



**Supplemental CON Application Form
Establishment of a Freestanding Emergency Department
Conn. Gen. Stat. § 19a-638(a)(4)**

Applicant:

Project Name:

1. Clear Public Need

- a. Identify how often the Applicant has diverted ED patients to another facility during the most recently completed fiscal year (“FY”). Identify the number of hours the facility was on diversion for each date.
- b. Provide a detailed discussion as to other options the Applicant considered prior to choosing to move forward with the proposed satellite ED (including, but not limited to, expanding the main campus ED, establishing a satellite ED in another town, etc.).

2. Projected Volume

- a. Complete the following tables for the last three completed FYs, current FY, first three FYs of the proposed service.

TABLE A
ACTUAL & PROJECTED VOLUME BY LEVEL–MAIN ED

| Trauma Level | Actual Volume (Last 3 Completed FYs) | | | CFY Volume* | Projected Volume (First 3 Full Operational FYs)** | | |
|--------------|--------------------------------------|---------|--------|-------------|---|--------|--------|
| | FY *** | FY **** | FY *** | FY *** | FY *** | FY *** | FY *** |
| Level 1 | | | | | | | |
| Level 2 | | | | | | | |
| Level 3 | | | | | | | |
| Level 4 | | | | | | | |
| Level 5 | | | | | | | |
| Total | | | | | | | |

* For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than six months, report actual volume and identify the period covered.
 ** If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary.
 *** Fill in years. In a footnote, identify the period covered by the Applicant’s FY (e.g., July 1-June 30, calendar year, etc.).

TABLE B
PROJECTED VOLUME BY LEVEL–SATELLITE ED

| Trauma Level | Projected Volume (First 3 Full Operational FYs)* | | | |
|--------------|--|------|------|------|
| | FY** | FY** | FY** | FY** |
| Level 1 | | | | |
| Level 2 | | | | |
| Level 3 | | | | |
| Level 4 | | | | |
| Level 5 | | | | |
| Total | | | | |

* If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary.
 ** Fill in years. In a footnote, identify the period covered by the Applicant’s FY (e.g., July 1-June 30, calendar year, etc.).

TABLE C
PROJECTED VOLUME BY CATEGORY–MAIN ED

| Category | Actual Volume (Last 3 Completed FYs) | | | CFY Volume* | Projected Volume (First 3 Full Operational FYs)** | | |
|--------------|---|--------|--------|----------------|--|--------|--------|
| | FY *** | FY *** | FY *** | FY *** | FY *** | FY *** | FY *** |
| Emergent | | | | | | | |
| Urgent | | | | | | | |
| Non-Emergent | | | | | | | |
| Total | | | | | | | |

*For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than six months, report actual volume and identify the period covered.

**If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary.

***Fill in years. In a footnote, identify the period covered by the Applicant's FY (e.g., July 1-June 30, calendar year, etc.).

TABLE D
PROJECTED VOLUME BY CATEGORY–SATELLITE ED

| Category | Projected Volume (First 3 Full Operational FYs)* | | | |
|--------------|---|------|------|------|
| | FY** | FY** | FY** | FY** |
| Emergent | | | | |
| Urgent | | | | |
| Non-Emergent | | | | |
| Total | | | | |

*If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary.

**Fill in years. In a footnote, identify the period covered by the Applicant's FY (e.g., July 1-June 30, calendar year, etc.).

- b. Provide a detailed description of all assumptions used in the derivation/calculation of the projected volumes.
- c. Identify the number of patients that would shift from the Hospital to the proposed ED for the first three full years of operation (by year) by the levels and categories used in **Tables A and C**. What impact would the proposed shift have on the Hospital's main campus ED?

3. Financial Information

- a. Provide a detailed discussion on charges for the services at the proposed Satellite ED. Specifically discuss how they will differ from the charges for services at the Hospital's Emergency Department on the main campus.