



## Office of Health Care Access

### Modification of Previously Authorized Certificate of Need

#### Final Decision

**Petitioner for Modification**                      **John Dempsey Hospital of the  
University of Connecticut Health Center**

**Modification Docket Number:**                      **07-30344-MD2**

**Modification Project Title:**    **A request to modify a previous Certificate of Need to  
further extend the CON expiration date.**

**Original Project Docket Number and Title**                      **Docket Number 04-30344-CON, as modified by  
Docket Numbers 06-30344-MDF and 07-30344-MDF;  
The acquisition and installation of an electronic Health  
Information Management System, at a total capital  
expenditure of \$1,400,848.**

**Statutory Reference:**                      **Sections 4-181a(b), Connecticut General Statutes**

**Filing Date:**                                      **December 7, 2007**

**Decision Date:**                                      **December 10, 2007**

**Staff**    **Karen Roberts**

**Project Description:** John Dempsey Hospital of the University of Connecticut Health Center (“Hospital”) proposes a modification of the Certificate of Need (“CON”) authorization under Docket Number 04-30344-CON, as subsequently modified by Docket Numbers 06-30344-MDF and 07-30344-MDF, in order to extend the CON expiration date from March 31, 2007 to December 31, 2007.

## Findings of Fact

1. On January 3, 2005, under Docket Number 04-30344-CON, the Office of Health Care Access (“OHCA”) granted a Certificate of Need (“CON”) pursuant to Section 19a-639 of the Connecticut General Statutes to John Dempsey Hospital (“Hospital”) to acquire and install an electronic Health Information Management System (EHIMS), at a total capital expenditure of \$1,400,848. OHCA has twice extended the CON expiration date for this project under Docket Numbers 06-30344-MDF and 07-30344-MDF. Condition #1 of the most recent modification under Docket Number 07-30344-MDF is as follows:

“1. This authorization shall expire on December 31, 2007. Should the Hospital’s electronic Health Information Management System project not be fully implemented by that date, the Hospital must seek further approval from OHCA to complete the project beyond that date.”

*(OHCA decisions under Docket Numbers 04-30344-CON, 06-30344-MDF and 07-30344-MDF)*

- 2) On December 7, 2007, OHCA received a request from the Hospital to further modify the CON authorization in order to extend the CON expiration date from December 31, 2007 to December 31, 2008. The Hospital provides the following rationale for this request for an additional time extension:
  - a) The Hospital indicates that since the last time extension granted by OHCA, there has been much work completed on the project and much testing has been performed. The testing, however, has identified some major issues that the Hospital and the University of Connecticut Health Center (UCHC) feel are critical to the success of the eHIM implementation and it was agreed not to proceed with “go live” until the issues were resolved by the vendor, McKesson Information Solutions.
  - b) The Hospital indicates that numerous discussions relating to the issues were held and although many were resolved or are in the process of being resolved, there are a few critical issues outstanding, dependent upon the availability of McKesson’s next eHIM system version.
  - c) To solve the issues, the Hospital needs to move to the newest eHIM system version (version 11.02). This upgrade was initially scheduled to be released the end of June 2007, but due to delays, McKesson did not release the new version until the end of November, 2007.
  - d) UCHC is currently scheduled to upgrade to version 11.02 in the first quarter of 2008. After the upgrade occurs, testing can continue. The Hospital expects to be successful with the eHIM implementation once it has accomplished the upgrade. There will be no additional cost for this upgrade.
  - e) As a result of the delay in the vendor releasing this functionality, this project is now also competing for personnel resources with other critical patient safety projects in 2008, so to balance available resources; the Hospital is requesting an extension through the end of 2008.

*(Pages 3-4 of the December 7, 2007 modification request)*

- 3) The Hospital indicates that the following has been accomplished since the project was originally granted in 2005:
- a) The Hospital has installed and tested all hardware (including 14 servers in the UCHC's computer room and 7 high-speed scanners).
  - b) The Hospital continues weekly implementation team meetings (via conference call) consisting of representatives from UCHC and the vendor.
  - c) Monthly Steering Committee meetings continue, consisting of UCHC senior management from the Hospital, representatives from the outpatient practices and IT department.
  - d) The Hospital has collected and formatted 90% of all clinical forms. The remaining 10% will be collected and formatted over the next six months.
  - e) The Hospital conducted system testing in September 2007, which included testing system functionality (e.g., scanning in bar coded forms and ensuring they were filed under the correct admission number; moving wrong patient reports to correct patient, etc.; tested audit trails, etc.). This accounts for 85% of the testing.
  - f) The Hospital tested and completed 85% of interfaces, i.e., sending reports from source systems to eHIM. Dictation interface still remains to be finalized, which should occur once the 11.02 upgrade is installed and the post upgrade testing is completed.
  - g) The Hospital conducted assessment of project status with McKesson in October 2007, including discussion related to the upgrade to version 11.02. This upgrade is needed in order to send an interface for transcribed reports from eHIM to UCHC's Lifetime Clinical Record system. The Hospital indicates that it is important these transcribed reports be available in both systems in the event one system goes down and the provider needs to access the final report.
  - h) The Hospital has received confirmation from McKesson that they will add, at the time of the upgrade, UCHC's confidentiality wording message to the web log-in screen.
  - i) The Hospital has received confirmation from McKesson that, at the time of the upgrade, they will invoke necessary measures to ensure system security is not compromised via the web URL.

*(Pages 4-5 of the December 7, 2007 modification request)*

## 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 04-30344-CON, as subsequently modified by Docket Numbers 06-30344-MDF and 07-30344-MDF, to Section 19a-637, C.G.S., is not altered by this request for a modification under Docket Number 07-30344-MD2. It is the Hospital's intent to complete the project as reviewed and authorized by OHCA and the Hospital indicates that the remaining project implementation should be completed by December 31, 2008. The additional time needed to complete the project will not result in a change to project scope or the authorized capital expenditure.

## 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 authorized under Docket Number 04-30344-CON. Condition Number One of the previous modification authorization under Docket Number 07-30344-CON is further modified as follows:

1. This authorization shall expire on December 31, 2008. Should the Hospital's electronic Health Information Management System project not be fully implemented by that date, the Hospital must seek further approval from OHCA to complete the project beyond that date.

All other conditions set forth in the CON authorization issued under Docket Number 04-30344-CON, as subsequently modified by Docket Numbers 06-30344-MDF and 07-30344-MDF, not further modified herein, will remain in full effect.

By Order of the  
Office of Health Care Access

*Signed by Commissioner Vogel on December 10, 2007*

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Date

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Cristine A. Vogel  
Commissioner

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