

NORWALK HOSPITAL**FACSIMILE TRANSMITTAL SHEET**

TO:

COMMISSIONER
CRISTINE VOGEL

FROM:

JOHN PIERRO

DATE:

03-14-08

FAX NUMBER:

860-418-7053

TOTAL NO. OF PAGES INCLUDING COVER:

25

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RE:

YOUR REFERENCE NUMBER:

 URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

Notes/Comments:

DEAR COMMISSIONER VOGEL,

PLEASE FIND OUR LOI FOR YOUR REVIEW.
AN ORIGINAL COPY WILL BE SENT OUT
MONDAY, MARCH 17TH VIA FEDERAL EXPRESS
TO YOUR OFFICE.

PLEASE FEEL FREE TO CONTACT ME IF
YOU HAVE ANY QUESTIONS.

THANK YOU.

JOHN
203-852-3271**RECEIVED**2008 MAR 14 P 4:1
CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

**State of Connecticut
Office of Health Care Access**



**Letter of Intent Form
Form 2030**

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

SECTION I. APPLICANT INFORMATION

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

Full legal name	Applicant One	Applicant Two
Doing Business As	Norwalk Hospital Association	2008 NOV 14 P.D. 19
Name of Parent Corporation	Norwalk Health Services Corporation	RECEIVED
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail (Zip Code Required)	34 Maple Street Norwalk, CT 06856	
Identify Applicant Status: P for Profit or NP for Nonprofit	Non-profit	
Does the Applicant have Tax Exempt Status?	Yes	
Contact Person, including Title/Position: This Individual will be the Applicant Designee to receive all correspondence in this matter.	John Pierro Chief Operating Officer	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail (Zip Code Required)	34 Maple Street Norwalk, CT 06856	

Contact Person Telephone Number	203-853-3271	
Contact Person Fax Number	203-852-1553	
Contact Person e-mail Address	jpierro@norwalkhealth.prg	

SECTION II. GENERAL APPLICATION INFORMATION

- Project Title: Norwalk Hospital Master Facility Plan

- Project Proposal:

Norwalk Hospital proposes to renovate and restructure its main campus by demolishing several old buildings, modernizing the Main Pavilion, which houses the majority of inpatient beds, to bring it up to building code standards and consolidating outpatient services in a new outpatient pavilion.

- Type of Project/Proposal, please check all that apply:

Inpatient Service(s):

Medical/Surgical Cardiac Pediatric Maternity
 Trauma Center Transplantation Programs
 Rehabilitation (specify type) _____
 Behavioral Health (Psychiatric and/or Substance Abuse Services)
 Other Inpatient (specify) undertake renovations to inpatient units

Outpatient Service(s):

Ambulatory Surgery Center Primary Care Oncology
 New Hospital Satellite Facility Emergency Urgent Care
 Rehabilitation (specify type) Central Services Facility
 Behavioral Health (Psychiatric and/or Substance Abuse Services)
 Other Outpatient (specify) consolidate outpatient services in a new outpatient pavilion

Imaging:

MRI CT Scanner PET Scanner
 CT Simulator PET/CT Scanner Linear Accelerator
 Cine-angiography Equipment New Technology: _____

Non-Clinical:

Facility Development Non-Medical Equipment Renovations
 Change in Ownership or Control Land and/or Building Acquisitions

Organizational Structure (Mergers, Acquisitions, & Affiliations)
 Other Non-Clinical: _____

- Does the proposal include a Change in Facility (F), Service (S)/Function (Fnc) pursuant to Section 19a-638, C.G.S.?

Yes No

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

New (F, S, Fnc) Additional (F, S, Fnc) Replacement
 Expansion (F, S, Fnc) Relocation Termination of Service
 Reduction Change in Ownership/Control

- Will the Capital Expenditure/Cost of the proposal exceed \$3,000,000, pursuant to Section 19a-639, C.G.S.?

Yes No

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

New equipment acquisition and operation
 Replacement equipment with disposal of existing equipment
 Major medical equipment
 Change in ownership or control

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

34 Maple Street, Norwalk, CT 06856

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

This project is intended to serve Norwalk Hospital's historical primary service area. This is defined as the towns of Norwalk, New Canaan, Weston, Westport and Wilton.

h. Estimated starting date for the project: Summer/Fall 2009

i. If the proposal includes change in the number of beds provide the following information:

Type	Existing Staffed	Existing Licensed	Proposed Increase or (Decrease)	Proposed Total Licensed
N/A				

[Redacted]

This is not applicable because this project does not involve any change in the number of staffed or licensed beds.

SECTION III. ESTIMATED CAPITAL EXPENDITURE/COST INFORMATION

a. Estimated Total Project Expenditure/Cost: \$150,000,000

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

Major Medical Equipment Purchases*	
Medical Equipment Purchases*	\$ 12,523,437
Non-Medical Equipment Purchases*	\$ 10,054,263
Land/Building Purchases	
Construction/Renovation	\$117,318,912
Other (Non-Construction) Specify: Relocation Lease	
Total Capital Expenditure	\$139,896,612
Major Medical Equipment – Fair Market Value of Leases 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	\$139,896,612
Total Project Cost	\$149,966,612
Capitalized Financing Costs (Informational Purpose Only)	\$9,500,000

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

c. If the proposal has a total capital expenditure/cost exceeding \$20,000,000 or if the proposal is for major medical equipment exceeding \$3,000,000, you may request a Waiver of Public Hearing pursuant to Section 19a-643-45 of OHCA's Regulations? Please check your preference.

Yes No

1. If you checked "Yes" above: please check the appropriate box below indicating the basis of the projects eligibility for a waiver of hearing

Energy Conservation Health, Fire, Building and Life Safety Code
 Non Substantive

2. Provide supporting documentation from elected town officials (i.e. letter from Mayor's Office).

d. Major Medical and/or Imaging Equipment Acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the vendor contract or quotation for each major medical/imaging equipment.
Not applicable. The project does not include any major medical/imaging equipment.

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

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

SECTION IV. PROJECT DESCRIPTION

In paragraph format, 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.

Please see Project Summary which is included as Attachment 1.

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

Norwalk Hospital is an acute care general hospital that offers a full range of medical and surgical services. The specific patient services that are impacted by the proposal are inpatient services, ambulatory surgery and gastroenterology procedures, cardiac and vascular services, wound care, oncology, adult and pediatric clinics, women's center, physical therapy, occupational therapy, audiology, and sleep laboratory.

Please see attached DPH license which is included as Attachment 2.

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

Norwalk Hospital is not seeking any change in license as part of this project. All of the services that are impacted are currently provided by Norwalk Hospital. Please see Attachment 1.

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

Norwalk Hospital will continue to serve the population in its primary service area.

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

This proposal is designed to improve delivery of both inpatient and outpatient clinical services by renovating the aging infrastructure of our campus, and centralizing these services to best serve our patients. It includes a consolidation of outpatient services into a new building, which will create effective and efficient delivery of services and improve access for our patients.

Another important component of this proposal is to consolidate inpatient services in the Main Pavilion and provide for medical provider conference areas for patients and families. This is consistent with the Hospital's focus on patient centered care. Physical plant deficiencies in the Main Pavilion will be corrected by updating the electrical and plumbing systems to bring them into compliance with current standards and by constructing new storage areas so that equipment will no longer be stored on the floors.

Please see Attachment 1.

Finally, the project will also include the expansion of the garage by incrementally adding 100-200 spaces to resolve the parking constraints that exist at the Hospital.

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

Norwalk Hospital is the only acute care general hospital in the proposed geographic area.

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

The proposal will enhance the quality of health care delivery in the region by renovating the Main Pavilion, bringing the Main Pavilion into compliance with the latest building code, and by consolidating outpatient services into an easily accessible Outpatient Pavilion. These renovations and consolidations of service will improve the overall quality, accessibility and efficiency of health care delivery. Please see Attachment 1.

7. Who will be responsible for providing the service?

The Norwalk Hospital currently provides these services and will continue to do so. Please see Attachment 1.

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

The current payers mix for Norwalk Hospital based on net revenue is: Medicare – 40%, Medicaid – 5%, Medical Assistance – 1%, non-government – 53% and uninsured – 1%. The payer mix is not anticipated to change when the proposed project becomes operational.

Attachment 1: Project Summary

Norwalk Hospital (NH) is an acute care general hospital that offers a full range of medical and surgical services. The Hospital is licensed for 328 beds and 38 bassinets. The majority of the inpatient beds are located in the Main Pavilion. The 7 available pediatric beds and 18 available psychiatric beds are located in the Community Pavilion. Norwalk Hospital also offers a full range of outpatient services including ambulatory surgery and gastroenterology procedures, cardiac and vascular services, wound care, oncology, adult and pediatric clinics, women's center, physical therapy, occupational therapy, audiology, and sleep laboratory. These services are dispersed throughout the Hospital's campus. This project is known as the Master Facility Plan ("MFP") and is the result of eight years of planning activity by the Hospital and its Board. The project is projected to take 3 years to complete and is designed to address the issues that are related to the hospital's commitment to patient-centered care, delivered through demonstrated best practice. The plan provides a detailed inventory and assessment of current and future space requirements for the Hospital. The plan was developed by Cannon Design of Boston, Massachusetts.

This project summary is divided into the following sections: Overview of Physical Plant, Outpatient Services and Inpatient Services. It is projected that both outpatient and inpatient sections of the MFP will be implemented concurrently.

Overview of the Physical Environment

The existing Norwalk Hospital campus is contained within six primary buildings ranging in age and floor plate configuration. Major building projects began in 1918 and continued through 1992, with ongoing renovations. The Hospital's physical plant is approximately 50 years old on average and is the oldest in southwestern Connecticut. The existing physical plant has significant infrastructure components nearing the end of their useful life. The physical plant is not compliant with current building code requirements and is in need of updates to the electrical and plumbing systems. Lack of storage space for equipment is also an issue that has been identified by the Joint Commission on Accreditation of Healthcare Organizations ("JCAHO").

Our plan is around the sequenced decommissioning/ demolition of the Community, Tracey and Bedford Pavilions, creation of a new ambulatory building and the upgrade of the Main Pavilion. This recommendation is based on the analysis and realization of the inefficient floor plate configurations, restrictive structural grid, inefficient building maintenance costs and continual aging engineering infrastructure. The modernization costs for these respective buildings have been estimated to be \$60 million alone and would not allow for centralization of services or improved access.

Outpatient Services

The majority of outpatient services provided by the Hospital will be consolidated into the newly constructed Outpatient Pavilion. The Outpatient Pavilion will contain approximately 100,000 – 125,000 square feet. The outpatient services are currently located in several locations throughout the Hospital's campus which results in patient access issues and inefficiencies in the delivery of care. In addition, several clinical services such as ambulatory surgery and gastroenterology procedures and oncology have experienced growth over the past few years and do not have the physical space to meet this growth in demand for services.

Currently, inpatient surgery and ambulatory surgery utilize the same operating suite. In FY 2007, 7,200 of the approximately 10,800 surgical procedures performed at the Hospital were done as ambulatory procedures. The project would result in the development of a dedicated ambulatory surgery center located in the Outpatient Pavilion. The ambulatory surgery suite would consist of 8 rooms with shell space for 4 additional rooms that would come on line as needed. The existing 10 room inpatient surgical suite would be reduced to an 8 room suite, with 2 rooms taken off line. The establishment of dedicated operating rooms will result in better outcomes and a better utilization of the operating rooms. The Hospital has also experienced a significant growth in the number of gastroenterology procedures that are performed, and the creation of a gastroenterology procedures suite in the Outpatient Pavilion will allow the Hospital to accommodate these additional procedures. In FY 2007, 10,400 gastroenterology procedures were performed in the NH gastroenterology lab, which is designed to support a maximum of 8,000 procedures.

The current oncology program is experiencing space constraints, and this project will allow the components of the program to be located at one site in the new outpatient pavilion. In addition, the Hospital is proposing to construct a vault in anticipation of future replacement of the linear accelerator.

The Hospital has recently received authorization from OHCA for a 128 slice CT scanner (DN: 07-30942) and 1.5 Tesla MRI, and is not requesting any additional imaging equipment as part of this CON application. It should be noted that the imaging equipment is located adjacent to the proposed Outpatient Pavilion, and will not require extensive relocation as part of this proposed MFP.

Other outpatient programs such as the women's clinic, children's clinic and sleep laboratory will be relocated to the Outpatient Pavilion. Ancillary services such as a spa and wellness center will also be located in the building. These ancillary services are part of the Hospital's focus on patient centered care.

The outpatient plans include the renovation and expansion of Emergency Department services. This renovation will solve the issues of inadequately sized rooms, physical plant concerns and create space for an urgent care program.

Finally, a parking garage containing 100-200 spaces will be constructed to address accessibility concerns. The construction of the new Outpatient Pavilion will require the demolition of the Community Pavilion, Tracey Pavilion and Bedford Pavilion.

Inpatient Services

All inpatient beds will be consolidated into the Main Pavilion through the relocation of existing pediatric and psychiatric units from the Community Pavilion. In keeping with its patient centered care focus, the Hospital is proposing to renovate the inpatient care area including the interior wall covering and trims and the building exterior. Space will be made available on the floors for family members to stay with the patient. Meeting space for patient and family consultation with physicians will also be developed.

The existing Inpatient Tower is approximately 33 years old. There are several infrastructure issues that will be remedied by this project. First, the Hospital is proposing to construct 1,000 square feet of storage space on floors 6, 7, 8 and 9. Currently there is insufficient space for the storage of medical equipment. The equipment is stored on the floors. Several patient rooms have been taken off line and are used to store some of this equipment. The electrical system and the plumbing system in the

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Inpatient Tower will also be improved. This proposal will allow the Hospital to update these systems and produce and distribute energy much more efficiently.

AFFIDAVIT**To be completed by each Applicant**

Applicant: The Norwalk Hospital Association

Project Title: Norwalk Hospital Master Facility Plan

I, Geoffrey Cole, CEO of the Norwalk Hospital Association being duly sworn, depose and state that the information provided in this CON Letter of Intent (Form 2030) is true and accurate to the best of my knowledge, and that Norwalk 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.

Geoffrey Cole
SignatureMarch 14, 2008
DateSubscribed and sworn to before me on MARCH 14, 2008Notary Public/Commissioner of Superior Court
Jay L. HanulikMy commission expires: MAY 31, 2010

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2008 MAR 14 P 4:20
CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

Norwalk Hospital

Facility Master Plan
Item Summary: 3/14/2008

MEDICAL EQUIPMENT

Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost
Ambulatory Pavilion	4772-000	8	Altimeter, Surgical Instruments		\$1,00,000.00	\$800,000.00
Ambulatory Pavilion	4894-000	1	Analyzer, Anesthetic Gas		\$2,550.00	\$2,550.00
Ambulatory Pavilion	3939-000	1	Analyzer, Lab, Blood Gas		\$16,115.00	\$16,115.00
Ambulatory Pavilion	5359-000	1	Analyzer, Lab, Blood Gas / pH / Electrolyte / Metabolic		\$40,000.00	\$40,000.00
Ambulatory Pavilion	3343-000	1	Analyzer, Lab, Blood Gas / pH / Electrolyte / Metabolic / Oximetry		\$63,700.00	\$63,700.00
Ambulatory Pavilion	3347-000	1	Analyzer, Lab, Chemistry		\$220,600.00	\$220,600.00
Ambulatory Pavilion	3349-000	1	Analyzer, Lab, Chemistry / Drug, Countertop		\$87,500.00	\$87,500.00
Ambulatory Pavilion	3353-000	1	Analyzer, Lab, Co-oximeter		\$16,275.00	\$16,275.00
Ambulatory Pavilion	3354-000	2	Analyzer, Lab, Coagulation, Portable		\$73,545.00	\$147,290.00
Ambulatory Pavilion	6174-000	1	Analyzer, Lab, Coagulation, Whole Blood		\$5,795.00	\$5,795.00
Ambulatory Pavilion	3355-000	1	Analyzer, Lab, Electrolyte		\$21,500.00	\$21,500.00
Ambulatory Pavilion	3353-000	1	Analyzer, Lab, Hematology		\$22,000.00	\$22,000.00
Ambulatory Pavilion	3356-000	2	Analyzer, Lab, Oxygen		\$86,000.00	\$172,000.00
Ambulatory Pavilion	3364-000	1	Analyzer, Lab, Oxygen		\$495.00	\$495.00
Ambulatory Pavilion	3368-000	2	Analyzer, Lab, Urinalysis, Countertop		\$10,750.00	\$21,500.00
Ambulatory Pavilion	4767-000	3	Analyzer, Otolaryngologic, Hearing Aid		\$13,390.00	\$40,170.00
Ambulatory Pavilion	4768-000	1	Analyzer, Otolaryngologic, Speech		\$3,250.00	\$3,250.00
Ambulatory Pavilion	3370-000	5	Anesthesia Machine, General		\$56,030.00	\$280,000.00
Ambulatory Pavilion	3970-018	4	Anesthesia Machine, General	Draeger Medical, Inc	\$57,453.00	\$229,812.00
Ambulatory Pavilion	3372-003	4	Apron, Lead		\$159.00	\$636.00
Ambulatory Pavilion	5413-003	7	Artwork, Decorative		\$500.00	\$3,500.00
Ambulatory Pavilion	3386-000	4	Audiometer, Dual Channel		\$6,795.00	\$27,180.00
Ambulatory Pavilion	3389-000	1	Autotransfusion Unit, General		\$37,995.00	\$37,995.00
Ambulatory Pavilion	3392-000	1	Balance, Lab, Analytical		\$2,565.00	\$2,565.00
Ambulatory Pavilion	3401-000	2	Barometer, Mercury		\$880.00	\$1,760.00
Ambulatory Pavilion	3402-000	1	Bath, Parallel, Motorized		\$9,795.00	\$9,795.00
Ambulatory Pavilion	3414-000	1	Bath, Tissue		\$392.00	\$392.00
Ambulatory Pavilion	3410-000	1	Bath, Water, Single Chamber		\$824.00	\$824.00
Ambulatory Pavilion	3417-000	2	Bed, Electric		\$6,341.00	\$12,682.00

