing equipment was considered "state of the art" at the time of its installation, given its age, the equipment has become more prone to breakdown, and replacement parts have become increasingly difficult to locate, resulting in longer and more frequent downtime, which subsequently impacts the ability to provide timely patient care.
- Key capabilities and tools are provided with the replacement equipment that are unavailable with the current outdated equipment, including significantly enhanced imaging and resolution, and integrated rapid network capabilities. For example, digital rotational angiography and 3-D reconstruction

capabilities, which have become integral to the performance of several endovascular therapeutic interventions such as aortic stent grafts and carotid stents as well as many non-vascular interventions, provide very high resolution capability not available on the existing equipment. Newer equipment also provides tools to conduct procedures using small catheters for selective catheterization in vessels as small as 2mm that were unavailable at the time the current equipment was purchased/installed. In addition, the replacement equipment offers integrated network capabilities that permit physicians to have access to high quality images on other systems for their use in patient treatment planning during a procedure and for more efficient workflows and digital worklists.

- The newer imaging technology available on the replacement equipment includes radiation dose reduction software and dose recording not available on the current equipment. Patient radiation exposure is significantly reduced while image quality and resolution are greatly increased over the existing equipment's capabilities. In addition, streamlined and accurate dose recording is available with the replacement equipment, a feature particularly important for patients, including children, requiring repeat procedures.

5. Identify the benefits of replacing the existing equipment with the proposed replacement equipment?

Replacement of the existing outdated equipment with the proposed equipment will provide several significant benefits:

- Patients will benefit by having access to the latest technology that is available;
- The significantly enhanced image quality and resolution capability will permit performance of critical complex interventions that currently cannot be performed on the existing equipment due to age and limitations. For example, 3D rotational angiography reconstructs vessels in a volumetric view without displaying surrounding soft tissue, which enables a clearer image;
- The integrated rapid network capabilities offered by the replacement equipment will permit quicker, effective interfacing with needed systems such as PACS for patient treatment planning and efficient workflow;
- The replacement equipment's radiation dose reduction software and dose recording will lower patient and staff radiation exposure and keep track of the radiation dosage patients receive throughout their treatments.

Providing safe, high quality interventional services is essential to supporting YNHH's goals of continuously improving patient safety and clinical quality. The enhanced capabilities, resolution and imaging quality offered by the replacement equipment and the benefits to patients provided by automated radiation dose reduction and recording will assist the Hospital in further meeting its patient safety goals and providing enhanced quality patient care.

SECTION VI. AFFIDAVIT

To be completed by each Applicant

Applicant: **Yale-New Haven Hospital**

Project Title: **Replacement of an Existing Angiography Suite with a New Single Plane Suite.**

I, **James Staten, Chief Financial Officer,** of **Yale-New Haven Hospital**, being duly sworn, depose and state that the information provided in this CON Waiver Form (2040) is true and accurate to the best of my knowledge, and that **Yale-New Haven Hospital** complies with the 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.

James Staten
Signature

1/4/08
Date

Subscribed and sworn to before me on 1/4/08

Patricia C. Fiorentino
Notary Public/Commissioner of Superior Court

My commission expires: Patricia C. Fiorentino
NOTARY PUBLIC
MY COMMISSION EXPIRES DEC. 31, 2009

APPENDIX 1

CON AUTHORIZATION DN 79-502

STATE OF CONNECTICUT
COMMISSION ON HOSPITALS & HEALTH CARE
340 Capitol Avenue
Hartford, Connecticut 06115

ELLA T. GRASSO
GOVERNOR

CERTIFIED MAIL - #450856

March 14, 1979

In the Matter of an Application Pursuant to Sec. 19-73m G.S. by Yale-New Haven Hospital

Notice of Final Decision
Commission on Hospitals and Health Care
Docket Number 79-502

TO: Ms. Maura Loughlin
Assistant Administrator
Yale-New Haven Hospital
789 Howard Avenue
New Haven, Ct. 06504

This will serve as notice of the final decision of the Commission on Hospitals and Health Care in the above matter, as provided by Sec. 19-73 m G.S. At its meeting on March 13, 1979, the Commission adopted the proposed finding and order of the hearing panel as the finding and order of the Commission on Hospitals and Health Care. A copy of the panel's proposed finding and order as adopted by the Commission on Hospitals and Health Care is attached hereto for your information. The attached copy shall be amended to read as follows: line 1, p. 16 shall read "In addition the panel directs the hospital to conduct an experiment."

By order of the
Commission on Hospitals and Health Care

Darius J. Spain, as
Chairman

cc: Bureau of Health Planning
HSA II - CERTIFIED MAIL #450857

Attachment

STATE OF CONNECTICUT
COMMISSION ON HOSPITALS & HEALTH CARE
340 Capitol Avenue
Hartford, Connecticut 06115

ELLA T. GRASSO
GOVERNOR

Panel Report
Yale-New Haven Hospital

Proposal to purchase diagnostic radiology, clinical laboratory, and other movable equipment at a capital cost of $9,217,135 Under Section 19-73 m, Connecticut General Statutes

Docket No:	79-502
Hearing Date:	Thursday, February 22, 1979 Friday, February 23, 1979
Date of Application:	November 22, 1978
Information Completed:	December 22, 1978
Default Date:	March 22, 1979
Hearing Panel:	Commissioner Joseph C. Mike, Chairman Commissioner Darius J. Spain Commissioner Jeffrey Daniels Commissioner E. Cortright Phillips
Staff:	Joseph S. Lubiner Walter Brown Ellen Jodaitis
Other Parties:	Michael Davey, Representing the Health Systems Agency of South Central Connecticut
Stenographer:	Margaret Palanza, Capitol Reporters

Profile:

Yale-New Haven Hospital is a voluntary general acute care hospital located in New Haven, Connecticut. Currently licensed for 983 beds and bassinets, it is part of the Yale-New Haven Medical Center, Inc., which is composed of the Yale School of Nursing, the Yale School of Medicine and the Hospital. In addition to serving as the primary teaching hospital of the Yale School of Medicine, it also provides community hospital services to the residents of the Greater New Haven area. Yale-New Haven Hospital's mission includes patient care, community service, teaching and clinical research.

Proposal:

The construction project for YNHH recently approved by the Commission (Docket # 78-531) contains a consolidated diagnostic radiology department in the new building consisting of 35 rooms. Three additional rooms will be located in the emergency room, for a total of 38 rooms. The clinical laboratory will be expanded, in the New Haven Unit. This application proposed the purchase of several units of diagnostic radiology and clinical laboratory equipment, and other movable equipment related to the building program.

The items of equipment proposed include:

1.	Scintillation (gamma) camera replacement	$125,000
2.	Routine Radiographic x-ray unit replacement	$100,000
3.	Routine Radiographic Tomography x-ray replacement	$250,000
4.	Routine Radiographic x-ray unit replacement	$100,000
5.	Radiographic/Fluoroscopic x-ray unit replacement	$230,000
6.	Special Radiographic x-ray unit replacement	$380,000
7.	Routine Radiographic x-ray unit replacement	100,000
8.	Routine and Skull Radiographic unit replacement	$105,000
9.	Adult Cardiovascular Suite replacement	$425,000
10.	Automatic Report System new	$500,000
11.	Reading Stations-x-ray equipment new	$100,000
12.	Multi-Channel Clinical Chemistry Analyzer, new	$142,000
13.	Gas Chromatograph-Mass-Spectrometer, new	$120,000
14.	Routine Radiographic Chest Unit replacement	$98,000
15.	Various diagnostic radiology and clinical laboratory units	$160,000

16. Movable equipment related to building program*	$3,156,775
Equipment total	$6,191,205
Escalation	$779,000
Owner's Contingency	$229,320
Financing	2,017,610
TOTAL	$9,217,135

*Specified in Appendix A

1. The application submitted by YNHH in January of 1978 (Docket # 78-531) contained requests for $7,575,000 of movable equipment. Three categories of equipment were included in this application

1. Diagnostic radiology (including $46,000 in moving costs)	$3,662,000
2. Clinical Laboritories	750,000
3. Other Movable Equipment	3,163,000
	$7,575,000

The findings of the panel reviewing this application follow:

> In addition to construction and renovation, the panel is concerned about the proposal for purchase of equipment for the hospital. The equipment the hospital proposes to acquire includes 44 pieces of diagnostic radiology and clinical laboratory equipment totalling $4,412,000 and "other equipment" at a cost of $3,163,000. The justification for "other equipment" was provided by calculating a generally assumed percentage of the construction costs. In addition, a survey (completed in a two-week period) was made by a consulting firm which produced an estimate similar to the applicant's. However, information was lacking which would establish how much present equipment could be salvaged and how much needs to be replaced.
>
> Of the 44 pieces of equipment designated to be replaced, there are several that are fully depreciated and appear to warrant replacement. The need for the full scope of equipment proposed has not, however, been fully justified. The panel is not convinced of the need to replace four ultrasound units and four Gamma Cameras. Questions also remain concerning the total equipment necessary to meet present utilization. Potential savings in personnel related to laborabory equipment purchases were estimated but not assured, thus these savings were not included in the hospital's total proposed reduction of FTE's. In addition, the panel does not consider it appropriate that the hospital include as part of this application equipment that does not directly relate to the building project and necessary structural considerations.

