

The HRAP CON Standards are provided below:

CON STANDARD 1.1: Applicants shall include published BISHCA quality measures for services related to a specific application, for the applicant and other hospitals that report on that quality measure. The applicant shall demonstrate how the project will improve or assist in the improvement of the relevant quality measures, if the applicant's score is not above the national or the Vermont average.

CON STANDARD 1.2: Applicants seeking to expand or introduce a specific health care services shall show that such services have been shown to improve health. To the extent such services have been the subject of comparative effectiveness research, an applicant shall show that the results of this research support the proposed project.

CON STANDARD 1.3: To the extent neighboring health care facilities provide the services proposed by a new health care project, an applicant shall demonstrate that a collaborative approach to delivering the service has been taken or is not feasible or appropriate.

CON STANDARD 1.4: If an application proposes services for which a higher volume of such service is positively correlated to better quality, the applicant shall show that it will be able to maintain appropriate volume for the service and that the addition of the service at the facility will not erode volume at any other Vermont facility in such a way that quality at that facility could be compromised.

CON STANDARD 1.5: If an applicant seeks to expand services in a region, or at a facility, which data shows has a statistically significant inappropriate health care service utilization variation, the applicant shall explain how the applicant's proposed project will improve the variation.

CON STANDARD 1.6: Applicants seeking to develop a new health care project shall explain how the applicant will collect and monitor data relating to health care quality and outcomes related to the proposed new health care project. To the extent practicable, such data collection and monitoring shall be aligned with related data collection and monitoring efforts, whether within the applicant's organization, other organizations or the government.

CON STANDARD 1.7: Applicants seeking to develop a new health care project shall explain how such project is consistent with evidence-based practice. Such explanation may include a description of how practitioners will be made aware of evidence based practice guidelines and how such guidelines will be incorporated into ongoing decision making. (2005 State Health Plan, page 48.)

CON STANDARD 1.8: Applicants seeking to develop a new health care project shall demonstrate, as appropriate, that the applicant has a comprehensive evidence-based system for controlling infectious disease.

CON STANDARD 1.9: Applicants proposing construction projects shall show that costs and methods of the proposed construction are necessary and reasonable. Applicants shall show that the project is cost-effective and that reasonable energy conservation measures have been taken.

CON STANDARD 1.10: Applicants proposing new health care projects requiring construction shall show such projects are energy efficient. As appropriate, applicants shall show that Efficiency Vermont, or an organization with similar expertise, has been consulted on the proposal.

CON STANDARD 1.11: Applicants proposing new health care projects requiring new construction shall demonstrate that new construction is the more appropriate alternative when compared to renovation.

CON STANDARD 1.12: New construction health care projects shall comply with the Guidelines for Design and Construction of Health Care Facilities as issued by the Facility Guidelines Institute (FGI), 2010 edition.

CON STANDARD 2.1: Applicants seeking to develop new health care projects in an area identified as having a shortage of primary care capacity shall explain how the proposed project will expand, promote or enhance primary care capacity in such area.

CON STANDARD 2.2: Applicants seeking to introduce new ambulatory care services, including hospital ambulatory care center or physician office based services, shall show how such services are consistent with Vermont's focus on health promotion. Services to prevent the onset of disease and to minimize the effects of disease shall be given the highest priority.

CON STANDARD 3.1: Highly complex specialized services, such as kidney transplants, major trauma treatment (massive head and/or chest trauma), neonatal intensive care and open-heart surgery, are considered appropriate at tertiary hospitals only.

CON STANDARD 3.2: Applicants proposing any major bed construction, facility upgrades or additions shall consider availability and access to both instate and out-of-state service capacity and provide an analysis of 10 year population and utilization trends. Population-based science and analyses shall be used to support need.

CON STANDARD 3.3: Applicants seeking to add inpatient capacity shall demonstrate that such capacity is needed by the service area population and that services are not available at neighboring hospitals.

CON STANDARD 3.4: Applicants subject to budget review shall demonstrate that a proposed project has been included in hospital budget submissions or explain why inclusion was not feasible.

