

PAUL E. KNAG  
203.653.5407 DIRECT TELEPHONE  
860.240.5711 DIRECT FACSIMILE  
PKNAG@MURTHALAW.COM



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VIA UPS NEXT DAY AIR

Victoria Velti, JD, LLM  
Executive Director  
Kimberly Martone  
Chief of Staff  
Office of Health Strategy  
450 Capitol Avenue  
Hartford, CT 06016

Re: Opposition to Vassar Health Connecticut, Inc. d/b/a Sharon Hospital CON  
Determination Request, Docket No. 32504

Dear Victoria and Kimberly:

We are counsel for Save Sharon Hospital, Inc. ("SSH"), a community based non-profit organization dedicated to supporting and preserving Sharon Hospital for future generations as a full-service community hospital. I write in opposition to the CON Determination Form, Docket No. 32504, dated December 14, 2021, submitted by Vassar Health Connecticut, Inc. d/b/a Sharon Hospital, which is owned by Nuvance Health, in which it seeks permission from the Office of Health Strategy ("OHS") to terminate the Intensive Care Unit ("ICU") of Sharon Hospital without first obtaining authorization for a CON. Specifically, Nuvance Health proposes to "consolidate critical care services within a new medical-surgical/telemetry/progressive care unit" ("PCU"). (See CON Determination Form, p. 3).

SSH respectfully requests that OHS determine that a CON is required in this matter, pursuant to Conn. Gen. Stat. § 19a-638(a)(7), prior to the termination of inpatient or outpatient services offered by Sharon Hospital.

Sharon Hospital currently has a 9-bed ICU. However, "due to changes in the standards for critical care and a reduced availability of intensivist physicians and other providers trained and qualified to provide critical care services," Nuvance Health wants to close it. Rather than maintain an ICU at Sharon Hospital, Nuvance Health proposes to stabilize and then transfer high acuity patients to hospitals located in other areas. (See CON

**Murtha Cullina LLP**  
107 Elm Street  
Four Stamford Plaza, 11th floor  
Stamford, CT 06902  
T 203.653.5400  
F 203.653.5444

Determination Form, pp. 3-4). Critically ill patients and their families not only need to be able to arrive quickly at a qualified ICU, but families need to be close to their loved ones when they are hospitalized. If Nuvance Health transfers critically ill patients immediately from Sharon Hospital upon stabilization rather than admitting them to an in-house ICU, patients and their families will be left without proximity to care and potentially lifesaving services. Additionally, in inclement weather, it may be impossible to transfer patients when necessary, forcing Sharon Hospital to care for critically ill patients without properly trained staff and adequate capabilities.

Under its proposal, Nuvance Health will train nurses and other staff “on the policies and protocols associated with the PCU and continued provision of critical care services for stabilization.” (See CON Determination Form, p. 4). However, testimony and evidence can be offered showing that a significant number of nurses will leave Sharon Hospital if the ICU is closed, thereby leaving Sharon Hospital even more understaffed and unable to meet patient needs. Keeping an ICU at Sharon Hospital, therefore, is vital to meeting the needs of patients and to maintaining a suitable nursing staff that can provide such services.

As noted in Nuvance Health’s application, progressive care is defined by the American Association of Critical Care Nurses (“AACN”) as “moderately stable with less complexity with a decreased risk of a life-threatening event, a decreased need for invasive monitoring, increased stability, and an increased ability to participate in their care.” (See CON Determination Form, p. 4). This is different from an ICU, which Nuvance Health proposes to close. Only patients who are “moderately stable with less complexity” and “with a decreased risk of a life-threatening event” will be kept at Sharon Hospital and receive care, while patients with intensive care needs will be transferred to an ICU at another hospital upon stabilization.

In addition to closing its ICU, Nuvance Health has announced plans to close the maternity unit and discontinue off-hours surgery at Sharon Hospital. These proposals are not in compliance with the CON which permitted the merger that created Nuvance Health. They face strong opposition not only from SSH, but also from the local community at large and from the Sharon Hospital Medical Staff.

In conclusion, the Conn. Gen. Stat. § 19a-638(a)(7) prohibits the closure of the ICU at Sharon Hospital without a CON, and OHS should so rule.

Very truly yours,

A handwritten signature in blue ink, appearing to read 'Paul E. Knag', is written over a light blue circular stamp or watermark.

Paul E. Knag