



Office of Health Care Access Certificate of Need Application

Final Decision

Applicant: Saint Vincent's Medical Center

Docket Number: 06-30823-CON

Project Title: Proposal to Undertake a Master Facility Project including the Expansion of the Emergency Department, Construction of a New Ambulatory Cancer Center, Reorganization of Outpatient Services, Construction of an Ambulatory Procedures Area and Cardiovascular Center, Construction of a New Parking Garage and Other Infrastructure and Facility Improvements

Statutory Reference: Section 19a-639 of the Connecticut General Statutes

Filing Date: January 26, 2007

Hearing Date: March 8, 2007

Presiding Officer: Commissioner Cristine A. Vogel

Decision Date: April 20, 2007

Staff Assigned: Jack A. Huber

Project Description: Saint Vincent's Medical Center ("Hospital") proposes to undertake a master facility proposal, which includes the expansion of the emergency department, construction of a new ambulatory cancer center, reorganization of outpatient services, construction of an ambulatory procedures area and cardiovascular center, construction of a new parking garage and other infrastructure and facility improvements. The total capital expenditure of the project is \$141,527,927.

Nature of Proceedings: On January 26, 2007, the Office of Health Care Access ("OHCA") received the Certificate of Need ("CON") application from Saint Vincent's Medical Center ("Hospital") seeking authorization to undertake a master facility proposal, which includes the expansion of the emergency department, construction of a new ambulatory cancer center, reorganization of outpatient services, construction of an ambulatory procedures area and cardiovascular center, construction of a new parking garage and other infrastructure and facility improvements. The total capital expenditure of the project is \$141,527,927. The Hospital is a health care facility or institution as defined by Section 19a-630 of the Connecticut General Statutes ("C.G.S.").

A notice to the public concerning OHCA's receipt of the Hospital's Letter of Intent to file its CON application was published in the *Connecticut Post* on July 27, 2006, pursuant to Section 19a-639, C.G.S. A public hearing regarding the CON application was held on March 8, 2007, pursuant to Section 19a-639, C.G.S. On February 20, 2007, the Hospital was notified of the date, time and place of the hearing. A notice to the public was published in the *Connecticut Post* on February 22, 2007. Commissioner Cristine A. Vogel served as Presiding Officer for this case. The public hearing was conducted as a contested case in accordance with the provisions of the Uniform Administrative Procedure Act (Chapter 54 of the Connecticut General Statutes) and Section 19a-639, C.G.S.

OHCA's authority to review and approve, modify or deny the CON application is established by Section 19a-639, C.G.S. The provisions of this section, as well as the principles and guidelines set forth in Section 19a-637, C.G.S., were fully considered by OHCA in its review.

Findings of Fact

Clear Public Need

Impact of the Proposal on the Hospital's Current Utilization Statistics Proposal's Contribution to the Quality of Health Care Delivery in the Region Proposal's Contribution to the Accessibility of Health Care Delivery in the Region

1. Saint Vincent's Medical Center ("Hospital") is an acute care, tertiary hospital located at 2800 Main Street in Bridgeport, Connecticut. (*December 22, 2006, Initial CON application submission, page 9*)

2. The Hospital proposes to undertake a master facility project, which represents the initial step in the implementation of the Hospital's 2005 Master Facility Plan.
(December 22, 2006, Initial CON application submission, pages 10 and 11)
3. The Hospital provided evidence that the proposal is consistent with the Hospital's Long Range Plan and Master Facility Plan. *(December 22, 2006, Initial CON application submission, page 13 and January 26, 2007, Completeness Responses, page 5 and Attachment 3, pages 22 and 23)*
4. The Hospital is located on approximately 8 acres of land. The majority of the Hospital's patient care is provided in space designed more than 30-years ago.
(December 22, 2006, Initial CON application submission, page 11)
5. The proposal is based on a number of factors including: *(December 22, 2006, Initial CON application submission, page 13)*
 - An aging physical plant;
 - Historical and projected growth of ambulatory services and programs beyond the capacity of the current clinical facilities;
 - Poor configuration and lack of adequate support space for major ambulatory clinical programs;
 - Historical and projected growth of inpatient services, which supports the structural reinforcement of the main building for future vertical expansion should it be needed;
 - The need to improve patient privacy in many of the clinical areas to remain in compliance with HIPAA regulations;
 - The need to upgrade facilities to comply with Americans with Disabilities Act standards;
 - The need to expand ambulatory infusion therapy space in order to be in compliance with all infection control regulations;
 - The need to accommodate additional parking as the current and anticipated facility needs exceed current parking capacity; and
 - The need for more conference and meeting room space.
6. The proposal will address the current and future service needs of the Hospital by incorporating the following project components: *(December 22, 2006, Initial CON application submission, pages 10 through 12)*
 - **Construction of the North Building**
 - A new 125,000 square foot ("SF") building will be constructed between the existing main building, Saint Vincent's College and the facility's central utility plant. The new building will include three floors plus a basement level. The building will house an expanded Emergency Department, a new ambulatory Cancer Center, a Women's Imaging Center, physician offices, and conference rooms.

- **Renovations to Level II of the Main Hospital Building**
 - Level II contains the majority of the Hospital's clinical ambulatory services. The following areas will be expanded and redesigned:
 - i. Emergency Department;
 - ii. Interventional Cardiology (Catheterization & Electrophysiology);
 - iii. Interventional Radiology;
 - iv. Ambulatory Surgery/Endoscopy Center;
 - v. Radiology;
 - vi. Non-invasive Cardiology; and
 - vii. Public and support spaces.
 - **Construction of a New Parking Garage**
 - A new parking garage with the capacity to accommodate 620 vehicles will be constructed on the southwest side of the main campus. The garage will be six stories, plus basement level and will be located on what is now an existing parking lot.
 - **Provision for the Construction of Shell Space**
 - The proposal will include shell space in three areas of the new North Building for future expansion as follows:
 - i. Radiation Oncology – 4,230 SF on Level I;
 - ii. Medical Oncology – 9,399 SF on Level III; and
 - iii. Women's Imaging Center - 3,366 SF on Level IV.
7. The Hospital indicates that it serves the following towns: *(December 22, 2006, Initial CON application submission, page 40)*
- Primary Service Area: Bridgeport, Easton, Fairfield, Monroe, Shelton, Stratford, Southport, and Trumbull.
 - Secondary Service Area: Milford, Newton, Norwalk, Stamford, Wilton, Weston and Westport.
8. The proposal is designed to address the following departmental issues: *(December 22, 2006, Initial CON application submission, page 11)*
- **Emergency Department Services**
 - The need to accommodate additional ED demand; and
 - The need to improve operational efficiencies.
 - **Cancer Center Services**
 - The need to support the continued evolution of the Hospital's oncology service; and
 - The need to address current geographic disparate services.
 - **Radiology Department Services**
 - The need for the department to be redesigned and enlarged to better accommodate patient flow and volumes.