CON STANDARD 3.5: Magnetic resonance imaging (MRI) capacity shall not be increased until current capacity is in excess of valid state, regional and/or national benchmarks for medically necessary exams per year and sufficient additional need is demonstrated based on such benchmarks. An applicant proposing a project involving MRI shall provide information on current use, document the effectiveness of the internal program utilized by the applicant to prevent overuse, and verify that the applicant does not have financial incentives in place to encourage MRI utilization.

CON STANDARD 3.6: Computed tomographic (CT) scanning capacity shall not be increased until current capacity is in excess of valid state, regional and/or national benchmarks for medically necessary exams per year and sufficient additional need is demonstrated based on such benchmarks. An applicant proposing a project involving CT shall provide information on current use, document the effectiveness of the internal program utilized by the applicant to prevent overuse, and verify that the applicant does not have financial incentives in place to encourage CT utilization.

CON STANDARD 3.7: Applicants proposing to replace diagnostic or therapeutic equipment shall demonstrate that existing equipment is fully depreciated, or the cost of the early replacement, including the cost of the remaining depreciation on existing equipment, is less costly than keeping the existing equipment.

CON STANDARD 3.8: Open-heart surgery will be provided only at Fletcher Allen Health Care.

CON STANDARD 3.9: Cardiac catheterization services will be provided in accordance with the recommendations found in the August 1998 Report of the Cardiac Catheterization Work Group to the Division of Health Care Administration prepared by the Vermont Program for Quality in Health Care.

CON STANDARD 3.10: Applicants seeking to renovate or develop hospital space shall not be required to add single occupancy rooms. If an applicant wants to add single occupancy rooms, the applicant shall show that the initial increased costs will be offset by operational or clinical efficiencies and improvements or that the benefits of such expansion justify the increased costs to the Vermont healthcare system.

CON STANDARD 3.11: Applicants seeking approval for projects that will implicate the use of additional hospitalists shall demonstrate how the project plan will facilitate care integration between hospitalists and a patient's other health care providers, particularly primary care providers.

CON STANDARD 3.12: Any applicant seeking to expand services for potentially terminally ill patients shall explain what efforts the applicant has taken or will undertake which support high quality, patient centered palliative and end of life care. Such efforts should include training and collaboration with other health care and hospice providers to facilitate high quality, patient centered end of life care.

CON STANDARD 3.13: An applicant proposing to establish an ambulatory surgical center shall demonstrate that the procedures performed at the facility will be limited to those procedures that are not anticipated to require an overnight stay and that can be performed safely in an ASC.

CON STANDARD 3.14: An applicant proposing to establish an ambulatory surgical center shall show that the ASC is located within the appropriate travel time to one or more licensed general hospitals where there are three or more operating rooms.

CON STANDARD 3.15: An applicant proposing to establish an ambulatory surgical center shall demonstrate that the facility will provide services for post-operative complications and inquiries by ASC patients on a 24-hour basis.

CON STANDARD 3.16: An applicant proposing to establish an ambulatory surgical center shall demonstrate how the applicant will provide access to all residents of each community within the identified service area without regard to an individuals' payer type, insurance status or ability to pay for necessary services.

CON STANDARD 3.17: An applicant proposing to establish an ambulatory surgical center shall demonstrate the applicant will: secure and maintain Medicare certification, where appropriate; develop and maintain a transfer agreement with at least one nearby hospital, as well as a transport agreement with an emergency medical service for the ASC's emergency transport requirements; ensure that all staff are well qualified and that the clinical personnel are eligible for – or have privileges for – similar surgical procedures at a local hospital; institute a quality review system; cooperate with all public and private review organizations; and demonstrate that the ASC will institute best practices protocol.

CON STANDARD 3.18: Applicants seeking to enhance or expand emergency room capacity shall explain what measures are also being taken to address primary care infrastructure limitations that may be increasing pressure on emergency departments.

CON STANDARD 3.19: An applicant seeking to purchase a piece of diagnostic or therapeutic equipment shall include an analysis of whether other health care system costs may be reduced through more effective interventions through the use of the equipment. As appropriate, hospitals shall provide scientific evidence supporting the migration of such equipment and technology outside of tertiary care facilities.

