

September 19, 2022

VIA EMAIL AND OVERNIGHT MAIL

Kimberly Martone
Deputy Director/Chief of Staff
Office of Health Strategy
P.O. Box 340308
450 Capitol Avenue, MS#510HS
Hartford, CT 06134-0308

cc: Steven Lazarus

Re: Docket No. 22-32504

Dear Ms. Martone,

As an internist-cardiologist member of the Sharon Hospital medical staff since 1978, I wish to refute many of the answers presented in Ms. Sally Herlihy's letter of August 17, 2022, regarding the CON 22-32504. The substitution of an alleged "progressive care unit" (PCU) on a medical surgical floor is not the same as a dedicated intensive care unit (ICU), as Nuvance contends.

Specifically, I would point out the following in Ms. Herlihy's letter:

1. Please provide a breakdown of where patients need an ICU level of care have come from for each of three years...

As you can see from the numbers provided, the number of admissions to the ICU has already decreased from 229 in 2019 to 198 in 2021, a 15% decline. This is likely a direct result of Nuvance deliberately restricting admissions to the ICU by reducing its number of beds and closing it for days, causing ambulances to divert patients requiring intensive care to other hospitals. Recently, for example, an ambulance was summoned to pick up a patient of mine who collapsed at home in Dover Plains. The ambulance personnel wanted to take her to Vassar, another Nuvance hospital. My patient refused and insisted on going to Sharon Hospital where she has been admitted to the ICU before. She said she would stay home rather than go to Vassar because of its poor reputation in the community. She was admitted to Sharon for a few days, did well, and returned home. It is worth noting that the trip to Vassar would have taken double the amount of time it would take to get to Sharon Hospital.

2. List and explain the differences between the services that are currently offered in the ICU and the services that would be offered in the PCU....

By definition a PCU is different from an ICU, and Nuvance's response to this question is full of contradictions. It oscillates from stating that the level of care will not change to describing examples of how the level of care will change.

In the first sentence, Nuvance says, "Sharon Hospital does not plan to terminate any level of care," but later in the paragraph it says it will not be able to provide long-term ventilator assistance and "hemodynamically unstable patients who require prolonged hemodynamic monitoring...will be transferred." Many of these patients are presently handled at Sharon Hospital. What does Nuvance consider long-term? Is it hours, days, weeks? Presently, the attending doctors make that decision, and it can be many days. The attending doctors decide what services are needed and the length of time for which those services should appropriately be provided. We administer vasoactive drugs to control blood pressure and maintain patients on respirators for days safely. By changing the name from an ICU, Nuvance is admitting a reduction in services.

3 and 4. According to the Application, Sharon Hospital has struggled to hire or credential intensivist physicians...

Sharon Hospital has never had an "intensivist," nor does it need one. Sharon Hospital has highly trained, board-certified hospitalists, internists, and cardiologists who manage patients in the ICU. Sharon Hospital inpatient mortality figures are the best in Nuvance's seven-hospital system. Sharon Hospital has attained a "Five Star" rating from CMS for three straight years, one of a select few in the State of Connecticut. The doctors here know their limitations and transfer patients safely when necessary.

5. Will staffing change if the Application is approved?...

Staffing has already changed. When closure of the ICU was announced last year by the hospital president, Dr. Hirko, many of the ICU nurses were scared away. Four of eleven ICU nurses left. The number of ICU beds had to be reduced from 9 to 4. From February 9 to 14, 2022, the ICU had to be closed because of a lack of ICU nurses, and ICU admissions had to be diverted. Subsequently, traveling nurses were recruited to man the ICU. There was a medical-surgical nurse who wanted to become an ICU nurse, but his request was denied. Generally, there are four ICU beds available. It wasn't until recently that a position was posted for a new full-time ICU nurse. Presently, I believe there are seven ICU nurses, but it would take at least ten for adequate staffing. While I appreciate the intent in OHS' question regarding future staffing, it allows Nuvance to obscure the fact that the nursing staff has already been reduced as a result of the hospital's actions.