Norwalk Hospital

Facility Master Plan

Item Summary: 3/14/2008

MEDICAL EQUIPMENT

Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost
Ambulatory Pavilion	3421-000	1	Bed, Manual		\$1,800.00	\$1,800.00
Ambulatory Pavilion	3427-000	1	Bench, Work, Steel w/ Power		\$957.00	\$957.00
Ambulatory Pavilion	5473-000	2	Bin, Shredder		\$0.00	\$0.00
Ambulatory Pavilion	3432-000	1	Bin, X-ray Film Storage		\$572.00	\$572.00
Ambulatory Pavilion	3433-000	1	Biofeedback Unit, General		\$1,550.00	\$1,550.00
Ambulatory Pavilion	3436-000	1	Blender, Gas, Air/Oxygen		\$974.00	\$974.00
Ambulatory Pavilion	6081-000	3	Board, Bulletin		\$76.00	\$228.00
Ambulatory Pavilion	6994-000	2	Board, Bulletin/Marker Combo		\$112.00	\$224.00
Ambulatory Pavilion	5873-000	1	Board, White, Dry Erase		\$87.00	\$87.00
Ambulatory Pavilion	7102-000	1	Booster, Temperature		\$1,574.00	\$1,574.00
Ambulatory Pavilion	3442-000	4	Booth, Audiometric, Modular		\$42,286.00	\$169,144.00
Ambulatory Pavilion	3449-000	1	Bracket, Computer, Wall		\$882.00	\$882.00
Ambulatory Pavilion	3446-000	18	Bracket, Monitor, Wall		\$545.00	\$9,810.00
Ambulatory Pavilion	3444-000	4	Bracket, Television, Wall		\$260.00	\$1,040.00
Ambulatory Pavilion	6418-000	10	Bracket, Television, Wall, Flat Screen		\$299.00	\$2,990.00
Ambulatory Pavilion	3451-000	23	Bucket, Kick		\$210.00	\$4,830.00
Ambulatory Pavilion	3450-000	2	Bucket, Mopping		\$324.00	\$648.00
Ambulatory Pavilion	3627-000	1	C-Locker, General		\$1,358.00	\$1,358.00
Ambulatory Pavilion	3456-000	1	Cabinet, Bio Safety, Class II, Type A1		\$9,505.00	\$9,505.00
Ambulatory Pavilion	3458-000	1	Cabinet, Bio Safety, Class II, Type B2, Floor		\$10,995.00	\$10,995.00
Ambulatory Pavilion	6973-000	1	Cabinet, File, Vertical, 3-drawer		\$314.00	\$314.00
Ambulatory Pavilion	6105-000	2	Cabinet, File, Vertical, 4 drawer		\$0.00	\$0.00
Ambulatory Pavilion	5531-000	2	Cabinet, OR Console, Accessory		\$4,120.00	\$8,240.00
Ambulatory Pavilion	5594-000	4	Cabinet, OR Console, Supply		\$4,031.00	\$16,044.00
Ambulatory Pavilion	3455-000	4	Cabinet, Patient Room, Bedside		\$860.00	\$3,440.00
Ambulatory Pavilion	3496-000	1	Cabinet, Storage, Clinical , Drying, Endoscope		\$4,317.00	\$4,317.00
Ambulatory Pavilion	3489-000	20	Cabinet, Storage, Clinical , Endoscope/Cath		\$4,345.00	\$86,890.00
Ambulatory Pavilion	3489-056	4	Cabinet, Storage, Clinical , Endoscope/Cath	InterSpace - Date!	\$4,275.00	\$17,100.00

Norwalk Hospital

Facility Master Plan
Item Summary: 3/14/2008

MEDICAL EQUIPMENT

Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost
Ambulatory Pavilion	3478-000	2	Cabinet, Storage, Clinical , Narcotic		\$435.00	\$870.00
Ambulatory Pavilion	6885-000	1	Cabinet, Storage, Clinical , Supply		\$1,950.00	\$1,950.00
Ambulatory Pavilion	6177-000	2	Cabinet, Storage, Non-Clinical, Supply		\$800.00	\$1,600.00
Ambulatory Pavilion	6083-000	3	Cabinet, Storage, Non-Clinical, Wardrobe		\$753.00	\$2,259.00
Ambulatory Pavilion	5319-000	1	Cabinet, Warming, Dual, Recessed.		\$9,329.00	\$9,329.00
Ambulatory Pavilion	5317-000	4	Cabinet, Warming, Single, Counter		\$5,790.00	\$27,160.00
Ambulatory Pavilion	3507-000	1	Calibration Bar, Eng		\$515.00	\$515.00
Ambulatory Pavilion	3508-000	1	Camera, Laboratory, View		\$4,995.00	\$4,995.00
Ambulatory Pavilion	3516-000	1	Camera, Patient ID, X-ray Film		\$2,402.00	\$2,402.00
Ambulatory Pavilion	3516-000	14	Camera, Video, Endoscopy		\$13,995.00	\$195,930.00
Ambulatory Pavilion	5705-000	1	Carrier, Chair, Scrub Sink		\$902.00	\$902.00
Ambulatory Pavilion	6338-000	2	Cart / Truck, Soiled Utility		\$3,256.00	\$6,512.00
Ambulatory Pavilion	6047-000	4	Cart, AV, General		\$952.00	\$1,448.00
Ambulatory Pavilion	6003-000	8	Cart, Anesthesia, 6-drawer		\$1,535.00	\$12,280.00
Ambulatory Pavilion	5830-000	10	Cart, Case, Medium (40-49in wide)		\$5,208.00	\$52,080.00
Ambulatory Pavilion	5830-001	4	Cart, Case, Medium (40-49in wide)	Suburban Surgical Company, Inc.	\$5,208.00	\$20,832.00
Ambulatory Pavilion	5829-000	1	Cart, Case, Small (39 in wide or less)		\$1,673.00	\$1,673.00
Ambulatory Pavilion	6028-000	4	Cart, Chair, 13-20 chart		\$573.00	\$2,292.00
Ambulatory Pavilion	5804-000	1	Cart, Computer, Workstation		\$2,086.00	\$2,086.00
Ambulatory Pavilion	5801-000	1	Cart, Equipment, Electrosurgical Unit		\$555.00	\$555.00
Ambulatory Pavilion	6246-000	2	Cart, Equipment, Weights		\$376.00	\$752.00
Ambulatory Pavilion	5846-000	2	Cart, Housekeeping, Stainless		\$1,195.00	\$2,390.00
Ambulatory Pavilion	5993-000	2	Cart, Medication, Medium		\$2,297.00	\$4,594.00
Ambulatory Pavilion	5997-000	3	Cart, Medication, Small		\$1,983.00	\$5,949.00
Ambulatory Pavilion	5855-000	2	Cart, Procedure, Cast		\$5,530.00	\$11,060.00
Ambulatory Pavilion	5862-000	1	Cart, Procedure, Critical Care		\$3,517.00	\$3,517.00
Ambulatory Pavilion	5849-000	15	Cart, Procedure, Endoscopy		\$6,595.00	\$93,925.00
Ambulatory Pavilion	5853-000	7	Cart, Procedure, General		\$630.00	\$3,810.00
Ambulatory Pavilion	7026-000	3	Cart, Procedure, Phlebotomy		\$1,498.00	\$4,497.00
Ambulatory Pavilion	5859-000	17	Cart, Procedure, Resuscitation		\$1,212.00	\$20,504.00

Norwalk Hospital

Facility Master Plan
Item Summary: 3/14/2008

MEDICAL EQUIPMENT

Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost
Ambulatory Pavilion	53488-000	1	Cart, Supply, Catheter		\$4,649.00	\$4,649.00
Ambulatory Pavilion	6013-000	1	Cart, Supply, Chrome, 24 inch		\$380.00	\$380.00
Ambulatory Pavilion	6015-000	4	Cart, Supply, Chrome, 48 inch		\$501.00	\$2,004.00
Ambulatory Pavilion	6016-000	5	Cart, Supply, Chrome, 60 inch		\$625.00	\$3,125.00
Ambulatory Pavilion	5847-000	3	Cart, Supply, IV		\$2,630.00	\$7,890.00
Ambulatory Pavilion	6339-000	2	Cart, Supply, Linen		\$971.00	\$1,942.00
Ambulatory Pavilion	5832-000	10	Cart, Supply, Linen, 48"		\$616.00	\$6,160.00
Ambulatory Pavilion	6808-000	1	Cart, Supply, Modular		\$1,250.00	\$1,250.00
Ambulatory Pavilion	5838-000	7	Cart, Supply, Suture		\$803.00	\$5,621.00
Ambulatory Pavilion	6761-003	1	Cart, Utility, Mail		\$590.00	\$590.00
Ambulatory Pavilion	5836-000	5	Cart, Utility, Polymer		\$245.00	\$1,225.00
Ambulatory Pavilion	5835-000	31	Cart, Utility, Stainless		\$268.00	\$8,308.00
Ambulatory Pavilion	3598-000	3	Centrifuge, General Purpose, Countertop		\$2,100.00	\$6,300.00
Ambulatory Pavilion	3592-000	1	Centrifuge, Micro-Hematocrit		\$1,582.00	\$1,582.00
Ambulatory Pavilion	6164-000	3	Chair, Clinical, Blood Draw, Reclining		\$1,985.00	\$5,955.00
Ambulatory Pavilion	3803-000	1	Chair, Clinical, Commode, Floor		\$229.00	\$229.00
Ambulatory Pavilion	3602-000	7	Chair, Clinical, Commode, Mobile		\$230.00	\$1,610.00
Ambulatory Pavilion	3616-003	1	Chair, Clinical, Exam, ENT		\$5,995.00	\$5,995.00
Ambulatory Pavilion	3615-000	2	Chair, Clinical, Recliner		\$875.00	\$1,750.00
Ambulatory Pavilion	7022-000	1	Chair, Clinical, Recliner, Bariatric		\$3,016.00	\$3,016.00
Ambulatory Pavilion	3616-000	4	Chair, Clinical, Recliner, Treatment		\$3,941.00	\$15,764.00
Ambulatory Pavilion	5300-000	1	Chair, Interiors, Guest, w/arms		\$273.00	\$273.00
Ambulatory Pavilion	5070-000	35	Chair, Interiors, Lounge		\$1,213.00	\$42,455.00
Ambulatory Pavilion	6755-000	7	Chair, Interiors, Lounge, Bariatric		\$0.03	\$0.03
Ambulatory Pavilion	5055-000	10	Chair, Interiors, Patient		\$625.00	\$6,250.00
Ambulatory Pavilion	5384-000	18	Chair, Office, Task, no Arms		\$517.00	\$9,306.00
Ambulatory Pavilion	5383-000	4	Chair, Office, Task, w/arms		\$700.00	\$2,800.00
Ambulatory Pavilion	3626-000	1	Clock, Elapsed Time, Wall Mount		\$494.00	\$494.00
Ambulatory Pavilion	7084-000	40	Clock, Electric, Wall		\$92.00	\$3,680.00
Ambulatory Pavilion	5735-000	7	Coffee Maker, Pour-Over, 12 Warmer		\$622.00	\$4,354.00
Ambulatory Pavilion	5214-000	16	Column, Service, Articulating, Single Arm		\$22,000.00	\$352,000.00
Ambulatory Pavilion	5214-001	4	Column, Service, Articulating, Single Arm	Hill-Rom - Service Columns	\$22,000.00	\$88,000.00

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MEDICAL EQUIPMENT

Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost
Ambulatory Pavilion	5610-000	1	Column, Service, Ceiling, Retractable		\$8,200.00	\$8,200.00
Ambulatory Pavilion	6623-000	2	Compounder, TPN		\$53,200.00	\$126,400.00
Ambulatory Pavilion	5643-000	2	Computer Info System, Data Mgt, Cardiac (Holter)		\$58,000.00	\$116,000.00
Ambulatory Pavilion	4985-000	4	Computer, Desktop		\$2,930.00	\$11,720.00
Ambulatory Pavilion	6682-000	3	Computer, Laptop		\$2,500.00	\$7,500.00
Ambulatory Pavilion	6127-020	8	Computer, Workstation		\$35,000.00	\$280,000.00
Ambulatory Pavilion	3656-000	6	Copier, Counter Top, Multifunction		\$1,795.00	\$10,770.00
Ambulatory Pavilion	5225-020	1	Copier, Counter Top, Multifunction		\$999.00	\$999.00
Ambulatory Pavilion	3657-000	3	Copier, Floor		\$14,800.00	\$44,400.00
Ambulatory Pavilion	5185-030	2	Copier, Floor, Multifunction		\$18,000.00	\$36,000.00
Ambulatory Pavilion	6261-000	1	Curtain, Cubicle		\$325.00	\$325.00
Ambulatory Pavilion	3677-000	7	Defibrillator, Monitor, Manual		\$12,244.00	\$85,708.00
Ambulatory Pavilion	3678-000	6	Defibrillator, Monitor, w/Pacemaker		\$64,368.00	\$385,208.00
Ambulatory Pavilion	3678-003	4	Defibrillator, Monitor, w/Pacemaker	Medtronic Inc. - Physio-Control Division	\$10,728.00	\$43,912.00
Ambulatory Pavilion	3684-000	1	Densitometer, Firm		\$1,575.00	\$1,575.00
Ambulatory Pavilion	6539-000	1	Desk, Computer, Mobile		\$239.00	\$239.00
Ambulatory Pavilion	3695-000	3	Diathermy Unit, Ultrasound		\$1,899.00	\$5,697.00
Ambulatory Pavilion	5225-000	1	Dictation/Transcription System, Computer-Based		\$50,000.00	\$50,000.00
Ambulatory Pavilion	5222-000	4	Dictation/Transcription System, General		\$515.00	\$2,060.00
Ambulatory Pavilion	3704-000	1	Dishwasher, Undercounter, Domestic		\$499.00	\$499.00
Ambulatory Pavilion	6474-000	1	Dispenser, Cup		\$111.00	\$111.00
Ambulatory Pavilion	7038-000	3	Dispenser, Glove, Double Box		\$59.00	\$177.00
Ambulatory Pavilion	3716-000	10	Dispenser, Glove, Single Box		\$47.00	\$470.00
Ambulatory Pavilion	3719-000	65	Dispenser, Glove, Syringe Disposal Corabo, Wall Mount		\$101.00	\$6,565.00
Ambulatory Pavilion	6364-000	1	Dispenser, Glove, Triple Box		\$62.00	\$62.00
Ambulatory Pavilion	5865-000	12	Dispenser, Hand Sanitizer		\$12.00	\$144.00
Ambulatory Pavilion	3703-000	2	Dispenser, Medication, Host (Main)		\$32,280.00	\$64,560.00

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MEDICAL EQUIPMENT

Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost
Ambulatory Pavilion	6084-003	13	Dispenser, Paper Towel, Surface Mount		\$24.00	\$1,92.00
Ambulatory Pavilion	5858-003	12	Dispenser, Soap, Wall Mounted		\$85.00	\$1,020.00
Ambulatory Pavilion	6371-000	3	Disposal, Sharps, CounterTop		\$8.00	\$18.00
Ambulatory Pavilion	5490-000	1	Disposal, Sharps, Floor Bin		\$46.00	\$46.00
Ambulatory Pavilion	3723-000	4	Disposable, Sharps, Wall Mount		\$79.00	\$316.00
Ambulatory Pavilion	3727-000	6	Doppler, Fetal Head		\$1,145.00	\$6,870.00
Ambulatory Pavilion	3752-000	1	Dryer, Clean		\$12,380.00	\$12,380.00
Ambulatory Pavilion	3753-000	1	Dryer, Laundry, Domestic		\$469.00	\$469.00
Ambulatory Pavilion	3762-000	1	Duplicator, Film		\$1,345.00	\$1,345.00
Ambulatory Pavilion	3768-000	1	Electrocardiograph (ECG), Interpretive		\$10,250.00	\$10,250.00
Ambulatory Pavilion	3769-000	1	Electroencephalograph (EEG), Evoked Potential Unit		\$95,000.00	\$95,000.00
Ambulatory Pavilion	3767-000	2	Electroencephalograph (EEG), Polysomnograph			
Ambulatory Pavilion	6219-000	1	Electroencephalograph (EEG), Portable			
Ambulatory Pavilion	3824-000	1	Electroencephalograph (EEG), General			
Ambulatory Pavilion	3771-000	2	Electromyograph (EMG), General			
Ambulatory Pavilion	3772-000	1	Electroystagmograph, General			
Ambulatory Pavilion	4837-000	1	Electrosurgical Unit, Argon Beam			
Ambulatory Pavilion	4837-004	4	Electrosurgical Unit, Argon Beam	Tyco Healthcare - Valleylab Div	\$31,500.00	\$63,000.00
Ambulatory Pavilion	4824-000	18	Electrosurgical Unit, Bipolar		\$30,000.00	\$30,000.00
Ambulatory Pavilion	5881-000	4	Embosser/Printer, Card		\$1,935.00	\$1,935.00
Ambulatory Pavilion	6685-000	1	Endoscope, Bronchoscope, Video		\$31,500.00	\$31,500.00
Ambulatory Pavilion	6679-000	2	Endoscope, Duodenoscope		\$27,550.00	\$27,550.00
Ambulatory Pavilion	5552-000	2	Endoscope, Gastroscope, Video		\$18,345.00	\$18,345.00
Ambulatory Pavilion	3785-000	2	Ergometer, Bicycle		\$78,716.00	\$78,716.00
Ambulatory Pavilion	3785-000	1	Ergometer, Bicycle/Arm		\$201,222.00	\$201,222.00
Ambulatory Pavilion	4849-000	1	Exerciser, Knee, CPM		\$39,980.00	\$39,980.00
Ambulatory Pavilion	4766-000	1	Exerciser, Rickshaw		\$4,613.00	\$4,613.00
Ambulatory Pavilion	4707-000	1	Exerciser, Rowing Machine		\$895.00	\$895.00
Ambulatory Pavilion	4702-000	1	Exerciser, Skiing Machine		\$2,293.00	\$2,293.00

