



January 23, 2022

Dr. Deidre Gifford  
Executive Director  
Office of Health Strategy  
450 Capitol Avenue,  
MS#51OHS P.O. Box 340308  
Hartford, CT 06134-0308

**Re:** St. Vincent's Medical Center Non-Invasive Cardiology Testing

Dear Dr. Gifford:

On behalf of St. Vincent's Medical Center (the "Applicant") enclosed please find the following CON Determination Form. This document have been uploaded through the Office of Health Strategy CON Portal.

Please do not hesitate to contact me at 860-972-4231 if you have any questions.

Sincerely,

*Barbara A. Durdy*  
Barbara A. Durdy

Enclosures

## CON Determination Form Relocation of a Health Care Facility

All persons who are requesting a determination from the Office of Health Strategy (“OHS”) as to whether a CON is required for their proposed relocation of a health care facility must complete this Form 2020. The completed form **must be filed electronically** through the OHS’ single point of access, its [CON Web Portal](#).

***First time Portal users must register prior to submitting any documents.*** To register, click here: [Certificate of Need Web Portal](#)

For any questions, please email [HSP@ct.gov](mailto:HSP@ct.gov) or call (860) 418-7001.

### SECTION I. PETITIONER INFORMATION

If this proposal has more than two Petitioners, please attach a separate sheet, supplying the same information for each Petitioner in the format presented in the following table.

	Petitioner
Full Legal Name	St. Vincent’s Medical Center
Doing Business As	
Name of Parent Corporation	Hartford HealthCare
Petitioner’s Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	2800 Main Street Bridgeport, CT 06606
What is the Petitioner’s Status: P for profit and NP for Nonprofit	NP
<b>Contact Person at Facility</b> , including Title/Position: This Individual at the facility will be the	Barbara A. Durdy System Director, Strategic Planning

Petitioner's Designee to receive all correspondence in this matter.	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	<b>100 Pearl Street Hartford, CT 06103</b>
Contact Person's Telephone Number	<b>860-263-3556</b>
Contact Person's Fax Number	
Contact Person's e-mail Address	<b>Barbara.Durdy@hhchealth.org</b>

## SECTION II. INFORMATION ON PROPOSED RELOCATION

Please provide a description of the proposed relocation, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following elements need to be addressed, if applicable.

### **Name of the Health Care Facility:**

St. Vincent's Medical Center  
Non-Invasive Cardiology Testing

### **Current Location:**

40 Cross Street, Norwalk, CT 06851

### **Proposed Location:**

32 Knight Street, Norwalk, CT 06851

### **Current Population Served:**

The current population served are patients who originate from the towns identified in Table A below.

**Table A**  
**SVMC Non-Invasive Cardiology Testing**  
**FY 2022 Patient Town of Origin**

<b>TOWN</b>	<b># PATIENTS</b>
Norwalk	371
Westport	59
New Canaan	57
Wilton	49
Fairfield	16
Weston	15
Darien	13
Bridgeport	12
Stamford	11
Redding	7
Stratford	5
Ridgefield	4
Shelton	4
Trumbull	4
Bethel	3
Brookfield	3
Danbury	3
Greenwich	3
Monroe	3
Other	26
<b>Total</b>	<b>668</b>

**Proposed Population Served:**

There will be no changes to the current patient population as a result of this service relocation.

**Current Payer Mix:**

Please see the chart below for the current payer mix for this patient population.

**Proposed Payer Mix:**

There will be no changes to the current payer mix as a result of this service relocation.

**Table B**  
**SVMC Non-Invasive Cardiology Testing**  
**FY 2022 Payer Mix Volume**

<b>PAYOR MIX</b>	<b>%</b>
Medicare	84.9%
Medicaid	13.1%
Commercial	1.9%
Self-Pay	0.1%
<b>TOTAL</b>	<b>100.0%</b>

**Any other information that the Petitioner deems relevant:**

St. Vincent's Medical Center is seeking a Certificate of Need Determination from the Office of Health Strategy for the relocation of its existing non-invasive cardiology testing from its current location at 40 Cross Street in Norwalk to a new service location at 32 Knight Street in Norwalk. These services include echo sonography, stress testing, nuclear imaging, and stress echo sonography. The new service location is approximately 0.6 miles from the current location. This represents a 4-minute drive from one site to the other.

The Hospital was unable to renew its lease in the current space and therefore, had to find a new location to provide nuclear imaging services. The new service location is a large, newly renovated space that will allow the cardiology practice to co-locate services with other Hartford HealthCare providers, making care more accessible for patients. The relocation of this service is planned for spring of 2023. There will be no change in the patient population being served or payer mix as a result of the service relocation.

**SECTION V. AFFIDAVIT**

**(Each Petitioner must submit a completed Affidavit.)**

**Petitioner:** St. Vincent's Medical Center

**Project Title:** Relocation of Non-Invasive Cardiology Testing

I, **William Jennings, Sr. VP Hartford HeathCare and President of HHC's Fairfield Region,**  
(Name) (Position – CEO or CFO)

of **St. Vincent's Medical Center** being duly sworn, depose and state that the  
(Organization Name)

information provided in this CON Determination form is true and accurate to the best of my knowledge.

*William Jennings* \_\_\_\_\_ 01-23-23  
Signature Date

Subscribed and sworn to before me on JANUARY 23, 2023

*Dolores M. Miele*  
Notary Public/Commissioner of Superior Court

My commission expires: May 31, 2026



DOLORES M MIELE  
NOTARY PUBLIC  
State of Connecticut  
My Commission Expires  
May 31, 2026