



**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH  
*Office of Health Care Access*

February 28, 2013

**IN THE MATTER OF:**

An Application for a Certificate of Need  
filed Pursuant to Section 19a-638, C.G.S. by:      Notice of Final Decision  
Office of Health Care Access  
Docket Number: 12-31781-CON

**New Milford Hospital  
The Danbury Hospital  
Western Connecticut Health Network,  
Inc.**

**Termination of Inpatient Obstetrical  
Delivery Service at New Milford Hospital**

To:    Sally F. Herlihy, FACHE  
Vice President, Planning  
Western Connecticut Health Network, Inc.  
24 Hospital Avenue  
Danbury, CT 06810

Dear Ms. Herlihy:

This letter will serve as notice of the Final Decision of the Office of Health Care Access in the above matter, as provided by Section 19a-638, C.G.S. On February 28, 2013, the Final Decision was rendered as the finding and order of the Office of Health Care Access. A copy of the Final Decision is attached hereto for your information.

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Kimberly R. Martone  
Director of Operations

Enclosure  
KRM:lkg



**Department of Public Health  
Office of Health Care Access  
Certificate of Need Application**

**Final Decision**

**Applicants:** New Milford Hospital, 21 Elm Street, New Milford, CT  
The Danbury Hospital, 24 Hospital Avenue, Danbury, CT  
Western Connecticut Health Network, Inc.  
24 Hospital Ave., Danbury CT

**Docket Number:** 12-31781-CON

**Project Title:** Termination of Inpatient Obstetrical Delivery Service  
at New Milford Hospital

**Project Description:** New Milford Hospital, Danbury Hospital and Western Connecticut Health Network (herein collectively referred to as the "Applicants") seek authorization to terminate the inpatient obstetrical delivery service at New Milford Hospital.

**Procedural History:** The Applicants published notice of their intent to file the Certificate of Need ("CON") application in the *News-Times* (Danbury) on May 28, 29 and 30, 2012. On August 16, 2012, the Office of Health Care Access ("OHCA") received the CON application from the Applicants for the above-referenced project. On November 2, 2012, OHCA deemed the CON application complete.

On November 15, 2012, the Applicants were notified of the date, time and place of the public hearing. On November 19, 2012, a notice to the public announcing the hearing was published in the *News-Times*.

Commissioner Jewel Mullen designated Attorney Kevin T. Hansted as the hearing officer in this matter. Pursuant to Conn. Gen. Stat. § 19a-639a, a public hearing regarding the CON application was held on December 4, 2012. The hearing was conducted as a contested case in accordance with the provisions of the Uniform Administrative Procedure Act (Chapter 54 of the General Statutes) and Conn. Gen. Stat. § 19a-639a. The Hearing Officer heard testimony from the Applicant and the Applicant's witnesses and, in rendering this decision, considered the entire record of the proceeding. The public hearing record was closed on December 17, 2012.

## Findings of Fact

1. Western Connecticut Health Network is a health care network that includes New Milford Hospital, Danbury Hospital and other affiliates. The affiliation of New Milford and Danbury Hospital created an integrated health care system capable of bringing best practices in health care delivery to residents in western Connecticut and eastern New York. Ex. A, p. 6
2. New Milford Hospital is a not-for-profit acute care general hospital located at 21 Elm Street, New Milford, Connecticut. The hospital maintains 8 beds and 10 bassinets in its Family Birthing Center. The hospital has nursery level services for newborns but does not have a neonatal intensive care unit (“NICU”). Ex. A, pp.6-7
3. Danbury Hospital is a not-for-profit acute care general hospital located at 24 Hospital Avenue, Danbury, Connecticut. The hospital’s Family Birthing Center was recently refurbished and has 38 beds and 26 bassinets. The Family Birthing Center has round-the-clock neonatologist and anesthesia services. Ex. A, p. 8
4. Danbury Hospital has a 19-bed Level IIIb NICU unit that is equipped to care for babies born as early as 24 weeks of gestation.<sup>1</sup> Ex. A, p. 8
5. New Milford Hospital proposes to terminate its obstetrical delivery service (“delivery service”). Ex. A, p. 6
6. The Applicants state that the patients will continue to receive prenatal, postnatal, gynecological and primary care at New Milford Hospital. Patients will receive their delivery service at Danbury Hospital’s Family Birthing Center. Ex. A, p. 6
7. Fewer than one baby per day is currently delivered at New Milford Hospital. This low volume reflects a multi-year downward trend in births in New Milford, Connecticut and the United States. Ex. Q, p. 7
8. Danbury Hospital delivered 2,003 babies in Fiscal Year 2012. Having a consistent and steady volume of patients allows Danbury Hospital to maintain full maternity coverage 24 hours day, seven days a week, with quality care for routine births, as well as those that are more complicated. Ex. Q, p. 8
9. New Milford Hospital has experienced an 18% decrease in the number of deliveries from FYs 2008 to 2012. New Milford Hospital’s historical patient utilization for the delivery service is reported by fiscal year in the following table:

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<sup>1</sup> Danbury Hospital is one of two hospitals in Connecticut that has this level of NICU, Level IIIb; the other is the Bridgeport campus of Yale-New Haven Hospital.

**Table 1: Patient Volume for New Milford Hospital's Delivery Service**

Description	Fiscal Year				
	2008	2009	2010	2011	2012*
Number of Deliveries	342	307	270	264	243
% Change from Previous Year		-12.3%	-10.0%	-0.7%	-9.3%
% Average Change 2008 to 2012					-8.1%
% Change from 2009 to 2012					<b>-18%</b>
Number of Bed Days		854	754	720	n/a
% Capacity Utilized (based on 8 beds available 365 days/year)		29.2%	25.8%	24.7%	-

Sources: Department of Public Health, OHCA Hospital Inpatient Discharge Database, FYs 2008-2011 and Ex. R, p. 3\*

10. From September 2011 to August 2012, the average daily census for maternity patients at New Milford Hospital was 1.9 patients per day, the average length of stay was 2.7 days per patient and the average utilization was 24%.<sup>2</sup> Ex. C, p. 94
11. Ninety percent (90%) of the inpatients discharged from New Milford Hospital in FY 2011 resided in one of the following towns:

<u>State</u>	<u>Towns</u>			
Connecticut	Bridgewater	Litchfield	Southbury	
	Brookfield	New Milford	Torrington	
	Cornwall	Roxbury	Warren	
	Danbury	Sherman	Washington	
	Kent			
New York	Dover Plains	Pawling	Wingdale	

Source: CT Department of Public Health OHCA Hospital Inpatient Discharge Database, FY 2011.

12. Ninety percent (90%) of the inpatients discharged from Danbury Hospital in FY 2011 resided in one of the following towns:

<u>State</u>	<u>Towns</u>			
Connecticut	Bethel	New Milford	Ridgefield	
	Brookfield	Newtown	Southbury	
	Danbury	Redding		
	New Fairfield			
New York	Brewster	Pawling	Patterson	
	Carmel			

Source: CT Department of Public Health OHCA Hospital Inpatient Discharge Database, FY 2011.

<sup>2</sup> Average daily census of 1.9 patients divided by 8 beds = 24%.

13. The following table reports the number of patients that delivered at New Milford Hospital by town of residence in FY 2012:

**Table 2: Number of Patients that Delivered at New Milford Hospital in Fiscal Year 2012 by Patient Town of Residence**

Town	Number of Births	% of Total
New Milford	124	51.0%
Danbury	15	6.2%
Litchfield	11	4.5%
Torrington	10	4.1%
Washington	10	4.1%
Kent	8	3.3%
Sherman	8	3.3%
Brookfield	6	2.5%
New York	14	5.8%
Other CT Towns and Other States	37	15.2%
<b>Total</b>	<b>243</b>	<b>100%</b>

Ex. R, p. 3

14. Almost half of the maternity patients from New Milford utilized Danbury Hospital for its obstetrical delivery service in FY 2011. The following table reports the market share by hospital for maternity patients residing in New Milford that were discharged in FY 2011:

**Table 3: Number of Maternity Patients Residing in New Milford Discharged in Fiscal Year 2011**

Hospital	Number of Maternity Patients Discharged	Market Share
New Milford	125	50%
Danbury	114	46%
Other Hospitals	9	4%
<b>Total</b>	<b>248</b>	<b>100%</b>

Source: Department of Public Health, OHCA Hospital Inpatient Discharge Database, FY 2011, ICD-9 CM 632-765, V30, V31.