The applicant proposed the purchase of the equipment based on the following:

1. Appendix B summarizes the status of the equipment requested in the January, 1978 application. Some items were approved during the 1978-79 capital budget review, one was approved in a separate certificate of need application, some will be applied for in the future; the remainder are contained in the present application. Those items reserved for future application are items which were not approved by the Health Systems Agency of South Central Connecticut in its review of the January, 1978 application.

2. The Department of Diagnostic Radiology currently has 42 rooms of diagnostic radiology equipment located in the Memorial and New Haven Units. Once the construction and renovation project is completed there will be 38 rooms of diagnostic radiology equipment in the consolidated hospital. Three rooms will be located in the Emergency Room, 35 in the consolidated department on the second floor of the new facility. Appendix C summarizes the status of the rooms in relation to the consolidated department, the current application, and future applications.

3. Of the rooms to be discarded, two contain radiographic/fluoroscopic x-ray units, one contains a fluoroscopic/angiographic unit, and one contains a routine radiographic unit.

4. A consulting firm, the A.F. Naylor Co., has reviewed the requirements for radiology systems at YNHH over the past several years. Beginning in 1975, the company has issued a series of reports based on the results of its studies.

   Report 504-1, September 18, 1975, was undertaken to assess the present and projected radiologic workload and a proposed equipment replacement plan.

   Report 504-2, October 23, 1975, was undertaken to assess past and present activities in Nuclear Medicine, to project future caseload and utilization requirements, and to make recommendations regarding equipment and space requirements.

   Report 504-3, January 9, 1978, updated the data contained in 504-1 and reviewed the requirements for radiology systems contained in that report. Projections from the revised data base were made for FY 1981 and FY 1984. This report was undertaken in anticipation of the major construction and renovation project and equipment systems (rooms of equipment) projections were made for two possible plans for the configuration of a new department of radiology serving both the New Haven and Memorial Units: one analysis provided for a unified department, a second provided for a main inpatient department and a second satellite department to perform outpatient procedures.

   Report 504-4, November 16, 1978, reviewed the patient and examination distribution for Nuclear Medicine procedures, projected the number of procedures expected in 1981 and 1984, analyzed utilization factors, and from this information determines the number of imaging systems needed.

5. The Naylor Report 504-3 states that YNHH will require 36 rooms of x-ray equipment in a combined department and 37 rooms in a split department in 1981. There is a separate need in either case for three x-ray procedure rooms in the emergency room. The type of rooms required are listed below:

1981 X-Ray Room Requirements

	Combined Department	Separate Department	
		Inpatient	Outpatient
Radiographic-Fluoroscopic	7	7	0
Routine	10	7	4
Special	5	4	1
Ultrasound	6	6	0
Computed Tomography	2	2	0
Nuclear Medicine	6	6	0
	36	32	5

The Naylor Report 504-4 establishes current utilization of Nuclear Medicine equipment as 5.58 rooms. Both reports assume a 90% utilization rate to account for such factors as peak period utilization and "downtime" for repairs.

6. The application contains requests for six items of routine radiographic equipment. The items listed below are identified in the squares under routine radiography in Appendix C:

   a. Tab 2-Routine Radiographic X-ray unit $100,000

   b. Tab 3-Routine Radiographic Tomography X-ray Unit $250,000

   c. Tab 4-Routine Radiographic X-ray unit $100,000

   d. Tab 7-Routine Radiographic X-ray unit $100,000

   e. Tab 8-Routine Radiographic Skull unit $105,000

   f. Tab 14-Routine Radiographic Chest unit $ 98,000

   All of these requests are replacement items.

7. The items to be replaced are described below:

   a. The proposed equipment will replace a 14 year old unit, six years beyond its useful life, badly worn out and unreliable. The current equipment will be discarded for salvage.

   b. Proposed equipment will replace a 20 year old unit which is electro-mechanically undependable and produces low quality results. Because of its age, replacement parts are not available and frequent delays in repairs are experienced. Current equipment will be discarded for salvage.

   c. Proposed equipment will replace an 11 year old unit which is electro-mechanically undependable and produces low quality results. Because of age, replacement parts are not available; frequent breakdowns and lengthy delays in repairs are experienced. The current equipment will be discarded for salvage.

d. Proposed equipment will replace a 10 year old unit in the emergency department which has been in constant use 24 hours a day, seven days a week. The present unit is badly worn out, frequently out of order for expensive repairs, and no longer produces dependable quality images; it will be sold for salvage.

e. Proposed equipment will replace an 11 year old unit which is completely worn out. This unit is the only skull unit in the Memorial Unit and performs the major amount of routine diagnostic work. The current unit will be discarded for salvage.

f. Proposed equipment will replace a 14 year old unit which is badly deteriorated and is marginal as to patient safety. Frequent breakdowns and lengthy delays in repairs are experienced. The current unit will be discarded for salvage.

8. Thirteen routine radiographic rooms are currently in use at YNHH. The Naylor Co. recommended that 13 be retained in the consolidated facility. The hospital has determined that only 12 will be needed. The equipment described above will be used in six of the rooms, the other six will be retained. (See Appendix C and #5 above).

9. Another item to be replaced is a radiographic/fluoroscopic x-ray unit which is 11 years old. (Tab 5 of the application-See Appendix C under Rad./Fluoro.). The present unit is badly worn out, electomechanically undependable and produces images of poor quality. This unit will be discarded for salvage and replaced by a new radiographic/fluoroscopic x-ray unit at a cost of $230,000. This unit is one of the seven rooms recommended by the A.F. Naylor, Co. in Report 504-3. Six other radiographic/fluoroscopic x-ray rooms will be retained for use in the new facility, and three existing rooms will be discarded. (See appendix C and #5 above).

10. Requests are also included to replace three special radiographic items (identified under Special Rad., Appendix C).

Tab 6--Special radiographic x-ray unit	$380,000
Tab 9--Adult Cardiovascular Suite	$425,000
Tab 15--Mammography x-ray unit	$40,000

11. The special radiographic x-ray unit will replace an eight year old special angiographic and radiographic x-ray unit which is badly worn out, is frequently out of order, and is marginal in quality of images and patient and operator safety. The current unit will be retained for parts. This unit is used for examinations on four to five patients each day and is one of five special radiography rooms recommended by the A.F. Naylor Co. in Report 504-3.

12. The adult cardiovascular suite will replace an 11 year old cardiovascular x-ray unit which is outdated in terms of content and quality of the angiographic information available. Due to its age, it is frequently down for repairs and is marginal in electrical and radiation safety to patients and operators. The unit is the only one used for adult cardiovascular procedures and performs two to three examinations per day.

13. The Mammography x-ray unit is one of four items listed at under $50,000. These include three automatic film processor x-omats at a total cost of $36,000 and the Mammography unit at $40,000.

14. One item in Nuclear Medicine is requested--the replacement for a scintillation (Gamma) camera at a cost of $125,000. The equipment to be replaced is an eight year old gamma camera which, due to its age, technology and condition, produces an image which is unacceptable for ordinary diagnostic purposes. The item to be replaced is used almost exclusively for brain scans.

15. The Naylor Report 504-4 estimates a requirement of 5.58 rooms required to perform Nuclear Medicine procedures at YNHH. There are currently six Nuclear Medicine Cameras at YNHH. Replacement of three of these items were requested in the original January application. The hospital also proposed the purchase of one gamma camera, then on loan to the hospital, to be used for cardiac procedures. This item was recently approved by the Commission in a separate application, Docket # 78-528.

