



## **Office of Health Care Access**

### **Modification of Previously Authorized Certificate of Need**

#### **Final Decision**

<b>Applicant:</b>	<b>Hartford Hospital</b>
<b>Modification Docket Number:</b>	<b>06-20272-MDF</b>
<b>Modification Project Title:</b>	<b>A request to modify a 1990 Certificate of Need authorization in order to vacate Stipulation #7 and allow LIFESTAR flights on New York calls during the peak demand days of Friday through Sunday</b>
<b>Original Project Docket Number and Title</b>	<b>Docket Number 90-504R; The addition of a second air ambulance to the LIFESTAR program</b>
<b>Statutory Reference:</b>	<b>Sections 4-181a(b), Connecticut General Statutes</b>
<b>Filing Date:</b>	<b>May 3, 2007</b>
<b>Decision Date:</b>	<b>May 9, 2007</b>
<b>Staff</b>	<b>Karen Roberts</b>

**Project Description:** Hartford Hospital's ("Hospital's") request for a modification of the 1990 Certificate of Need ("CON") authorization under Docket Number 90-504R in order to vacate Stipulation Number 7 and allow for LIFESTAR flights on New York calls during the peak demand days of Friday through Sunday.

## Findings of Fact

1. On June 12, 1990, under Docket Number 90-504R<sup>1</sup>, the Commission on Hospitals and Health Care<sup>2</sup> (“CHHC”) granted a Certificate of Need (“CON”) pursuant to Sections 19a-154 and 19a-155<sup>3</sup> of the Connecticut General Statutes to Hartford Hospital (“Hospital”) to acquire a second air ambulance for its existing air ambulance program (the LIFESTAR program) at a total capital expenditure of \$3,080,175. The project was approved as a demonstration project for three years.
2. Stipulation #7 of the Agreed Settlement under Docket Number 90-504R states the following:  
  
*“7. The Hospital agrees that neither air ambulance will be used for New York missions during the peak demand days of Friday, Saturday and Sunday.”*
3. On December 9, 1993, CHHC issued a letter to the Hospital which indicated that the three year demonstration period was completed on July 8, 1993 and that the Hospital had met all the requirements of the Agreed Settlement in terms of the filing of LIFESTAR flight logs and the filing of a summary report.
4. Under Report Number 98-N5, the Office of Health Care Access (“OHCA”) determined that a CON was not needed to relocate one of the Hartford Hospital LIFESTAR air ambulances from its base at Hartford Hospital to a new base at The William W. Backus Hospital in Norwich Connecticut.
5. On December 18, 2006, OHCA received the Hospital’s request for a modification of the CON authorized under Docket Number 90-504R. The Hospital is requesting that OHCA vacate Stipulation #7 and allow the Hospital to participate in LIFESTAR missions to New York during peak demand days. Additional information was filed by the Hospital on May 3, 2007 and the request was deemed complete under Docket Number 06-20272-MDF.
6. The Hospital has experienced several instances recently in which LIFESTAR has been called to provide reciprocal support for New York State air ambulance services; occasions in which the Hospital indicates that LIFESTAR’s services make a decisive difference in patients’ outcomes. (*December 18, 2006 modification request; page 4*)

---

<sup>1</sup> DN 90-504R was a reconsideration of a previous final decision issued on December 22, 1989 in which CHHC denied the Hospital’s request for a second air ambulance.

<sup>2</sup> The predecessor agency of the Office of Health Care Access (“OHCA”)

<sup>3</sup> Sections 19a-154 and 19a-155 were since transferred to Sections 19a-638 and 19a-639 of the Connecticut General Statutes.