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MEDICAL EQUIPMENT

Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost	
Ambulatory Pavilion	4689-000	1	Exerciser, Universal Weight Station		\$7,700.00	\$7,700.00	
Ambulatory Pavilion	4701-000	1	Exerciser, Upper and Lower Body		\$1,995.00	\$1,995.00	
Ambulatory Pavilion	5455-000	1	Extractor, Plasma		\$27,000.00	\$27,000.00	
Ambulatory Pavilion	5875-000	2	Eye Wash Station, Wall Mounted		\$233.00	\$466.00	
Ambulatory Pavilion	3791-003	8	Faximile Machine, General		\$2,700.00	\$21,600.00	
Ambulatory Pavilion	5129-000	4	Faximile Machine, Multifunction		\$1,098.00	\$4,392.00	
Ambulatory Pavilion	3793-000	1	Fikation Device, General		\$75.00	\$75.00	
Ambulatory Pavilion	3796-000	2	Floor Machine, Burnisher, Electric		\$2,549.00	\$5,098.00	
Ambulatory Pavilion	3805-000	29	Flowmeter, Air		\$90.00	\$2,610.00	
Ambulatory Pavilion	3803-000	35	Flowmeter, Oxygen		\$108.00	\$3,780.00	
Ambulatory Pavilion	3802-000	2	Flowmeter, Oxygen/Nitrous Oxide		\$2,452.00	\$4,904.00	
Ambulatory Pavilion	5826-000	2	Freezer, Laboratory, Undercounter		\$1,018.00	\$2,036.00	
Ambulatory Pavilion	3818-000	1	Freezer, Ultra-low, Upright		\$11,955.00	\$11,955.00	
Ambulatory Pavilion	3836-000	59	Hammer, Linen		\$291.00	\$17,159.00	
Ambulatory Pavilion	3839-000	7	Headlight, w/ Light Source		\$2,125.00	\$14,875.00	
Ambulatory Pavilion	3842-000	2	Headwall, Rail System, 1 Patient		\$10,000.00	\$20,000.00	
Ambulatory Pavilion	3855-000	2	Hood, Horizontal Laminar Flow		\$3,240.00	\$6,480.00	
Ambulatory Pavilion	5774-000	1	Hydrocollator, Chilling Unit, Mobile		\$1,970.00	\$1,970.00	
Ambulatory Pavilion	3871-000	3	Hydrocollator, Heating Unit, Mobile		\$1,195.00	\$3,585.00	
Ambulatory Pavilion	3874-000	3	Hypo-Hyperthermia Unit, General		\$5,295.00	\$15,885.00	
Ambulatory Pavilion	3874-001	4	Hypo-Hyperthermia Unit, General		\$5,295.00	\$21,180.00	
Ambulatory Pavilion	4817-000	6	Ice Machine, Dispenser, Nugget, Countertop	Gaymar Industries, Inc.	\$7,850.00	\$47,100.00	
Ambulatory Pavilion	8521553	3876-000	1	Ice Machine, w/ Storage Bin, Flaker		\$6,130.00	\$6,130.00
Ambulatory Pavilion	3890-000	10	Imprinter, Electric		\$513.00	\$5,130.00	
Ambulatory Pavilion	3910-000	14	Infiltrator, CO2		\$7,749.00	\$108,486.00	
Ambulatory Pavilion	3913-000	2	Infiltrator, Surgical		\$7,660.00	\$15,320.00	
Ambulatory Pavilion	3913-001	4	Irrigator, Surgical		\$7,660.00	\$30,640.00	
Ambulatory Pavilion	3933-000	1	Laser, CO2		\$89,500.00	\$89,500.00	
Ambulatory Pavilion	5590-000	1	Lif, Patient, Bariatric		\$14,290.00	\$14,290.00	
Ambulatory Pavilion	3945-000	1	Lif, Patient, Ceiling, 1-Bed		\$4,124.00	\$4,124.00	
Ambulatory Pavilion	6805-000	5	Lif, Patient, Hydraulic&Manual		\$1,087.00	\$5,435.00	

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Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost
NORWALK HOSPITAL						
Ambulatory Pavilion	3952-000	18	Light Source, Xenon	Karl Storz Endoscopy - America	\$12,500.00	\$225,000.00
Ambulatory Pavilion	3952-008	4	Light Source, Xenon		\$3,545.00	\$94,180.00
Ambulatory Pavilion	3921-003	1	Light, Exam/Procedure, Fluorescent, w/Magnifier, Countertop		\$235.00	\$235.00
Ambulatory Pavilion	3960-000	1	Light, Exam/Procedure, Single, Ceiling		\$1,800.00	\$1,800.00
Ambulatory Pavilion	3963-000	29	Light, Exam/Procedure, Single, Floor		\$2,318.00	\$67,222.00
Ambulatory Pavilion	3974-000	1	Light, Safe, Wall		\$144.00	\$144.00
Ambulatory Pavilion	3979-086	4	Light, Surgical, Dual, Ceiling	BERCHTOLD Corporation	\$29,461.00	\$117,844.00
Ambulatory Pavilion	5046-000	2	Light, Surgical, Single, Ceiling		\$14,200.00	\$28,400.00
Ambulatory Pavilion	3980-030	2	Light, Surgical, Triple, Ceiling		\$25,900.00	\$51,800.00
Ambulatory Pavilion	5072-030	7	Loveseat, Lounge		\$1,600.00	\$11,200.00
Ambulatory Pavilion	5409-000	1	Mat, Floor, Anti-Fatigue		\$165.00	\$165.00
Ambulatory Pavilion	5800-003	2	Mat, Floor, Exercise		\$314.00	\$62,200.00
Ambulatory Pavilion	4021-003	3	Microscope, Operating, Ophthalmic		\$5,600.00	\$16,800.00
Ambulatory Pavilion	4031-000	1	Microtome, Cryostat		\$105,000.00	\$105,000.00
Ambulatory Pavilion	4037-000	1	Mixer, Chemical, X-ray		\$17,800.00	\$17,800.00
Ambulatory Pavilion	4045-000	1	Mixer, Rocker		\$975.00	\$975.00
Ambulatory Pavilion	4047-000	1	Monitor, Physiologic, Anesthesia		\$422.00	\$422.00
Ambulatory Pavilion	4794-000	3	Monitor, Physiologic, Anesthesia		\$36,000.00	\$108,000.00
Ambulatory Pavilion	4794-013	4	Monitor, Physiologic, Anesthesia		\$36,000.00	\$144,000.00
Ambulatory Pavilion	4976-000	5	Monitor, Physiologic, Bedside		\$37,923.00	\$189,615.00
Ambulatory Pavilion	4069-000	1	Monitor, Physiologic, CO2, End Tidal / Pulse Oximetry		\$8,395.00	\$8,395.00
Ambulatory Pavilion	8521553			GE Healthcare - Datex-Ohmeda		
Ambulatory Pavilion	4075-000	16	Monitor, Physiologic, Portable		\$4,190.00	\$67,040.00
Ambulatory Pavilion	4074-000	1	Monitor, Physiologic, Transcutaneous, O2 / CO2		\$5,450.00	\$5,450.00
Ambulatory Pavilion	4071-000	6	Monitor, Physiologic, Vital Signs, Portable		\$6,340.00	\$37,800.00
Ambulatory Pavilion	5952-000	1	Monitor, Physiologic, Vital Signs, with Pulse Oximetry		\$3,025.00	\$3,025.00
Ambulatory Pavilion	4079-000	1	Monitor, Video, 13 inch		\$1,560.00	\$1,560.00

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MEDICAL EQUIPMENT

Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost
NORWALK HOSPITAL						
Ambulatory Pavilion	4080-000	20	Monitor, Video, 19 - 20 Inch		\$2,625.00	\$52,500.00
Ambulatory Pavilion	6011-000	1	Monitor, Video, LCD, Flat Panel		\$500.00	\$500.00
Ambulatory Pavilion	4087-000	1	Nebulizer, Ultrasound		\$1,045.00	\$1,045.00
Ambulatory Pavilion	4090-000	2	OtoOphthalmoscope Set, Desktop		\$750.00	\$1,500.00
Ambulatory Pavilion	4092-000	3	OtoOphthalmoscope Set, Wall Mount, w/Storage		\$2,024.00	\$6,072.00
Ambulatory Pavilion	4091-000	18	OtoOphthalmoscope Set, Wall Mounted		\$750.00	\$14,220.00
Ambulatory Pavilion	4103-000	7	Oven, Microwave, Countertop		\$209.00	\$1,463.00
Ambulatory Pavilion	4107-000	13	Oximeter, Pulse		\$3,700.00	\$48,100.00
Ambulatory Pavilion	4110-000	0	Pacemaker, External		\$5,500.00	\$0.00
Ambulatory Pavilion	4120-000	1	Pass Box, Cassette		\$1,591.00	\$1,591.00
Ambulatory Pavilion	4122-000	1	Percussor, Chest Physiotherapy		\$2,200.00	\$2,200.00
Ambulatory Pavilion	4126-000	1	Phacenuulsifier, Ophthalmic		\$79,900.00	\$79,900.00
Ambulatory Pavilion	4588-000	1	Player, DVD/VCR		\$250.00	\$250.00
Ambulatory Pavilion	4596-000	16	Player, Video Cassette Recorder (VHS format)		\$120.00	\$1,920.00
Ambulatory Pavilion	4132-000	1	Photysmograph, Body		\$38,990.00	\$38,990.00
Ambulatory Pavilion	4141-000	3	Printer, Label, Barcode		\$1,395.00	\$4,185.00
Ambulatory Pavilion	5866-000	3	Printer, Laser		\$400.00	\$1,200.00
Ambulatory Pavilion	6374-000	1	Printer, Laser, Color		\$679.00	\$679.00
Ambulatory Pavilion	6116-000	6	Printer, Laser, Network		\$899.00	\$5,394.00
Ambulatory Pavilion	4159-000	15	Printer, Video Image, Color		\$7,400.00	\$111,000.00
Ambulatory Pavilion	4147-000	1	Processor, Film, X-ray		\$26,325.00	\$26,325.00
Ambulatory Pavilion	4178-000	3	Pump, Infusion, Dual		\$4,250.00	\$12,750.00
Ambulatory Pavilion	4181-000	2	Pump, Infusion, PCA		\$4,295.00	\$8,590.00
Ambulatory Pavilion	4177-000	17	Pump, Infusion, Single		\$4,150.00	\$70,550.00
Ambulatory Pavilion	4182-000	1	Pump, Infusion, Syringe		\$2,695.00	\$2,695.00
Ambulatory Pavilion	5632-000	1	Pump, Suction/Aspirator, Endoscopic		\$2,570.00	\$2,570.00
Ambulatory Pavilion	3375-000	1	Pump, Suction/Aspirator, General, Mobile		\$1,735.00	\$1,735.00
Ambulatory Pavilion	3374-000	2	Pump, Suction/Aspirator, General, Portable		\$909.00	\$1,818.00

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Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost
NORWALK HOSPITAL						
Ambulatory Pavilion	4187-000	3	Rack, Apron, Wall Mount		\$400.00	\$1,200.00
Ambulatory Pavilion	5367-000	7	Rack, Coal, Stand		\$100.00	\$700.00
Ambulatory Pavilion	4193-000	2	Rack, Crutch/Cane/Walker		\$240.00	\$480.00
Ambulatory Pavilion	4196-000	2	Rack, Endoscope		\$296.00	\$592.00
Ambulatory Pavilion	7831-000	7	Rack, Literature, Wall Mount		\$44.00	\$308.00
Ambulatory Pavilion	6365-000	7	Rack, Magazine, Wall Mount		\$318.00	\$2,226.00
Ambulatory Pavilion	4198-000	2	Rack, Mops / Brooms		\$49.00	\$98.00
Ambulatory Pavilion	4213-000	1	Reading Station, EEG		\$12,000.00	\$12,000.00
Ambulatory Pavilion	6618-000	0	Recorder, CD/DVD, Medical		\$20,995.00	\$20,995.00
Ambulatory Pavilion	4214-000	1	Recordway System, Silver		\$2,250.00	\$2,250.00
Ambulatory Pavilion	6050-000	9	Refrigerator, Commercial, Undercounter		\$1,634.00	\$14,706.00
Ambulatory Pavilion	4242-000	7	Refrigerator, Domestic		\$479.00	\$3,353.00
Ambulatory Pavilion	4224-000	1	Refrigerator, Laboratory, 1 door		\$5,151.00	\$5,151.00
Ambulatory Pavilion	4232-000	1	Refrigerator, Pharmaceutical, 1 door		\$4,744.00	\$4,744.00
Ambulatory Pavilion	4235-000	2	Refrigerator, Undercounter		\$920.00	\$1,840.00
Ambulatory Pavilion	6370-000	1	Regulator, Oxygen		\$95.00	\$95.00
Ambulatory Pavilion	4249-000	1	Regulator, Suction, Continuous		\$290.00	\$290.00
Ambulatory Pavilion	4248-000	34	Regulator, Suction, Intermittent/Continuous		\$547.00	\$18,598.00
Ambulatory Pavilion	3911-000	1	Respirator, IPPB		\$2,839.00	\$2,839.00
Ambulatory Pavilion	4254-000	7	Roller, Patient Transfer		\$254.00	\$1,778.00
Ambulatory Pavilion	5442-000	2	Safe, General		\$380.00	\$760.00
Ambulatory Pavilion	4286-000	4	Scale, Clinical, Adult, Digital, Floor		\$397.00	\$1,588.00
Ambulatory Pavilion	4288-000	1	Scale, Clinical, Adult, Mechanical Beam		\$142.00	\$142.00
Ambulatory Pavilion	6785-000	1	Screecher, DPOAETEOAE/ABR		\$12,995.00	\$12,995.00
Ambulatory Pavilion	4775-000	1	Shelving, Allowance, Library		\$30,000.00	\$30,000.00
Ambulatory Pavilion	5694-000	1	Shelving, Solid, Wall Mount		\$964.00	\$964.00
Ambulatory Pavilion	4228-000	13	Shelving, Wire, Chrome, 48		\$429.00	\$5,577.00
Ambulatory Pavilion	4311-000	1	Shield, Lead, Mobile		\$1,836.00	\$1,836.00
Ambulatory Pavilion	4316-000	1	Simulator, Work, Assembly		\$54.00	\$54.00
Ambulatory Pavilion	5462-000	1	Simulator, Work, Automobile		\$7,400.00	\$7,400.00

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Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost
Ambulatory Pavilion	4318-000	1	Simulator, Work, Eye-Hand-Foot Coordination		\$1,950.00	\$1,950.00
Ambulatory Pavilion	4314-000	1	Simulator, Work, Problem Solving		\$1,950.00	\$1,950.00
Ambulatory Pavilion	4319-000	1	Simulator, Work, Soldering		\$2,250.00	\$2,250.00
Ambulatory Pavilion	4317-000	1	Simulator, Work, Tri-level Measurement		\$2,595.00	\$2,595.00
Ambulatory Pavilion	5228-000	1	Simulator, Work, Upper Extremity		\$1,795.00	\$1,795.00
Ambulatory Pavilion	4316-000	2	Simulator, Work, Whole Body		\$32,900.00	\$65,800.00
Ambulatory Pavilion	5975-000	2	Sink, Clean-up Workstation (3-sink)		\$15,500.00	\$31,000.00
Ambulatory Pavilion	4386-000	1	Sink, Scrub, 3-Bay		\$9,483.00	\$9,483.00
Ambulatory Pavilion	3789-000	7	Smoke Evacuator, Surgical		\$1,595.00	\$11,165.00
Ambulatory Pavilion	5684-000	3	Sphygmomanometer, Aneroid, Handheld		\$198.00	\$594.00
Ambulatory Pavilion	4347-000	8	Sphygmomanometer, Aneroid, Mobile		\$995.00	\$7,960.00
Ambulatory Pavilion	4346-000	39	Sphygmomanometer, Aneroid, Wall Mount		\$1,989.00	\$62,961.00
Ambulatory Pavilion	6330-000	1	Spirometer, Portable		\$1,045.00	\$1,045.00
Ambulatory Pavilion	6168-000	1	Stainer, Slide, Automatic, Benchtop		\$8,807.00	\$8,807.00
Ambulatory Pavilion	6484-000	1	Stains, Training, Corner		\$1,995.00	\$1,995.00
Ambulatory Pavilion	5796-000	6	Stand, Basin, Double		\$620.00	\$3,720.00
Ambulatory Pavilion	5955-000	2	Stand, Basin, Single		\$222.00	\$444.00
Ambulatory Pavilion	5834-000	7	Stand, Equipment, Suction Canister		\$241.00	\$1,687.00
Ambulatory Pavilion	4381-000	33	Stand, JV, Chrome		\$124.00	\$4,092.00
Ambulatory Pavilion	4383-000	2	Stand, IV, Multi-Pump		\$467.00	\$934.00
Ambulatory Pavilion	4382-000	1	Stand, IV, Stainless Steel		\$206.00	\$206.00
Ambulatory Pavilion	6260-000	3	Stand, Mayo, Foot-Operated		\$940.00	\$2,820.00
Ambulatory Pavilion	6262-000	22	Stand, Mayo, Thumb-Operated		\$388.00	\$8,536.00
Ambulatory Pavilion	4380-000	1	Stereo System, Shelf		\$200.00	\$200.00
Ambulatory Pavilion	4384-000	1	Sterilizer, Counterop		\$3,891.00	\$3,891.00
Ambulatory Pavilion	4385-000	1	Sterilizer, Endoscope		\$21,021.00	\$21,021.00
Ambulatory Pavilion	6478-000	2	Sterilizer, Steam, Cabinet		\$37,536.00	\$75,072.00
Ambulatory Pavilion	4401-000	1	Simulator, Caloric, Air		\$5,995.00	\$5,995.00
Ambulatory Pavilion	4403-000	1	Simulator, Electromyographic, Transcutaneous Nerve		\$485.00	\$485.00