- **Ambulatory Surgery Unit Services**
 - The need to renovate the unit and to place the unit adjacent to the interventional procedures area to help consolidate facilities;
 - The need to provide additional support space;
 - The need to greatly enhance patient privacy and comfort; and
 - The need to facilitate greater flexibility for same day medical and surgical patients.
 - **Interventional Cardiovascular Services**
 - The need to improve the configuration and efficiency of the department.
 - **Other: Level II Renovations**
 - The need to create a more controlled public environment, enhance public and patient movement through the units;
 - The need to allow for more streamline admitting and discharge process;
 - The need to expand/consolidate patient waiting/holding areas; and
 - The need to ensure separate public and staff traffic corridors.
9. The Hospital is not requesting additional inpatient beds beyond its current licensed capacity of 397 beds. *(December 22, 2006, Initial CON application submission, pages 10 through 12)*
10. The project measures a combined total square footage of approximately 223,750 SF. The proposal will create 125,000 SF of new space, with approximately 98,750 SF of renovated space. *(December 22, 2006, Initial CON application submission, page 57)*
11. The project schedule is as follows: *(December 22, 2006, Initial CON application submission, page 58)*

Table 1: Proposed Construction Schedule

Project Component	Commencement Date	Completion Date
Parking Garage Construction	June 2007	September 2008
North Building Construction	April 2007	November 2009
Level 2 Renovations (1 st Stage)	November 2009	November 2011
Level 2 Renovations (2 nd Stage)	August 2007	February 2009
Level 2 Renovations (3 rd Stage)	February 2009	December 2009
ED Renovations	December 2009	June 2010
Level 2 Renovations (4 th Stage)	June 2010	June 2011

12. The project has been designed in a manner that will allow the Hospital to provided services in an uninterrupted fashion. *(December 22, 2006, Initial CON application submission, pages 57and 58)*

Emergency Department Expansion and Redesign

13. The Emergency Department's ("ED") was constructed in the 1970's and was built to handle approximately 30,000 patient visits per year. *(December 22, 2006, Initial CON application submission, page 21)*
14. Located on Level 2 of the existing Hospital building, the ED measures 14,000 SF and accommodates 28 treatment bays and 4 Fast Track express care beds. *(December 22, 2006, Initial CON application submission, page 21)*
15. The Hospital states that the ED is no longer appropriately sized or designed to meet the current or future demand for emergency services. Additionally, the Hospital indicates the ED has other operational issues as follows: *(December 22, 2006, Initial CON application submission, pages 21 through 23)*
- The department has no dedicated psychiatric treatment area;
 - There is insufficient work and storage space;
 - The trauma room is poorly located in the middle of the department and needs to be located away from the main access ways of the department;
 - The waiting area and triage area are small and located too close to each other;
 - Patient privacy is difficult to protect;
 - The bereavement and family conference room is too small;
 - The number of isolation rooms is inadequate and provisions for disaster planning require improvement; and
 - There is no computed tomography ("CT") scanner in the ED.
16. The ED performed 55,653, 57,677, and 58,386 visits annually from fiscal years ("FYs") 2004 through 2006, respectively. *(December 22, 2006, Initial CON application submission, page 40 and Saint Vincent's Medical Center, 12 Month Filing, Schedule 500, page 3)*
17. The following table illustrates the ED service visits anticipated by the Hospital for FYs 2007 through 2014: *(December 22, 2006, Initial CON application submission, page 46 and Attachment XV, page 495)*

Table 2: Projected ED Service Volume by Fiscal Year

Description	2007	2008	2009	2010	2011	2012	2013	2014
# Visits	59,086	59,795	60,514	61,965	63,451	64,681	65,793	66,926
% Change	1.2	2.0	1.2	2.4	2.4	1.9	1.7	1.7

18. The ED has experienced a 2.45% annual growth rate in the last three fiscal years. The projected service volumes assume an average annual growth rate 1.8%. *(December 22, 2006, Initial CON application submission, page 46 and Attachment XV, page 495)*

19. The Hospital utilized building guidelines from a publication entitled, "*Emergency Department Design: A Practice Guide to Planning for the Future*" to project the size and number of service bays based on the anticipated patient demand for ED services. (December 22, 2006, Initial CON application submission, page 21)
20. At current service volumes of approximately 60,000, the guidelines recommend an ED measuring between 30,000 and 40,000 SF and containing between 35 to 47 service bays. (December 22, 2006, Initial CON application submission, page 21)
21. The design of the new ED is based on the projection that patient visits will reach approximately 70,000 in ten years, although the department will have the capacity to handle 80,000 visits annually. (December 22, 2006, Initial CON application submission, page 24)
22. The new ED will measure 42,000 SF (24,800 SF of newly constructed space and 17,200 SF of renovated space) and will include 59 treatment bays along with expanded support space. (December 22, 2006, Initial CON application submission, page 24)
23. An itemization comparing the number of existing and proposed service bays is provided in the following table: (December 22, 2006, Initial CON application submission, pages 16 and 17)

Table 3: Current & Proposed ED Service Bays by Type

Description	Current	Proposed
Acute Care	28	31
Trauma & Critical Care	0*	8
Psychiatric Care	0*	6
Medical Express Care	4	6
General Demand for General or Express Care	0*	8
Total Number of Treatment Bays	32	59

Note: *Included in the total current number of acute care service bay category.