    Three are scheduled to be replaced by 1981; one is included in this application, two will be submitted at a later date.

16. The cardiac camera recently approved is specifically designated to be used for cardiac procedures which will utilize the capacity of one room. The remaining need for Nuclear Medicine equipment is 4.64 rooms.

17. Although Nuclear Medicine procedures have declined in the past few years, the complexity of a typical eximination has increased. In addition, the consultant company has stated that it does not believe that the decline is an indicator of a long range trend.

18. The department of Diagnostic Radiology is also requesting two new equipment items:

Tab 10 Automatic Report System	$500,000
Tab 11 Reading Station-X-ray Equipment	$100,000

19. The automatic report system is a system of programmed typewriters which will print out formal reports. These reports provide the physician requesting the examinations with an immediate response to his or her request. Ten terminals will be provided. Each terminal is programmed to provide an indeterminant combination of phrases to complete a report being requested. The automatic typewriters print up the information in response to the key punched selecting the appropriate information. This system can print out approximately 700 reports per day covering all areas of diagnostic radiology.

20. The automatic report system will replace 80% of the existing typing pool (6 FTEs). A reduction of six secretary/transcribers was included in the construction and renovation proposal recently approved by the Commission. The total salary expense reduction was stated as $76,300 per year.

21. Currently the formal report is available approximately 48 hours after the examination. This delay potentially lengthens patient stay and treatment in the hospital. Consultation by phone does take place on a regular basis and reports that are needed sooner than the 48 hour period normally required are processed more quickly.

22. Testimony was given that other institutions using these systems have reduced the number of FTE's necessary by 80%. No documentation was available at the hearing to substantiate this information. A late file, following telephone contact with Johns Hopkins Hospital, provided the information that following more than one year experience with an automatic report system reductions of 75% of transcribing secretaries has been made and appears to be permanent.

23. No information was available documenting expected reductions in length of stay due to the automatic report system.

24. The reading stations request includes 20 reading stations at a cost of $5,000 each. Each station will include viewboxes and special film holding frames for the films. These stations will be arranged on a ward basis in a ball-room type viewing area adjacent to the file area. Each patient when examined will have old and new images mounted for immediate and follow-up viewing by the patient's physician and the radiologist. The films will be stored in the station and can be taken out and viewed as necessary.

    At present films are stored in the file room. In order to view a film, the physician must request the films of a particular patient, search through multiple films and mount films on viewboxes for viewing and consultation with the radiologist. This system is time consuming and films are frequently lost.

25. The three diagnostic radiology rooms in the emergency department are operated 24 hours a day, seven days a week. The remainder of the department of diagnostic radiology operates on a schedule of eight hours a day, five days a week. The capacity of the equipment available was determined utilizing a 40 hour week. This capacity also included a 90% utilization factor to account for peak periods and "downtime".

    Testimony was presented that the department, in fact, is often open in excess of the eight hour day on an regular basis and on Saturday morning when necessary.

26. Operating the equipment more hours per day would not mean a reduction in the useful life of items. Individual parts might wear out more quickly and have to be replaced; however, the equipment will not be taxed by a more extensive operating schedule.

    Scheduling at other than the regular hours may be difficult due to patient and physician resistence. Testimony was also given that finding staff willing to work different hours would also be difficult. In addition, the operating expenses might be greater than the capital costs of buying additional equipment. Extending the hours of operation would significantly increase the capacity of the department. All of these factors could significantly reduce the efficiency of the department's operation.

27. A late file submitted by YNHH showed the operation of the Nuclear Medicine department with one-half the current equipment capacity staffed 16 hours/day, five days/week would increase total expenses by 4.5%. The impact of a two shift operation would be a possible reduction in depreciation expenses offset by a 9.5% increase in other expenses.

28. Efforts will be made to purchase equipment through group purchase so as to reduce costs. Costs of radiology equipment have increased by over 50% since 1974-75 and are expected to increase at least at the same rate in the next several years.

29. The utilization rate of radiologic procedures in 1974 at the New Haven unit was 3.84 examinations for each admission. The utilization rate in the Memorial Unit was less than 2 examinations/admission as reported in the Naylor Report 504-1. The Naylor Report 504-4 reported the combined utlization rate will be 2.2 examinations per admission. The hospital projects that the consolidation of these two units will result in an increased utilization rate for the Memorial Unit rather than a decrease in the New Haven Unit. The overall utilization rate will continue to increase at a rate of 3.7%/year. The reason for the increase in the Memorial Unit rate is due to closer work between community and faculty physicians resulting in greater utilization by community physicians.

Clinical Laboratories

30. A review of capital equipment needs was undertaken by Dr. Paul E. Strandjord, Professor and Chairman of the department of Labaoratory Medicine at the University of Washington. His report discussed the historical perspective of clinical laboratories at YNHH, recommended equipment, and budget considerations. His comments include the following:

> "The clinical laboratories at YNHH have led the country for the past two decades in respect to quality of work and efficiency of operation. The laboratory shop has contributed significantly to the achievement of this quality and efficiency by building equipment; and accordingly the capital equipment purchased for the laboratory has been very modest.
>
> During the past several years, negligible equipment has been purchased, and the laboratories have become underequipped in respect to the services which will be required during the next five years.....Traditionally we have thought of the clinical laboratories as providing services primarily for diagnostic services. In recent years, however, many tests have been developed which are performed in respect to therapy and patient management.....
>
> The large equipment items, such as the multichannel analyzer, all represent state of the art instrumentation in most large private medical centers. Their value in respect to effective patient care has been well demonstrated...."

31. The laboratory equipment requested includes two items in excess of $100,000 and five items representing expenditures under $50,000 individually. These items are listed below; their cost totals $445,430:

Tab 12	Multi-Channel Clinical Chemistry Analyzer	$241,000
Tab 13	Gas chromatograph-mass-spectrometer	120,000
Tab 15	Sensitivity Testing Device	15,345
Tab 15	Plate Pouring Machine	4,650
Tab 15	Electrophoresis Scanner	10,750
Tab 15	Radioimmunoassay Automation	37,410
Tab 15	Automated Blood Culture System	16,275

32. The multi-channel clinical chemistry analyzer provides 16 channels so that multiple tests can be performed simultaneously on a single sample. During 1977-78, 1,003,763 laboratory tests were performed in the clinical chemistry section. Of this total, 41% could have been performed on this equipment. This machine will replace eight single, dual and four-channel automated analyzers, most of which were designed and built within the chemistry laboratory. The machines being replaced will be maintained as backup in the laboratory.

    The new machine will greatly increase the speed with which the required tests can be done and will lead to a reduction of three FTE's (medical technologists) in the laboratory. The machinery will also accomodate additional volume demands.

33. The cost of $241,000 includes the purchase price of $239,000 and $2,000 in attendant renovation costs. The renovations will include modification of utilities to include water and supply electricity, drainage, and ventilation. The FTE reductions are contained in the major construction ad renovation proposal recently approved by the Commission docket # 78-531. The total salary reduction will be $53,600.

34. The gas chromatograph-mass-spectrometer will expand the laboratory's capability of identifying drugs in biological fluids, both for diagnosis of drug overdose and monitoring of drug therapy. YNHH performs approximately 1,200 emergency drug analyses for six area hospitals and performs more drug analyses than any other hospital in the state.

    At the present time, the laboratory utilizes a variety of methodologies to identify the specific nature of a drug within a broad category. If the broad category is not known, which is often the case with comatose patients, multiple testing is required. The proposed equipment can specifically identify nearly all drugs.

35. The laboratory is open 24 hours/day, seven days a week. YNHH officials testified that staffing on this basis requires good management skill and good department morale.

Other

36. The application also requests $3,156,775 for other movable equipment related to the building program. The items to be purchased are listed in Appendix A. This information was developed after a detailed review of the estimates proposed in the original application undertaken by the Henry Meltzer Group, Inc.

37. There are no standing orders at YNHH for routine radiology or laboratory tests to be performed.

38. The long range plans of the departments of radiology and clinical laboratories are developed through 1981, the completion of the building project. No planning for equipment purchase or replacement has been carried out beyond that time.