15. Birth rates for the State of Connecticut and New Milford area towns have generally been decreasing each year since 2000. The following table reports the number of births, population estimates and birth rates by calendar year:

**Table 4: Birth Rates for New Milford Area Towns\* (combined) and State of Connecticut**

Year	No. of Births, New Milford Area Towns	New Milford Area Population Estimate	New Milford Area Birth Rate (%)	No. of Births, All State Towns	State Population Estimate	State Birth Rate (%)
2000	3,729	306,926	1.21%	43,075	3,411,777	1.26%
2001	3,709	309,312	1.20%	42,659	3,432,835	1.24%
2002	3,589	311,723	1.15%	41,996	3,458,749	1.21%
2003	3,716	313,830	1.18%	42,826	3,484,336	1.23%
2004	3,528	315,197	1.12%	42,005	3,496,094	1.20%
2005	3,479	315,910	1.10%	41,722	3,506,956	1.19%
2006	3,468	316,540	1.10%	41,789	3,517,460	1.19%
2007	3,438	317,361	1.08%	41,597	3,527,270	1.18%
2008	3,282	319,372	1.03%	40,388	3,545,579	1.14%
2009	3,071	321,135	0.96%	38,876	3,561,807	1.09%
2010	3,024	323,158	0.94%	37,713	3,577,073	1.05%
2011	2,873	324,035	0.89%	37,003	3,580,709	1.03%

\* Includes Bethel, Brookfield, Danbury, New Fairfield, Newtown, Redding, Ridgefield, Sherman, Bethlehem, Bridgewater, Cornwall, Goshen, Kent, Litchfield, Morris, New Milford, Roxbury, Sharon, Southbury, Torrington, Warren, Washington and Woodbury.

Sources: U.S. Census Bureau: Intercensal Estimates of the Resident Population for Incorporated Places and Minor Civil Divisions: April 1, 2000 to July 1, 2010, released October, 2012. Connecticut State Department of Public Health, Office of Vital Statistics.

16. The Applicants report the following information concerning the delivery service at New Milford Hospital:

**Table 5: Utilization of Delivery Service at New Milford Hospital**

Description	Fiscal Year			
	2009	2010	2011	2012
Number of patients that required transfer to another acute care hospital for delivery	0	5	7	8
Number of newborns that required transfer to a NICU	0	5	12	7
Number of patients that arrived at ED for delivery	2	0	0	0
Number of patients that arrived at ED in labor requiring transfer to another acute care hospital for delivery	0	0	0	0

Ex D, p. 95

17. Beginning in June 2011, administrators began a review of New Milford Hospital's Family Birthing Center. The physical space was designed as a traditional model obstetrical unit with separate spaces for labor, delivery, recovery and post-partum care. According to the 2010 Guidelines for Design and Construction of Health Care Facilities from the Facility Guideline Institute, the traditional model is no longer built for use for obstetrical units. In

addition, the air handling units and mechanical equipment servicing the area have been in place almost 25 years and would require replacement. Ex. A, p.9 and Ex. D, p. 97.

18. Applicants estimate that refurbishing the birthing center at New Milford Hospital would require a major construction project costing between \$3 and \$5 million, depending on the extent of the project. Ex. D, p. 97
19. New Milford Hospital loses \$650,000 annually from the operation of its Family Birthing Center. The Applicants state that it is not cost effective to maintain two birthing centers within the same service area. Ex. A, pp. 9 and 10
20. New Milford Hospital has transferred patients for delivery to Danbury Hospital and John Dempsey Hospital in Farmington and newborns to Danbury Hospital, John Dempsey Hospital, Connecticut Children's Medical Center (Hartford) and Yale-New Haven Hospital (New Haven). Ex. D, p. 95
21. Of the 13 towns listed below, 53%, are located closer to a community hospital other than New Milford Hospital:

**Table 6: Distances from New Milford Hospital's Service Area Towns to Area Hospitals**

New Milford Hospital Service Area Town	Distance in Miles			
	New Milford Hospital	Danbury Hospital	Charlotte Hungerford Hospital (Torrington)	Sharon Hospital
Bridgewater	4	14	32	31
Brookfield*	10	6	46	36
Cornwall*	19	34	17	8
Kent	12	27	25	17
Litchfield*	19	34	6	23
New Fairfield*	19	6	51	40
New Milford	4	19	28	24
Roxbury	7	25	29	29
Sherman	6	15	35	31
Southbury*	27	18	31	37
Torrington*	28	49	2	25
Warren*	13	29	20	11
Washington	8	24	20	21

\* Town located closer to a community hospital other than New Milford.

Note: Mileage is the distance from the approximate town center to the listed hospital.

