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Ms. Kimberly Martone
Chief of Staff
Connecticut Office of Health Strategy
450 Capitol Avenue
Hartford, CT 06134

RE: CON 32504

Dear Ms. Martone:

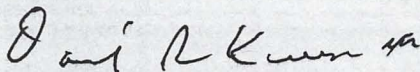
As one of the community physicians who admits patients to the Sharon Hospital Intensive Care Unit (ICU), I am against the shutdown of the ICU and substitution of a Progressive Care Unit. Since 1978, after completion of my internal medicine residency and cardiology fellowship at the University of Rochester, I have successfully cared for patients in our ICU. In addition to myself, there are two other internists with ICU training who capably care for the critically ill patients. Sharon Hospital has never had board certified intensivists practicing in the ICU. All the community practitioners, not just one, refer patients for admission to the Sharon Hospital ICU, knowing they will receive a high standard of care. If a patient needs an increased level of care by an intensivist in a tertiary care center, they are transferred to a tertiary care center.

If Nuvance is permitted to close the Sharon Hospital ICU, ICU nurses will not want to stay to work on a medical surgical floor. Instead, they will leave and there will be a shortage of nurses with the skills and desire to care for these patients that require a special expertise. In fact, there is already a shortage of ICU nurses, which is a crisis of Nuvance's own making. For about a year, Nuvance administration has discussed its plan to shut down the ICU, scaring several ICU nurses away. These discussions have also resulted in the ICU closing down temporarily on a number of occasions due to a lack of ICU nurses. The plans to train medical-surgical nurses to care for critically ill patients is flawed. You cannot give a brief in-service to a general floor nurse on cardiac arrhythmias, respiratory monitoring, and the titration of pressor drips and expect a safe outcome. The seriously ill, ICU level of care patient may be mismanaged or neglected, leading to a potential increase in mortality and morbidity. Our hospital has had a Five Star rating with CMS with the present ICU arrangement and it is hard to imagine this level of quality being sustained with a progressive care unit.

Critically ill patients and their families appreciate the convenient location of the ICU at Sharon Hospital; not only do the patients need to be able to arrive quickly at a qualified ICU when it is needed, but families want to be close to their loved one when they are critically ill. In addition, in inclement weather, it may be impossible to transfer patients to Vassar or to Danbury Hospital, so having the ICU remain fully intact at Sharon Hospital is vital.

Nuvance is obligated to keep present services in place for five years per the last CON approval. Without a fully operational ICU, Sharon Hospital will not be a full-service hospital and patients will suffer. Nuvance cannot be allowed to make the proposed changes to the ICU, and certainly should not be allowed to do so without filing a CON.

Respectfully yours,



David R. Kurish, M.D.
DRK/lda