39. The hospital testified that they have reviewed the equipment proposed in light of the Commission's decision to reduce the total number of beds in the consolidated facility. That reduction will have no effect, with two exceptions as noted below, on the need for the items requested since the bed reduction was predicated on a reduction in average length of stay which will not lead to a reduction in procedures performed. The two exceptions are in the request for viewing stations--only 18 will be required rather than 20 requested--and in other movable equipment related to the building project which will reduce the equipment needed by a total of $46,000. The hospital requested that this amount still be approved to allow some margin for inflation or other unanticipated costs.

40. The equipment will be financed through inclusion in the bonds proposed as a means of financing for the construction and renovation proposal. The scintillation (Gamma) camera will be financed through interim bank borrowing and subsequently included in the bond issue. The sale of the bonds by the Connecticut Health and Educational Facilities Authority is anticipated in May of 1979. The bond issue will be structured so that the amortization of principal will approximate the estimated depreciation schedule. The financial advisor of CHEFA has stated that "probably there would be a combination of serial bonds for the earlier maturities and term bonds for the later maturities."

41. The Health Systems Agency of South Central Connecticut approved all the equipment requested in this application, with the exception of the scintillation (gamma) camera, at the time it reviewed and approved the major construction and renovation proposal submitted in January.

42. The HSA/SCC recommended that the gamma camera replacement be approved during the FY 1979 capital budget review. Subsequently, in light of information that became available during the review of the portable scintillation (gamma) camera designated for cardiac procedures, the HSA advised the Commission that it wishes to reconsider its recommendation on this piece of equipment.

Findings:

Section A Radiology

1. Hours of use of radiological equipment: The panel finds that with the exception of provisions for emergency cases, the radiology department operates on a one shift per day/5 day per week basis. The panel finds that this method of operation differs from the operation of the laboratory which operates on a 24 hour per day basis. The panel has considered the applicant's testimony that extended operation in radiology is not feasible due to patient and physician resistance as well as potentially disproportionate increases in operating costs. The panel however, finds that this testimony is not completely convincing and finds moreover, that a possibility exists for a reduction in equipment needs based upon extended hours of operation.

   The panel notes the importance of the efficient use of the radiological equipment and finds that the hospital should take steps to identify any potential equipment savings which might result from extended hours of operation in radiology. For this reason, the panel finds that the hospital should undertake an experiment in the radiology department to determine if benefits can be gained over an extended period of time through extended operation.

   The panel also noted and is concerned that increased utilization of diagnostic radiology by community physicians is projected once the consolidated facility is completed.

2. Equipment needs and diagnostic radiology

   a. Replacement of the Scintillation (Gamma) camera; Tab 1: The panel finds that the hospital currently operates six gamma cameras. The panel finds moreover, that the hospial's consultant recommends the need for 5.58 gamma camera devices. The panel finds therefore, that the hospital's complement of gamma cameras exceeds its need.

      The panel has considered that the hospital cannot purchase a portion of a piece of equipment to meet a fractional need. The panel finds that the hospital's estimate of equipment need in Nuclear Medicine was based upon the continuance of existing patterns of practice in scheduling of equipment use. The panel finds however, that the hospital has made no effort to meet the current need for 5.58 gamma camera devices through a more efficient operation of five cameras as opposed to the operation of six. The panel finds that the hospital offered no evidence or testimony to demonstrate definitively that such more efficient operaton could not be accomplished.

      The panel further finds that the Health Systems Agency of South Central Connecticut has expressed its desire to reconsider its approval of this gamma camera purchase. The panel finds that this reconsideration is important to the Commission's decision with respect to this item.

      Given the findings described above, the panel concludes that the need for the replacement for the sixth gamma camera has not been demonstrated.

b. Automatic reporting System; Tab 10: The panel finds that the automatic reporting system represents both new and costly technology. The panel finds, moreover, that the hospital did not offer evidence regarding the experience of other purchasers of equipment to demonstrate that this technology has a proven benefit to patients. Although the panel notes that the hospital did submit a memorandum relating the substance of a telephone converstion with Johns Hopkins Hospital the panel finds that this degree of investigation in itself is insufficient to warrent the purchase of a recently developed equipment system for $500,000. Although the panel notes that the hospital has proposed the reduction of six full time equivalent typists based upon the purchase and installation of this equipment, given the lack of investigation regarding the performance of this equipment the panel is not convinced that such a savings can be maintained.

The panel also finds that the hospital was unable to determine any beneficial reduction in length of stay. Although the panel finds that the proposed equipment will reduce the length of time it takes for physicians to receive radiology reports, the panel finds that based on the applicant's testimony, emergency or other important reports can be processed and transmitted swiftly with existing communication systems.

Given the findings described above the panel finds that the benefits of the proposed Automatic Report System have not been adequately documented. The panel therefore, finds that the need for such equipment has not been demonstrated by the hospital.

c. Replacement of Routine Diasnostic Equipment; Tabs 2,3,4,7,8, 14: The panel finds that each of the routine items proposed for replacement are all between 10 to 20 years of age and have all been fully depreciated. The panel finds finds based upon the applicant's testimony that these machines are in many instances unreliable and that frequent delays are experienced because of breakdowns. The panel finds, based upon the testimony of the applicant, increased efficiency will result through the replacement of this equipment and that given this increased efficiency the need for equipment will decrease by one procedure room. In addition the panel finds that the consultant which reviewed the department's requirements has recommended this mix of equipment to meet the expected need. The panel therefore finds that the applicant has demonstrated the need to replace the six items of routine diagnostic radiology equipment.

d. Replacement of Radiographic/Fluoroscopic x-ray unit; Tab 5: The panel finds that the hospital's radiographic/floroscopic x-ray unit is 11 years old and has been fully depreciated. The panel also finds based upon the testimony of the applicant that this equipment is unreliable and frequently cannot function. Since three presently operating radiographic/fluoroscopic units will be discarded when the facility is consolidated, the panel finds that the replacement of one of seven units planned is reasonable.

e. Replacement of Special Radiographic X-Ray Unit Equipment; Tab 6: The panel finds that this unit is eight years old and has been fully depreciated. Based upon the testimony of the hospital the panel finds that this equipment is unreliable. The new equipment will be used to perform neurological examinations on four to five patients each day and will be used in the one room recommended by the consultant to provide this capacity in the hospital. The panel, therefore, finds that the applicant has justified the need for replacement of this equipment.

f. Replacement of the Adult Cardio-Vascular Suite; Tab 9 : The panel finds that the existing adult cardio-vascular suite is 11 years old and has been fully depreciated. The panel also finds based upon the testimony of the hospital the current suite requires frequent repairs. The panel therefore, finds that the hospital's proposal to replace its Adult Cardio-vascular Radiological Suite is justified.

g. Purchase of X-ray Viewing Stations; Tab 11: The panel finds that the purchase and installation of X-ray Viewing Stations will increase efficiency in the handling of x-rays. Based upon the hospital's testimony, however, regarding the recent Commission action with regard with Docket No: 78-531 the need for these stations is reduced from 20 to 18. The panel therefore, finds that while the need for such viewing stations has been demonstrated, the number of stations should be reduced from 20 to 18.

B. Laboratory Equipment:

1. Replacement of eight Single, Dual, and four Channel Chemical Analyzers with one Multi-channel Clinical Chemistry Analyzer; Tab 12: The panel finds that these items were constructed by the Hospital staff and therefore have not actually been depreciated. The panel finds that the replacement of several analyzers with one multi-channel analyzer will improve efficiency in the laboratory. The panel finds that the purchase of this equipment is associated with a reduction in full time equivalents of three in the laboratory area. The panel therefore, finds that the need for replacing eight existing analyzers with one multi-channel analyzer has been adequately demonstrated by the hospital.

2. Gas Chromoatograph-Mass-Spectrometer; Tab 13: The panel finds that this new piece of equipment will add significantly to the hospital's capability to diagnosis certain diseases and conditions particularly in the area of toxicology. The panel finds therefore, that the need for this new spectrometer has been justified.

C. Various Items of Movable Equipment; Tab 15: The panel finds that the request for other miscellaneous movable equipment has been developed in specific detail in that the equipment requested is necessary to complete the proposed construction and renovation project. The panel also finds that no significant reductions in this request can be expected to take place in conjunction with the reduction in the scope of the renovation and new construction program ordered in the recent Commission decision regarding Docket No: 78-531.