24. The ED design plan will provide for greater space allocated to the department's waiting area, triage area, registration area, and supply and equipment storage. Work areas for staff will also be increased as well as conference and family meeting space. (December 22, 2006, Initial CON application submission, page 24)
25. The new ED will incorporate a circulation plan that will improve vehicular traffic flow for outpatient drop-off of ED patients and ambulances arrivals to the ED. (December 22, 2006, Initial CON application submission, page 24)
26. The Hospital proposes to move one of the existing CT scanners from the Radiology Department to the new ED as the demand for CT services is high and relocation of the scanner to the ED will help in improving ED patient throughput. (December 22, 2006, Initial CON application submission, page 25)

Cancer Center Services including Radiation Therapy and Ambulatory Infusion

27. The Hospital currently provides a comprehensive range of inpatient and ambulatory oncology services. The Hospital's oncology services are as follows: screening, diagnostic services, medical oncology, surgical oncology and radiation therapy services along with a wide array of supportive care services. *(December 22, 2006, Initial CON application submission, page 14)*
28. The majority of oncology care is provided in the Hospital's inpatient oncology unit, radiation therapy department and ambulatory infusion suite. While much of the cancer care is provided on an ambulatory basis, these services are geographically separate and are difficult for patients to easily access. *(December 22, 2006, Initial CON application submission, pages 14 and 15)*
29. The proposed project seeks to create a single cancer care facility, which will expand and improve ambulatory cancer services including radiation therapy, infusion therapy, and certain supportive services. *(December 22, 2006, Initial CON application submission, page 15)*
30. The radiation department is currently located on Level 2 of the main Hospital building. The department's total square footage is 3,775 SF. *(December 22, 2006, Initial CON application submission, page 15)*
31. The department operates one linear accelerator ("LINAC") and will soon be installing a new CT simulator that will be replacing the current X-ray simulator. The Hospital indicates the current department space and LINAC cannot support the current and projected patient volume. *(December 22, 2006, Initial CON application submission, page 15)*
32. Additionally, the Hospital indicates the radiation therapy department is dealing with the following operational issues: *(December 22, 2006, Initial CON application submission, page 15)*
 - The lack of consolidated and secure storage for equipment and supplies;
 - Patient privacy is difficult to protect due to general space constraints;
 - Inpatients and outpatients share the same waiting and support space;
 - Male and females share the same gowned waiting area;
 - The inadequacy of having one patient stretcher holding area in the department;
 - The space allocated for dosimetry/physics is not sufficient in size;
 - Reception and scheduling areas are not properly sized for the volume of patients treated;
 - There is no consultation space for radiation oncologists to meet privately with patients and family members; and
 - There is no conference room for staff meetings, teaching and in-service training.

33. The department performed 14,926, 15,937, and 18,574 radiation therapy procedures from FYs 2004 through 2006, respectively. *(December 22, 2006, Initial CON application submission, page 16)*

34. The following table illustrates the radiation therapy procedures projected by the Hospital for FY 2007 through FY 2014: *(December 22, 2006, Initial CON application submission, page 46 and Attachment XV, page 495)*

Table 4: Projected Radiation Therapy Procedure Volume by Fiscal Year

Description	2007	2008	2009	2010	2011	2012	2013	2014
# Procedures	18,946	19,326	19,713	20,364	21,039	21,736	22,456	23,200
% Change	2.0%	2.0%	2.0%	3.3%	3.3%	3.3%	3.3%	3.3%

35. Historically, the radiation therapy department has experienced a 2.44% annual growth rate. The projected service volumes assume an average annual growth rate 2.0% per year until 2010 and the 3.3% per year thereafter. *(December 22, 2006, Initial CON application submission, page 46 and Attachment XV, page 495)*

36. The new radiation therapy department will be located in the basement level of the new North Building and will measure 15,000 SF. *(December 22, 2006, Initial CON application submission, page 19)*

37. The proposal includes construction of two LINAC vaults and one brachytherapy procedure room and the relocation of the existing LINC. The department will also contain a large patient and family waiting area, changing areas, single gender gowned waiting areas, planning and treatment facilities, six exam suites, a separate inpatient holding and observation area and appropriate administrative/support space. *(December 22, 2006, Initial CON application submission, page 19)*

38. A second LINAC is being requested as part of the proposal, as the Hospital indicates the current LINAC has no additional capacity for growth. *(December 22, 2006, Initial CON application submission, page 19)*

39. The proposed LINAC will offer Intensity Modulated Radiation Therapy ("IMRT")¹ and Image Guide Radiation Therapy ("IGRT")² capabilities. *(December 22, 2006, Initial CON application submission, page 19)*

¹ Intensity Modulated Radiation Therapy ("IMRT") is an advanced mode of high-precision radiotherapy that utilizes computer-controlled x-ray accelerators to deliver precise radiation doses to a malignant tumor or specific area within a tumor. The radiation dose is designed to conform to the 3-dimensional shape of the tumor by modulating – or controlling – the intensity of the beam to focus a higher radiation dose to the tumor while minimizing radiation exposure of the surrounding normal tissue.

² Image Guide Radiation Therapy ("IGRT") brings further refinement to the process by enabling clinicians to create treatment plans with tighter margins around tumor volumes and provides the ability to image the area of interest while the patient is receiving daily treatments, allowing for correction for tumor/treatment portal movement during administration.