An ICU nurse requires a unique set of skills to assess arrhythmias, titrate vasoactive medications, and monitor patients on respirators, just to mention a few. The patients in the ICU are the sickest in the hospital and must be the most closely watched. These nurses do not want to be medical-surgical nurses. Just as nurses left after the ICU shutdown was announced, more ICU-trained nurses will leave rather than go to a PCU. The staffing in a PCU on the medical-surgical floor would not be able to manage the critically ill patients without this special expertise.

In addition, the typical ICU nurse to patient ratio is one to two, while the planned RN to patient ratio in the proposed PCU would be one to four and a half, based on Nuvance's assessment that "current target medical-surgical nursing ratios at Sharon Hospital reflect one registered nurse for every five to six patients and typical PCU/Telemetry nursing ratios are based on one registered nurse for every four patients." Nuvance does not include the ICU RN to patient ratio in its equation for the proposed PCU,

despite the fact that ICU patients have much higher nursing requirements. Does this suggest that it does not plan to care for ICU-level patients if the PCU is approved? According to the PCU admission form in Nuvance's CON application (Appendix A), which lists the inclusion and exclusion criteria for admission to the proposed PCU, one of the reasons that a patient CANNOT be admitted to the PCU is if the patient has "clinical conditions requiring ICU level nursing care" or if the patient "requires prolonged hourly monitoring." These two criteria are mainstays of ICU level care, and would not be permitted in the proposed PCU.

6. "...the case mix index has been materially lower..."

The case mix index has been purposely reduced by transferring patients from the ER and by ambulances redirecting patients to other hospitals. As Nuvance says in the response to question 7, "Sharon Hospital has not operated a high acuity ICU since Sharon Hospital became part of Nuvance." At times, patients are transferred against their will or the will of their family. An elderly patient of mine with severe aortic stenosis presented with CHF. Neither she nor her daughter wanted her transferred, but she was sent anyway. Patients, particularly elderly patients, often want to stay near home where they are more comfortable and where family members can visit them. Nuvance's answer to this question is grossly misleading, as it is not that the baseline case mix index has changed, but rather that Nuvance has purposefully changed it by transferring and not admitting patients in the most dire need since it has taken ownership of the hospital.

7. When did Sharon Hospital begin transferring its higher acuity patients to other facilities following triage and stabilization? Was there a meeting of the administration at which it was decided this would be policy?

Nuvance's assertion that "there was never any decision by Sharon Hospital leadership or its administration to automatically transfer high acuity patients after stabilization" is disingenuous. For example, on January 21, 2022, a patient was emergently intubated in the ER. Since the patient was then on a respirator, the "policy" at that time was that the patient could not be admitted here. Multiple unsuccessful attempts were made to transfer the patient, but there were no beds available. After the ER doctors and hospitalists pleaded with the administration, the patient was admitted here. The following day, the patient was extubated and did well. This "policy" was part of the Hospital's downgrading of the ICU prior to receiving approval from OHS to do so.

8. Where is Sharon Hospital sending patients in need of an ICU?

Transfer data is available in the Sharon Hospital medical record, if Nuvance wanted to review the charts to provide OHS with the information requested. In Nuvance's answer to question twelve, it describes "a review of records over the past six years." It is therefore unclear why it could not fully review the medical charts to answer this question. In addition, on its list of locations where patients are transferred, number five on the list of 21 is "undefined location." Shouldn't Nuvance know where patients were sent? Is the transfer destination appropriate? I question whether Nuvance really has an effective transfer process.

10. Are there protocols, policies, or procedures in place regarding transferring patients in need of ICU?...

Once again, despite stating that “the establishment of a PCU is not intended to change the level of critical care services offered by Sharon Hospital,” the admission policy to the PCU does not permit patients that are standard ICU-level patients that would currently be seen in the hospital’s ICU. The PCU Admission policy (appendix A) lists patients that will be transferred, including patients on longer than “short-term” ventilators (What is considered “short-term?”), “hemodynamically unstable patients requiring prolonged close hemodynamic monitoring,” patients needing “prolonged hourly monitoring,” and patients with active GI bleeding. In addition, they state that, “admission to PCU will be resource dependent.”

