



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

March 15, 2011

To: Outpatient Surgical Facility Administrator or Head of Outpatient Surgery Department

Dear Sir/Madam:

Pursuant to General Statutes §19a-634(c), the Office of Health Care Access ("OHCA") division of Department of Public Health ("DPH") is establishing an inventory of health care facilities and services in the state of Connecticut for the purposes of preparing and releasing a State-Wide Health Care Facilities and Services Plan in July of 2012 as mandated by General Statutes § 19a-634(b). Accordingly, OHCA has developed an Inventory Questionnaire which seeks pertinent information regarding outpatient surgery services in the state provided by hospitals and licensed outpatient surgical facilities. OHCA requests that you or another member of the outpatient surgical facility or outpatient surgery department team, complete and submit the outpatient surgery questionnaire to OHCA.

The questionnaire document can be accessed by going onto the OHCA website at www.ct.gov/ohca and clicking on the link labeled "2010 Outpatient Surgery Questionnaire" on our main webpage. It is requested that the providers use the Survey Monkey instrument for completion of this questionnaire. However, if the provider cannot access or complete the Survey Monkey process, please email Brian Carney at brian.carney@ct.gov or Karen Roberts at karen.roberts@ct.gov and a Microsoft Word version document will be emailed to you to fill out and submit manually.

Please note the following important information related to the Outpatient Surgery questionnaire:

- The questionnaire is the same, whether the provider is an acute care hospital outpatient department, an acute care hospital surgery center satellite or a licensed Outpatient Surgical Facility provider. There are not different questionnaires for different provider types.
- The questionnaire is location specific. For example, if a hospital has outpatient surgery at its main campus and at an off-campus location (whether as a department of the hospital or a separate satellite entity), separate questionnaire documents will need to be completed for each location.

- The information regarding utilization and number of operating rooms in the questionnaire is based on the calendar year (CY) ending December 31, **2010**.
- Please note that while it is not OHCA's intent to publish the Section 16 utilization data on a facility identifiable basis, OHCA may publish the facility name and address, provider type, number of ORs and hours of operation information on a facility identifiable basis. Please be further informed however, that the information filed in this questionnaire, including the Section 16 utilization data, will be subject to release *when requested* through the Freedom of Information Act, Chapter 14 of the Connecticut General Statutes. Finally, note that there is no patient specific or financial data being requested through this questionnaire.


OHCA would like to complete the collection of this information by **April 8, 2011** and asks that you complete the questionnaire via the Survey Monkey link described above or send in the paper copy (electronically or by fax/mail) by that date. OHCA's fax number is 860-418-7053. If a paper copy is being filled out and mailed, the address for mailing in paper copy is as follows:

Office of Health Care Access
Department of Public Health
410 Capitol Avenue
MS#13HCA
Hartford, CT 06134-0308
Attn: Brian Carney

Questions regarding the above can be emailed to Brian Carney at brian.carney@ct.gov or Karen Roberts at karen.roberts@ct.gov.

On behalf of the Department of Public Health, I would like to thank you for your participation in this important first step toward gathering information necessary to maintain a health care facility/service inventory for the state of Connecticut and to complete Connecticut's first Statewide Health Care Facilities and Services Plan.

Sincerely,


Kimberly Martone
Director of Operations
Office of Health Care Access

KM:kr