

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

Applicant Ambulatory Surgery Center
c/o Ms. First Last
Consultant
Consultant Street
Consultant City, New York 01000

Re: CON 000000 Applicant Ambulatory Surgery Center

Dear Ms. Last:

Review of the referenced application by Department staff has resulted in the need for additional information. To enable staff to adequately review your proposal, please respond to the following questions:

1. Is it expected that the utilization projected in your application will meet an unmet need in your community, or will your facility provide ambulatory surgery service to a clientele which is generally served by existing ambulatory surgery providers?
2. If your facility is expected primarily to meet an unmet need in the community, what data support the existence of the unmet need?
3. If your facility is expected primarily to provide service to a clientele now served by existing providers, why would future patients use your facility instead of existing facilities?
4. From where will employees of your facility be recruited? (For example, local hospitals, private physician practices, accredited schools, training programs.)
5. What steps will your facility take to retain skilled staff to counter high staff turnover found in many health care facilities?
6. How many of the procedures you project for your proposed facility are currently performed in an office setting? (office-based surgery)?

We ask that you share your response to this letter with concerned hospitals at the following addresses:

Administrator
Hospital 1
Hospital Street
Hospital City, New York 10000

Administrator
Hospital 2
Hospital Street
Hospital City, New York 11000

Administrator
Hospital 3
Hospital Street
Hospital City, New York 12000

To ensure that the Public Health Council and the State Hospital Review and Planning Council have ample time to consider your comments, please forward your response to the New York State Department of Health, Bureau of Project Management, 433 River Street, 6th Floor, Troy, New York 12180 no later than , 2006.

In the meantime you have any questions, please call me at (518) 402-0966 or write via e-mail to cpd02@health.state.ny.us.

Sincerely,

Christopher Delker
Health Program Administrator IV
Division of Health Facility Planning