40. The ambulatory infusion suite ("AIS") is currently located on Level 2 of the main Hospital building. The total square footage for the area is 2,220 SF. *(December 22, 2006, Initial CON application submission, page 17)*
41. The AIS possesses nine infusion chairs in an open arrangement. The Hospital indicates the current department space and the number of chairs cannot support the current and projected patient volume. *(December 22, 2006, Initial CON application submission, page 17)*
42. Additionally, the Hospital indicates the AIS has the following operational issues: *(December 22, 2006, Initial CON application submission, page 17)*
- Patient privacy is difficult to protect due to general space constraints and the close proximity of the waiting area to the patient registration/check-in area;
 - The proximity of the infusion chairs does not meet infection control standards, which is difficult when one considers that the patients being treated are already immuno-compromised;
 - There is limited space for staff and physicians to accomplish their work;
 - There is limited space for medication preparation; and
 - There is no space allocated for quality of life initiatives.
43. AIS performed 10,860, 17,026, and 16,917 infusion procedures annually from FYs 2004 through 2006, respectively. *(December 22, 2006, Initial CON application submission, page 17)*
44. The unit is currently treating approximately 30 infusion cases per day. Based upon the current average infusion time of approximately four hours, at most the total capacity for the 9 chairs is 7,020 (3 infusions x 9 chairs x 260 days). *(December 22, 2006, Initial CON application submission, page 17)*
45. In order to meet the current demand for infusion services the Hospital has had to extend the operating hours of the unit by 2 hours, from 4:00 p.m. to 6:00 p.m. The Hospital considers appointments later in the day not to be an ideal situation for patients receiving treatment as the patients are frequently fatigued from receiving chemotherapy. *(December 22, 2006, Initial CON application submission, page 17)*
46. The following table illustrates the number of infusion procedures projected by the Hospital for FY 2007 through FY 2014: *(December 22, 2006, Initial CON application submission, page 46 and Attachment XV, page 495)*

Table 5: Projected AIS Procedure Volume by Fiscal Year

Description	2007	2008	2009	2010	2011	2012	2013	2014
# Infusions	11,820	12,056	12,297	13,682	15,223	16,937	18,844	20,965
% Change	-	2.0%	2.0	11.3%	11.3%	11.3%	11.3%	11.3%

47. AIS has historically experienced a 10.9% annual growth rate. The projected service volumes assume an average annual growth rate of 11.3% per year. *(December 22, 2006, Initial CON application submission, page 17 and Attachment XV, page 495)*

48. The new AIS will be relocated in the Level 3 of the new North Building and will measure 15,000 SF. The unit will have space for 15 infusion stations consisting of 3 private rooms and 12 open bays. *(December 22, 2006, Initial CON application submission, page 19)*
49. The Hospital indicates the proposed number of infusion stations will provide adequate capacity for current as well as future service demands. There will also be sufficient space developed for staff work areas, physician offices and examination rooms. A satellite chemo-pharmacy will be located in the infusion suite and there will be ample space for the preparation of medications. *(December 22, 2006, Initial CON application submission, page 20)*
50. The AIS will also have dedicated space for an Integrative Oncology Center. As cancer treatment is increasingly becoming a chronic illness, the Hospital plans to allocate space that will be devoted to evidence-based therapies such as massage therapy and acupuncture. There will be a boutique, meditation room and pantry for nutritional consults and classes. A patient library and resource center will be included to house patient educational materials and host support groups and classes. *(December 22, 2006, Initial CON application submission, page 20)*

Women's Imaging Center

51. The Women's Imaging Center ("Center") is located on Level 2 of the existing main Hospital Building. The service is located separately from the main Radiology Department and offers female patients mammography, breast ultrasound and bone density imaging services. *(December 22, 2006, Initial CON application submission, page 32)*
52. The service measures 1,450 SF and accommodates one digital mammography unit, one analog mammography unit, an ultrasound and a bone density machine. *(December 22, 2006, Initial CON application submission, page 32)*
53. The Hospital indicates that the Women's Center is no longer adequately sized or designed to meet the current or future demand for women's imaging services. Other operational issues of the service include the following: *(December 22, 2006, Initial CON application submission, pages 32 and 33)*
- The waiting area is limited in the amount of available space and contains insufficient seating to accommodate patients;
 - The capacity of the single digital mammography unit is not sufficient to accommodate current mammography volumes;
 - Stereotactic breast biopsy services, while offered in the Hospital's Radiology Department, cannot be offered in the women's center as there is no space to accommodate the service;

- Patients requiring needle localization cannot have the procedure done in the women's center and consequently, must be transport to the Radiology Department via the Hospital lobby area for this procedure.

54. The Women's Center, which opened in FY 2004, has performed 116 (represents volume for a partial year of operation), 5,245 and 6,802 procedures from FYs 2004 through 2006, respectively. *(December 22, 2006, Initial CON application submission, page 33)*

55. The following table illustrates the number of imaging procedures for the Women's Center projected by the Hospital for FY 2007 through FY 2014:
(December 22, 2006, Initial CON application submission, page 46 and Attachment XV, page 495)

Table 6: Projected Imaging Procedures for the Women's Center by Fiscal Year

Description	2007	2008	2009	2010	2011	2012	2013	2014
# Procedures	6,997	7,198	7,404	7,617	7,835	8,060	8,291	8,529
% Change	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%

56. The new Women's Center will be relocated in the Level 4 of the new North Building and will measure 2,500 SF. The center will include a mammography room, one exam room, one bone densitometry room, one stereotactic mammography room and an ultrasound suite. *(December 22, 2006, Initial CON application submission, page 33)*

57. There will be shell space in the center for future expansion of mammography and other women's imaging services when required. *(December 22, 2006, Initial CON application submission, page 33)*

Radiology Department

58. The Radiology Department is located on Level 2 of the existing main Hospital Building. *(December 22, 2006, Initial CON application submission, page 33)*

59. The service measures 16,100 SF and provides radiological services to inpatients and ambulatory patients. This department houses all imaging services except magnet resonance imaging services and imaging provided in the ED and Women's Center. *(December 22, 2006, Initial CON application submission, page 33)*

60. The Hospital indicates that the Radiology Department's layout is disjointed and lacks sufficient support space. Other operational issues are included as follows:
(December 22, 2006, Initial CON application submission, page 34)

- The registration area is located in a remote area away from the department. Patients are required to make an extra stop prior to department arrival and often get lost enroute to the department;
- The waiting area is limited in the amount of available space and is often very overly crowded;

- Inpatients are not protected from public areas once in the department;
- There are no outpatient dressing rooms;
- There is no storage area for supplies and additional equipment;
- Radiography rooms are isolated from each other. Technologists should be able to view other rooms to enable to staff support and back-up;
- Bathrooms are shared by patients and staff;
- The department manager's office is located in the diagnostic work area and lacks privacy; and
- Department staff has no lounge/break area, which adds to the congestion in the general work area.