7. Since January 1, 1998, LIFESTAR completed sixteen missions that originated and ended in New York, but only five occurred between a Friday afternoon and Monday morning, the peak demand period.<sup>4</sup> The Hospital indicates that the helicopter was dispatched because, in the judgment of the emergency services personnel and the LIFESTAR operations center, patients' lives were at stake and LIFESTAR's service would make a decisive difference in patient outcomes. These decisions have been made cognizant of other demands within Connecticut. *(December 18, 2006 modification request; page 4)*
8. Of the five New York missions which occurred on peak demand days, two were accident scenes and three were inter-hospital transfers. The flights involved only patients whose travel originated and ended in New York. *(May 3, 2007 submission, page 3)*
9. The Hospital indicates that at no time were both LIFE STAR helicopters operating in New York simultaneously. *(May 3, 2007 submission, page 3)*
10. The Hospital is unable to indicate whether there were any Connecticut calls missed as a result of these five New York missions; however, the Hospital indicates that it is possible that one Connecticut call was missed, but not more than one. *(May 3, 2007 submission, page 3)*
11. The Hospital's management and the LIFESTAR team are aware of the policy restricting flights to New York State and the program staff has attempted to adhere to this policy. Since January 1, 1998, LIFESTAR has declined 25 missions from New York State during peak demand days due to the policy. *(December 18, 2006 modification request; page 4)*
12. Of the 25 declined New York missions on peak demand days, at least one LIFE STAR aircraft was available for all of these 25 calls and the flights were declined solely because of the policy not to take New York called on peak days. *(May 3, 2007 submission, page 4)*
13. The Hospital indicates that the LIFE STAR program does cover other New England states in the interest of the best trauma care for Connecticut and the region, but the number of calls to other states every year is minimal. *(May 3, 2007 submission, page 4)*
14. In the past 16 years, there has been an evolution and growth of Helicopter Emergency Medical Services in New England, including in eastern New York. Sixteen years ago, there were no aircraft being operated in Eastern New York. Since then, Westchester Medical Center in Valhalla, New York started a two-aircraft program and Albany Medical Center started a program which has since expanded to two helicopters. These two programs merged two years ago and now operate as one program, Life Net of New York, with four aircraft. As a result of this growth, the chance of LIFE STAR being requested to that region is now less likely than in the past and LIFE STAR will be called only for the most critically ill or injured patients when the New York programs are unable to respond. *(May 3, 2007 submission, page 2)*

---

<sup>4</sup> Specifically occurring on June 18, 2000, June 9, 2001, June 9 2006, November 24, 2006 and November 26, 2006.

15. The flight programs in New England and eastern New York have created a loose alliance called the North East Air Alliance (NEAA). This is a forum in which the programs convene and discuss issues. NEAA has established an informal disaster plan by which the member programs have agreed to provide mutual aid to each other in the event of a disaster. *(May 3, 2007 submission, page 2)*
16. The Hospital has mutual aid agreements with other air ambulance services, according to which LIFE STAR provides services when other regional services' aircraft are unavailable, in exchange for coverage in Connecticut by these services when LIFE STAR is unavailable. LIFE STAR has responded to mutual aid requests from Massachusetts, Rhode Island, Vermont and New Hampshire. During 2006, the total number of mutual aid calls was approximately six. The Hospital indicates that the reciprocal nature of these arrangements is very important, in terms of assuring continuity of services and care for Connecticut residents. *(May 3, 2007 submission, page 4)*
17. LIFE STAR made approximately 20 interhospital transfers originating elsewhere in New England during 2006. *(May 3, 2007 submission, page 4)*
18. For responses to accident scene calls, requests for service are received in the LIFESTAR Communication center from EMS providers on scene or the local dispatch centers in towns in Connecticut or from other nearby states. The calls are accepted in the order in which they are received, and if an aircraft is available and weather permits, the mission is accepted and completed. *(May 3, 2007 submission, page 1)*
19. For responses for inter-facility transfers, requests originate from the referring physician or facility. On rare occasions, the aircraft may be diverted away from an inter-facility transport in order to complete a scene call. This is done only with the approval of the requestor for the inter-facility transport. *(May 3, 2007 submission, page 1)*
20. The Hospital anticipates that there will continue to be some very few instances in which LIFESTAR's services to patients in New York would make a critical difference in patient outcomes and yet in which the deployment of LIFESTAR to assist will not compromise services to Connecticut citizens. *(December 18, 2006 modification request; page 4)*

## Discussion

OHCA has reviewed this request for a modification to a previously authorized CON and finds that the relationship of the CON authorized under Docket Number 90-504R to Section 19a-637, C.G.S., is not significantly altered by this request for a modification under Docket Number 06-20272-MDF. The request to vacate Stipulation #7 will not change the LIFE STAR air ambulance services currently provided by Hartford Hospital and air ambulance services for the residents of Connecticut will not be compromised by this modification request.

## Order

Based on the above discussion and the reasons provided in the Hospital's modification request, OHCA hereby grants the request and modifies the CON Order authorized under Docket Number 90-504R to vacate Stipulation #7 in its entirety.

By Order of the  
Office of Health Care Access

*Signed by Commissioner Vogel on May 9, 2007*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cristine A. Vogel  
Commissioner

CAV/kr