Norwalk Hospital

Facility Master Plan Item Summary: 3/14/2008

MEDICAL EQUIPMENT

Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost
Ambulatory Pavilion	4405-000	4	Simulator, Muscle		\$850.00	\$3,400.00
Ambulatory Pavilion	4407-000	1	Simulator, Visual (Photic)		\$2,065.00	\$2,065.00
Ambulatory Pavilion	4411-000	8	Stool, Anesthetist		\$7,160.00	\$57,280.00
Ambulatory Pavilion	4414-000	54	Stool, Exam, Cushion-Seat		\$895.00	\$48,270.00
Ambulatory Pavilion	4415-000	2	Stool, Exam, Steel Seat		\$380.00	\$764.00
Ambulatory Pavilion	4421-000	19	Stool, Exam, w/Backrest		\$382.00	\$7,298.00
Ambulatory Pavilion	4422-000	4	Stool, High, w/Backrest		\$189.00	\$756.00
Ambulatory Pavilion	4416-000	24	Stool, Step		\$505.00	\$12,120.00
Ambulatory Pavilion	6372-000	2	Stool, Step, Bariatric		\$76.00	\$1,524.00
Ambulatory Pavilion	5802-000	10	Stool, Step, Stackable		\$71.00	\$710.00
Ambulatory Pavilion	4424-000	8	Stool, Surgeon		\$231.00	\$1,848.00
Ambulatory Pavilion	4427-000	1	Stress Test System, w/ Treadmill		\$12,000.00	\$12,000.00
Ambulatory Pavilion	4431-000	2	Stretcher, Chair		\$45,010.00	\$90,020.00
Ambulatory Pavilion	4435-000	14	Stretchers, Procedure / Recovery		\$5,079.00	\$71,105.00
Ambulatory Pavilion	4428-000	1	Stretchers, Procedure, C-arm		\$7,335.00	\$7,335.00
Ambulatory Pavilion	6412-000	2	Stretchers, Procedure, Imaging		\$5,250.00	\$10,500.00
Ambulatory Pavilion	4429-000	6	Stretchers, Transport		\$2,180.00	\$13,080.00
Ambulatory Pavilion	5981-000	1	Table, Activity/Therapy, Wheelchair		\$1,659.00	\$1,659.00
Ambulatory Pavilion	6751-000	1	Table, Exam/Treatment, Bariatric		\$8,241.00	\$8,241.00
Ambulatory Pavilion	5960-000	4	Table, Exam/Treatment, Hi-Low		\$2,450.00	\$9,800.00
Ambulatory Pavilion	5923-000	15	Table, Exam/Treatment, Manual Adjust		\$1,574.00	\$23,610.00
Ambulatory Pavilion	5936-000	1	Table, Exam/Treatment, Power Adjust		\$12,577.00	\$12,577.00
Ambulatory Pavilion	5963-000	2	Table, Exam/Treatment, Traction		\$6,175.00	\$12,350.00
Ambulatory Pavilion	5951-000	1	Table, Imaging, Urological		\$34,900.00	\$34,900.00
Ambulatory Pavilion	5913-000	22	Table, Instrument, 48-inch		\$722.00	\$15,844.00
Ambulatory Pavilion	5079-000	7	Table, Interiors, Coffee		\$300.00	\$2,100.00
Ambulatory Pavilion	5059-000	9	Table, Interiors, End		\$650.00	\$5,870.00
Ambulatory Pavilion	5919-000	1	Table, Mat, 60-inch		\$1,439.00	\$1,439.00
Ambulatory Pavilion	5934-000	2	Table, Overbed, General		\$825.00	\$1,650.00
Ambulatory Pavilion	5944-039	4	Table, Surgical, Major	BERCHOLD Corporation	\$53,695.00	\$214,780.00
Ambulatory Pavilion	5945-000	1	Table, Surgical, Minor		\$23,700.00	\$23,700.00
Ambulatory Pavilion	5946-000	3	Table, Surgical, Orthopedic		\$51,836.00	\$155,508.00

Norwalk Hospital

Facility Master Plan Item Summary: 3/14/2008

MEDICAL EQUIPMENT

Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost
NORWALK HOSPITAL						
Ambulatory Pavilion	4508-000	1	Tank, Developer / Fixer Set		\$535.00	\$535.00
Ambulatory Pavilion	4513-000	1	Tank, Hydrotherapy, Butterfly		\$20,837.00	\$20,837.00
Ambulatory Pavilion	4514-000	1	Tank, Hydrotherapy, Extremity, Mobile		\$2,556.00	\$2,556.00
Ambulatory Pavilion	4511-000	2	Tank, Hydrotherapy, Extremity, Stationary		\$3,852.00	\$7,704.00
Ambulatory Pavilion	4524-000	2	Television, 09-13 in, Wall		\$632.00	\$1,264.00
Ambulatory Pavilion	7083-000	1	Television, 15-17 in, Flat Panel		\$500.00	\$500.00
Ambulatory Pavilion	4526-000	4	Television, 19-20 in		\$816.00	\$3,264.00
Ambulatory Pavilion	6362-000	2	Television, 19-20 in, with VCR		\$295.00	\$590.00
Ambulatory Pavilion	6522-000	3	Television, 19-20 inch, Flat Panel		\$1,149.00	\$3,447.00
Ambulatory Pavilion	7082-000	7	Television, 25-27 in, Flat Panel		\$1,999.00	\$13,993.00
Ambulatory Pavilion	4538-000	6	Thermometer, Digital		\$433.00	\$2,598.00
Ambulatory Pavilion	4546-000	1	Timer, Lab, Multi		\$899.00	\$899.00
Ambulatory Pavilion	4549-000	6	Toaster, Commercial		\$601.00	\$3,606.00
Ambulatory Pavilion	4552-000	1	Touristjet System, General		\$2,000.00	\$2,000.00
Ambulatory Pavilion	4554-000	1	Traction Unit, General		\$2,995.00	\$2,995.00
Ambulatory Pavilion	4828-000	1	Treadmill, Exercise (Rehab/PT)		\$6,795.00	\$6,795.00
Ambulatory Pavilion	4983-000	2	Tympanometer, Scanning, Automatic		\$2,875.00	\$5,750.00
Ambulatory Pavilion	4563-000	1	Ultrasonic Cleaner, Endoscope		\$2,489.00	\$2,489.00
Ambulatory Pavilion	4808-000	1	Ultrasound, Imaging, Cardiac / Echo		\$122,500.00	\$122,500.00
Ambulatory Pavilion	4569-000	2	Ultrasound, Imaging, Multipurpose		\$241,930.00	\$482,000.00
Ambulatory Pavilion	4573-000	1	Ultrasound, Therapeutic, Electrotardy Combo		\$3,325.00	\$3,325.00
Ambulatory Pavilion	8521553	4575-000	1	Urodynamic Investigation System, General	\$20,150.00	\$20,150.00
Ambulatory Pavilion	4581-000	2	Vacuum, Upright		\$322.00	\$644.00
Ambulatory Pavilion	4589-000	1	Ventilator, Adult / Pediatric		\$31,627.00	\$31,627.00
Ambulatory Pavilion	4594-000	1	Ventilator, Portable		\$6,000.00	\$6,000.00
Ambulatory Pavilion	4598-000	13	Video System, Endoscopic		\$24,255.00	\$315,915.00
Ambulatory Pavilion	4602-000	13	Viewbox, 1 Panel, Recessed		\$227.00	\$2,951.00
Ambulatory Pavilion	4603-000	1	Viewbox, 1 Panel, Surface		\$274.00	\$274.00
Ambulatory Pavilion	4609-000	27	Viewbox, 2 Panel, Recessed		\$554.00	\$14,958.00

Norwalk Hospital

Facility Master Plan Item Summary: 3/14/2008

MEDICAL EQUIPMENT

Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost
Ambulatory Pavilion	4610-000	1	Viewbox, 2 Panel, Surface		\$432.00	\$432.00
Ambulatory Pavilion	4616-000	8	Viewbox, 4 Panel, Recessed		\$886.00	\$7,088.00
Ambulatory Pavilion	4642-000	2	Viewbox, Spiral Film, 2 Panel, Recessed		\$714.00	\$1,428.00
Ambulatory Pavilion	4653-000	2	Washer, Adult, Folding		\$89.00	\$178.00
Ambulatory Pavilion	4658-000	9	Warmer, Fluid/Blood, Portable		\$3,200.00	\$28,800.00
Ambulatory Pavilion	4666-000	5	Warmer, Gel		\$175.00	\$875.00
Ambulatory Pavilion	4657-000	1	Warmer, Patient, Hypothermia		\$880.00	\$880.00
Ambulatory Pavilion	4682-000	1	Washer / Disinfecter, Endoscope		\$29,000.00	\$29,000.00
Ambulatory Pavilion	4673-000	1	Washer, Clothes		\$319.00	\$319.00
Ambulatory Pavilion	4669-000	1	Washer, Pasteurization		\$39,825.00	\$39,825.00
Ambulatory Pavilion	4690-000	25	Waste Can, 32-36 Gallon		\$97.00	\$2,425.00
Ambulatory Pavilion	4687-000	18	Waste Can, Bio-Hazardous		\$119.00	\$2,142.00
Ambulatory Pavilion	4688-000	26	Waste Can, Open Top		\$67.00	\$1,742.00
Ambulatory Pavilion	4602-000	2	Waste Can, Recycle Bin		\$80.00	\$160.00
Ambulatory Pavilion	4920-000	61	Waste Can, Step-On		\$186.00	\$11,286.00
Ambulatory Pavilion	4716-000	2	Wheelchair, Adult, Extra Large		\$1,249.00	\$2,498.00
Ambulatory Pavilion	4717-000	3	Wheelchair, Adult, Large		\$3,822.00	\$11,466.00
Ambulatory Pavilion	4715-000	11	Wheelchair, Adult, Standard		\$1,392.00	\$14,992.00
Ambulatory Pavilion	4721-000	1	Wheelchair, Pediatric		\$2,750.00	\$2,750.00
Ambulatory Pavilion	4742-000	1	X-Ray Unit, C-Arm, Fluoro, Ceiling Mounted		\$500,550.00	\$500,550.00
Ambulatory Pavilion	4741-000	2	X-Ray Unit, C-Arm, Mobile		\$218,500.00	\$437,000.00
Ambulatory Pavilion	4746-000	2	X-Ray Unit, Mobile		\$55,200.00	\$110,400.00
			Grand Total:	\$	11,310,264.00	

State of Connecticut Office of Health Care Access



Letter of Intent Form Form 2030

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

SECTION I. APPLICANT INFORMATION

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

	Applicant One	Applicant Two
Full legal name	Norwalk Hospital Association	2008 MAR 18 A 11:07 RECEIVED CONNECTICUT OFFICE OF HEALTH CARE ACCESS
Doing Business As	Norwalk Hospital	
Name of Parent Corporation	Norwalk Health Services Corporation	
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail (Zip Code Required)	34 Maple Street Norwalk, CT 06856	
Identify Applicant Status: P for Profit or NP for Nonprofit	Non-profit	
Does the Applicant have Tax Exempt Status?	Yes	
Contact Person, including Title/Position: This Individual will be the Applicant Designee to receive all correspondence in this matter.	John Pierro Chief Operating Officer	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail (Zip Code Required)	34 Maple Street Norwalk, CT 06856	

Contact Person Telephone Number	203-853-3271	
Contact Person Fax Number	203-852-1553	
Contact Person e-mail Address	jpierro@norwalkhealth.prg	

SECTION II. GENERAL APPLICATION INFORMATION

- Project Title: Norwalk Hospital Master Facility Plan
- Project Proposal:

Norwalk Hospital proposes to renovate and restructure its main campus by demolishing several old buildings, modernizing the Main Pavilion, which houses the majority of inpatient beds, to bring it up to building code standards and consolidating outpatient services in a new outpatient pavilion.

- Type of Project/Proposal, please check all that apply:

Inpatient Service(s):

Medical/Surgical Cardiac Pediatric Maternity
 Trauma Center Transplantation Programs
 Rehabilitation (specify type) _____
 Behavioral Health (Psychiatric and/or Substance Abuse Services)
 Other Inpatient (specify) undertake renovations to inpatient units

Outpatient Service(s):

Ambulatory Surgery Center Primary Care Oncology
 New Hospital Satellite Facility Emergency Urgent Care
 Rehabilitation (specify type) Central Services Facility
 Behavioral Health (Psychiatric and/or Substance Abuse Services)
 Other Outpatient (specify) consolidate outpatient services in a new outpatient pavilion

Imaging:

MRI CT Scanner PET Scanner
 CT Simulator PET/CT Scanner Linear Accelerator
 Cine-angiography Equipment New Technology: _____

Non-Clinical:

Facility Development Non-Medical Equipment Renovations
 Change in Ownership or Control Land and/or Building Acquisitions

Organizational Structure (Mergers, Acquisitions, & Affiliations)
 Other Non-Clinical: _____

- Does the proposal include a Change in Facility (F), Service (S)/Function (Fnc) pursuant to Section 19a-638, C.G.S.?

Yes No

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

New (F, S, Fnc) Additional (F, S, Fnc) Replacement
 Expansion (F, S, Fnc) Relocation Termination of Service
 Reduction Change in Ownership/Control

- Will the Capital Expenditure/Cost of the proposal exceed \$3,000,000, pursuant to Section 19a-639, C.G.S.?

Yes No

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

New equipment acquisition and operation
 Replacement equipment with disposal of existing equipment
 Major medical equipment
 Change in ownership or control

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

34 Maple Street, Norwalk, CT 06856

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

This project is intended to serve Norwalk Hospital's historical primary service area. This is defined as the towns of Norwalk, New Canaan, Weston, Westport and Wilton.

h. Estimated starting date for the project: Summer/Fall 2009

i. If the proposal includes change in the number of beds provide the following information:

Type	Existing Staffed	Existing Licensed	Proposed Increase or (Decrease)	Proposed Total Licensed
N/A				

[Redacted]

This is not applicable because this project does not involve any change in the number of staffed or licensed beds.

SECTION III. ESTIMATED CAPITAL EXPENDITURE/COST INFORMATION

a. Estimated Total Project Expenditure/Cost: \$150,000,000

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

Major Medical Equipment Purchases*	
Medical Equipment Purchases*	\$ 12,523,437
Non-Medical Equipment Purchases*	\$ 10,054,263
Land/Building Purchases	
Construction/Renovation	\$117,318,912
Other (Non-Construction) Specify: Relocation Lease	
Total Capital Expenditure	\$139,896,612
Major Medical Equipment – Fair Market Value of Leases 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	\$139,896,612
Total Project Cost	\$149,966,612
Capitalized Financing Costs (Informational Purpose Only)	\$9,500,000

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

c. If the proposal has a total capital expenditure/cost exceeding \$20,000,000 or if the proposal is for major medical equipment exceeding \$3,000,000, you may request a Waiver of Public Hearing pursuant to Section 19a-643-45 of OHCA's Regulations? Please check your preference.

Yes No

- If you checked "Yes" above: please check the appropriate box below indicating the basis of the projects eligibility for a waiver of hearing

Energy Conservation Health, Fire, Building and Life Safety Code

Non Substantive
- Provide supporting documentation from elected town officials (i.e. letter from Mayor's Office).
- Major Medical and/or Imaging Equipment Acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
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Note: Provide a copy of the vendor contract or quotation for each major medical/imaging equipment. Not applicable. The project does not include any major medical/imaging equipment.

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

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

SECTION IV. PROJECT DESCRIPTION

In **paragraph format**, 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.

Please see Project Summary which is included as Attachment 1.

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

Norwalk Hospital is an acute care general hospital that offers a full range of medical and surgical services. The specific patient services that are impacted by the proposal are inpatient services, ambulatory surgery and gastroenterology procedures, cardiac and vascular services, wound care, oncology, adult and pediatric clinics, women's center, physical therapy, occupational therapy, audiology, and sleep laboratory.

Please see attached DPH license which is included as Attachment 2.

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

Norwalk Hospital is not seeking any change in license as part of this project. All of the services that are impacted are currently provided by Norwalk Hospital. Please see Attachment 1.

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

Norwalk Hospital will continue to serve the population in its primary service area.

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

This proposal is designed to improve delivery of both inpatient and outpatient clinical services by renovating the aging infrastructure of our campus, and centralizing these services to best serve our patients. It includes a consolidation of outpatient services into a new building, which will create effective and efficient delivery of services and improve access for our patients.

Another important component of this proposal is to consolidate inpatient services in the Main Pavilion and provide for medical provider conference areas for patients and families. This is consistent with the Hospital's focus on patient centered care. Physical plant deficiencies in the Main Pavilion will be corrected by updating the electrical and plumbing systems to bring them into compliance with current standards and by constructing new storage areas so that equipment will no longer be stored on the floors.

Please see Attachment 1.

Finally, the project will also include the expansion of the garage by incrementally adding 100-200 spaces to resolve the parking constraints that exist at the Hospital.

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

Norwalk Hospital is the only acute care general hospital in the proposed geographic area.

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

The proposal will enhance the quality of health care delivery in the region by renovating the Main Pavilion, bringing the Main Pavilion into compliance with the latest building code, and by consolidating outpatient services into an easily accessible Outpatient Pavilion. These renovations and consolidations of service will improve the overall quality, accessibility and efficiency of health care delivery. Please see Attachment 1.

7. Who will be responsible for providing the service?

The Norwalk Hospital currently provides these services and will continue to do so. Please see Attachment 1.

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

The current payers mix for Norwalk Hospital based on net revenue is: Medicare – 40%, Medicaid – 5%, Medical Assistance – 1%, non-government – 53% and uninsured – 1%. The payer mix is not anticipated to change when the proposed project becomes operational.

Attachment 1: Project Summary

Norwalk Hospital (NH) is an acute care general hospital that offers a full range of medical and surgical services. The Hospital is licensed for 328 beds and 38 bassinets. The majority of the inpatient beds are located in the Main Pavilion. The 7 available pediatric beds and 18 available psychiatric beds are located in the Community Pavilion. Norwalk Hospital also offers a full range of outpatient services including ambulatory surgery and gastroenterology procedures, cardiac and vascular services, wound care, oncology, adult and pediatric clinics, women's center, physical therapy, occupational therapy, audiology, and sleep laboratory. These services are dispersed throughout the Hospital's campus. This project is known as the Master Facility Plan ("MFP") and is the result of eight years of planning activity by the Hospital and its Board. The project is projected to take 3 years to complete and is designed to address the issues that are related to the hospital's commitment to patient-centered care, delivered through demonstrated best practice. The plan provides a detailed inventory and assessment of current and future space requirements for the Hospital. The plan was developed by Cannon Design of Boston, Massachusetts.

This project summary is divided into the following sections: Overview of Physical Plant, Outpatient Services and Inpatient Services. It is projected that both outpatient and inpatient sections of the MFP will be implemented concurrently.

Overview of the Physical Environment

The existing Norwalk Hospital campus is contained within six primary buildings ranging in age and floor plate configuration. Major building projects began in 1918 and continued through 1992, with ongoing renovations. The Hospital's physical plant is approximately 50 years old on average and is the oldest in southwestern Connecticut. The existing physical plant has significant infrastructure components nearing the end of their useful life. The physical plant is not compliant with current building code requirements and is in need of updates to the electrical and plumbing systems. Lack of storage space for equipment is also an issue that has been identified by the Joint Commission on Accreditation of Healthcare Organizations ("JCAHO").