11. ...Can these other locations/facilities accommodate the number of transfers that approval of this Application would result in?

Nuvance reports that if the Application is approved, there would be “an approximate 10% decrease from the current ICU patient volume.” In other words, it admits that the proposed PCU would not accept the same level of patients as the current ICU accepts, as 10% of our current patients would no longer be admitted at Sharon Hospital.

12. If a patient who has been stabilized requires transfer to an ICU, what risks are involved with such transfer?...

Unfortunately, in our rural area there are many days when inclement weather prevents air transport and ambulances are not available. In these instances, Sharon Hospital’s remote location would require prolonged critical care service, and without an available ICU, this could lead to unnecessary morbidity and mortality.

16. How long does it typically take for patients to be stabilized in order to be transferred safely?

Nuvance would not answer this question, but in my experience and that of other internists, it typically takes 36–48 hours for critically ill patients to be stabilized prior to a safe transfer.

19. Provide a list of concerns from the community and how Sharon Hospital has addressed or will be addressing them?...

The concerns of the community and medical staff have not been addressed. When the medical staff became aware of a “transformation plan,” it convened a leadership council to address our concerns with Nuvance. Unfortunately, very little of the medical staff’s advice on the ICU or obstetric unit was heeded. In fact, when Nuvance presented its transformation plan on September 30, 2022, the medical staff voted 25-to-1 against it.

Since last fall, a community group called “Save Sharon Hospital” has attempted to work with Nuvance and channel community concerns. Nuvance has been minimally responsive to Save Sharon Hospital’s attempts to work with it. Nuvance has held mostly virtual “Community Forums” with canned

presentations and edited answers to questions. I have not received any monthly community newsletters that Nuvance allegedly sends.

There was essentially no input from the communities into the Sharon Hospital Transformation Plan. Even some of the few who were interviewed by the consulting firm that wrote the plan say they were not kept in the loop of how their comments would be used. All but one town in the Northwest Corner of Connecticut have passed statements or resolutions against the plan. (See Appendix B for the statements/resolutions from the Connecticut towns of Salisbury, Sharon, Kent, Cornwall, Goshen, and Norfolk.)

20. Why isn't it an option for Sharon Hospital to keep the ICU open but reduce its beds?

Nuvance does not want to keep the ICU open as it prefers to funnel its patients and services to the other larger hospitals within its system. Nuvance has been gradually reducing services at Sharon Hospital, and for the most part has not replaced primary care physicians or specialists who have left. Many laboratory tests are no longer performed here. The administrative wing of the hospital has been almost empty as administrative services are performed elsewhere. In fact, the prior president of the hospital, Dr. Mark Hirko, was shared with Putnam Hospital in New York state. I believe Nuvance's plan is to turn Sharon Hospital into an emergency room with limited inpatient and outpatient facilities.

21. Who will pay for the cost of transferring higher acuity patients?

Nuvance asserts that its charity care to the community has been very generous. In fact, the charitable care provided by Sharon Hospital has declined precipitously since Nuvance was created by the merger in 2019. In Nuvance's November 22, 2021 letter to OHS responding to the OHS inquiry under OHS docket 18-32238, it reported charity care from FY2016-FY2020. Comparing charity care at Sharon Hospital before and after the merger, the average charity care provided during fiscal years 2016-2018 was \$349,627, versus an average of \$165,417 for fiscal years 2019-2020. In addition, the average of Sharon Hospital's approval rate for applicants seeking charity care prior to the merger was 92.3% versus 77.8% for the years after the merger.