Ex. A, p. 28 and [www.mapquest.com](http://www.mapquest.com)

22. Public transportation within New Milford is operated by Housatonic Area Regional Transit. Emergency transportation by ambulance is available by calling 911. Ex. D, p. 102

23. The Applicants state that the proposal is based on providing the best possible care to its patients. Danbury Hospital has an existing service that provides 24-hour physician availability, including obstetricians, anesthesiologists and neonatologists. Ex. A, p. 10, 11
24. The proposal will reduce duplication of existing healthcare services, including physicians, staff and equipment required to support obstetrical deliveries. The latest technology can be concentrated at a single location. Ex. A, p. 17
25. The utilization of the Danbury Hospital's Family Birthing Center for the last two fiscal years indicates that there is adequate space to provide to patients from the greater New Milford area:

**Table 7: Utilization of Danbury Hospital's Family Birthing Center  
FY 2011 and FY 2012 Annualized**

Service	Beds Available	Total Bed Capacity, Days	Bed Days FY 2011	% Capacity used in FY 2011	Bed Days FY 2012 Annualized	% Capacity projected to be used in FY 2012
Maternity	32	11,680	6,309	54.0%	6,245	53.5%
Newborn	26	9,490	4,740	49.9%	4,577	48.2%

Ex. A, p. 14

26. For complicated pregnancies, Danbury Hospital has high-risk obstetric specialists on staff. Many of its obstetric physicians are multiple Board-certified. Danbury Hospital has the only hospital-based Doula program in the state of Connecticut. For those cases requiring quaternary care, Danbury Hospital has a relationship with Yale-New Haven Hospital. Ex. Q, pp. 18, 20 and 31
27. New Milford Hospital will have a newly refurbished Emergency Department with appropriate space and necessary staffing to cover births if a patient is not able to reach Danbury Hospital. Ex. A, p. 12
28. New Milford Hospital maintains a Transportation Service Agreement with Danbury Ambulance Service to handle the transfer of patients to Danbury Hospital. Transfer service will be provided to any patient regardless of their insurance status. Ex. A, p. 12
29. The Applicants' Quality Committee engaged Louis Weinstein, M.D.<sup>3</sup>, an expert on obstetrical quality and safety to perform an assessment and render an opinion on the decision to terminate the delivery service at New Milford Hospital. Dr. Weinstein provided the following key findings and recommendations:

<sup>3</sup> Dr. Weinstein has been board-certified in obstetrics and gynecology since 1979 and in maternal and fetal medicine since 1989. He has taught at several universities and been the director of the Department of Obstetrics and Gynecology at the Medical College of Ohio and the University of Arizona. He has served on several task forces and been committee chair for the American College of Obstetricians and Gynecologists.



- a. Best practice, particularly within a proximate network, includes immediate availability of obstetrical services, anesthesiology services and neonatal services;
  - b. Maintaining the concept of horizontal equality with one standard of care across the Network is a challenge that relates to volume-based concerns in achieving full coverage at the local level;
  - c. Relocation of obstetrical delivery service from a smaller hospital to a proximate larger hospital is not uncommon.
- Ex. A, p. 9

30. The Applicants report the following payer mix for New Milford Hospital based on net revenue:

**Table 8: Payer Mix for New Milford Hospital**

Payer	Actual Fiscal Year	Projected by Fiscal Year			
	2011	2012	2013	2014	2015
Medicare	28.64%	29.06%	29.06%	29.06%	29.06%
Medicaid	6.07%	7.00%	7.00%	7.00%	7.00%
Champus	0.12%	0.10%	0.10%	0.10%	0.10%
<b>Total Government</b>	<b>34.83%</b>	<b>36.16%</b>	<b>36.16%</b>	<b>36.16%</b>	<b>36.16%</b>
Commercial	62.03%	60.70%	60.70%	60.70%	60.70%
Uninsured	0.46	0.95	0.95%	0.95%	0.95%
Workers Compensation	2.67%	2.19%	2.19%	2.19%	2.19%
<b>Total Non-government</b>	<b>65.17%</b>	<b>63.84%</b>	<b>63.84%</b>	<b>63.84%</b>	<b>63.84%</b>
<b>Total</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>

Ex. A, p. 18

31. The Applicants report the following payer mix by for Danbury Hospital based on net revenue:

**Table 9: Payer Mix for Danbury Hospital**

Payer	Actual Fiscal Year	Projected by Fiscal Year			
	2011	2012	2013	2014	2015
Medicare	34.45%	33.80%	33.80%	33.80%	33.80%
Medicaid	6.51%	6.84%	6.84%	6.84%	6.84%
Champus	0.09%	0.09%	0.09%	0.09%	0.09%
<b>Total Government</b>	<b>41.05%</b>	<b>40.73%</b>	<b>40.73%</b>	<b>40.73%</b>	<b>40.73%</b>
Commercial	57.77%	54.71%	54.71%	54.71%	54.71%
Uninsured	0.15%	3.21%	3.21%	3.21%	3.21%
Workers Compensation	1.03%	1.34%	1.34%	1.34%	1.34%
<b>Total Non-government</b>	<b>58.95%</b>	<b>59.27%</b>	<b>59.27</b>	<b>59.27</b>	<b>59.27</b>
<b>Total</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>