Our plan is around the sequenced decommissioning/ demolition of the Community, Tracey and Bedford Pavilions, creation of a new ambulatory building and the upgrade of the Main Pavilion. This recommendation is based on the analysis and realization of the inefficient floor plate configurations, restrictive structural grid, inefficient building maintenance costs and continual aging engineering infrastructure. The modernization costs for these respective buildings have been estimated to be \$60 million alone and would not allow for centralization of services or improved access.

Outpatient Services

The majority of outpatient services provided by the Hospital will be consolidated into the newly constructed Outpatient Pavilion. The Outpatient Pavilion will contain approximately 100,000 – 125,000 square feet. The outpatient services are currently located in several locations throughout the Hospital's campus which results in patient access issues and inefficiencies in the delivery of care. In addition, several clinical services such as ambulatory surgery and gastroenterology procedures and oncology have experienced growth over the past few years and do not have the physical space to meet this growth in demand for services.

Currently, inpatient surgery and ambulatory surgery utilize the same operating suite. In FY 2007, 7,200 of the approximately 10,800 surgical procedures performed at the Hospital were done as ambulatory procedures. The project would result in the development of a dedicated ambulatory surgery center located in the Outpatient Pavilion. The ambulatory surgery suite would consist of 8 rooms with shell space for 4 additional rooms that would come on line as needed. The existing 10 room inpatient surgical suite would be reduced to an 8 room suite, with 2 rooms taken off line. The establishment of dedicated operating rooms will result in better outcomes and a better utilization of the operating rooms. The Hospital has also experienced a significant growth in the number of gastroenterology procedures that are performed, and the creation of a gastroenterology procedures suite in the Outpatient Pavilion will allow the Hospital to accommodate these additional procedures. In FY 2007, 10,400 gastroenterology procedures were performed in the NH gastroenterology lab, which is designed to support a maximum of 8,000 procedures.

The current oncology program is experiencing space constraints, and this project will allow the components of the program to be located at one site in the new outpatient pavilion. In addition, the Hospital is proposing to construct a vault in anticipation of future replacement of the linear accelerator.

The Hospital has recently received authorization from OHCA for a 128 slice CT scanner (DN: 07-30942) and 1.5 Tesla MRI, and is not requesting any additional imaging equipment as part of this CON application. It should be noted that the imaging equipment is located adjacent to the proposed Outpatient Pavilion, and will not require extensive relocation as part of this proposed MFP.

Other outpatient programs such as the women's clinic, children's clinic and sleep laboratory will be relocated to the Outpatient Pavilion. Ancillary services such as a spa and wellness center will also be located in the building. These ancillary services are part of the Hospital's focus on patient centered care.

The outpatient plans include the renovation and expansion of Emergency Department services. This renovation will solve the issues of inadequately sized rooms, physical plant concerns and create space for an urgent care program.

Finally, a parking garage containing 100-200 spaces will be constructed to address accessibility concerns. The construction of the new Outpatient Pavilion will require the demolition of the Community Pavilion, Tracey Pavilion and Bedford Pavilion.

Inpatient Services

All inpatient beds will be consolidated into the Main Pavilion through the relocation of existing pediatric and psychiatric units from the Community Pavilion. In keeping with its patient centered care focus, the Hospital is proposing to renovate the inpatient care area including the interior wall covering and trims and the building exterior. Space will be made available on the floors for family members to stay with the patient. Meeting space for patient and family consultation with physicians will also be developed.

The existing Inpatient Tower is approximately 33 years old. There are several infrastructure issues that will be remedied by this project. First, the Hospital is proposing to construct 1,000 square feet of storage space on floors 6, 7, 8 and 9. Currently there is insufficient space for the storage of medical equipment. The equipment is stored on the floors. Several patient rooms have been taken off line and are used to store some of this equipment. The electrical system and the plumbing system in the

Inpatient Tower will also be improved. This proposal will allow the Hospital to update these systems and produce and distribute energy much more efficiently.

AFFIDAVIT

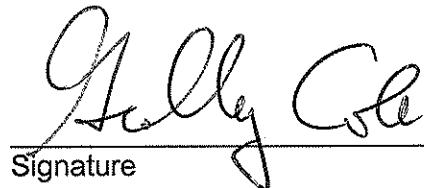
To be completed by each Applicant

Applicant: The Norwalk Hospital Association

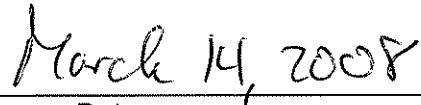
Project Title: Norwalk Hospital Master Facility Plan

I, Geoffrey Cole, CEO of the Norwalk Hospital Association being duly sworn, depose and state that the information provided in this CON Letter of Intent (Form 2030) is true and accurate to the best of my knowledge, and that Norwalk 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.

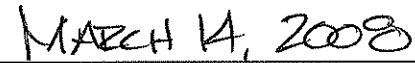
Signature



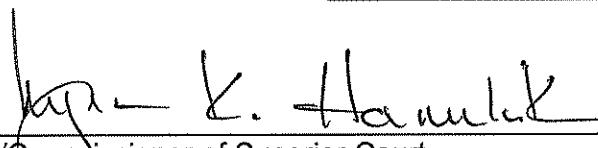
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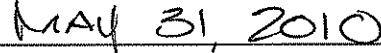
Subscribed and sworn to before me on



Notary Public/Commissioner of Superior Court



My commission expires:



2008 MAR 18 A 11:07
CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

RECEIVED

Norwalk Hospital

Facility Master Plan

Item Summary: 3/14/2008

MEDICAL EQUIPMENT

Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost
Ambulatory Pavilion	4772-000	8	Allallowance, Surgical Instruments		\$100,000.00	\$800,000.00
Ambulatory Pavilion	4894-000	1	Analyzer, Anesthetic Gas		\$2,550.00	\$2,550.00
Ambulatory Pavilion	3339-000	1	Analyzer, Lab, Blood Gas		\$16,115.00	\$16,115.00
Ambulatory Pavilion	5359-000	1	Analyzer, Lab, Blood Gas / pH / Electrolyte / Metabolite		\$40,000.00	\$40,000.00
Ambulatory Pavilion	3343-000	1	Analyzer, Lab, Blood Gas / pH / Electrolyte / Metabolite / Oximetry		\$63,700.00	\$63,700.00
Ambulatory Pavilion	3347-000	1	Analyzer, Lab, Chemistry		\$220,600.00	\$220,600.00
Ambulatory Pavilion	3346-000	1	Analyzer, Lab, Chemistry / Drug, Countertop		\$87,500.00	\$87,500.00
Ambulatory Pavilion	3358-000	1	Analyzer, Lab, Co-oximeter		\$16,275.00	\$16,275.00
Ambulatory Pavilion	3352-000	2	Analyzer, Lab, Coagulation, Plasma		\$73,645.00	\$147,290.00
Ambulatory Pavilion	6174-000	1	Analyzer, Lab, Coagulation, Portable		\$5,795.00	\$5,795.00
Ambulatory Pavilion	3350-000	1	Analyzer, Lab, Coagulation, Whole Blood		\$21,500.00	\$21,500.00
Ambulatory Pavilion	3353-000	1	Analyzer, Lab, Electrolyte		\$22,000.00	\$22,000.00
Ambulatory Pavilion	3356-000	2	Analyzer, Lab, Hematology		\$186,000.00	\$372,000.00
Ambulatory Pavilion	3364-000	1	Analyzer, Lab, Oxygen		\$496.00	\$496.00
Ambulatory Pavilion	3368-000	2	Analyzer, Lab, Urinalysis, Countertop		\$10,750.00	\$21,500.00
Ambulatory Pavilion	4767-000	3	Analyzer, Otolaryngologic, Hearing Aid		\$13,390.00	\$40,170.00
Ambulatory Pavilion	4768-000	1	Analyzer, Otolaryngologic, Speech		\$3,250.00	\$3,250.00
Ambulatory Pavilion	3370-000	5	Anesthesia Machine, General		\$56,000.00	\$280,000.00
Ambulatory Pavilion	3370-018	4	Anesthesia Machine, General	Draeger Medical, Inc	\$57,453.00	\$229,812.00
Ambulatory Pavilion	3372-000	4	Apron, Lead		\$159.00	\$636.00
Ambulatory Pavilion	5413-000	7	Artwork, Decorative		\$500.00	\$3,500.00
Ambulatory Pavilion	3386-000	4	Audiometer, Dual Channel		\$6,795.00	\$27,180.00
Ambulatory Pavilion	3389-000	1	Autotransfusion Unit, General		\$37,995.00	\$37,995.00
Ambulatory Pavilion	3392-000	1	Balance, Lab, Analytical		\$2,565.00	\$2,565.00
Ambulatory Pavilion	3401-000	2	Barometer, Mercury		\$880.00	\$1,760.00
Ambulatory Pavilion	3402-000	1	Bars, Parallel, Motorized		\$9,795.00	\$9,795.00
Ambulatory Pavilion	3414-000	1	Bath, Tissue		\$992.00	\$992.00
Ambulatory Pavilion	3410-000	1	Bath, Water, Single Chamber		\$824.00	\$824.00
Ambulatory Pavilion	3417-000	2	Bed, Electric		\$6,341.00	\$12,682.00

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Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost
Ambulatory Pavilion	3421-000	1	Bed, Manual		\$1,800.00	\$1,800.00
Ambulatory Pavilion	3427-000	1	Bench, Work, Steel w/ Power		\$957.00	\$957.00
Ambulatory Pavilion	5473-000	2	Bin, Shredder		\$0.00	\$0.00
Ambulatory Pavilion	3432-000	1	Bin, X-ray Film Storage		\$672.00	\$672.00
Ambulatory Pavilion	3433-000	1	Biofeedback Unit, General		\$1,550.00	\$1,550.00
Ambulatory Pavilion	3436-000	1	Blender, Gas, Air/Oxygen		\$974.00	\$974.00
Ambulatory Pavilion	6081-000	3	Board, Bulletin		\$76.00	\$228.00
Ambulatory Pavilion	6994-000	2	Board, Bulletin/Marker Combo		\$112.00	\$224.00
Ambulatory Pavilion	5873-000	1	Board, White, Dry Erase		\$87.00	\$87.00
Ambulatory Pavilion	7102-000	1	Booster, Temperature		\$1,574.00	\$1,574.00
Ambulatory Pavilion	3442-000	4	Booth, Audiometric, Modular		\$42,286.00	\$169,144.00
Ambulatory Pavilion	3449-000	1	Bracket, Computer, Wall		\$882.00	\$882.00
Ambulatory Pavilion	3446-000	18	Bracket, Monitor, Wall		\$545.00	\$9,810.00
Ambulatory Pavilion	3444-000	4	Bracket, Television, Wall		\$260.00	\$1,040.00
Ambulatory Pavilion	6418-000	10	Bracket, Television, Wall, Flat Screen		\$299.00	\$2,990.00
Ambulatory Pavilion	3451-000	23	Bucket, Kick		\$210.00	\$4,830.00
Ambulatory Pavilion	3450-000	2	Bucket, Mopping		\$324.00	\$648.00
Ambulatory Pavilion	3627-000	1	C-Locker, General		\$1,358.00	\$1,358.00
Ambulatory Pavilion	3456-000	1	Cabinet, Bio Safety, Class II, Type A1		\$9,505.00	\$9,505.00
Ambulatory Pavilion	3458-000	1	Cabinet, Bio Safety, Class II, Type B2, Floor		\$10,995.00	\$10,995.00
Ambulatory Pavilion	6973-000	1	Cabinet, File, Vertical, 3-drawer		\$314.00	\$314.00
Ambulatory Pavilion	6105-000	2	Cabinet, File, Vertical, 4 drawer		\$0.00	\$0.00
Ambulatory Pavilion	5591-000	2	Cabinet, OR Console, Accessory		\$4,120.00	\$8,240.00
Ambulatory Pavilion	5594-000	4	Cabinet, OR Console, Supply		\$4,001.00	\$16,004.00
Ambulatory Pavilion	3455-000	4	Cabinet, Patient Room, Bedside		\$650.00	\$2,600.00
Ambulatory Pavilion	3496-000	1	Cabinet, Storage, Clinical, Drying, Endoscope		\$4,317.00	\$4,317.00
Ambulatory Pavilion	3489-000	20	Cabinet, Storage, Clinical, Endoscope/Cath	Innerspace - Datei	\$4,345.00	\$86,900.00
Ambulatory Pavilion	3489-066	4	Cabinet, Storage, Clinical, Endoscope/Cath		\$4,275.00	\$17,100.00

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Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost
Ambulatory Pavilion	3478-000	2	Cabinet, Storage, Clinical , Narcotic		\$435.00	\$870.00
Ambulatory Pavilion	6985-000	1	Cabinet, Storage, Clinical , Supply		\$1,950.00	\$1,950.00
Ambulatory Pavilion	6177-000	2	Cabinet, Storage, Non-Clinical, Supply		\$800.00	\$1,600.00
Ambulatory Pavilion	6069-000	3	Cabinet, Storage, Non-Clinical, Wardrobe		\$753.00	\$2,259.00
Ambulatory Pavilion	5319-000	1	Cabinet, Warming, Dual, Recessed		\$9,329.00	\$9,329.00
Ambulatory Pavilion	5317-000	4	Cabinet, Warming, Single, Counter		\$6,790.00	\$27,160.00
Ambulatory Pavilion	3507-000	1	Calibration Bar, Eng		\$515.00	\$515.00
Ambulatory Pavilion	3508-000	1	Camera, Laboratory View		\$4,995.00	\$4,995.00
Ambulatory Pavilion	3513-000	1	Camera, Patient ID, X-ray Film		\$2,402.00	\$2,402.00
Ambulatory Pavilion	3516-000	14	Camera, Video, Endoscopy		\$13,995.00	\$195,930.00
Ambulatory Pavilion	5705-000	1	Carrier; Chair, Scrub Sink		\$302.00	\$302.00
Ambulatory Pavilion	6338-000	2	Cart / Truck, Soiled Utility		\$3,256.00	\$6,512.00
Ambulatory Pavilion	6047-000	4	Cart, A/V, General		\$362.00	\$1,448.00
Ambulatory Pavilion	6003-000	8	Cart, Anesthesia, 6-drawer		\$1,535.00	\$12,280.00
Ambulatory Pavilion	5830-000	10	Cart, Case, Medium (40-49in wide)		\$5,208.00	\$52,080.00
Ambulatory Pavilion	5830-001	4	Cart, Case, Medium (40-49in wide)	Suburban Surgical Company, Inc.	\$5,208.00	\$20,832.00
Ambulatory Pavilion	5829-000	1	Cart, Case, Small (39 in wide or less)		\$1,673.00	\$1,673.00
Ambulatory Pavilion	6028-000	4	Cart, Chart, 13-20 chart		\$573.00	\$2,292.00
Ambulatory Pavilion	5804-000	1	Cart, Computer, Workstation		\$2,086.00	\$2,086.00
Ambulatory Pavilion	5801-000	1	Cart, Equipment, Electrosurgical Unit		\$655.00	\$655.00
Ambulatory Pavilion	6246-000	2	Cart, Equipment, Weights		\$376.00	\$752.00
Ambulatory Pavilion	5846-000	2	Cart, Housekeeping, Stainless		\$1,195.00	\$2,390.00
Ambulatory Pavilion	5999-000	2	Cart, Medication, Medium		\$2,297.00	\$4,594.00
Ambulatory Pavilion	5997-000	3	Cart, Medication, Small		\$1,983.00	\$5,949.00
Ambulatory Pavilion	5855-000	2	Cart, Procedure, Cast		\$5,530.00	\$11,060.00
Ambulatory Pavilion	5862-000	1	Cart, Procedure, Critical Care		\$3,517.00	\$3,517.00
Ambulatory Pavilion	5849-000	15	Cart, Procedure, Endoscopy		\$3,595.00	\$53,925.00
Ambulatory Pavilion	5868-000	7	Cart, Procedure, General		\$330.00	\$5,810.00
Ambulatory Pavilion	7026-000	3	Cart, Procedure, Phlebotomy		\$1,499.00	\$4,497.00
Ambulatory Pavilion	5859-000	17	Cart, Procedure, Resuscitation		\$1,212.00	\$20,604.00