25. How much does Sharon Hospital anticipate saving as a result of the proposed transition from the ICU to PCU?

Nuvance's "Financial Worksheet A previously provided as Attachment F" shows that the proposed transition to a PCU is anticipated to result in a slight loss for Sharon Hospital as a direct result of the Proposal. Nuvance projects a small loss from operations of approximately \$120,000. However, the methodology used in the Nuvance financial spreadsheet in Worksheet A showing the actual and projected financial results is incorrect. In the projected future years, the revenues and income are substantially overstated because for each future year projected, the Allowances, Charity Care and Other Deductions are ADDED to Operating Revenue, instead of being subtracted from Operating Revenue, thus resulting in incorrect overstatements of Income from Operations for each projected year. As a result, the projected financial statements are incorrect and cast serious doubt on the financial information being presented.

31. Sharon Hospital's CON application seeking to terminate labor and delivery services is pending. Please explain what impact, if any, this proposal will have on obstetric care at Sharon Hospital if the other CON is approved.

If labor and delivery is terminated, gynecologic emergencies will be severely compromised. In addition, as noted in the PCU admission criteria in Appendix A, "gynecologic/obstetric emergencies" are exclusion criteria for admission to the PCU.

I thank the Office of Health Strategy for following up with additional questions in its Second Completeness letter issued on September 15, 2022, and I respectfully ask the Office of Health Strategy to follow up on these points to ensure it has a complete and accurate understanding of the impact the closure of the ICU would have on the community.

Sincerely,

David Kurish, M.D.

Appendix A



Title: Progressive Care Unit (PCU), Admission	Location/Owner: Patient Care Services/ Director of Patient Care Services
Approved by:	Effective Date:
For Use At:	ID #'s if needed:
<input type="checkbox"/> Nuvance Health System <input type="checkbox"/> Other Nuvance Entities Not Listed <input type="checkbox"/> Danbury Hospital/New Milford (Campus) <input type="checkbox"/> Northern Dutchess Hospital <input type="checkbox"/> Norwalk Hospital <input type="checkbox"/> Putnam Hospital Center <input checked="" type="checkbox"/> Sharon Hospital <input type="checkbox"/> Vassar Brothers Medical Center	
<input type="checkbox"/> Health Quest Systems, Inc. <input type="checkbox"/> HQ Home Care <input type="checkbox"/> HQ Medical Practice <input type="checkbox"/> Heart Center <input type="checkbox"/> Sharon Hospital Medical Practice <input type="checkbox"/> Thompson House <input type="checkbox"/> Other HQ Entities Not Listed	
<input type="checkbox"/> Western Connecticut Health Network, Inc. <input type="checkbox"/> Western Connecticut Medical Group <input type="checkbox"/> Western Connecticut Home Care <input type="checkbox"/> Other WCHN Entities Not Listed	

POLICY/PURPOSE:

To ensure the appropriate clinical care of patients at Sharon Hospital by specifying admission criteria that requires a higher level of care than Sharon Hospital can provide.

If the patient being considered for admission requires a higher level of care as defined, but not limited to, the criteria listed in this policy, the patient will be transferred to a hospital that can provide the higher level of care.

Clinical Conditions Appropriate for Progressive Unit Admission:

- Patients requiring increased nursing care above the medical-surgical level of care
- Stable but significant electrolyte abnormalities
- Hemodynamically stable patients with evidence of compromised respiratory status who require frequent observation and/or continuous positive airway pressure, i.e. CPAP or bi-PAP or short-term ventilator
- Patients requiring monitoring for seizure activity
- Alcohol withdrawal syndrome requiring frequent intravenous medications
- DKA and uncontrolled diabetes requiring insulin drips
- Drug overdose requiring frequent evaluations
- Patients requiring aggressive fluid management

Clinical Conditions that can NOT be admitted to the PCU unit at Sharon Hospital. Patients that meet the following criteria and/or have the following diagnosis' will be transferred to a hospital that can provide the higher level of care required:

- Patients requiring intubation or ventilator support who are not hemodynamically stable

- Exception: current inpatients requiring PCU level of care for temporary stabilization
- Hemodynamically unstable patients requiring prolonged close hemodynamic monitoring for stabilization and/or prolonged intravenous vasoactive medication
- Clinical conditions requiring ICU level nursing care
- Prolonged hourly monitoring
- Patients who require urgent specialty and/or sub-specialty consultation not available at Sharon Hospital
- Additional criteria that is not specifically listed that exceeds the capability of the resources at Sharon Hospital