61. The Radiology Department will remain in its current location and will be renovated, reconfigured and enlarged by 5,000 SF, from 16,100 to 21,100 SF. The additional square footage will allow for the proposed reconfiguration, more support space, additional bathrooms and a larger waiting area. The space will also be designed to better protect patient privacy and limit the interaction between inpatient and ambulatory patient populations. *(December 22, 2006, Initial CON application submission, pages 35 and 36)*
62. One of the two scanners will remain in the department, while the second CT scanner will be relocated to the new ED. *(December 22, 2006, Initial CON application submission, page 36)*
63. The only additional imaging equipment to be purchased as a result of the proposed project is a radiography unit to be located in the Fast Track area of the new ED. *(December 22, 2006, Initial CON application submission, page 36)*

Ambulatory Surgery, Endoscopy and Interventional Cardiovascular Services

64. The Hospital has 4 dedicated ambulatory operating rooms, 2 cystoscopy procedure rooms and 3 endoscopy procedure rooms located on Level 2 of the existing main Hospital Building. *(December 22, 2006, Initial CON application submission, page 25)*
65. The ambulatory surgery area occupies 10,125 SF. Approximately 70% of the ambulatory surgeries are performed in this area, while the remaining ambulatory cases are performed in the main operating rooms. The endoscopy area measures 1,375 SF. *(December 22, 2006, Initial CON application submission, page 25)*
66. Operational issues of the ambulatory surgery service are as follows: *(December 22, 2006, Initial CON application submission, pages 25 and 263)*
- **Surgical Area**
 - The waiting area is limited in the amount of available space and contains insufficient seating to accommodate patients and their family members;

- Patient privacy is compromised by the adjacency of the waiting area and admitting area;
- Four prep/pro-operative areas are insufficient in number based on service demands;
- Patient flow is poor due to departmental layout and proximity of all departmental spaces;
- Infection control practices can be compromised due to the close proximity of patients with public spaces;
- There is an overall lack of storage space for equipment and supplies; and
- The clean/decontamination area is not reflective of as desired layout design.

- **Phase I Recovery/Prep and Phase II Recovery**

- Each recovery area does not have sufficient storage space for equipment and supplies;
- Phase I recovery has insufficient number of bays and no isolation room;
- Phase II Recovery lacks an anesthesia pre-op evaluation room; and
- Each recovery area lacks patient privacy.

- **Endoscopy Laboratory**

- Physicians do not have space for charting and dictation;
- Co-mingling of inpatients and ambulatory patients in pre-procedure area;
- Storage space is lacking;
- Patient privacy is inadequate; and
- Staff and patients must share the same bathroom facilities.

67. The Hospital's invasive cardiovascular services include the following procedural areas: (December 22, 2006, Initial CON application submission, pages 28 and 29)

- Cardiac Catheterization ("catheterization");
- Electrophysiology Laboratory ("EP"); and
- Interventional Radiology Laboratory ("IR").

68. There are currently 2 catheterization laboratories, 1 EP laboratory and 1 IR laboratory. The laboratories are all located on Level 2 of the existing main Hospital Building. (December 22, 2006, Initial CON application submission, page 29)

69. The Hospital indicates that the current complement of 4 laboratories is insufficient. The Hospital is pursuing a separate CON application (Docket Number: 06-30832-CON) to request an additional laboratory. (December 22, 2006, Initial CON application submission, pages 29)

70. Operational issues regarding the physical space and layout of the invasive cardiovascular services are as follows: (December 22, 2006, Initial CON application submission, pages 29 and 30)

- The EP laboratory and the existing catheterization laboratories are separated from each other by a public corridor;
- Patient holding area, storage area and support space is insufficient based on volumes experienced;
- Workstations are small and inadequately sized;
- The catheterization and EP areas have no clean and dirty utility rooms;
- Patient privacy is inadequate in the pre- and post-procedure areas;
- The waiting area is limited in the amount of available space and contains insufficient seating to accommodate patients and family members;
- As the entrance area of the catheterization laboratory is in a public hallway, which restricts clinical activities from being undertaken and negatively affects clinical throughput;
- Patients and department staff must share one bathroom;
- There are limited locker facilities for staff and physicians;
- Patient privacy is compromised by there being no consultation room; and
- IR lab has no area for patients to recover post procedure, which means the patients must remain in the lab longer than required, which negatively affects clinical throughput.

71. The Hospital will create a multidisciplinary procedure, preoperative and endovascular suite on Level 2 of the main Building in renovated space. This area allows for the consolidation of most procedure-based outpatient modalities around a shared core of patient preparation and recovery areas. The Hospital indicates the goal of this initiative is to create shared and interchangeable clinical and support space to maximize utilization and provide the most flexibility in the scheduling of procedures. *(December 22, 2006, Initial CON application submission, page 32)*
72. There is no planned expansion in the number of ambulatory surgery operating rooms, endoscopy procedure rooms, or cystoscopy procedure rooms. *(December 22, 2006, Initial CON application submission, page 32)*
73. The new ambulatory surgery area will be 15,500 SF and the Endoscopy Center will be 2,500 SF. The space will be designed to ensure separation of inpatients and ambulatory patients. *(December 22, 2006, Initial CON application submission, page 32)*
74. The patient preparation area will consist of 36 patient Prep and Phase II recovery/observation stations. There will be 8 inpatient holding stations. The Phase I recovery area will include 14 station, 2 of which will be designated as isolation stations. There will be a shared central reception and waiting area and shared support areas including lockers and lounge. *(December 22, 2006, Initial CON application submission, page 32)*

75. The Hospital's new interventional cardiovascular service will include the following procedural areas: *(December 22, 2006, Initial CON application submission, pages 28 and 29)*
- 2 cardiac catheterization laboratories;
 - 1 electrophysiology laboratory;
 - 1 multipurpose interventional radiology laboratory for cardiac and peripheral procedures; and
 - 1 interventional radiology laboratory being requested under a separate CON application submission.

