



Office of Health Care Access
Modification of a Previously
Authorized Certificate of Need

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

Modification Docket Number: **08-30344-MDF**

Modification Project Title: **A request to modify a previous Certificate of Need authorization to extend the CON expiration date from December 31, 2008 to December 31, 2009.**

Original Project Docket Number and Title **Docket Number 04-30344-CON, as modified by Docket Numbers 06-30344-MDF, 07-30344-MDF and 07-30344-MD2; 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: **September 22, 2008**

Decision Date: **September 26, 2008**

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, 07-30344-MDF, and 07-30344-MD2, in order to further extend the CON expiration date from December 31, 2008 to December 31, 2009.

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 extended the CON expiration date three times for this project under Docket Numbers 06-30344-MDF, 07-30344-MDF, and 07-30344-MD2. Condition #1 of the most recent modification under Docket Number 07-30344-MD2 is 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.”
3. On September 22, 2008, OHCA received a request from the Hospital to further modify the CON authorization in order to extend the CON expiration date from December 31, 2008 to December 31, 2009.
4. The Hospital indicates that the vendor for this project, McKesson Information Solutions, delayed the release of its latest eHIM system version (v11.02). As a result of this vendor delay, combined with a number of key patient safety-related initiatives the Hospital slated to be implemented in 2008, and the limited number of resources available in key areas to sufficiently support each of these initiatives, the eHIM project was put on hold in 2008.
5. The Hospital indicates that the direct patient safety applications which the Hospital focused on in 2008 included applications for medication administration checking, allergy processing, bed management, and a medication reconciliation module.
6. The Hospital requests additional time to complete the project in order to *“balance available resources over the next 15 months to complete these patient safety applications as well as to complete implementation of the eHIM system”*.
7. The Hospital indicates that, to date, the following has been accomplished related to project implementation:
 - The Hospital has installed and tested all hardware related to the project (including 14 servers in the University of Connecticut Health Center’s computer room and 7 high-speed scanners).
 - The Hospital has bar-coded 100% of all current clinical forms.

- The Hospital conducted system testing in September, 2007, which included testing system functionality (e.g., scanning in bar-coded forms and ensuring they filed under correct admission number; moving wrong patient records to correct patient, etc.; tested audit trails, etc.). This accounts for about 85% of testing.
 - 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 (HL7) for transcribed reports from eHIM to UCHC's Lifetime Clinical record system. These final transcribed reports need to be available in both systems in the event one system goes down and the provider needs to access the final report.
 - The Hospital system has been populated with appropriate workflow configurations. Once the system upgrade and report interfaces have been completed, all system functionality will be tested.
 - Although the Hospital completed initial interface testing of many clinical reports through September 2007, there have been upgrades to the Health Center's report formatting system and transcription system. As a result, all clinical report interfaces must be rebuilt and tested.
8. Effective July 1, 2006, pursuant to Public Act 06-28, the statutory threshold related to capital expenditure projects under Section 19a-639 of the Connecticut General Statutes was raised from \$1,000,000 to \$3,000,000.
 9. Effective July 1, 2008, pursuant to Public Act 08-14, Section 2(e): "Each health care facility or institution that proposes a capital expenditure for ... information and communications systems ... shall be exempt for such capital expenditure from certificate of need review under subsection (a) of section 19a-639 of the 2008 supplement to the general statutes, provided (1) the health care facility or institution submits information to the office regarding the type of capital expenditure, the reason for the capital expenditure, the total cost of the project and any other information which the office deems necessary; and (2) the total capital expenditure does not exceed twenty-million dollars. ..."
 10. This proposal will not result in an increase the authorized total capital expenditure nor a change in project scope as previously reviewed and authorized.

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, 07-30344-MDF and 07-30344-MD2, to Section 19a-637, C.G.S., is not altered by this request for a modification under Docket Number 08-30344-MDF. 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, 2009. The additional time needed to complete the project will not result in a change to project scope or the authorized capital expenditure.

As noted in Finding of Facts #8 and #9 above, OHCA no longer requires Certificate of Need authorization for any capital expenditure which does not exceed \$3,000,000 and also, as of this year, OHCA no longer requires Certificate of Need authorization for information and communications systems. Because of this, OHCA finds it appropriate to vacate Condition #1 of the CON authorization rather than further extending the CON expiration date in this matter. The matter remains under CON jurisdiction as the CON was filed and reviewed prior to the changes in the law; however, OHCA does not find it necessary to continue to review the CON expiration date in this matter.

Order

Based on the above discussion OHCA hereby modifies the CON authorized under Docket Number 04-30344-CON, as modified by Docket Numbers 06-30344-MDF, 07-30344-MDF and 07-30344-MD2. OHCA VACATES Condition #1 of the CON Order and does not set forth a specific CON expiration date in this matter.

All other conditions set forth in the CON authorization issued under Docket Number 04-30344-CON, as modified by Docket Numbers 06-30344-MDF, 07-30344-MDF and 07-30344-MD2, not modified herein, will remain in full effect.

By Order of the
Office of Health Care Access

Signed by Commissioner Vogel on September 26, 2008

Date

Cristine A. Vogel
Commissioner

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