Examples of clinical conditions that do NOT meet admission criteria include:

- Post Cardiac Arrest (except for palliative care/Hospice)
- Acute or chronic respiratory failure requiring rescue BIPAP or a ventilator longer than a stabilization period
- Urgent/emergent interventional procedure for stabilization
- Endocarditis with heart failure or other life-threatening complications
- Severe meningitis or encephalitis (unstable only)
- Active bleeding with hemodynamic instability
- Alcohol withdrawal requiring deep sedation (i.e. propofol, paralytics) and possible intubation for airway protection
- Life threatening overdose (unstable only)
- Acute stroke, post tPa or requiring intervention
- Life threatening intracranial hemorrhage
- Gynecologic/Obstetric emergencies

Discontinuation of Progressive Care Unit Status

- A written order is required to discontinue Progressive Care Unit monitoring
- Patient no longer requires progressive monitoring (i.e. vital signs, neuro checks, and/or lab tests greater than or equal to every four hours)

Contingency Plan for decompensating patients:

- Ventilator capability rooms 202-212 (for necessary stabilization)
- One room (202-212) to be designated as “crash room” for decompensating patients
- One RN designated per shift for Code Blue/Rapid Response team

Additional Considerations:

- Admission to PCU will be resource dependent
- Provider discretion will be a consideration when determining admission appropriateness
- Co-management with the Hospitalist service is recommended for PCU admissions for patients with a primary non-Hospitalist provider

Appendix B

CURTIS RAND
FIRST SELECTMAN

Telephone: 860-435-5170
Fax: 860-435-5172
Email: townhall@salisburyct.us



TOWN OF SALISBURY
CONNECTICUT

Christian Williams
Donald Mayland
Selectmen

Town Hall
P.O. Box 548
27 Main Street
Salisbury, Connecticut 06068

The Salisbury Board of Selectmen believes that:

- 1) Our regional community includes many towns and residents in 3 states. It is generally a rural environment with lengthy travel times and often limited communication ability. Due to its excellent living standards and quality educational opportunities, our regional population includes retirees, senior citizens, young families and professionals, each in need of specialized health care
- 2) The Board is grateful for The Sharon Hospital, Nuvance Health Care, and the large number of health care professionals, volunteers and non-profit organizations that have allowed the Sharon Hospital to remain in our area and to provide such quality and diverse care.
- 3) We believe that Labor and Delivery and Intensive Care are critical resources for our rural community, particularly due to the lengthy travel times to alternative hospitals.
- 4) The Board of Selectmen understands the financial decisions that have been made and we acknowledge that these decisions have also been supported by the Sharon Hospital Board; *we appreciate their leadership, dedication, and the financial challenges before them.*
- 5) We cannot support the termination of the Labor and Delivery unit and are concerned about changes to the ICU. *We believe that the decision to terminate the Labor and Delivery unit, and associated surgical capability, may put expecting mothers at serious risk due to lengthy alternative travel times and this is inconsistent with regional efforts to promote and expand women's (and men's) reproductive health.*

Our Board strongly believes that Sharon Hospital should remain a full-service hospital in any way possible and we are prepared to assist Nuvance and the Sharon Hospital Board in ways that might be helpful to that end. We would join our representatives and government officials to seek solutions that place Connecticut hospitals on-par financially with our neighboring states; this is particularly relevant in the case of Sharon Hospital which is situated on or nearby two other states. These efforts might include improvements to formulae for out-of-pocket deductibles, fund raising, and commitments of proportionally higher matching dollars from local, state and federal funding, all of which we are willing to support if that is helpful.