Non-Invasive Cardiology Services

76. The non-invasive cardiology department is located on Level 2 of the existing main Hospital Building. The service provides electrocardiograms; exercise stress testing; nuclear cardiology; trans-thoracic and trans-esophageal echocardiograms; and placement of Holter monitor. *(December 22, 2006, Initial CON application submission, page 36)*
77. The department has a number of operational issues, which are identified below: *(December 22, 2006, Initial CON application submission, pages 36 and 37)*
- The registration area is insufficient to handle the current demand and is located in an area remote to the department;
 - The waiting area is limited in the amount of available space and contains insufficient seating to accommodate inpatients and outpatients;
 - The department lacks a hot lab and nuclear agents must be procured from another area of the Hospital and brought to the department, presenting possible safety risks;
 - The space does not have oxygen or suction outlets, necessitating the use of portable equipment for inpatients;
 - There are no clean and dirty utility rooms;
 - There is no space for the following:
 - Performing a higher volume of trans-esophageal echo procedures;
 - The prepping patients;
 - For the recovery of patients;
 - For processing electrocardiograms;
 - Patients to store their belongings;
 - Storing wheelchairs or stretchers; and
 - Storage of medical records.
78. The non-invasive cardiology department will remain on Level 2 of the main building in renovated space. The department will include stress testing laboratories, nuclear camera rooms, a hot lab, clean and dirty utility rooms, sterile processing room, reception area for patients and family members, patient changing area/lockers and a trans-esophageal procedure room. *(December 22, 2006, Initial CON application submission, page 38)*

Non-Patient Areas Affected by the Proposal

79. The proposal will also address the following non-clinical areas: *(December 22, 2006, Initial CON application submission, pages 38 and 39)*

- **Construction of an On-Campus Parking Garage**
 - The Hospital estimates a current parking shortage of 280 vehicular spaces and the need for an additional 320 vehicular spaces to provide adequate parking for the proposed expanded services, resulting in a need for an additional 600 parking spaces;
 - A new parking garage accommodating 620 vehicles will be built on the main campus and will be used by physicians, patients, visitors and staff; and
 - After completion of the proposed project the Hospital will have the capacity to accommodate 1,466 vehicles, which should serve the parking needs of the Hospital for the next decade.
- **Additional Conference Space**
 - Conference space is limited and the Hospital does not have the ability to accommodate multiple large meeting at the same time;
 - The current Hawley Conference Center accommodates 150 individuals, which has proven to be insufficient for many programs;
 - The proposal calls for the replacement of the existing Hawley Conference Center with a new dividable conference center that can seat 200 people in a banquet style format; and
 - The new center will be located on Level 4 of the proposed North Building.
- **Main Building Structural Reinforcement**
 - Concurrent with the proposed renovations on Level 2, the main Hospital building's structure will be reinforced;
 - Support columns will be reinforced with steel plates and existing footings will be expanded;
 - Without this reinforcement, the existing building could not be expanded vertically; and
 - These steps are to be accomplished at this juncture in order to eliminate the future need of performing construction in an occupied building.

**Financial Feasibility and Cost Effectiveness of the Proposal and its Impact on the
Hospital's Rates and Financial Condition
Impact of the Proposal on the Interests of Consumers of Health Care Services and
the Payers for Such Services
Consideration of Other Section 19a-637, C.G.S. Principles and Guidelines**

80. The total project cost is \$141,527,927 and is itemized as follows: *(December 22, 2006, Initial CON application submission, pages 54 and 55)*

Table 7: Total Project Cost Itemization

Description	Component Cost
Building Work	\$113,210,045
Medical Equipment	\$8,844,500
Major Medical Equipment	\$4,000,000
Non-Medical Equipment	\$2,695,000
"Other" Costs*	\$12,778,382
Total Capital Expenditure	\$141,527,927

Note: *Other Costs include contingency, equipment relocation, fees, consulting, legal and permits.

81. The project's building costs are itemized in the following table: *(December 22, 2006, Initial CON application submission, page 57)*

Table 8: Building Cost Itemization

Description of Costs	New Construction	Renovation	Total Costs
Building Work	\$55,307,000	\$25,272,000	\$80,579,000
Site Work	\$2,606,000	\$0	\$2,606,000
Architectural & Engineering	\$5,9378,000	\$3,101,923	\$9,039,945
Contingency	\$6,804,000	\$2,942,100	\$9,746,100
Inflation Adjustment	\$4,759,000	\$2, 890,000	\$7,649,000
Other Building Costs	\$1,933,065	\$1,6656,935	\$3,590,000
Total Building Costs	\$77,347,087	\$35,862,958	\$113,210,045

82. The proposed capital expenditure will be financed through \$100 million in Hospital equity and approximately \$41.5 million in fundraising contributions. *(December 22, 2006, Initial CON application submission, page 59)*

83. The Hospital's projected incremental revenue from operations, total operating expense and loss from operations associated with the implementation of the proposal are presented in the table below: *(January 26, 2007, Completeness response, page 11 and Attachment XIV, pages 177 and 178)*

Table 9: Hospital's Financial Projections Incremental to the Project

Description	FY 2012	FY 2013	FY 2014
Incremental Revenue from Operations	\$5,686,000	\$7,567,000	\$10,122,000
Incremental Total Operating Expense	\$10,875,000	\$12,565,000	\$14,590,000
Incremental Loss from Operations	(\$5,189,000)	(\$4,998,000)	(\$4,468,000)

84. The projected incremental losses from operations from FYs 2012 through 2014 are primarily due to increased depreciation expenses associated with the capital expenditure made in the earlier years of implementation of the CON proposal. *(January 26, 2007, Completeness responses, page 11 and Attachment XIV, pages 177 and 178)*

85. The Hospital's projected overall facility revenue from operations, total operating expense and gain from operations once the proposal is fully implemented are as follows: *(January 26, 2007, Completeness responses, page 11 and Attachment XIV, pages 177 and 178)*

Table 10: Hospital's Overall Financial Projections with the Project

Description	FY 2012	FY 2013	FY 2014
Revenue from Operations	\$387,456,000	\$412,124,000	439,123,000
Total Operating Expense	\$364,432,000	\$385,908,000	\$407,849,000
Gain from Operations	\$23,024,000	\$26,216,000	\$31,274,000

86. The current and projected payer mix percentages for the first three years of operating the improved Hospital facility is as follows: *(December 22, 2006, Initial CON application submission, page 60)*