D. Financing

1. The panel finds that the recommendation that certain items of equipment be denied will serve to reduce the amount which the applicant must finance to implement the proposed project. Given the level of information submitted by the applicant with respect to computations of financing costs the panel is unable to determine the extent of the reduction in financing costs which will be generated by these modifications.

2. The panel finds that recommended reductions in the purchase of equipment will reduce the amount which the applicant must finance to implement the proposed project. The panel finds that the ratio of purchase price to total project cost is 1:1.49; therefore the capital budget should be reduced by $946,150. The panel recognizes that this is a gross method of determination; however, it has been unable to refine these figures based on the level of information supplied by the applicant.

3. The panel also evaluated the following recommendation of the Health Systems Agency:

> "That all depreciation attributable to the proposed project be cash funded and that any such annual depreciation in excess of annual project-related principal payment be placed in a sinking fund restricted for purposes of bond principal repayment, or once the bond has been paid off, other appropriate uses approved by regulatory agencies."

The panel finds this recommendation to be consistent with sound financial management and consequently adopts it as a recommendation.

Recommendation

The panel recommends that the proposed application be approved with the following modifications.

1. The scintillation (gamma) camera is not approved;

2. The automatic report system is not approved;

3. The number of x-ray Reading Stations be limited to 18;

4. The maximum project cost approved for this project is limited to $8,270,985;

5. All depreciation attributable to the project shall be cash funded and that any such annual depreciation in excess of annual project-related principal payment be placed in a sinking fund restricted for purposes of bond principal repayment, or once the bond has been paid off, other appropriate uses approved by regulatory agencies.

The panel further recommends to the Commission that should the hospital be able to supply more detailed information with respect to the ratio of purchase price to total project cost that the Commission consider the effect of such information and the total cost of the project.

In addition the panel recommends that an experiment be conducted by the Hospital to test the feasibility of expanding the hours of scheduling of the Department of Diagnostic Radiology. This experiment should consist of a practical trial for a period no shorter than one year and should be commenced no later than May 1, 1979. This trial should be conducted in a form developed in consultation with Commission and HSA staff. The Hospital moreover, should submit status reports regarding the experiment each month throughout the period of its duration and should submit a final report to the Commission no later than June 1, 1980. These should also be submitted in accordance with a format determined by Commission and HSA staff and the hospital.

Finally, the panel recommends that a study of diagnostic radiology utilization be undertaken at a later time.

Respectfully submitted,

Joseph C. Mike

Joseph C. Mike
Chairman

OTHER MOVABLE EQUIPMENT RELATED TO BUILDING PROGRAM
(APPLIED FOR BUT NOT ITEMIZED IN 1/16/78 APPLICATION)

REPORTING FORM FOR MEDICAL CAPITAL PROJECTS UNDER $50,000

Yale-New Haven Hospital

Capital Items	Capital Cost		Estimated Useful Life
Clinical Laboratories - Furniture:			
Central Administration 100 Linear Ft.	$135/L.F.	($13,500)	15 yrs.
Blood Bank 370 Linear Feet	$135/L.F.	($49,950)	15 yrs.
Clinical Chemistry 1250 Linear Ft.	$135/L.F.	($168,750)	15 yrs.
Clinical Hematology 595 Linear Ft.	$135/L.F.	($80,325)	15 yrs.
Clinical Immunology 530 Linear Ft.	$135/L.F.	($71,550)	15 yrs.
Clinical Microbiology 655 Linear Ft.	$135/L.F.	($88,425)	15 yrs.
Clinical Virology 335 Linear Ft.	$135/L.F.	($43,8[illegible])	15 yrs.
		($516,375)	
Radiology Filing System 1733 L.F.	$60/L.F.	($104,000)	15 yrs.
Patient Monitors - 26	$ 6,000	($156,000)	7 yrs.
Adult Intensive Care Unit			
Sphygmos - 71	$ 100	($7,100)	10 yrs.
Monitors - 11	$20,000	($220,000)	7 yrs.
Beds - 11	$ 1,200	($13,200)	15 yrs.
Crash Cart - 1	$ 8,500	($8,500)	12 yrs.
Cubicle Furniture - 71 beds	$ 500/Bed	($35,500)	15 yrs.
		($ 284,300)	
Pediatric Intensive Care Unit			
Sphygmos - 9	$ 100	($900)	10 yrs.
Monitors - 2	$20,000	($40,000)	15 yrs.
Beds - 2	$12,000	($2,400)	15 yrs.
Cubicle Furniture-2 beds	$500/Bed	($1,000)	15 yrs.
		($44,300)	
Newborn			
Incubators - 7	$2,400	($16,800)	10 yrs.
Monitors - 7	$11,000	($77,000)	7 yrs.
Crash Cart - 1	$8,500	($8,500)	12 yrs.
		($102,300)	
Nursing			
Bedroom Furniture - 211 beds	$500/Bed	($105,500)	15 yrs.
Dictation Lines - 12 Nursing Stations	$400/St.	($4,800)	15 yrs.
Nursing Station Furniture - 12 Sts.	$5,000/St.	($60,000)	15 yrs.
Chart Carts - 36	$550	($19,800)	12 yrs.
Exam Room Furniture - 6 Rooms	$3,000/Rm.	($18,000)	15 yrs.
Sphygmos - 211	$100	($21,100)	10 yrs.
		($229,200)	

PAGE TOTAL: $1,436,475

OTHER MOVABLE EQUIPMENT RELATED TO BUILDING PROGRAM
(APPLIED FOR BUT NOT ITEMIZED IN 1/16/78 APPLICATION)

REPORTING FORM FOR MEDICAL CAPITAL PROJECTS UNDER $50,000

Yale-New Haven Hospital

Capital Items	Capital Cost		Estimated Useful Life
Recovery			
Stretcher Beds - 5	$ 1,500	($7,500)	15 yrs.
Monitors - 10	$12,000	($120,000)	7 yrs.
Crash Cart - 1	$ 8,500	($8,500)	12 yrs.
		($136,000)	
Physical Therapy - hydrotherapy equip.	$25,000		15 yrs.
E.R./Urgent Visit Monitoring System	$25,000		8 yrs.
Supply Distribution Systems			
Linen Carts - 79	$860	($76,940)	12 yrs.
CSR Carts - 79	$1,300	($102,700)	10 yrs.
Dietary Carts - 79	$800	($73,200)	10 yrs.
O.R. Case Carts - 66	$850	($56,100)	12 yrs.
Delivery Case Carts - 18	$850	($15,300)	12 yrs.
		($308,840)	
Supply Mobile Shelving - 36 nursing units	$350/unit	($12,600)	20 yrs.
Pharmacy Delivery System			
Unit Dose Carts - 36	$700	($25,200)	12 yrs.
Cassette Transfer Carts - 9	$1,000	($9,000)	12 yrs.
I.V. Carts - 9	$800	($7,200)	12 yrs.
		($41,400)	
Central Stores			
Pallet Racks & Mobile Shelving - 250 shelf units	$200/Unit	($50,000)	20 yrs.
Central Sterile Reprocessing: Mobile Shelving - 50 shelf units	$350/Unit	($17,500)	14.6 yrs.
Medical Records			
Files - 1600 Linear Ft.	$60/L.F.	($96,000)	15 yrs.