Sincerely,

The Salisbury Board of Selectmen
August 2, 2022


Curtis Rand


Christian Williams


Donald Mayland

TOWN OF SHARON

P. O. BOX 385, SHARON, CT 06069
(860) 364-5789 Fax (860) 492-7021

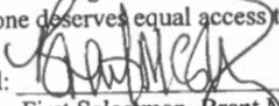
Statement of Support to Maintain All Vital Services at Sharon Hospital

The Sharon Board of Selectmen stand in support of maintaining Sharon Hospital as a full-service hospital for the following reasons:

1. Sharon Hospital is a cornerstone of our community, and the Labor and Delivery service is the entry point for families in its catchment area. It is well established that community hospitals without maternity units shrivel. Further, long and uncertain travel for women in labor is neither safe nor sustainable. Clearly, not only young families but everyone involved in local businesses and schools will suffer if the hospital shuttered its maternity service, and since the community looks forward to an increase of young families over time, it is essential that Sharon Hospital preserves its Labor and Delivery service.
2. Maintaining the hospital's Intensive Care Unit (ICU) is critical for the health and well-being of our citizens. Relatedly, we must retain ICU expertise to treat inevitable cases of complicated medical and surgical patients. In addition, by maintaining ICU patient care at our hospital, close to patients' support systems, the added stress of travel in uncertain weather will be avoided. Finally, it is likely that primary care doctors will think twice about affiliation with a hospital lacking an ICU unit equipped and staffed with the requisite expertise. Our area could face a further decrease in primary care physicians, which in turn could lead to an exit of citizens of all ages, including retirees, the very demographic that features in the plan to reconfigure Sharon Hospital's services.
3. The maintenance of after-hour surgery services is vital to our citizens because accidents and illness do not always happen between 8 am and 5 pm.

It is time for Connecticut to support healthcare in the rural communities. We ask our State Legislators, our Governor and Congressional members to do everything within their power to create the changes needed to ensure the well-being of the rural communities of Connecticut. Everyone deserves equal access to healthcare no matter where they live.

Signed:


First Selectman, Brent M. Colley


Dale C. Jones, Selectman


Casey T. Flanagan, Selectman

This Statement of Support was signed by all the members of the Sharon Board of Selectmen on June 14, 2022

**TOWN OF KENT RESOLUTION OPPOSING NUVANCE'S PLAN TO DISCONTINUE
CERTAIN CRITICAL SERVICES AT SHARON HOSPITAL**

The undersigned hereby certifies that he/she is the duly elected, qualified and acting Clerk of the Town of Kent which municipality is organized and existing under the laws of the State of Connecticut (the "Municipality"). The undersigned further certifies that the following is a true and accurate copy of a resolution adopted at a meeting of the of Board of Selectmen of the Municipality duly called and held on the 21st day of April, 2022 at which meeting a quorum was present and voting throughout.

WHEREAS, Sharon Hospital is a cornerstone of healthcare for our community, and the Labor and Delivery service is the entry point for many families in its catchment area. It is well established that community hospitals without maternity units shrivel;

WHEREAS, long and uncertain travel for women in labor is neither safe nor sustainable. Not only young families but everyone involved in local businesses and schools will suffer if the hospital discontinues its maternity service, and since the community looks forward to an increase of young families over time, it is essential that Sharon Hospital preserve its Labor and Delivery service;

WHEREAS, maintaining the hospital's Intensive Care Unit (ICU) is critical for the health and wellbeing of our citizens, and we must retain ICU expertise to treat inevitable cases of complicated medical and surgical patients. By maintaining ICU patient care at our local hospital, close to patients' support systems, the added stress of travel will be avoided. Additionally, it is likely that primary care physicians may reconsider affiliation with a hospital lacking an ICU equipped and staffed with the requisite expertise. Our area could face a further decrease in primary care physicians, which in turn could lead to an exit of citizens of all ages, including retirees, the very demographic that features in Nuvance's plan to reconfigure Sharon Hospital's services;

WHEREAS, the maintenance of after-hour surgery services is vital to our citizens because accidents and illness do not always happen between 8 am and 5 pm. It is time for Connecticut to support healthcare in the rural communities.