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Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost
Ambulatory Pavilion	5858-000	1	Cart, Supply, Catheter		\$4,649.00	\$4,649.00
Ambulatory Pavilion	6013-000	1	Cart, Supply, Chrome, 24 inch		\$330.00	\$330.00
Ambulatory Pavilion	6015-000	4	Cart, Supply, Chrome, 48 inch		\$501.00	\$2,004.00
Ambulatory Pavilion	6016-000	5	Cart, Supply, Chrome, 60 inch		\$625.00	\$3,125.00
Ambulatory Pavilion	5847-000	3	Cart, Supply, IV		\$2,630.00	\$7,890.00
Ambulatory Pavilion	6339-000	2	Cart, Supply, Linen		\$971.00	\$1,942.00
Ambulatory Pavilion	5832-000	10	Cart, Supply, Linen, 48"		\$616.00	\$6,160.00
Ambulatory Pavilion	6808-000	1	Cart, Supply, Modular		\$1,250.00	\$1,250.00
Ambulatory Pavilion	5848-000	7	Cart, Supply, Suture		\$803.00	\$5,621.00
Ambulatory Pavilion	6761-000	1	Cart, Utility, Mail		\$590.00	\$590.00
Ambulatory Pavilion	5836-000	5	Cart, Utility, Polymer		\$245.00	\$1,225.00
Ambulatory Pavilion	5835-000	31	Cart, Utility, Stainless		\$268.00	\$8,308.00
Ambulatory Pavilion	3598-000	3	Centrifuge, General Purpose, Countertop		\$2,100.00	\$6,300.00
Ambulatory Pavilion	3592-000	1	Centrifuge, Micro-Hematocrit		\$1,582.00	\$1,582.00
Ambulatory Pavilion	6164-000	3	Chair, Clinical, Blood Draw, Reclining		\$1,995.00	\$5,985.00
Ambulatory Pavilion	3603-000	1	Chair, Clinical, Commode, Floor		\$229.00	\$229.00
Ambulatory Pavilion	3602-000	7	Chair, Clinical, Commode, Mobile		\$230.00	\$1,610.00
Ambulatory Pavilion	3606-000	1	Chair, Clinical, Exam, EENT		\$5,990.00	\$5,990.00
Ambulatory Pavilion	3615-000	2	Chair, Clinical, Recliner		\$875.00	\$1,750.00
Ambulatory Pavilion	7022-000	1	Chair, Clinical, Recliner, Bariatric		\$3,016.00	\$3,016.00
Ambulatory Pavilion	3616-000	4	Chair, Clinical, Recliner, Treatment		\$3,941.00	\$15,764.00
Ambulatory Pavilion	5900-000	1	Chair, Interiors, Guest, w/arms		\$273.00	\$273.00
Ambulatory Pavilion	5070-000	35	Chair, Interiors, Lounge		\$1,213.00	\$42,455.00
Ambulatory Pavilion	6756-000	7	Chair, Interiors, Lounge, Bariatric		\$0.00	\$0.00
Ambulatory Pavilion	5055-000	10	Chair, Interiors, Patient		\$625.00	\$6,250.00
Ambulatory Pavilion	5984-000	18	Chair, Office, Task, no Arms		\$517.00	\$9,306.00
Ambulatory Pavilion	5383-000	4	Chair, Office, Task, w/arms		\$700.00	\$2,800.00
Ambulatory Pavilion	3626-000	1	Clock, Elapsed Time, Wall Mount		\$494.00	\$494.00
Ambulatory Pavilion	7084-000	40	Clock, Electric, Wall		\$92.00	\$3,680.00
Ambulatory Pavilion	5735-000	7	Coffee Maker, Pour-Over, 1-2 Warmer		\$522.00	\$3,654.00
Ambulatory Pavilion	5214-000	16	Column, Service, Articulating, Single Arm		\$22,000.00	\$352,000.00
Ambulatory Pavilion	5214-001	4	Column, Service, Articulating, Single Arm	HillRom - Service Columns	\$22,000.00	\$88,000.00

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Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost
Ambulatory Pavilion	5610-000	1	Column, Service, Ceiling, Retractable		\$8,200.00	\$8,200.00
Ambulatory Pavilion	6623-000	2	Compounder, TPN		\$63,200.00	\$126,400.00
Ambulatory Pavilion	3643-000	2	Computer Info System, Data Mgt, Cardiac (Holter)		\$58,000.00	\$116,000.00
Ambulatory Pavilion	4988-000	4	Computer, Desktop		\$2,930.00	\$11,720.00
Ambulatory Pavilion	6082-000	3	Computer, Laptop		\$2,500.00	\$7,500.00
Ambulatory Pavilion	6127-000	8	Computer, Workstation		\$35,000.00	\$280,000.00
Ambulatory Pavilion	3656-000	6	Copier, Counter Top		\$1,795.00	\$10,770.00
Ambulatory Pavilion	5225-000	1	Copier, Counter Top, Multifunction		\$999.00	\$999.00
Ambulatory Pavilion	3657-000	3	Copier, Floor		\$14,800.00	\$44,400.00
Ambulatory Pavilion	5185-000	2	Copier, Floor, Multifunction		\$18,000.00	\$36,000.00
Ambulatory Pavilion	6281-000	1	Curtain, Cubicle		\$325.00	\$325.00
Ambulatory Pavilion	3677-000	7	Defibrillator, Monitor, Manual		\$12,244.00	\$85,708.00
Ambulatory Pavilion	3678-000	6	Defibrillator, Monitor, w/Pacemaker		\$10,728.00	\$64,368.00
Ambulatory Pavilion	3678-003	4	Defibrillator, Monitor, w/Pacemaker	Medtronic Inc. - Physio-Control Division	\$10,995.00	\$43,980.00
Ambulatory Pavilion	3684-000	1	Dictiotmeter, Film		\$1,575.00	\$1,575.00
Ambulatory Pavilion	6639-000	1	Desk, Computer, Mobile		\$239.00	\$239.00
Ambulatory Pavilion	3696-000	3	Diathermy Unit, Ultrasonic		\$1,899.00	\$5,697.00
Ambulatory Pavilion	5223-000	1	Dictation/Transcription System, Computer-Based		\$50,000.00	\$50,000.00
Ambulatory Pavilion	5222-000	4	Dictation/Transcription System, General		\$515.00	\$2,060.00
Ambulatory Pavilion	3704-000	1	Dishwasher, Undercounter, Domestic		\$499.00	\$499.00
Ambulatory Pavilion	6471-000	1	Dispenser, Cup		\$111.00	\$111.00
Ambulatory Pavilion	7039-000	3	Dispenser, Glove, Double Box		\$59.00	\$177.00
Ambulatory Pavilion	3716-000	10	Dispenser, Glove, Single Box		\$47.00	\$470.00
Ambulatory Pavilion	3719-000	65	Dispenser, Glove, Syringe Disposal Combo, Wall Mount		\$101.00	\$6,555.00
Ambulatory Pavilion	6364-000	1	Dispenser, Glove, Triple Box		\$62.00	\$62.00
Ambulatory Pavilion	5869-000	12	Dispenser, Hand Sanitizer		\$12.00	\$144.00
Ambulatory Pavilion	3708-000	2	Dispenser, Medication, Host (Main)		\$32,280.00	\$64,560.00

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Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost
Ambulatory Pavilion	6084-000	13	Dispenser, Paper Towel, Surface Mount		\$84.00	\$1,092.00
Ambulatory Pavilion	5868-000	12	Dispenser, Soap, Wall Mounted		\$85.00	\$1,020.00
Ambulatory Pavilion	6371-000	3	Disposal, Sharps, Countertop		\$6.00	\$18.00
Ambulatory Pavilion	5490-000	1	Disposal, Sharps, Floor Bin		\$46.00	\$46.00
Ambulatory Pavilion	3723-000	4	Disposal, Sharps, Wall Mount		\$79.00	\$316.00
Ambulatory Pavilion	3727-000	6	Doppler, Fetal Heart		\$1,145.00	\$6,870.00
Ambulatory Pavilion	3752-000	1	Dryer, Clean		\$12,330.00	\$12,330.00
Ambulatory Pavilion	3753-000	1	Dyer, Laundry, Domestic		\$469.00	\$469.00
Ambulatory Pavilion	3762-000	1	Duplicator, Film		\$1,345.00	\$1,345.00
Ambulatory Pavilion	3768-000	1	Electrocardiograph (ECG), Interpretive		\$10,250.00	\$10,250.00
Ambulatory Pavilion	3766-000	1	Electroencephalograph (EEG), Evoked Potential Unit		\$35,000.00	\$35,000.00
Ambulatory Pavilion	3767-000	2	Electroencephalograph (EEG), Polysomnograph		\$31,500.00	\$63,000.00
Ambulatory Pavilion	6219-000	1	Electroencephalograph (EEG), Portable		\$30,000.00	\$30,000.00
Ambulatory Pavilion	3924-000	1	Electroglottograph (EGG), General		\$1,995.00	\$1,995.00
Ambulatory Pavilion	3771-000	2	Electromyograph (EMG), General		\$31,500.00	\$63,000.00
Ambulatory Pavilion	3772-000	1	Electronystagmograph, General		\$27,590.00	\$27,590.00
Ambulatory Pavilion	4837-000	1	Electrosurgical Unit, Argon Beam		\$18,345.00	\$18,345.00
Ambulatory Pavilion	4837-004	4	Electrosurgical Unit, Argon Beam	Tyco Healthcare - Valleylab Div	\$18,429.00	\$73,716.00
Ambulatory Pavilion	4824-000	18	Electrosurgical Unit, Bipolar		\$11,179.00	\$201,222.00
Ambulatory Pavilion	5931-000	4	Embosser/Printer, Card		\$9,995.00	\$39,980.00
Ambulatory Pavilion	6683-000	1	Endoscope, Bronchoscope, Video		\$23,400.00	\$23,400.00
Ambulatory Pavilion	6679-000	2	Endoscope, Duodenoscope		\$21,090.00	\$42,180.00
Ambulatory Pavilion	5552-000	2	Endoscope, Gastroscope, Video		\$29,400.00	\$58,800.00
Ambulatory Pavilion	3785-000	2	Ergometer, Bicycle		\$2,995.00	\$5,990.00
Ambulatory Pavilion	3786-000	1	Ergometer, Bicycle / Arm		\$699.00	\$699.00
Ambulatory Pavilion	4849-000	1	Exerciser, Knee, CPM		\$4,613.00	\$4,613.00
Ambulatory Pavilion	4706-000	1	Exerciser, Rickshaw		\$895.00	\$895.00
Ambulatory Pavilion	4707-000	1	Exerciser, Rowing Machine		\$2,298.00	\$2,298.00
Ambulatory Pavilion	4702-000	1	Exerciser, Skating Machine		\$799.00	\$799.00

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Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost
Ambulatory Pavilion	4698-000	1	Exerciser, Universal Weight Station		\$7,700.00	\$7,700.00
Ambulatory Pavilion	4701-000	1	Exerciser, Upper and Lower Body		\$1,995.00	\$1,995.00
Ambulatory Pavilion	5455-000	1	Extractor, Plasma		\$27,000.00	\$27,000.00
Ambulatory Pavilion	5875-000	2	Eye Wash Station, Wall Mounted		\$233.00	\$466.00
Ambulatory Pavilion	3791-000	8	Faxsimile Machine, General		\$2,700.00	\$21,600.00
Ambulatory Pavilion	6129-000	4	Faxsimile Machine, Multifunction		\$1,099.00	\$4,396.00
Ambulatory Pavilion	3793-000	1	Fixation Device, General		\$75.00	\$75.00
Ambulatory Pavilion	3796-000	2	Floor Machine, Burnisher, Electric		\$2,549.00	\$5,098.00
Ambulatory Pavilion	3806-000	29	Flowmeter, Air		\$90.00	\$2,510.00
Ambulatory Pavilion	3803-000	35	Flowmeter, Oxygen		\$108.00	\$3,780.00
Ambulatory Pavilion	3802-000	2	Flowmeter, Oxygen/Nitrous Oxide		\$2,452.00	\$4,904.00
Ambulatory Pavilion	5826-000	2	Freezer, Laboratory, Undercounter		\$1,018.00	\$2,036.00
Ambulatory Pavilion	3818-000	1	Freezer, Ultra-low, Upright		\$11,955.00	\$11,955.00
Ambulatory Pavilion	3836-000	59	Hamper, Linen		\$291.00	\$17,169.00
Ambulatory Pavilion	3839-000	7	Headlight, w/ Light Source		\$2,125.00	\$14,875.00
Ambulatory Pavilion	3842-000	2	Headwall Rail System, 1 Patient		\$10,000.00	\$20,000.00
Ambulatory Pavilion	3855-000	2	Hood, Horizontal Laminar Flow		\$3,240.00	\$6,480.00
Ambulatory Pavilion	5774-000	1	Hydrocollator, Chilling Unit, Mobile		\$1,970.00	\$1,970.00
Ambulatory Pavilion	3871-000	3	Hydrocollator, Heating Unit, Mobile		\$1,195.00	\$3,585.00
Ambulatory Pavilion	3874-000	3	Hypo-Hyperthermia Unit, General		\$5,295.00	\$15,885.00
Ambulatory Pavilion	3874-001	4	Hypo-Hyperthermia Unit, General	Gaymar Industries, Inc.	\$5,295.00	\$21,180.00
Ambulatory Pavilion	4817-000	6	Ice Machine, Dispenser, Nugget, Countertop		\$7,850.00	\$47,100.00
Ambulatory Pavilion	3876-000	1	Ice Machine, w/ Storage Bin, Flaker		\$6,130.00	\$6,130.00
Ambulatory Pavilion	3890-000	10	Imprinter, Electric		\$513.00	\$5,130.00
Ambulatory Pavilion	3910-000	14	Insufflator, CO2		\$7,749.00	\$108,486.00
Ambulatory Pavilion	3913-000	2	Irrigator, Surgical		\$7,660.00	\$15,320.00
Ambulatory Pavilion	3913-001	4	Irrigator, Surgical	Pentax Medical Company	\$7,660.00	\$30,640.00
Ambulatory Pavilion	3933-000	1	Laser, CO2		\$89,500.00	\$89,500.00
Ambulatory Pavilion	6590-000	1	Lift, Patient, Bariatric		\$14,290.00	\$14,290.00
Ambulatory Pavilion	3945-000	1	Lift, Patient, Ceiling, 1-Bed		\$4,124.00	\$4,124.00
Ambulatory Pavilion	6805-000	5	Lift, Patient, Hydraulic/Manual		\$1,087.00	\$5,435.00

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Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost
Ambulatory Pavilion	3952-000	18	Light Source, Xenon		\$12,500.00	\$225,000.00
Ambulatory Pavilion	3952-008	4	Light Source, Xenon	Karl Storz Endoscopy - America,	\$8,545.00	\$34,180.00
Ambulatory Pavilion	3921-000	1	Light, Exam/Procedure, Fluorescent, w/Magnifier, Countertop		\$235.00	\$235.00
Ambulatory Pavilion	3960-000	1	Light, Exam/Procedure, Single, Ceiling		\$1,800.00	\$1,800.00
Ambulatory Pavilion	3963-000	29	Light, Exam/Procedure, Single, Floor		\$2,318.00	\$67,222.00
Ambulatory Pavilion	3974-000	1	Light, Safe, Wall		\$144.00	\$144.00
Ambulatory Pavilion	3979-086	4	Light, Surgical, Dual, Ceiling	BERCHTOLD Corporation	\$29,461.00	\$117,844.00
Ambulatory Pavilion	5046-000	2	Light, Surgical, Single, Ceiling		\$14,200.00	\$28,400.00
Ambulatory Pavilion	3980-000	2	Light, Surgical, Triple, Ceiling		\$35,900.00	\$71,800.00
Ambulatory Pavilion	5072-000	7	Loveseat, Lounge		\$1,600.00	\$11,200.00
Ambulatory Pavilion	5409-000	1	Mat, Floor, Anti-Fatigue		\$155.00	\$155.00
Ambulatory Pavilion	5800-000	2	Mat, Floor, Exercise		\$314.00	\$628.00
Ambulatory Pavilion	4021-000	3	Microscope, Binocular		\$2,200.00	\$6,600.00
Ambulatory Pavilion	4031-000	1	Microscope, Operating, Ophthalmic		\$105,000.00	\$105,000.00
Ambulatory Pavilion	4037-000	1	Microtome, Chystat		\$17,900.00	\$17,900.00
Ambulatory Pavilion	4045-000	1	Mixer, Chemical, X-ray		\$975.00	\$975.00
Ambulatory Pavilion	4047-000	1	Mixer, Rocker		\$422.00	\$422.00
Ambulatory Pavilion	4794-000	3	Monitor, Physiologic, Anesthesia		\$36,000.00	\$108,000.00
Ambulatory Pavilion	4794-003	4	Monitor, Physiologic, Anesthesia	GE Healthcare - Datex-Ohmeda	\$36,000.00	\$144,000.00
Ambulatory Pavilion	4076-000	5	Monitor, Physiologic, Bedside		\$37,923.00	\$189,615.00
Ambulatory Pavilion	4069-000	1	Monitor, Physiologic, CO2, End Tidal / Pulse Oximetry		\$8,395.00	\$8,395.00
Ambulatory Pavilion	4075-000	16	Monitor, Physiologic, Portable		\$4,190.00	\$67,040.00
Ambulatory Pavilion	4074-000	1	Monitor, Physiologic, Transcutaneous, O2 / CO2		\$5,450.00	\$5,450.00
Ambulatory Pavilion	4071-000	6	Monitor, Physiologic, Vital Signs, Portable		\$6,300.00	\$37,800.00
Ambulatory Pavilion	5952-000	1	Monitor, Physiologic, Vital Signs, with Pulse Oximetry		\$3,025.00	\$3,025.00
Ambulatory Pavilion	4079-000	1	Monitor, Video, 13 Inch		\$1,560.00	\$1,560.00

Norwalk Hospital

Facility Master Plan Item Summary: 3/14/2008

MEDICAL EQUIPMENT

Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost
Ambulatory Pavilion	4080-000	20	Monitor, Video, 19 - 20 Inch		\$2,625.00	\$52,500.00
Ambulatory Pavilion	6011-000	1	Monitor, Video, LCD, Flat Panel		\$500.00	\$500.00
Ambulatory Pavilion	4087-000	1	Nebulizer, Ultrasonic		\$1,045.00	\$1,045.00
Ambulatory Pavilion	4090-000	2	Oto/Ophthalmoscope Set, Desktop		\$750.00	\$1,500.00
Ambulatory Pavilion	4092-000	3	Oto/Ophthalmoscope Set, Wall Mount, w/Sphyg		\$2,024.00	\$6,072.00
Ambulatory Pavilion	4091-000	18	Oto/Ophthalmoscope Set, Wall Mounted		\$790.00	\$14,220.00
Ambulatory Pavilion	4103-000	7	Oven, Microwave, Countertop		\$209.00	\$1,463.00
Ambulatory Pavilion	4107-000	13	Oximeter, Pulse		\$3,700.00	\$48,100.00
Ambulatory Pavilion	4110-000	0	Pacemaker, External		\$5,500.00	\$0.00
Ambulatory Pavilion	4120-000	1	Pass Box, Cassette		\$1,591.00	\$1,591.00
Ambulatory Pavilion	4122-000	1	Percussor, Chest Physiotherapy		\$2,200.00	\$2,200.00
Ambulatory Pavilion	4126-000	1	Phacoemulsifier, Ophthalmic		\$79,900.00	\$79,900.00
Ambulatory Pavilion	4588-000	1	Player, DVD/VCR		\$250.00	\$250.00
Ambulatory Pavilion	4586-000	16	Player, Video Cassette Recorder (VHS format)		\$120.00	\$1,920.00
Ambulatory Pavilion	4132-000	1	Plethysmograph, Body		\$38,990.00	\$38,990.00
Ambulatory Pavilion	4141-000	3	Printer, Label, Barcode		\$1,395.00	\$4,185.00
Ambulatory Pavilion	5866-000	3	Printer, Laser		\$400.00	\$1,200.00
Ambulatory Pavilion	6374-000	1	Printer, Laser, Color		\$679.00	\$679.00
Ambulatory Pavilion	6116-000	6	Printer, Laser, Network		\$399.00	\$5,394.00
Ambulatory Pavilion	4135-000	15	Printer, Video Image, Color		\$7,400.00	\$111,000.00
Ambulatory Pavilion	4147-000	1	Processor, Film, X-ray		\$26,325.00	\$26,325.00
Ambulatory Pavilion	4178-000	3	Pump, Infusion, Dual		\$4,250.00	\$12,750.00
Ambulatory Pavilion	4181-000	2	Pump, Infusion, PCA		\$4,295.00	\$8,590.00
Ambulatory Pavilion	4177-000	17	Pump, Infusion, Single		\$4,150.00	\$70,550.00
Ambulatory Pavilion	4182-000	1	Pump, Infusion, Syringe		\$2,695.00	\$2,695.00
Ambulatory Pavilion	5632-000	1	Pump, Suction/Aspirator, Endoscopic		\$2,570.00	\$2,570.00
Ambulatory Pavilion	3375-000	1	Pump, Suction/Aspirator, General, Mobile		\$1,735.00	\$1,735.00
Ambulatory Pavilion	3374-000	2	Pump, Suction/Aspirator, General, Portable		\$803.00	\$1,606.00