PAGE TOTAL: $712,340

Appendix
000028

OTHER MOVABLE EQUIPMENT RELATED TO BUILDING PROGRAM
(APPLIED FOR BUT NOT ITEMIZED IN 1/16/78 APPLICATION)

REPORTING FORM FOR MEDICAL CAPITAL PROJECTS UNDER $50,000

Yale-New Haven Hospital

Capital Items	Capital Cost		Estimated Useful Life
Equipment Reinstallation and Moving			
Reinstallation - Existing Movable Equipiment			
New Building	$30,320		40 yrs.
Renovated Buildings	$34,192		
		($64,512)	
Installation - Other Movable Equip.			
New Building	$47,480		
Renovated Buildings	$49,288		
		($96,768)	
Moving - New & Existing Movable Equip.			
New Building	$77,000		
G.E.B.	$10,000		
M.U.	$25,000		
NHU	$49,280		
		($161,280)	
FEES			
Equipment:			
Planning	$45,000		40 yrs.
Programming	$45,000		
Budgeting	$45,000		
Specifications	$45,000		
Purchasing	$45,000		
Installation	$45,000		
		($270,000)	
Interiors/Furnishings:			
Planning	$20,000		40 yrs.
Programming	$20,000		
Budgeting	$20,000		
Specifications	$11,000		
Purchasing	$10,000		
Installation	$10,000		
		($91,000)	

PAGE TOTAL: $683,560

Appendix H

OTHER MOVABLE EQUIPMENT RELATED TO BUILDING PROGRAM 000029
(APPLIED FOR BUT NOT ITEMIZED IN 1/16/78 APPLICATION)

REPORTING FORM FOR NON-MEDICAL CAPITAL PROJECTS UNDER $50,000

Yale-New Haven Hospital

Capital Items	Capital Cost		Estimated Useful Life
Signage			
Directional Signs - 300	$ 100	($30,000)	12 yrs.
Room Identifications - 3300	$ 15	($49,500)	10 yrs.
Safety Warnings - 225	$ 100	($25,500)	10 yrs.
		($105,000)	
Security CCTV System			
Cameras - 30	$1,500	($45,000)	8 yrs.
Motion Detectors - 6	$4,000	($24,000)	10 yrs.
Central Console	$21,000	($21,000)	10 yrs.
		($90,000)	
Second Loading Dock	$10,000		11.6 yrs.
Housekeeping			
Floor Maintainer - 2	$ 3,600	($7,200)	10 yrs.
Floor Machine - 2	$ 1,100	($2,200)	8 yrs.
Vacuum - 4	$ 650	($2,600)	10 yrs.
		($12,000)	
Blinds	$35,000		5 yrs.
Cubicle Curtains	$30,000		10 yrs.
Public Area Furnishings	$49,000		15 yrs.
	PAGE TOTAL:	$331,000	

OTHER MOVABLE EQUIPMENT TOTAL: $3,163,000

STATUS AND FUTURE PLANS FOR SUBMISSION OF EQUIPMENT
ITEMS CONTAINED IN JANUARY 16, 1978 APPLICATION,
YALE-NEW HAVEN HOSPITAL BUILDING PROGRAM

JANUARY 16, 1978 APPLICATION		1978-1979 Capital Budget	Separate CON	12/22/78 Application	Future Capital Budget Applications	CHANGE FROM 1/16/78 APPLICATION
Diagnostic Radiology Equipment Replacement	$3,616,000 + 46,000 Moving Cost	$ 382,000	$ 110,000[1]	$2,589,000	$ 535,000	0
Clinical Labs Equipment Replacement	750,000	186,570	---	445,430	118,000	0
Other Movable Equipment	3,163,000	---	---	3,156,775	---	$ 6,225
TOTAL	$7,575,000					

[1]Later Application Submitted--$97,915

Appendix B

DIAGNOSTIC RADIOLOGY

RADIOGRAPHY

RADIO/FLUORO

- CD-224
- CD-230
- CD-231
- CD-3
- MU-243
- MU-244
- TAD-5 CD-225
- CD-223
- MU-246
- MU-247

ROUTINE

- DANA-3
- DANA-2
- TAD-7 DANA-1
- TAD-2 MU-248
- TAD-4 CD-204
- TAD-8 MU-271
- CD-205

SPECIAL

- CD-209
- TAD-14 CD-220
- DANA-5
- CD-3
- MU-270
- TAD-3 CD-205

- TAD-9 CD-234
- CD-226
- TAD-6 DANA-4
- DANA-6
- TAD-15 MU-272

IMAGING

NU MED.	ULTRASOUND	C.T.
TAD-1 DANA-CO	MU-1	0100
CD-200	MU-1	0200
CD-3	CD-2	
CD-3	CD-2	
CD-3	CD-2	
B-W-A	CD-2	

LEGEND

SYMBOL		
RELOCATE	PRESENT DEPT.	42
REPLACE	RECENTLY PURCHASED	14
DISCARD	THIS APPLICATION	11
TO BE APPLIED FROM SEPARATELY		(4)
		13
		38

APPENDIX 2

VENDOR QUOTE

GE Healthcare

QUOTATION 000033

Quotation Number: P2-C27015 V 2

Yale - New Haven Hospital
20 York St
New Haven CT 06510

Attn: Cheryl Granucci
20 York St
New Haven CT 06510

Date: 08-17-2007

Qty	Catalog No.	Description
1		Innova 4100IQ Single Plane System
1	S18741AM	Innova 4100IQ Vascular and Interventional Single Plane System
1	S18061CV	Omega V Angiographic Table with Slicker Cover and Table Upgrade
1	S18061AC	Head Extender for Omega Table
1	S18061RE	Omega V Table Foot End Rail Extender
1	S18061FG	Second Single Plane Footswitch for Control Room
1	B5080DG	Mobile Stand for Tableside Controls
1	S18351AB	Innova 3D In-Room Mouse
1	S18751SA	In-room Browser with Send Angles
1	S18751TS	Innova Central Touch Screen
1	S18751FS	FluoroStore with Fluoroloop
1	S18341TP	Table Panning Device with 3M Cable
2	S18061TV	Smart Box
1	S18061TR	2nd Remote TSSC
1	S18461EA	Two LCD Monitor Package for Exam Room
4	S18381AW	18" Color LCD In-Room AW Repeater Monitor
1	S18391BH	6 LCD In-room Monitor Suspension with 36 Meter Cable
1	S18461ER	18" LCD Flat Panel Control Room Reference Monitor
1	S18751PC	GE Digital Energy 20 KVA UPS for Innova
1	S18751PS	Innova UPS Interface
1	S1876PC	Innova Main Disconnect Panel - UPS Ready
1	S18181BM	Volcano S5i Imaging System with IVUS - Radiology

PO Box 414, Milwaukee, WI 53201-0404
General Electric Company
General Electric Company, GE Medical Systems

Quotation Number: P2-C27015 V 2

Qty	Catalog No.	Description
1	S18751VV	Innova IVUS Connectivity
1	S18081CG	GE ECG Cable Adaptor Kit
1	S18081TJ	Joystick Controller Kit for Volcano
1	S18081EK	USB Extender Kit
1	S18761GV	Additional Innova System Documentation and Software Package
1	S18741BE	InnovaBreeze Subtracted Peripheral Angiography Option - Frontal Plane Only
1	S18741TA	Innova 3D Option
1	S18701VD	3D Calibration Suitcase for Innova 4100IQ
1	S18701CT	Innova CT Option
1	M81511FB	AW VolumeShare2 System with 2 Monitors, VolumeViewer3 and 4GB RAM
1	S18021SB	AW Stenosis Analysis Software Package with Calculated Calibration Feature
1	E6415AB	DSA-2 Digital Headholder/Skull Positioner
1	E7060A	Omega Foot End Table Rail
1	E6420BF	HB-2 Double Vertical Articulating Armboard
1	E6415J	X-Ray Table Clamp for Remote Panning Handle
1	E7018JN	Medrad Mark V ProVis Table Mount Injector, Remote Keyboard, Free Standing Pedestal
1	E8015JA	Omega V Tempurpedic Table Pad (2 in. Thick), 131 in. L
1	E6220J	VIS-A-VIS Vitalinq Intercom System for X-ray
2	E7058A	GE Anti-Fatigue Floor Mat
1	E3053KG	Mavig 360 Track-Mounted Radiation Shield, 40 cm x 50 cm, 58 Column
2	E3053LS	Mavig Uniflex R-96 Lamp with Mounting Arm
2	E3053LT	Mavig Cable Spooler for R-96 Examination Lamp
1	E3053JB	Mavig Double Pivot, Flexible Lower Body Protector

PO Box 414, Milwaukee, WI 53201-0404
General Electric Company
General Electric Company, GE Medical Systems