NOW THEREFORE, BE IT RESOLVED that the Kent Board of Selectmen does hereby support maintaining Sharon Hospital as a full-service community hospital;

BE IT FURTHER RESOLVED that we ask our State Legislators, our Governor and Congressional members to do everything within their power to create the changes needed to ensure the well-being of the rural communities of Connecticut by safeguarding equal access to healthcare no matter where they live.

Given under my hand as Town Clerk of Kent this 6th day of May, 2022.

Signature: 
Print Name: Darlene Brady
Title: Town Clerk

TOWN OF CORNWALL

P.O. Box 97, Cornwall, CT 06753
(860) 672-4959 Fax (860) 672-4068
cwselectmen@optonline.net

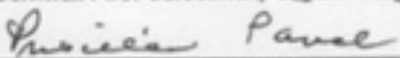
Statement of Support to Maintain All Vital Services at Sharon Hospital

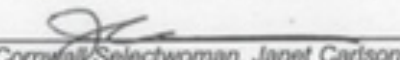
The Cornwall Board of Selectmen stand in support of maintaining Sharon Hospital as a full-service hospital for the following reasons:

1. Sharon Hospital is a cornerstone of our community, and the Labor and Delivery service is the entry point for families in its catchment area. It is well established that community hospitals without maternity units shrivel. Further, long and uncertain travel for women in labor is neither safe nor sustainable. Clearly, not only young families but everyone involved in local businesses and schools will suffer if the hospital shuts its maternity service, and since the community looks forward to an increase of young families over time, it is essential that Sharon Hospital preserve its Labor and Delivery service.
2. Maintaining the hospital's Intensive Care Unit (ICU) is critical for the health and well-being of our citizens. Relatedly, we must retain ICU expertise to treat inevitable cases of complicated medical and surgical patients. In addition, by maintaining ICU patient care at our hospital, close to patients' support systems, the added stress of travel in uncertain weather will be avoided. Finally, it is likely that primary care doctors will think twice about affiliation with a hospital lacking an ICU unit equipped and staffed with the requisite expertise. Our area could face a further decrease in primary care physicians, which in turn could lead to an exit of citizens of all ages, including retirees, the very demographic that features in the plan to reconfigure Sharon Hospital's services.
3. The maintenance of after-hour surgery services is vital to our citizens because accidents and illness do not always happen between 8 am and 5 pm.

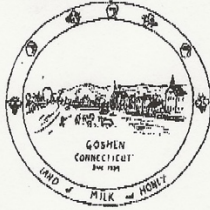
It is time for Connecticut to support healthcare in the rural communities. We ask our State Legislators, our Governor and Congressional members to do everything within their power to create the changes needed to ensure the well-being of the rural communities of Connecticut. Everyone deserves equal access to healthcare no matter where they live.

Signed: 
(Cornwall First Selectman, Gordon Ridgway)

Signed: 
(Cornwall Selectman, Priscilla Pavel)

Signed: 
(Cornwall Selectwoman, Janet Carlson)

This Statement of Support was signed by all the members of the Cornwall Board of Selectmen on April 12, 2022



TOWN OF GOSHEN

42A NORTH STREET – GOSHEN, CT 06756
 PHONE 860 491-2308 x 221 FAX 860 491-6028 EMAIL, 1stselectman@goshenct.gov

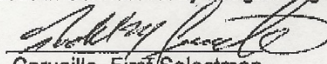
TODD M. CARUSILLO, FIRST SELECTMAN

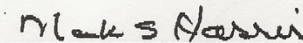
Statement of Support to Maintain All Vital Services at Sharon Hospital

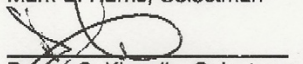
The Goshen Board Of Selectmen stand in support of maintaining Sharon Hospital as a full-service hospital for the following reasons:

1. Sharon Hospital is a major cornerstone of community of the northwest corner of the State of Connecticut. As such, to have no maternity units/service at Sharon Hospital is unthinkable, not to mention being unsafe for a mother in labor. Young families will not feel safe, this change in maternity services will be a strong deterrent to having young families locate to this area. Without these services, and the loss of young families moving to our area, local businesses and schools will suffer. Our communities in this corner of the state look forward to the growth of young families, therefore it is essential to have Sharon Hospital preserve their labor and delivery service.
2. It is almost impossible to imagine Sharon Hospital without an Intensive Care Unit (ICU). To say these services are critical to our local communities would be an understatement. ICU is critical to residents of all ages in the northwest corner; vital to every resident regardless of age – from newborns, young children, middle-aged to the elderly. For certain, primary care doctors will be hesitant to be affiliated with a hospital lacking an ICU unit. A decrease in primary care physicians will lead to an exit of citizens of all ages, including young working people up to the age's retirees. These demographics that are a major support of the plan to reconfigure Sharon Hospital.
3. To say the maintenance of after-hour surgery is not a basic need to success of healing and recovery for our citizens is unthinkable, almost outrageous. Accidents and grave illnesses almost never happen between the hours 8:00 a.m. and 5:00 p.m. Connecticut, especially in the northwest corner, must support vital healthcare.

Therefore, be it resolved that we ask our State Legislators and Congressional members to do everything in their powers to create the changes needed to ensure the well-being of our rural communities in Connecticut by safeguarding equal access to healthcare for all our residents.

Signed: 
 Todd M. Carusillo, First Selectman


 Mark S. Harris, Selectman


 Dexter S. Kinsella, Selectman

TOWN OF
OFFICE OF SELECTMEN



NORFOLK
NORFOLK - CONNECTICUT
06058

Resolution

The undersigned hereby certifies that he/she is the duly elected, qualified and acting Clerk of the Town of Norfolk which municipality is organized and existing under the laws of the State of Connecticut (the "Municipality"). The undersigned further certifies that the following is a true and accurate copy of a resolution adopted at a meeting of the Board of Selectmen of the Municipality duly called and held on the 3rd day of August, 2022 at which meeting a quorum was present and voting throughout.

WHEREAS, Sharon Hospital is a cornerstone of healthcare for our community, and the Labor and Delivery service is the entry point for many families in its catchment area. It is well established that community hospitals without maternity units decline;

WHEREAS, long and uncertain travel for women in labor is neither safe nor sustainable. Not only young families but everyone involved in local businesses and schools will suffer if the hospital discontinues its maternity service, and since the community looks forward to an increase of young families over time, it is essential that Sharon Hospital preserve its Labor and Delivery service;

WHEREAS, maintaining the hospital's Intensive Care Unit (ICU) is critical for the health and wellbeing of our citizens, and we must retain ICU expertise to treat inevitable cases of complicated medical and surgical patients. By maintaining ICU patient care at our local hospital, close to patients' support systems, the added stress of travel will be avoided. Additionally, it is likely that primary care physicians may reconsider affiliation with a hospital lacking an ICU equipped and staffed with the requisite expertise. Our area could face a further decrease in primary care physicians, which in turn could lead to an exit of citizens of all ages, including retirees, the very demographic that features in Nuvance's plan to reconfigure Sharon Hospital's services;

WHEREAS, the maintenance of after-hour surgery services is vital to our citizens because accidents and illness do not always happen between 8 am and 5 pm. It is time for Connecticut to support healthcare in the rural communities.

NOW THEREFORE, BE IT RESOLVED that the Norfolk Board of Selectmen does hereby support maintaining Sharon Hospital as a full-service community hospital;

BE IT FURTHER RESOLVED that we ask our State Legislators, our Governor and Congressional members to do everything within their power to create the changes needed to ensure the well-being of the rural communities of Connecticut by safeguarding equal access to healthcare no matter where they live.

Given under my hand as First Selectmen of the Town of Norfolk this 11th day of August, 2022.

Signature:

A handwritten signature in blue ink that reads "Matthew T. Riiska".

Matthew T. Riiska, First Selectman

The Town of Norfolk is an Equal Opportunity Employer and Provider
P. O. Box 592 . Telephone 860.542.5829 . Fax 860.542.5876
www.NorfolkCT.org