Table 11: Hospital's Current and Projected Payer Mix

Description	Current	Year 1	Year 2	Year 3
Medicare	49.17%	49.17%	49.17%	49.17%
Medicaid	12.55%	12.55%	12.55%	12.55%
TriCare (CHAMPUS)	0.09%	0.09%	0.09%	0.09%
Total Government	61.80%	61.80%	61.80%	61.80%
Commercial Insurers	32.04%	32.04%	32.04%	32.04%
Uninsured	4.47%	4.47%	4.47%	4.47%
Workers Compensation	1.68%	1.68%	1.68%	1.68%
Total Non-Government	38.20%	38.20%	38.20%	38.20%
Total Payer Mix	100.00%	100.00%	100.00%	100.00%

87. There is no State Health Plan in existence at this time. *(December 22, 2006, Initial CON application submission, page 13)*

88. The Hospital has improved productivity and contained costs by undertaking energy conservation measures regarding its facilities; by participating in activities involving the application of new technology and reengineering; and by employing group purchasing practices in its procurement of supplies and equipment. *(December 22, 2006, Initial CON application submission, page 53)*

89. With respect to the Hospital's teaching and research responsibilities, the Hospital will create a clinical trials office once the new Cancer Center is constructed. Relationships with academic medical centers are currently being established and enhanced to facilitate the Hospital's participation in a greater number of clinical trials. *(January 26, 2007, Completeness response, page 6)*

90. The Hospital's current patient/physician mix is similar to that of other acute care, tertiary hospitals in the region. The proposal will not result in any change to this mix. *(December 22, 2006, Initial CON application submission, page 53)*
91. The Hospital has sufficient technical, financial and managerial competence and expertise to provide efficient and adequate service to the public. *(December 22, 2006, Initial CON application submission, page 51 and Attachment XVII, pages 730 through 829)*
92. The Hospital's rates are sufficient to cover the proposed capital expenditure and operating costs associated with the proposal. *(January 26, 2007, Completeness responses, page 11 and Attachment XIV, pages 177 and 178)*

Rationale

The Office of Health Care Access ("OHCA") approaches community and regional need for Certificate of Need ("CON") proposals on a case by case basis. CON applications do not lend themselves to general applicability due to a variety of factors, which may affect any given proposal; e.g. the characteristics of the population to be served, the nature of the existing services, the specific types of services proposed to be offered, the current utilization of services and the financial feasibility of the proposal.

Saint Vincent's Medical Center ("Hospital") proposes to undertake a master facility project. The proposal represents the initial step in the implementation of the Hospital's 2005 Master Facility Plan. The project includes the following principal elements: the expansion of the emergency department ("ED"), construction of a new ambulatory cancer center, reorganization of outpatient services, construction of an ambulatory procedures area and cardiovascular center, construction of a new parking garage and other infrastructure and facility improvements.

The Hospital based the need for the project on several factors including: the need to expand space for existing health services; the need to appropriately size and improve the design of a number of ambulatory service areas; the need to provide improved ancillary support services for Hospital operations; and the need to provide additional parking for the institution. The project is designed to improve the delivery of health services to residents of the region by accomplishing the following: addressing the Hospital's outdated facilities with its inherent capacity constraints; providing physical flexibility in facility design for future growth; improving patient privacy; and preserving the continued operations of the Hospital during project construction. The project totals a combined departmental square footage ("SF") of 223,750 SF, which consists of 125,000 SF of new construction space and 98,750 SF of renovated space. The building project is scheduled to commence June 2007, with construction completion scheduled for November 2011.

The Emergency Department ("ED") was constructed in the 1970's and was built to handle approximately 30,000 patient visits per year. The 14,000 SF department is now considered to be inappropriately sized and designed to meet current or future demand for emergency

services. The Hospital indicates that its ED operations have been negatively affected by the lack of a dedicated psychiatric treatment area; the lack of an appropriate number of isolation rooms; a trauma room that is poorly located in the middle of the department; and the unavailability of computed tomography ("CT") imaging capability within the department. ED space deficiencies include shortages in the waiting and triage areas, work and storage space areas and meeting/consultation room areas. In FY 2006, ED patient visits totaled 58,386. The Hospital utilized a methodology, which considered the current and projected number of annual patient visits, to determine the appropriate amount of ED space necessary and the number of ED treatment bays required. The new ED will measure 42,000 SF (24,800 SF of newly constructed space and 17,200 SF of renovated space). The proposed ED capacity is based on treating 80,000 visits annually. The ED currently operates with 32 service bays. The proposal calls for an expansion and redesign of the department and an increase of 27 service bays resulting in a complement of 59 service bays. The construction of the new department will incorporate the following design improvements: a significant increase in service and support space; improved circulation patterns, both internally and externally; and the latest in technology and disaster response provisions. In addition, the Hospital will move one of the existing CT scanners from the Radiology Department to the ED, which will assist in improving ED patient throughput. Based upon the evidence presented, the Hospital has demonstrated a need for the proposed ED service expansion and redesign.

The Hospital is proposing to enhance its oncology services through the creation of an ambulatory cancer center facility. The establishment of the facility will allow the Hospital's radiation therapy ("RT") and ambulatory infusion services ("AIS") to expand and improve services. The RT department currently operates one linear accelerator ("LINAC"). The department performed 18,574 radiation therapy procedures in FY 2006. The Hospital indicates the current RT space and LINAC cannot support the current and projected patient volume. Additionally, the Hospital is dealing with patient privacy issues and the lack of sufficient service and support space within the RT department. The proposal includes construction of two LINAC vaults and one brachytherapy procedure room. The RT department will increase in size by 11,495 SF from 3,775 to 15,270 SF. The RT department will also contain enlarged waiting areas; planning and treatment facilities; six exam suites; a separate inpatient holding and an observation area; and appropriate administrative /support space. The new additional LINAC that is being requested will offer Intensity Modulated Radiation Therapy and Image Guide Radiation Therapy capabilities. The proposed number of LINACs will provide adequate capacity for current as well as future service volumes. The AIS currently possesses 9 infusion stations in an open arrangement. The service performed 7,218 infusion procedures in FY 2006. The Hospital indicates the current departmental space and the number of stations cannot support the current or projected patient volume. Recently, the Hospital has had to expand the operating hours of the service to accommodate patient demand. The AIS is also dealing with patient privacy and space issues and through this proposal is attempting to alleviate infection control concerns which relate to the proximate location of the existing infusion treatment chairs. The AIS will increase in size by 6,880 SF from 2,220 to 9,100 SF. The department will have space for 15 infusion stations, consisting of 3 private rooms and 12 open stations. The proposed number of infusion stations will provide adequate capacity for

current as well as future service volumes. There will also be sufficient space developed for staff work areas, physician offices and exam rooms in the proposal. Based upon the evidence presented, the Hospital has demonstrated a need for the creation of an ambulatory cancer center facility and the proposed radiation therapy and ambulatory infusion services' expansions and improvements. Based upon the evidence presented, the Hospital has demonstrated a need for the proposed oncology service expansion and redesign.