Norwalk Hospital

Facility Master Plan
Item Summary: 3/14/2008

MEDICAL EQUIPMENT

Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost
Ambulatory Pavilion	4187-000	3	Rack, Apron, Wall Mount		\$400.00	\$1,200.00
Ambulatory Pavilion	5567-000	7	Rack, Coat, Stand		\$100.00	\$700.00
Ambulatory Pavilion	4193-000	2	Rack, Crutch/Cane/Walker		\$240.00	\$480.00
Ambulatory Pavilion	4196-000	2	Rack, Endoscope		\$296.00	\$592.00
Ambulatory Pavilion	7031-000	7	Rack, Literature, Wall Mount		\$444.00	\$3,108.00
Ambulatory Pavilion	6365-000	7	Rack, Magazine, Wall Mount		\$318.00	\$2,226.00
Ambulatory Pavilion	4198-000	2	Rack, Mops / Brooms		\$49.00	\$98.00
Ambulatory Pavilion	4213-000	1	Reading Station, EEG		\$12,000.00	\$12,000.00
Ambulatory Pavilion	6618-000	0	Recorder, CD/DVD, Medical		\$20,995.00	\$0.00
Ambulatory Pavilion	4214-000	1	Recovery System, Silver		\$2,250.00	\$2,250.00
Ambulatory Pavilion	6050-000	9	Refrigerator, Commercial, Undercounter		\$1,634.00	\$14,706.00
Ambulatory Pavilion	4242-000	7	Refrigerator, Domestic		\$479.00	\$3,353.00
Ambulatory Pavilion	4224-000	1	Refrigerator, Laboratory, 1 door		\$5,151.00	\$5,151.00
Ambulatory Pavilion	4232-000	1	Refrigerator, Pharmaceutical, 1 door		\$4,784.00	\$4,784.00
Ambulatory Pavilion	4235-000	2	Refrigerator, Undercounter		\$920.00	\$1,840.00
Ambulatory Pavilion	6370-000	1	Regulator, Oxygen		\$95.00	\$95.00
Ambulatory Pavilion	4249-000	1	Regulator, Suction, Continuous		\$230.00	\$230.00
Ambulatory Pavilion	4248-000	34	Regulator, Suction, Intermittent/Continuous		\$547.00	\$18,598.00
Ambulatory Pavilion	3911-000	1	Respirator, IPPB		\$2,839.00	\$2,839.00
Ambulatory Pavilion	4254-000	7	Roller, Patient Transfer		\$294.00	\$2,058.00
Ambulatory Pavilion	5442-000	2	Safe, General		\$380.00	\$760.00
Ambulatory Pavilion	4266-000	4	Scale, Clinical, Adult, Digital, Floor		\$807.00	\$3,228.00
Ambulatory Pavilion	4268-000	1	Scale, Clinical, Adult, Mechanical Beam		\$142.00	\$142.00
Ambulatory Pavilion	6785-000	1	Screeener, DPOAETOAEABR		\$12,995.00	\$12,995.00
Ambulatory Pavilion	4775-000	1	Shelving, Allowance, Library		\$30,000.00	\$30,000.00
Ambulatory Pavilion	5694-000	1	Shelving, Solid, Wall Mount		\$364.00	\$364.00
Ambulatory Pavilion	4293-000	13	Shelving, Wire, Chrome, 48		\$429.00	\$5,577.00
Ambulatory Pavilion	4311-000	1	Shield, Lead, Mobile		\$1,836.00	\$1,836.00
Ambulatory Pavilion	4315-000	1	Simulator, Work, Assembly		\$554.00	\$554.00
Ambulatory Pavilion	5482-000	1	Simulator, Work, Automobile		\$7,400.00	\$7,400.00

Norwalk Hospital

Facility Master Plan Item Summary: 3/14/2008

MEDICAL EQUIPMENT

Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost
Ambulatory Pavilion	4318-000	1	Simulator, Work, Eye-Hand-Foot Coordination		\$1,950.00	\$1,950.00
Ambulatory Pavilion	4314-000	1	Simulator, Work, Problem Solving		\$1,950.00	\$1,950.00
Ambulatory Pavilion	4319-000	1	Simulator, Work, Soldering		\$2,250.00	\$2,250.00
Ambulatory Pavilion	4317-000	1	Simulator, Work, Tri-level Measurement		\$2,595.00	\$2,595.00
Ambulatory Pavilion	5228-000	1	Simulator, Work, Upper Extremity		\$1,795.00	\$1,795.00
Ambulatory Pavilion	4316-000	2	Simulator, Work, Whole Body		\$32,900.00	\$65,800.00
Ambulatory Pavilion	5975-000	2	Sink, Clean-up Workstation (3-sink)		\$15,500.00	\$31,000.00
Ambulatory Pavilion	4336-000	1	Sink, Scrub, 3-Bay		\$9,483.00	\$9,483.00
Ambulatory Pavilion	3789-000	7	Smoke Evacuation, Surgical		\$1,595.00	\$11,165.00
Ambulatory Pavilion	5664-000	3	Sphygmomanometer, Aneroid, Handheld		\$198.00	\$594.00
Ambulatory Pavilion	4347-000	8	Sphygmomanometer, Aneroid, Mobile		\$335.00	\$2,680.00
Ambulatory Pavilion	4346-000	33	Sphygmomanometer, Aneroid, Wall Mount		\$189.00	\$6,237.00
Ambulatory Pavilion	6330-000	1	Spriometer, Portable		\$1,845.00	\$1,845.00
Ambulatory Pavilion	6158-000	1	Stainer, Slide, Automatic, Benchtop		\$8,807.00	\$8,807.00
Ambulatory Pavilion	6484-000	1	Stairs, Training, Corner		\$1,995.00	\$1,995.00
Ambulatory Pavilion	5796-000	6	Stand, Basin, Double		\$620.00	\$3,720.00
Ambulatory Pavilion	5795-000	2	Stand, Basin, Single		\$222.00	\$444.00
Ambulatory Pavilion	5994-000	7	Stand, Equipment, Suction Canister		\$241.00	\$1,687.00
Ambulatory Pavilion	4361-000	33	Stand, IV, Chrome		\$124.00	\$4,092.00
Ambulatory Pavilion	4363-000	2	Stand, IV, Multi-Pump		\$467.00	\$934.00
Ambulatory Pavilion	4360-000	1	Stand, IV, Stainless Steel		\$206.00	\$206.00
Ambulatory Pavilion	6260-000	3	Stand, Mayo, Foot-Operated		\$940.00	\$2,820.00
Ambulatory Pavilion	6262-000	22	Stand, Mayo, Thumb-Operated		\$388.00	\$8,536.00
Ambulatory Pavilion	4380-000	1	Stereo System, Shelf		\$200.00	\$200.00
Ambulatory Pavilion	4384-000	1	Sterilizer, Countertop		\$3,891.00	\$3,891.00
Ambulatory Pavilion	4386-000	1	Sterilizer, Endoscope		\$21,021.00	\$21,021.00
Ambulatory Pavilion	6478-000	2	Sterilizer, Steam, Cabinet		\$37,536.00	\$75,072.00
Ambulatory Pavilion	4401-000	1	Stimulator, Caloric, Air		\$5,995.00	\$5,995.00
Ambulatory Pavilion	4403-000	1	Stimulator, Electroanalgesic, Transcutaneous Nerve		\$485.00	\$485.00

Norwalk Hospital

Facility Master Plan

Item Summary: 3/14/2008

MEDICAL EQUIPMENT

Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost
Ambulatory Pavilion	4405-000	4	Stimulator, Muscle		\$850.00	\$3,400.00
Ambulatory Pavilion	4407-000	1	Stimulator, Visual (Photic)		\$2,065.00	\$2,065.00
Ambulatory Pavilion	4411-000	8	Stool, Anesthetist		\$895.00	\$7,160.00
Ambulatory Pavilion	4414-000	54	Stool, Exam, Cushion-Seat		\$380.00	\$20,520.00
Ambulatory Pavilion	4415-000	2	Stool, Exam, Steel Seat		\$382.00	\$764.00
Ambulatory Pavilion	4421-000	19	Stool, Exam, w/Backrest		\$199.00	\$3,781.00
Ambulatory Pavilion	4422-000	4	Stool, High, w/Backrest		\$505.00	\$2,020.00
Ambulatory Pavilion	4416-000	24	Stool, Step		\$76.00	\$1,824.00
Ambulatory Pavilion	6372-000	2	Stool, Step, Bariatric		\$71.00	\$142.00
Ambulatory Pavilion	5002-000	10	Stool, Step, Stackable		\$231.00	\$2,310.00
Ambulatory Pavilion	4424-000	8	Stool, Surgeon		\$1,500.00	\$12,000.00
Ambulatory Pavilion	4427-000	1	Stress Test System, w/ Treadmill		\$45,010.00	\$45,010.00
Ambulatory Pavilion	4431-000	2	Stretcher, Chair		\$7,703.00	\$15,406.00
Ambulatory Pavilion	4436-000	14	Stretcher, Procedure / Recovery		\$5,079.00	\$71,106.00
Ambulatory Pavilion	4428-000	1	Stretcher, Procedure, C-arm		\$7,335.00	\$7,335.00
Ambulatory Pavilion	6412-000	2	Stretcher, Procedure, Imaging		\$5,250.00	\$10,500.00
Ambulatory Pavilion	4429-000	6	Stretcher, Transport		\$2,180.00	\$13,080.00
Ambulatory Pavilion	5981-000	1	Table, Activity/Therapy, Wheelchair		\$1,659.00	\$1,659.00
Ambulatory Pavilion	6751-000	1	Table, Exam/Treatment, Bariatric		\$8,241.00	\$8,241.00
Ambulatory Pavilion	5960-000	4	Table, Exam/Treatment, Hi-Low		\$2,450.00	\$9,800.00
Ambulatory Pavilion	5923-000	13	Table, Exam/Treatment, Manual Adjust		\$1,574.00	\$20,462.00
Ambulatory Pavilion	5936-000	1	Table, Exam/Treatment, Power Adjust		\$12,577.00	\$12,577.00
Ambulatory Pavilion	5963-000	2	Table, Exam/Treatment, Traction		\$6,175.00	\$12,350.00
Ambulatory Pavilion	5951-000	1	Table, Imaging, Urological		\$34,900.00	\$34,900.00
Ambulatory Pavilion	5913-000	22	Table, Instrument, 48 inch		\$722.00	\$15,884.00
Ambulatory Pavilion	5079-000	7	Table, Interiors, Coffee		\$300.00	\$2,100.00
Ambulatory Pavilion	5059-000	9	Table, Interiors, End		\$630.00	\$5,670.00
Ambulatory Pavilion	5919-000	1	Table, Mat, 60 inch		\$1,439.00	\$1,439.00
Ambulatory Pavilion	5934-000	2	Table, Overbed, General		\$625.00	\$1,250.00
Ambulatory Pavilion	5944-039	4	Table, Surgical, Major	BERCHTOLD Corporation	\$53,695.00	\$214,780.00
Ambulatory Pavilion	5945-000	1	Table, Surgical, Minor		\$23,700.00	\$23,700.00
Ambulatory Pavilion	5946-000	3	Table, Surgical, Orthopedic		\$51,836.00	\$155,508.00

Norwalk Hospital

Facility Master Plan

Item Summary: 3/14/2008

MEDICAL EQUIPMENT

Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost
Ambulatory Pavilion	4508-000	1	Tank, Developer / Fixer Set		\$535.00	\$535.00
Ambulatory Pavilion	4513-000	1	Tank, Hydrotherapy, Butterfly		\$20,837.00	\$20,837.00
Ambulatory Pavilion	4514-000	1	Tank, Hydrotherapy, Extremity, Mobile		\$2,556.00	\$2,556.00
Ambulatory Pavilion	4511-000	2	Tank, Hydrotherapy, Extremity, Stationary		\$3,852.00	\$7,704.00
Ambulatory Pavilion	4524-000	2	Television, 09-13 in, Wall		\$632.00	\$1,264.00
Ambulatory Pavilion	7083-000	1	Television, 15-17 in, Flat Panel		\$500.00	\$500.00
Ambulatory Pavilion	4526-000	4	Television, 19-20 in		\$616.00	\$2,464.00
Ambulatory Pavilion	6362-000	2	Television, 19-20 in, with VCR		\$295.00	\$590.00
Ambulatory Pavilion	6522-000	3	Television, 19-20 inch, Flat Panel		\$1,149.00	\$3,447.00
Ambulatory Pavilion	7082-000	7	Television, 25-27 in, Flat Panel		\$1,999.00	\$13,993.00
Ambulatory Pavilion	4538-000	6	Thermometer, Digital		\$433.00	\$2,598.00
Ambulatory Pavilion	4546-000	1	Timer, Lab, Multi		\$899.00	\$899.00
Ambulatory Pavilion	4549-000	6	Toaster, Commercial		\$601.00	\$3,606.00
Ambulatory Pavilion	4552-000	1	Tourniquet System, General		\$9,000.00	\$9,000.00
Ambulatory Pavilion	4554-000	1	Traction Unit, General		\$2,995.00	\$2,995.00
Ambulatory Pavilion	4868-000	1	Treadmill, Exercise (Rehab/PT)		\$6,795.00	\$6,795.00
Ambulatory Pavilion	4983-000	2	Tympanometer, Screening, Automatic		\$2,875.00	\$5,750.00
Ambulatory Pavilion	4563-000	1	Ultrasonic Cleaner, Endoscope		\$2,489.00	\$2,489.00
Ambulatory Pavilion	4808-000	1	Ultrasound, Imaging, Cardiac / Echo		\$122,500.00	\$122,500.00
Ambulatory Pavilion	4569-000	2	Ultrasound, Imaging, Multipurpose		\$241,000.00	\$482,000.00
Ambulatory Pavilion	4573-000	1	Ultrasound, Therapeutic, Electrotherapy/Combo		\$3,325.00	\$3,325.00
Ambulatory Pavilion	4575-000	1	Urodynamic Investigation System, General		\$20,150.00	\$20,150.00
Ambulatory Pavilion	4581-000	2	Vacuum, Upright		\$322.00	\$644.00
Ambulatory Pavilion	4589-000	1	Ventilator, Adult / Pediatric		\$31,627.00	\$31,627.00
Ambulatory Pavilion	4594-000	1	Ventilator, Portable		\$6,000.00	\$6,000.00
Ambulatory Pavilion	4598-000	13	Video System, Endoscopic		\$24,255.00	\$315,315.00
Ambulatory Pavilion	4602-000	13	Viewbox, 1 Panel, Recessed		\$227.00	\$2,951.00
Ambulatory Pavilion	4603-000	1	Viewbox, 1 Panel, Surface		\$274.00	\$274.00
Ambulatory Pavilion	4609-000	27	Viewbox, 2 Panel, Recessed		\$554.00	\$14,958.00

Norwalk Hospital

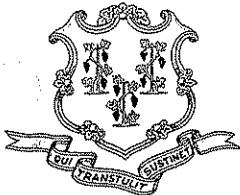
Facility Master Plan

Item Summary: 3/14/2008

MEDICAL EQUIPMENT

Project	ID#	Qty	Description	Manufacturer	Unit Cost	Ext. Cost
Ambulatory Pavilion	4610-000	1	Viewbox, 2 Panel, Surface		\$432.00	\$432.00
Ambulatory Pavilion	4616-000	8	Viewbox, 4 Panel, Recessed		\$886.00	\$7,088.00
Ambulatory Pavilion	4642-000	2	Viewbox, Spatial Film, 2 Panel, Recessed		\$714.00	\$1,428.00
Ambulatory Pavilion	4653-000	2	Walker, Adult, Folding		\$89.00	\$178.00
Ambulatory Pavilion	4658-000	9	Warmer, Fluid/Blood, Portable		\$3,200.00	\$28,800.00
Ambulatory Pavilion	4666-000	5	Warmer, Gel		\$175.00	\$875.00
Ambulatory Pavilion	4657-000	1	Warmer, Patient, Hypothermia		\$880.00	\$880.00
Ambulatory Pavilion	4682-000	1	Washer / Disinfecter, Endoscope		\$29,000.00	\$29,000.00
Ambulatory Pavilion	4673-000	1	Washer, Clothes		\$319.00	\$319.00
Ambulatory Pavilion	4669-000	1	Washer, Pasteurization		\$33,825.00	\$33,825.00
Ambulatory Pavilion	4690-000	25	Waste Can, 32-36 Gallon		\$97.00	\$2,425.00
Ambulatory Pavilion	4687-000	18	Waste Can, Bio-Hazardous		\$119.00	\$2,142.00
Ambulatory Pavilion	4688-000	26	Waste Can, Open Top		\$67.00	\$1,742.00
Ambulatory Pavilion	6802-000	2	Waste Can, Recycle Bin		\$20.00	\$40.00
Ambulatory Pavilion	4920-000	61	Waste Can, Step-On		\$136.00	\$8,296.00
Ambulatory Pavilion	4716-000	2	Wheelchair, Adult, Extra Large		\$1,249.00	\$2,498.00
Ambulatory Pavilion	4717-000	3	Wheelchair, Adult, Large		\$3,822.00	\$11,466.00
Ambulatory Pavilion	4715-000	11	Wheelchair, Adult, Standard		\$1,362.00	\$14,982.00
Ambulatory Pavilion	4721-000	1	Wheelchair, Pediatric		\$2,750.00	\$2,750.00
Ambulatory Pavilion	4742-000	1	X-Ray Unit, C-Arm, Fluoro, Ceiling Mounted		\$500,550.00	\$500,550.00
Ambulatory Pavilion	4741-000	2	X-Ray Unit, C-Arm, Mobile		\$218,500.00	\$437,000.00
Ambulatory Pavilion	4746-000	2	X-Ray Unit, Mobile		\$55,200.00	\$110,400.00

Grand Total: \$ 11,310,264.00



M. JODI RELL
GOVERNOR

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL
COMMISSIONER

March 26, 2008

John Pierro
Chief Operating Officer
Norwalk Hospital
34 Maple Street
Norwalk, CT 06856

RE: Certificate of Need Application Forms; Docket Number: 08-31119-CON
Norwalk Hospital's Master Facility Proposal including ED Expansion, Creation of a
Freestanding On-Campus O/P Surgical Service, Consolidation of O/P Services in a
New Ambulatory Services Pavilion, and Modernization of the Hospital's Main
Pavilion

Dear Mr. Pierro:

Enclosed are the application forms for Norwalk Hospital's Certificate of Need ("CON") proposal for its Master Facility Plan with an associated capital expenditure of \$139,896,612. According to the parameters stated in Section 19a-639 of the Connecticut General Statutes the CON application may be filed between May 13, 2008, and July 12, 2008.