Quotation Number: P2-C27015 V 2

Qty	Catalog No.	Description
1	W0100CV	Six Days Cardiovascular X-ray TiP Onsite System Training
1	W0003CV	Three Days Cardiovascular X-ray TiP Onsite Training
1	W4006CV	TiP HQ Class for Innova with AW - Full Service, for Cardiovascular X-ray
1	W0950CV	Cardiovascular X-ray AW TiP Virtual Assist, 4 Hours
1	W0951CV	Cardiovascular X-ray AW TiP Virtual Assist, 10 Hours
1	S18051NF	Provis Mark V+ Table Mount Injector Interface
1	S18101SP	Installation Template
1	S18101SF	Above Grade and Through Bolts
1	S18111SB	9 ft. 6 inch Inboard Monitor Bridge
1	S18111SH	Long Sleeve for 3 Monitor Support
1	S18121RD	In Board Rails, 228 inch/579 cm
1	S18751CC	MAC LAB Cable - 70 inches
1	S18741CD	Innova 3100/4100 Group 1 Cable - Max Length
1	S18741CF	Innova Group 2 Cable - Maximum Length
1	S18751CA	Innova 2100 Group 3 Cable
1	S18741CB	Innova 3100/4100 Group 4-5 Cable
1	S18741CG	Bolus Cable Set - 100 FT/30M
1	S18751PM	Innova Pre-installation Manual
1	S18101SM	Vascular Base Plate Assembly
1	S18741TP	Omega Table Baseplate
1	S18741ET	Innova Omega 5 Table Elevator
1	S18101SX	Rails and Cable Drapes
1	S18121TB	X-ray Digital Detector Coolant Kit

PO Box 414, Milwaukee, WI 53201-0404
General Electric Company
General Electric Company, GE Medical Systems

Quotation Number: P2-C27015 V 2

Qty	Catalog No.	Description	
1	S18081KA	IVUS Ready Kit	
1		AW VOLUMESHARE 2 AND APPLICATIONS	
1	M81561FB	AW 4.1 or Older Upgrade to AW VolumeShare 2 with 2 Monitors	
1	S18021SB	AW Stenosis Analysis Software Package with Calculated Calibration Feature	
1		X-ray Accessories	
2	NW9025JN	MAVIG 2.5M CEILING TRACK	
		Quote Summary:	
		Total Quote Net Selling Price	**$1,484,027.84**
		(Quoted prices do not reflect state and local taxes if applicable)	

you would like to place an order for this equipment, a formal contract document will be prepared for your consideration. This quote is for budgetary use only; only a GE contract can become a binding order.

PO Box 414, Milwaukee, WI 53201-0404
General Electric Company
General Electric Company, GE Medical Systems

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

January 10, 2008

Jean Ahn
Systems Director
Yale-New Haven Hospital
20 York Street, CB-1007
New Haven, CT 06504

RE: Certificate of Need Application Forms; Docket Number: 08-31082-CON
Yale-New Haven Hospital
Replacement of an Existing Single Plane Angiography Suite

Dear Ms. Ahn:

Enclosed are the application forms for Yale-New Haven Hospital's Certificate of Need ("CON") proposal for the replacement of an existing single plane angiography suite with an associated capital expenditure of $2,923,729. According to the parameters stated in Section 19a-639 of the Connecticut General Statutes the CON application may be filed between March 4, 2008, and May 3, 2008.

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

The OHCA analyst assigned to the CON application is Jack A. Huber. Please feel free to contact him at (860) 418-7034, 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, a response of "Not Applicable" may be an acceptable response. Your Certificate of Need application will be eligible for submission no earlier than March 4, 2008, and may be submitted no later than May 3, 2008. The OHCA Analyst assigned to your application is Jack A. Huber. He may be reached at the Office of Health Care Access by dialing (860) 418-7034.

Docket Number:	08-31082-CON
Applicant Name:	Yale-New Haven Hospital
Contact Person:	Jean Ahn
Contact Title:	Systems Director
Contact Address:	Yale-New Haven Hospital 20 York Street, CB-1007 New Haven, CT 06504
Project Location:	New Haven
Project Name:	Replacement of an Existing Single Plane Angiography Suite with a New Digital Flat Detector Angiography Suite
Proposal Type:	Section 19a-639, C.G.S.
Estimated Total Capital Expenditure:	$2,923,729

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: _____

OFFICE OF HEALTH CARE ACCESS

REQUEST FOR NEW CERTIFICATE OF NEED

FILING FEE COMPUTATION SCHEDULE

APPLICANT: _____	FOR OHCA USE ONLY:	DATE	INITIAL
PROJECT TITLE: _____	1. Check logged (Front desk)	_____	_____
DATE: _____	2. Check rec'd (Clerical/Cert.)	_____	_____
	3. Check correct (Superv.)	_____	_____
	4. Check logged (Clerical/Cert).)	_____	_____

SECTION A – NEW CERTIFICATE OF NEED APPLICATION

1. Check statute reference as applicable to CON application (see statute for detail):

_____ 19a-638.Additional function or service, change of ownership, service termination.
No Fee Required.

_____ 19a-639 Capital expenditure exceeding $3,000,000 or capital expenditure exceeding $3,000,000 for major medical equipment, CT scanner, PET scanner, PET/CT scanner, MRI scanner, cineangiography equipment or linear accelerator.
Fee Required.

_____ 19a-638 and 19a-639.
Fee Required.

2. Enter $0 on "Total Fee Due" line (SECTION B) if application is required pursuant to Section 19a-638 only, otherwise go on to line 3 of this section.

3. Enter $400 on "Total Fee Due" line (SECTION B) if application is for capital expenditure for major medical equipment, imaging equipment or linear accelerator less than $3,000,000

4. Section 19a-639 fee calculation (applicable if section 19a-639 capital expenditure for major medical equipment, imaging equipment or linear accelerator exceeding $3,000,000 or other capital expenditure exceeding $3,000,000 is checked above OR if both 19a-638 and 19a-639 are checked):

a. Base fee: _____	$ 1,000.00
b. Additional Fee: (Capital Expenditure Assessment)_____	$_____.00
(To calculate: Total requested Capital Expenditure/Cost excluding capitalized financing costs multiplied times .0005 and round to nearest dollar.) ($_____ x .0005)	$_____.00
c. Sum of base fee plus additional fee: (Lines A4a + A4b)_____	
d. Enter the amount shown on line A4c. on "Total Fee Due" line (SECTION B).	

SECTION B TOTAL FEE DUE:_____	$_____.00

ATTACH HERE CERTIFIED OR CASHIER'S CHECK ONLY (Payable to: Treasurer, State of Connecticut)

1. Expansion of Existing or New Service

What services are currently offered at your facility that the proposed equipment acquisition will replace or augment? 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

Please address the following questions regarding the acquisition of the replacement angiography suite:

A. Explain how it was determined there was a need for the proposal in your service area.

B. Provide the service's primary and secondary service area towns.

C. Provide the rationale for choosing the proposed primary and secondary service area towns.

D. Identify the population being served, including the number of individuals to receive the service. Include demographic information, as appropriate.

E. Provide any service scheduling backlogs in the Hospital's service area.

F. Provide the travel distance from the Hospital to its service area towns.

G. Provide the hours of operation of the existing and proposed replacement suite.

H. Please complete the following table to include actual, current fiscal year ("CFY") and projected angiographic suite volume for the Hospital's existing (i.e. suite numbers 1 and 2, the Hospital's requested replacement through the OHCA CON waiver process) and proposed (i.e. suite number 3, the Hospital's requested replacement through the OHCA CON application process) angiographic suites:

Number of Exams	Actual Exam Volume (Last 3 *Completed* FYs)			CFY Volume*	Projected Exam Volume (First 3 *Full* Operational FYs)**		
	FY_____	FY_____	FY_____	FY_____	FY_____	FY_____	FY_____
Suite 1							
Suite 2							
Suite 3							
TOTAL							

Notes: *Please report the annualized number of exams, identifying the respective number of months of recorded activity in your response.

If the first year of operation of the proposed suite is only a partial year, the Hospital must provide the first partial year and then the first three full FYs. **Include all derivations and/ or calculations.

I. Please provide a table that segregates the number of exams by the town and zip code of origin for the last completed fiscal year.

J. Please calculate the operating capacity and the percentage operating capacity of the existing angiography suite and the proposed replacement suite in the format presented in the following table:

Operating Capacity Calcualtion	Existing Suite	Proposed Suite
Number of Exams		
Average # Hours/Week Suite Operates		
Weeks/Year Operational**		
Targeted Utilization as % of Capacity		
Annual Total Capacity for Exams in Hours		
Average Exam Time in Hours		
Annual Capacity - # Exams/Suite		
# Exams - Actual & Projected		
% Operating Capacity	%	%

K. Provide current operating information as outlined in the following table concerning the other existing providers of interventional imaging in the Hospital's primary service area.