Ex. A, p. 18

32. New Milford Hospital projects that it will realize a gain from operations with the termination of the proposal, as shown in following table:

**Table 10: New Milford Hospital's Projected Incremental Revenues and Expenditures by Fiscal Year**

	FY 2013	FY 2014	FY 2015
<b>Net Patient Revenue from Operations (decreased)</b>	\$(2,037,000)	\$(2,061,000)	\$(2,084,000)
<b>Operating Expenses:</b>			
Salaries and Fringe Benefits	(2,431,000)	(2,485,000)	(2,535,000)
Supplies and Drugs	(99,000)	(101,000)	(103,000)
Bad Debt	(67,000)	(68,000)	(69,000)
Other	(56,000)	(37,000)	(37,000)
<b>Total Operating Expenses</b>	<b>(2,653,000)</b>	<b>(2,691,000)</b>	<b>(2,744,000)</b>
<b>Incremental Gain from Operations</b>	<b>\$ 615,000</b>	<b>\$ 648,000</b>	<b>\$ 677,000</b>

Ex. A, p. 84

33. Danbury Hospital projects the following incremental revenues and expenditures as a result of the proposal:

**Table 11: Danbury Hospital's Projected Incremental Revenues and Expenditures by Fiscal Year**

	FY 2013	FY 2014	FY 2015
<b>Net Patient Revenue from Operations</b>	\$1,222,000	\$ 1,236,000	\$ 1,251,000
<b>Operating Expenses:</b>			
Salaries and Fringe Benefits	332,000	339,000	344,000
Supplies and Drugs	59,000	61,000	62,000
Bad Debt	40,000	41,000	41,000
Other	19,000	20,000	20,000
<b>Total Operating Expenses</b>	<b>451,000</b>	<b>460,000</b>	<b>467,000</b>
<b>Incremental Gain from Operations</b>	<b>\$ 771,000</b>	<b>\$ 777,000</b>	<b>\$ 784,000</b>

Ex. A, p. 87

34. OHCA is currently in the process of establishing its policies and standards as regulations. Therefore, OHCA has not made any findings as to this proposal's relationship to any regulations adopted by OHCA. (Conn. Gen. Stat. § 19a-639(a)(1)).
35. OHCA recently published a statewide facilities and services plan. Since the plan was not in circulation at the time the Applicants filed the initial CON application, OHCA has not made any findings as to this proposal's relationship to the plan. (Conn. Gen. Stat. § 19a-639(a)(2))

36. The Applicants have provided sufficient evidence to establish that there is a clear public need for the proposal. (Conn. Gen. Stat. § 19a-639(a)(3)).
37. The Applicants have satisfactorily demonstrated that the proposal is financially feasible. (Conn. Gen. Stat. § 19a-639(a)(4)).
38. The Applicants have satisfactorily demonstrated that the proposal will improve quality, accessibility and cost effectiveness of health care delivery in the region. (Conn. Gen. Stat. § 19a-639(a)(5)).
39. The Applicants have shown that there will be no change to the provision of health care services to the relevant patient population and payer mix. (Conn. Gen. Stat. § 19a-639(a)(6)).
40. The Applicants have satisfactorily identified the population to be served by the proposal and have satisfactorily demonstrated that this population has a need for the proposal. (Conn. Gen. Stat. § 19a-639(a)(7)).
41. The Applicants have satisfactorily shown that the utilization of the existing health care facilities and the health care services in the service area support the proposal. (Conn. Gen. Stat. § 19a-639(a)(8)).
42. The Applicants have satisfactorily demonstrated that the proposal will not result in an unnecessary duplication of existing delivery services in the area. (Conn. Gen. Stat. § 19a-639(a)(9)).