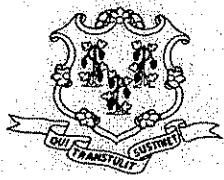
When submitting your CON Application, please paginate and date each page contained in your submission. Subsequent filings to OHCA dealing with responses to completeness letters, prefile testimony, late file submissions and the like must similarly be paginated and dated. Pagination of each of these subsequent filings must be numbered sequentially from the Applicant document that precedes it. For example, if the CON application concludes with page 100, your completeness letter response would begin with page 101. In addition, please submit one (1) original and six (6) 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 Attachments 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

Enclosure



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 considered an acceptable answer. Your Certificate of Need application will be eligible for submission no earlier than May 13, 2008, and may be submitted no later than July 12, 2008. The OHCA Analyst assigned to your application is Jack A. Huber. He may be reached directly at the Office of Health Care Access by dialing (860) 418-7034.

Docket Number: 08-31119-CON

Applicant Name: Norwalk Hospital

Contact Person: Mr. John Pierro

Contact Title: Chief Operating Officer

Contact Address:
Norwalk Hospital
34 Maple Street
Norwalk, CT 06856

Project Location: Norwalk

Project Name: A Master Facility Proposal including ED Expansion, Creation of Freestanding On-Campus O/P Surgical Service, Consolidation of O/P Services in a New Ambulatory Services Pavilion, and Modernization of the Hospital's Main Pavilion

Proposal Type: Section 19a-639, C.G.S.

**Estimated Total
Capital Expenditure:** \$139,896,612

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 <u>OR</u> if both 19a-638 and 19a-639 are checked):	
a. Base fee: _____	\$ 1,000.00
b. Additional Fee: (Capital Expenditure Assessment) _____ (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) _____	\$ _____ .00
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)

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: _____

1. Expansion of Existing or New Service

What services are currently offered at your facility that the proposal will augment or replace? Please list.

Augment: _____

Replace: _____

2. State Health Plan

No questions at this time.

3. Applicant's Long Range Plan

A. Is this application consistent with your long-range plan?

Yes No

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

B. Provide the excerpt from the minutes of the Hospital Board of Director's meeting that verifies the Board voted favorably to proceed with the proposed building project.

C. Describe the efforts the Hospital made in seeking community input for the proposed building project.

D. Briefly describe how the proposal reflects the community input received.

4. Clear Public Need

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

B. With the exception of surgical services, which will be addressed in Section 15 of the CON application form, provide the following information for each service/program affected by the proposal:

- a) List the primary service area (PSA) towns. Provide a rationale for choosing the selected PSA towns.
- b) List the secondary service area (SSA) towns. Provide a rationale for choosing the selected SSA towns.
- c) The unit of service for the past three fiscal years by service area town.
- d) Describe the population being served. Include demographic information, as appropriate.
- e) Scheduling backlogs for the affected services/programs in the service areas.

- f) Travel distance from the Hospital to service area towns.
- g) Hours of operation of each affected service/program.

- ii) Identify the existing Hospital providers of the affected services/programs in your service area.
- iii) Provide the information as outlined in the following table concerning the existing providers in the Hospital's PSA and SSA for each affected service/program less surgical services:

Description of Service	Provider Name and Location	Hours and Days of Operation	Current Utilization

- iv) What will be the effect of your proposal on existing hospitals (i.e. patient volume, financial stability, quality of care, etc.)?
- v) With the exception of surgical services, please provide the units of service projected for the first three years of operation of the services/programs affected by the proposal. **Include the derivation/calculation for each service/program.**

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

<input type="checkbox"/> Cultural	<input type="checkbox"/> Transportation
<input type="checkbox"/> Geographic	<input type="checkbox"/> Economic
<input type="checkbox"/> None of the above	<input type="checkbox"/> Other (Identify) _____

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

D. Please provide a copy of the needs assessment completed for the proposed project.

E. Please provide excerpts of the Hospital's Strategic Plan relating to the project.

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

<input type="checkbox"/> Market share analysis	<input type="checkbox"/> Epidemiological studies
<input type="checkbox"/> Public information reports	<input type="checkbox"/> Parking Studies

G. Please provide an itemization of the Hospital's current and proposed staffed and licensed bed configuration by service in the following format:

Current and Proposed Staffed and Licensed Hospital Beds

General Services	Current Staffed Beds	Proposed Staffed Beds	Current Licensed Beds	Proposed Licensed Beds
Medical				
Surgical				
Intensive Care Unit				
Cardiac Care Unit				
Exempt Psychiatric				
Exempt Rehabilitation				
Specialty Services				
Maternity				
Newborn				
Oncology				
Total Bed Count				

H. Please provide an itemization in the number of Emergency Department treatment beds by service (i.e. general, trauma, urgent, psychiatric etc.) and by existing and proposed treatment beds in similar format to the above referenced table.

I. Please provide an itemization in the number of private and semi-private patient rooms at the Hospital, by floor and service (i.e. med-surg, CCU, etc.) and by existing and proposed beds in similar format to the above referenced table.

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, nurses, etc., related to the proposal and a copy of their Curriculum Vitae.
- 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 at the Hospital and/or any staff related to the proposal.
- G. Provide a copy of the following:
 - Excerpts of the Hospital's Quality Assurance Plan (QAP) relating to the project.
 - The latest Annual Evaluation Report of the QAP Committee.

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. 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 Hospital may reference that filing for this proposal.
- ii) Provide the latest cash equivalent balance as of the date of submission of this application.
- iii) Provide a copy of the most recently completed internal monthly financial statements, including utilization volume totals to date.
- iv) Does the Hospital have Tax Exempt Status? Yes No
- v) Copies of all bond resolutions which are currently outstanding.
- vi) Copies of all indenture and loan agreements which are currently outstanding.
- vii) Copies of all line of credit agreements which are currently outstanding.
- viii) Copies of any correspondence to and from creditors that placed any additional financial requirements or restrictions on the Hospital, the Norwalk Hospital Association or any of the Association's affiliates.

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

- Provide a detailed description of the proposed new construction/renovation project illustrating the changes that will take place for each department affected by the proposal.
- Provide a table illustrating the current and anticipated location(s) with associated square footage for each department affected by the proposal. To the degree possible, the table should be itemized by newly constructed and renovated space.
- Provide all schematic drawings of the existing and proposed floor plans related to the project. One set of the schematics should be a legible, full-scale rendition.
- Provide an existing and a proposed plot plan of the Hospital, showing all areas affected by the project.

E. Provide an itemization of newly constructed and renovated space 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			

F. Explain how the proposed building project will affect the delivery of patient care.

G. Provide a timetable chart identifying the various phases of the building project and the anticipated time in months to initiate and complete each major stage of the proposal.

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.	

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

12. Type of Financing

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

Applicant's equity:

Source and amount:

Operating Funds	\$ _____
Source/Entity Name	_____
Available Funds	_____
Contributions	\$ _____
Funded depreciation	\$ _____
Other	\$ _____

Grant:

Amount of grant	\$ _____
Funding institution/ entity	_____

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

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

Lease financing or
 CHEFA Easy Lease Financing:

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

Other financing alternatives:

Amount	\$	
Source (e.g., donated assets, etc.)		

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

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

14. 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	Year 2	Year 3
		Projected Payer Mix	Projected Payer Mix	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. Please describe the impact of the proposal on the interests of consumers of health care services and the payers of such services.

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) Describe how this proposal is cost effective.

15. Surgical Services and Facilities:

A. Please provide the **inpatient procedure volumes** performed in the Hospital's operating room suites (i.e. existing ten (10) operating rooms) for fiscal years ("FYs") 2005, 2006, and 2007. For FY 2008, provide year-to-date ("YTD") volumes and their annualized equivalent.

Description	Town	FY 2005	FY 2006	FY 2007	YTD 2008*
Service Area					
All Other					
Total I/P					

Note: * Please identify the number of months of data reported for YTD 2008.

B. Please provide the **outpatient procedure volumes** performed in the Hospital's operating room suites for fiscal years FYs 2005, 2006, and 2007. For FY 2008, provide year-to-date volumes and their annualized equivalent.

Description	Town	FY 2005	FY 2006	FY 2007	YTD 2008*
Service Area					
All Other					
Total O/P					

Note: * Please identify the number of months of data reported for YTD 2008.

C. Categorize the **inpatient surgical procedures** (i.e. general, ortho, eye, ob-gyn, etc.) performed in the Hospital's operating room suites during the past three fiscal years and report the total minutes required to perform the procedures in each category using the format in the table below. Provide the same data for year-to-date 2008 annualized information.

D. Categorize the **outpatient surgical procedures** (i.e. general, ortho, eye, ob-gyn, etc.) performed in the Hospital's operating room suites during the past three fiscal years and report the total minutes required to perform the procedures in each category using the format in the table below. Provide the same data for year-to-date 2008 annualized information.

Outpatient Procedure Category	FY 2005		FY 2006		FY 2007	
	No. of Procedures	Total Minutes	No. of Procedures	Total Minutes	No. of Procedures	Total Minutes

E. Using the total number of **inpatient surgical procedures** performed and the total number of minutes as reported in Questions A and C above, report the operating room utilization using the following format:

Inpatient Surgical Utilization	FY 2005	FY 2006	FY 2007
Total number of procedures performed			
Annual increase in procedures performed	-	%	%
Number of operating rooms			
Average annual number of procedures per room			
Total number of procedure hours			
Number of hours available per year			
Percent of Total Hours Utilized	%	%	%

F. Using the total number of **outpatient surgical procedures** performed and the total number of minutes as reported in Questions B and D above, report the operating room utilization using the following format:

Outpatient Surgical Utilization	FY 2005	FY 2006	FY 2007
Total number of procedures performed			
Annual increase in procedures performed	-	%	%
Number of operating rooms			
Average annual number of procedures per room			
Total number of procedure hours			
Number of hours available per year			
Percent of Total Hours Utilized	%	%	%

G. Provide the projected number of **inpatient surgical procedures** by service line to be performed during the first three fiscal years (FY 2013, FY 2014, and FY 2015) after project completion, i.e., utilizing eight (8) operating rooms. Use the format provided in Question A above. Present this same information itemized by town.

H. Provide the projected number of **outpatient surgical procedures** by service line to be performed during the first three fiscal years (FY 2013, FY 2014, and FY 2015) after project completion, i.e., utilizing eight (8) operating rooms. Use the format provided in Question A above. Present this same information itemized by town.

I. Categorize the projected number of **inpatient surgical procedures** to be performed with the proposal and report the total number of minutes that will be required to perform the procedures with the proposal using the format provided in Question C above.

J. Categorize the projected number of **outpatient surgical procedures** to be performed with the proposal and report the total number of minutes that will be required to perform the procedures with the proposal using the format provided in Question D above.

K. Using the information reported for the projected number of **inpatient surgical procedures** and the total number of minutes required to perform the projected procedures, report the **projected inpatient operating room utilization** using the following format:

Inpatient Surgical Utilization	FY 2013	FY 2014	FY 2015
Total number of procedures to be performed			
Annual projected increase in procedures to be performed	-	%	%
Number of operating rooms	8	8	8
Average annual number of procedures per room			
Total number of projected procedure hours			
Number of hours projected available per year			
Percent of Total Hours Utilized	%	%	%

L. Using the information reported for the projected number of **outpatient surgical procedures** and the total number of minutes required to perform the projected procedures, report the **projected inpatient operating room utilization** using the following format:

Outpatient Surgical Utilization	FY 2013	FY 2014	FY 2015
Total number of procedures to be performed			
Annual projected increase in procedures to be performed	-	%	%
Number of operating rooms	8	8	8
Average annual number of procedures per room			
Total number of projected procedure hours			
Number of hours projected available per year			
Percent of Total Hours Utilized	%	%	%

M. With respect to all outpatient/ambulatory surgical facilities operating in the Hospital's service area, please complete the following table:

1 **Include** used, equipped, and shell space.

² Include those actually used to perform surgeries.

³ Include those not used and those that are equipped or are only shell space.

4 Include those rooms that are uniquely equipped to perform the type of surgeries included in the proposal.

⁵ Minimum number of surgeries to be performed in a single operating room for one year. Provide an explanation of the criteria or basis used to estimate the number.

⁶ Maximum number of surgeries of the type included in the proposal that can optimally be performed in a single operating room(s) in one year. Provide an explanation of the criteria or basis used to estimate the number.

⁷ Report the most current 12 month period.

N. Referring to the definitions² given below, check each level of anesthesia being used or proposed for use:

Minimal Sedation Moderate Sedation/Analgesia (“Conscious Sedation”)

Deep Sedation/Analgesia General Anesthesia

Minimal Sedation is a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.

Moderate Sedation/Analgesia ("Conscious Sedation") describes a medically controlled state of depressed consciousness that allows protective reflexes to be maintained. The patient retains the ability to independently maintain his or her airway and to respond purposefully to verbal commands and/or tactile stimulation. Moderate Sedation and Analgesia is a state that allows patients to tolerate unpleasant procedures while maintaining adequate cardiorespiratory function and the ability to respond purposefully.

² Source: American Society of Anesthesiologists, October 1999.

to verbal command and tactile stimulation. Those patients whose only response is reflex withdrawal from a painful stimulus are sedated to a greater degree than encompassed by sedation/analgesia.

Deep Sedation/Analgesia is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

General Anesthesia is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

O. List the anesthetic and/or sedating drugs currently used by the Facility. List the drug's common chemical name and/or brand name.

P. List the monitoring equipment currently available at the Facility.

Q. List the emergency resuscitative equipment currently available at the Facility.

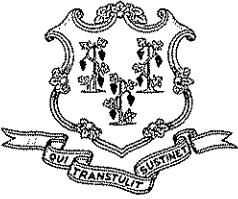
R. Attach a copy of the Facility's Conscious Sedation Protocol and/or Anesthesia Protocol as amended to date.

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:

<u>Total Facility</u> <u>Description</u>	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				\$0			\$0			\$0
Revenue from Operations				\$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
Depreciation/Amortization				\$0			\$0			\$0
Interest Expense				\$0			\$0			\$0
Lease Expense				\$0			\$0			\$0
Total Operating Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Income (Loss) from Operations				\$0			\$0			\$0
Non-Operating Income				\$0			\$0			\$0
Income before provision for income taxes				\$0			\$0			\$0
Provision for income taxes				\$0			\$0			\$0
Net Income	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Retained earnings, beginning of year				\$0			\$0			\$0
Retained earnings, end of year				\$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.

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



STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

March 27, 2008

John Pierro
Chief Operating Officer
Norwalk Hospital
34 Maple Street
Norwalk, CT 06856

Re: Letter of Intent; Docket Number: 08-31119
Norwalk Hospital
Master Facility Proposal including ED Expansion, Creation of a Freestanding On-Campus O/P Surgical Service, Consolidation of O/P Services in a New Ambulatory Services Pavilion, and Modernization of the Hospital's Main Pavilion

Dear Mr. Pierro:

On March 14, 2008, the Office of Health Care Access ("OHCA") received the Letter of Intent ("LOI") Form of Norwalk Hospital ("Applicant") for the Master Facility Proposal including ED Expansion, Creation of a Freestanding On-Campus O/P Surgical Service, Consolidation of O/P Services in a New Ambulatory Services Pavilion, and Modernization of the Hospital's Main Pavilion project at Norwalk Hospital, at a total capital expenditure of \$139,896,612.

A notice to the public regarding OHCA's receipt of a LOI was published by *The Hour Publishing Company* 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

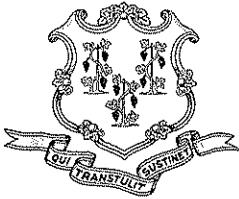
KRM:lmg

An Affirmative Action / Equal Opportunity Employer

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

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

Fax: (860) 418-7053



STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

March 27, 2008

Requisition # HCA08-157
Email: OBIT@The Hour.com
Attention: David

The Hour Publishing Company
P.O. Box 790
Norwalk, CT 06852-0790

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 **Tuesday, April 1, 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
Kimberly R. Martone
Certificate of Need Supervisor

Attachment

KRM:JH:lmg

c: Sandy Salus, OHCA

An Affirmative Action / Equal Opportunity Employer

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

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

Fax: (860) 418-7053

PLEASE INSERT THE FOLLOWING:

Statute Reference:	19a-639
Applicant:	Norwalk Hospital
Town:	Norwalk
Docket Number:	08-31119-LOI
Proposal:	Master Facility Proposal including ED Expansion, Creation of a Freestanding On-Campus O/P Surgical Service, Consolidation of O/P Services in a New Ambulatory Services Pavilion, and Modernization of the Hospital's Main Pavilion
Capital Expenditure:	\$139,896,612

The Applicant may file its Certificate of Need application between May 13, 2008 and July 12, 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.