Service Description [1]	Provider Name & Location	Hours and Days of Operation[2]	Current Utilization[3]

Notes: [1] Provide a description of the equipment used by the Provider, if know.
[2] Specify days of the week and start and end time for each day.
[3] Provide the number of exams performed by Provider for the most recent 12 month period, if known.

L. What will be the effect of your proposal on existing providers (i.e. patient volume, financial stability, quality of care, etc.)?

M. 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.

N. 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. 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:

☐ American College of Cardiology
☐ National Committee for Quality Assurance
☐ Public Health Code & Federal Corollary
☐ National Association of Child Bearing Centers
☐ American College of Obstetricians & Gynecologists
☐ American College of Surgeons
☐ Report of the Inter-Society Council for Radiation Oncology
☐ American College of Radiology
☐ Substance Abuse and Mental Health Services Administration
☐ Other: Specify _____

B. Describe in detail how the Hospital plans to meet the each of the guidelines checked off above.

C. Submit a list of **all** key professional and administrative personnel, including the Hospital's Chief Executive Officer (CEO) and Chief Financial Officer (CFO), Medical Director, physicians, 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.

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

☐ DPH
☐ JCAHO
☐ Fire Marshall Report
☐ Other States Health Dept. Reports (new out-of-state providers)
☐ AAAHC
☐ AAAASF
☐ Other: _____

Note: Above referenced acronyms are defined below. [1]

[1] 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.

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

F. Provide a copy of any plan of action which has been formulated to address the above action against the Hospital, its physicians working and any staff related to the proposal.

G. Provide a copy of the following:

☐ A copy of the Quality Assurance plan for imaging services.

☐ A copy of the annual report evaluating the imaging services Quality Assurance plan.

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 ☐ Group purchasing

☐ Reengineering ☐ None of the above

☐ Application of technology (e.g., computer systems, robotics, telecommunication systems, etc.)

☐ Other (identify)_____

7. Miscellaneous

A. Will this proposal result in any 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

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

C. Please provide a copy of the State of Connecticut Department of Public Health license currently held.

8. Financial Information

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

☐ Corporation (Inc.) ☐ Limited Liability Company (LLC)

☐ Partnership ☐ Professional Corporation (PC)

☐ Joint Venture ☐ 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) Please provide the latest cash equivalent balance as of the date of submission of this application.

iii) Please provide a copy of the most recently completed internal monthly financial statements, including utilization volume totals to date.

9. Major Cost Components/Total Capital Expenditure

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

Medical Equipment (Purchase)	$
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)*	
Land/Building (Purchase)	
Construction/Renovation	
Other (Non-Construction) Specify:_____	
Total Capital Expenditure	$
Medical Equipment (Lease (FMV))	$
Imaging Equipment (Lease (FMV)	
Non-Medical Equipment (Lease (FMV))*	
Fair Market Value of Space – (Capital Leases Only)	
Total Capital Cost	$
Capitalized Financing Costs	
Total Capital Expenditure with Cap. Fin. Costs	$

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

10. Construction Information

A. Provide a description of the proposed new construction/renovation including the related gross square feet of new construction/renovation.

B. Provide an existing and proposed floor plan related to the project.

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)_____			
Total Construction/Renov. 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	
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:

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

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 or TriCare				
Total Government Payers				
Commercial Insurers*				
Uninsured				
Workers Compensation				
Total Non-Government Payers				
Total Payer Mix	100.0%	100.0%	100.0%	100.0%

*Includes managed care activity.

A. 2. Does the Applicant have Tax Exempt Status? ☐ Yes ☐ No

A. 3. Please describe the impact of the proposal on the interests of consumers of health care services and the payers of such services.

A. 4. Provide a copy of the charity care policy for the surgery center. Include a list of sliding fees as available.

B. 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. **Please complete Financial Attachment I included in the forms package. 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 provide three years of projection of incremental revenue, expense, and volume statistics attributable to the proposal **by payer. Please complete Financial Attachment II included in the forms package.**

iii) List 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.). Please Note: *Include consideration of The Deficit Reduction Act of 2005 and the reduction of Medicaid and Medicare reimbursements in the development of the financial projections.***

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.

Yale New Haven Hospital

13. B (i). 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:

Total Facility: Description	FY Actual Results	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON
NET PATIENT REVENUE										
Non-Government				$0			$0			$0
Medicare				$0			$0			$0
Medicaid and Other Medical Assistance				$0			$0			$0
Other Government				$0			$0			$0
Total Net Patient Patient Revenue	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other Operating Revenue										
Revenue from Operations	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
OPERATING EXPENSES										
Salaries and Fringe Benefits				$0			$0			$0
Professional / Contracted Services				$0			$0			$0
Supplies and Drugs				$0			$0			$0
Bad Debts				$0			$0			$0
Other Operating Expense				$0			$0			$0
Subtotal	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Depreciation/Amortization				$0			$0			$0
Interest Expense				$0			$0			$0
Lease Expense				$0			$0			$0
Total Operating Expense	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Gain/(Loss) from Operations	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Plus: Non-Operating Revenue				$0			$0			$0
Revenue Over/(Under) Expense	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
FTEs				0			0			0

*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.

			Yale-New Haven Hospital						
13.B (ii). Please provide three years of projections of incremental 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		Rate	Units	Gross	Allowances/	Charity	Bad	Net	Operating	Gain/(Loss)
Total Incremental Expenses:				Revenue	Deductions	Care	Debt	Revenue	Expenses	from Operations
				Col. 2 * Col. 3				Col.4 - Col.5 -Col.6 - Col.7	Col. 1 Total * Col. 4 / Col. 4 Total	Col. 8 - Col. 9
Total Facility by Payer Category:										
Medicare				$0				$0	$0	$0
Medicaid		$0		$0				$0	$0	$0
CHAMPUS/TriCare		$0		$0				$0	$0	$0
Total Governmental			0	$0	$0	$0	$0	$0	$0	$0
Commericial Insurers		$0	5	$0				$0	$0	$0
Uninsured		$0	2	$0				$0	$0	$0
Total NonGovenrment		$0	7	$0	$0	$0	$0	$0	$0	$0
Total All Payers		$0	7	$0	$0	$0	$0	$0	$0	$0

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

January 15, 2008

Jean Ahn
Systems Director
Yale-New Haven Hospital
20 York Street, CB-1007
New Haven, CT 06504

Re: Letter of Intent; Docket Number: 08-31082
Yale-New Haven Hospital
Purchase of a New Digital, Single Plane Angiography Laboratory System
Replacing an Existing Single Plane Angiography Laboratory System
Notice of Letter of Intent

Dear Ms. Ahn:

On January 4, 2008, the Office of Health Care Access ("OHCA") received the Letter of Intent ("LOI") Form of Yale-New Haven ("Applicant") for the purchase of a new digital, single plane angiography laboratory system replacing an existing single plane angiography laboratory system, at a total capital expenditure of $2,923,729.

A notice to the public regarding OHCA's receipt of a LOI was published in *The New Haven Register* pursuant to Section 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:lmg

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

January 15, 2008

Requisition # HCA08-112
Fax: (203) 865-8360

New Haven Register
40 Sargent Street
New Haven, CT 06531-0715

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 **Saturday, January 19, 2008.**

Please provide the following **within 30 days** of publication:

- Proof of publication (copy of legal ad. acceptable) showing published date along with the invoice.

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

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

Kimberly R. Martone
Certificate of Need Supervisor

Attachment

KRM:JAH:lmg

c: Sandy Salus, OHCA

New Haven Register
Docket Number: 08-31082

Letter of Intent
January 15, 2008

PLEASE INSERT THE FOLLOWING:

Statute Reference:	19a-639
Applicant:	Yale-New Haven Hospital
Town:	New Haven
Docket Number:	08-31082
Proposal:	Purchase of a New Digital, Single Plane Angiography Laboratory System Replacing an Existing Single Plane Angiography Laboratory System
Capital Expenditure:	$2,923,729

The Applicant may file its Certificate of Need application between March 4, 2008 and May 3, 2008. 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	3071
RECIPIENT ADDRESS	912038658360
DESTINATION ID	
ST. TIME	01/15 11:26
TIME USE	00'23
PAGES SENT	2
RESULT	OK

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

January 15, 2008

Requisition # HCA08-112
Fax: (203) 865-8360

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40 Sargent Street
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Sincerely,

Kimberly R. Martone
Certificate of Need Supervisor