Imaging services, ambulatory surgery, interventional cardiovascular services and non-invasive cardiology are other clinical areas of the Hospital that will be affected by the project. The proposal will provide for a new 2,500 SF Women's Imaging Center in the new North Building. The redesigned center will include a mammography room, exam room, bone densitometry room, stereotactic mammography room and an ultrasound suite. The Radiology Department, located on Level 2 in the main building will be renovated and expanded to a total of 21,100 SF. The additional square footage will allow for reconfiguration, more support and service space and larger waiting area. The radiology departmental space will be designed to better protect patient privacy and limit the interaction between inpatient and ambulatory patient populations. In addition, the Hospital will create a multidisciplinary procedure, preoperative and endovascular suite on Level 2 of the main Building in renovated space. This area allows for the consolidation of most procedure-based outpatient modalities around a shared core of patient preparation and recovery areas. The Hospital indicates the goal of this initiative is to create shared and interchangeable clinical and support space to maximize utilization and provide the most flexibility in the scheduling of procedures. While there is no planned expansion in the number of ambulatory surgery operating rooms, endoscopy procedure rooms, or cystoscopy procedure rooms, the Hospital's complement of interventional cardiovascular services will provide space for 5 laboratories, 4 replacement laboratories and one additional laboratory. The Hospital's current complement of laboratories includes 2 cardiac catheterization, 1 electrophysiology and 1 multipurpose interventional radiology laboratory for cardiac and peripheral procedures. The proposed laboratory will be designated as an interventional radiology laboratory, whose equipment is being requested under a separate CON application submission. Non-invasive cardiology, like the other designated clinical areas will be renovated and redesigned to provide improved workflow, work/storage space and changing/waiting/recovery areas.

Lastly, the proposal calls for the construction of a 620 vehicle parking garage to meet current and future parking requirements; construction of a multi-functional conference center; structural reinforcement of the main Hospital building for future building considerations; and the creation of shell space earmarked for the future use of radiation oncology, medical oncology and the Women's Imaging Center. Based upon the evidence presented, the Hospital has demonstrated a need for the proposed master facility project.

The total capital expenditure for the CON proposal is \$141,527,927. The project will be financed through Hospital equity and fundraising contributions. The Hospital projects overall gains from operations of \$23,024,000, \$26,216,000 and \$31,274,000 for FYs 2012 through 2014, respectively. Although OHCA can not draw any conclusions, the

Hospital's volume and financial projections upon which they are based appear to be reasonable.

Based on the foregoing Findings and Rationale, the Certificate of Need application of Saint Vincent's Medical Center, to undertake a master facility project involving expansion of the emergency department, construction of a new ambulatory cancer center, reorganization of outpatient services, construction of an ambulatory procedures area and cardiovascular center, construction of a new parking garage and other infrastructure and facility improvements, at a total capital expenditure of \$141,527,927, is hereby GRANTED, subject to conditions.

ORDER

Saint Vincent's Medical Center ("Hospital") is hereby authorized to undertake a master facility project, which includes the expansion of the emergency department, construction of a new ambulatory cancer center, reorganization of outpatient services, construction of an ambulatory procedures area and cardiovascular center, construction of a new parking garage and other infrastructure and facility improvements, at a total capital expenditure of \$141,527,927, subject to the following conditions:

1. This authorization shall expire on November 30, 2013. Should the Hospital's master facility project not be completed by that date, the Hospital must seek further approval from the Office of Health Care Access ("OHCA") to complete the project beyond that date.
2. The Hospital shall not exceed the approved capital expenditure of \$141,527,927. In the event that the Hospital learns of potential cost increases or expects that the final project costs will exceed those approved, the Hospital shall file notify OHCA immediately.
3. The Hospital is authorized to replace 32 treatment bays in its existing Emergency Department and to add 27 additional treatment bays that will result in a complement of 59 new treatment bays in the redesigned and expanded Emergency Department.
4. The Hospital is authorized to replace 1 radiation therapy vault in its existing radiation oncology service and to add 1 additional radiation therapy vault that will result in a complement of 2 radiation therapy vaults in the redesigned and expanded radiation therapy service.
5. The Hospital is authorized to acquire and operate a new linear accelerator for use in the approved ambulatory cancer center.
6. With respect to the acquisition of the new linear accelerator, the Hospital shall submit to OHCA in writing the following information by no later than one month after the equipment has become operational:
 - a) The name of the equipment manufacturer;
 - b) The model name and description of the equipment; and
 - c) The initial date of the operation of the equipment.
7. The Hospital is authorized to replace 9 infusion stations in its existing ambulatory infusion service and to add 6 additional infusion stations that will result in a complement of 15 infusion stations in the redesigned and expanded ambulatory infusion service.

8. The Hospital shall file with OHCA a request for approval to complete the approved project shell space for the following Hospital departments:
 - a) Radiation Oncology – 4,230 square feet;
 - b) Medical Oncology – 9,399 square feet; and
 - c) Women's Imaging Center – 3,366 square feet.
9. Should the Hospital propose any change in the array of health care services offered or a change in its complement of existing major medical or imaging equipment, the Hospital shall file with OHCA appropriate documentation regarding its change, including either a Certificate of Need Determination Request or a Certificate of Need Letter of Intent.

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

April 20, 2007

Signed by Cristine Vogel
Commissioner

CAV:jah