## Discussion

CON applications are decided on a case by case basis and do not lend themselves to general applicability due to the uniqueness of the facts in each case. In rendering its decision, OHCA considers the factors set forth in General Statutes § 19a-639(a). The Applicant bears the burden of proof in this matter by a preponderance of the evidence. *Goldstar Medical Services, Inc., et al. v. Department of Social Services*, 288 Conn. 790 (2008)

Western Connecticut Health Network includes New Milford Hospital, Danbury Hospital and other affiliates. New Milford Hospital is a not-for-profit acute care general hospital with 8 beds and 10 bassinets in its Family Birthing Center. Danbury Hospital is a not-for-profit acute care general hospital with a 38-bed, 26-bassinet Family Birthing Center. FF 1-3 New Milford Hospital proposes to terminate its obstetrical delivery service ("delivery service") due to decreasing utilization and operating losses. FF 5, 9 and 19.

Fewer than one baby per day is currently delivered at New Milford Hospital. FF 7. From Fiscal Year 2008 to Fiscal Year 2012, the delivery service at New Milford Hospital experienced an 18% decrease in the number of patients. FF 9. The average utilization of maternity beds at New Milford Hospital from September 2011 to August 2012 was 24%. FF 10. Overall birth rates have declined in the state of Connecticut. In Calendar Year 2000, the birth rate for Connecticut was 1.21% and in 2011, it was 1.03%. In the greater New Milford area towns the birth rate has experienced a similar decline from 1.21% in Calendar Year 2000 to 0.89% in 2011. FF 15.

New Milford Hospital's low utilization directly affects the ability of the delivery service to cover its operational expenses. The delivery service is losing approximately \$650,000 annually and New Milford Hospital projects that it will continue to lose money maintaining the delivery service. FF 19, 32. The low utilization also affects the quality of care that can be reasonably delivered by New Milford Hospital. Best practice for obstetrical care includes 24-hour availability of anesthesiologists and neonatal services; New Milford Hospital does not have either. FF 2, 29.

Under the proposal, patients will continue to receive prenatal, postnatal, gynecological and primary care at New Milford Hospital. FF 6. Danbury Hospital has an existing service that is large enough to provide 24-hour physician availability and sufficient space to absorb the volume of babies currently being born at New Milford Hospital. FF 23, 25. Danbury Hospital has high-risk obstetric specialists on staff, many of whom are multiple Board-certified. FF 26. In addition, the Applicants are preparing to make New Milford Hospital's Emergency Department capable of handling patients in labor that may need care and are unable to continue to Danbury Hospital or those who may require transportation by ambulance. FF 27.

In FY 2011, nearly 50% of women from the town of New Milford traveled to Danbury Hospital for their delivery service. FF 14. Over 50% of the service area towns for New Milford Hospital are located within the same approximate distance of another community hospital. Patients living in Kent or Warren may delivery at Sharon Hospital or Charlotte Hungerford Hospital, without a large increase in travel distance. FF 21. The Applicant's proposal will eliminate duplication of

services by terminating the delivery service at New Milford Hospital and having patients utilize the existing program at Danbury Hospital. Therefore, the proposal will maintain accessibility and quality of services for the existing population served.

The proposal will build upon the affiliation by combining services that reduce operating costs and at the same time provide the latest obstetrical technology. FF 24. The proposal will provide a system-wide standard of care that eliminates the inequality that exists due to the low utilization at New Milford Hospital. FF 29.

The proposal will reduce the operating expenses of New Milford Hospital and provide a net incremental gain from operations to Danbury Hospital. FF 32, 33. Therefore, the proposal is financially feasible. The Applicants' financial projections and volumes upon which they are based are reasonable and achievable.

## Order


Based upon the foregoing Findings of Fact and Discussion, the Certificate of Need application of New Milford Hospital, Danbury Hospital and Western Connecticut Health Network to termination obstetrical delivery service at New Milford Hospital is hereby **APPROVED**.

All of the foregoing constitutes the final order of the Office of Health Care Access in this matter.

By Order of the  
Office of Health Care Access

Date

2/28/13

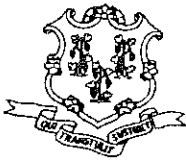
  
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Lisa A. Davis, MBA, BSN, RN  
Deputy Commissioner

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

**FAX SHEET**

**TO:** SALLY F. HERILY, FACHE  
**FAX:** (203) 739-1974  
**AGENCY:** WESTERN CONNECTICUT HEALTH NETWORK, INC.  
**FROM:** LAURIE GRECI  
**DATE:** 2/28/13 **TIME:** \_\_\_\_\_  
**NUMBER OF PAGES:** 15  
*(including transmittal sheet)*



**Comments:** DN: 12-31781-CON Notice of Final Decision

***PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.***