CON STANDARD 3.20: Applications to purchase diagnostic or therapeutic equipment, or to expand facilities to accommodate major medical equipment purchases, shall address the appropriateness of such distribution as compared to population, the availability of appropriately trained personnel, an evaluation of patient need versus convenience, urgent versus non-urgent use, and appropriate protocol to reduce the risk of repetitive testing (both within the facility purchasing the equipment and within the health care system).

CON STANDARD 3.21: Major new technology should be first introduced in Vermont at a Vermont tertiary hospital.

CON STANDARD 3.22: For applications involving the purchase of diagnostic or therapeutic equipment, applicants shall establish, through the submission of evidence in the form of peer-reviewed or similar articles, the clinical efficacy of the diagnoses or procedures to be performed.

CON STANDARD 3.23: In addition to proving need, applicants seeking to add or expand diagnostic or therapeutic equipment shall show that the equipment reduces costs and/or improves quality.

CON STANDARD 3.24: An applicant shall disclose potential financial conflicts of interest between hospitals and physicians and an equipment purchase.

CON STANDARD 3.25: Any application for a linear accelerator unit shall demonstrate that the accelerator will perform an adequate number of treatments per year, by the second year of operation, based on analyses of state, regional, and national benchmarks, to achieve sufficient utilization and ensure the additional unit is needed and will perform safely, effectively, and efficiently. The minimum number of treatments is 6,000 treatments per year, but this number may be modified based on current science.

CON STANDARD 3.26: Any application for radiation therapy service established outside of a tertiary center shall have formal linkages established for on-going utilization review and quality assessment in collaboration with a tertiary center.

CON STANDARD 3.27: Applications for kidney-dialysis of non-acute patients shall not be granted absent a showing that such service shall be provided through an academic medical center or the applicant will be able to provide comparable quality and continuity of care, either directly or through a formal relationship with a tertiary medical center.

CON STANDARD 4.1: Applicants for inpatient mental health service related certificates of need shall include specific information about how the proposal relates to the VSH Futures Project (or subsequent plan). Applicants shall not receive a certificate of need without showing how the proposal is consistent with the most current planning objectives identified by the Vermont Department of Mental Health.

CON STANDARD 4.2: Applicants seeking to add mental health services capacity shall submit a letter from the Vermont Department of Mental Health indicating its support of, or opposition to, the proposal, and the reasons therefore, unless DMH is the applicant.

CON STANDARD 4.3: Applicants seeking to expand emergency departments shall address how they plan to provide access to on-call emergency psychiatry

consultations and how the expansion will enhance current or emerging mental health and substance abuse needs in the applicant's service area.

CON STANDARD 4.4: Applications involving substance abuse treatment services shall include an explanation of how such proposed project is consistent with the Department of Health's recommendations concerning effective substance abuse treatment or explain why such consistency should not be required.

CON STANDARD 4.5: To the extent possible, an applicant seeking to implement a new health care project shall ensure that such project supports further integration of mental health, substance abuse and other health care.

CON STANDARD 4.6: Applicants for mental health care, substance abuse treatment or primary care related certificates of need should demonstrate how integration of mental health, substance abuse and primary care will occur, including whether co-location of services is proposed.

CON STANDARD 4.7: Applicants seeking to establish, expand or otherwise modify services available to elderly Vermonters shall establish how those services will support the mental health and well-being of this population, including addressing how the applicant supports or otherwise integrates with mental health services currently available.

CON STANDARD 5.1: Applicants seeking a certificate of need relating to long-term care services shall demonstrate how they support the Vermont State Health Plan goal of ensuring that Vermonters who need long-term care services will receive the services that reflect their personal values and preferences in the least restrictive environment possible.

CON STANDARD 5.2: Nursing homes or similar entities seeking to replace or increase beds shall show the beds are needed. Such showing of need shall be confirmed by the Department of Disabilities, Aging and Independent Living.

CON STANDARD 5.3: Nursing homes or similar entities seeking a certificate of need shall provide a written recommendation from the Department of Disabilities, Aging and Independent Living supporting the new health care project proposal.

CON STANDARD 5.4: Nursing homes or similar entities seeking a certificate of need shall demonstrate the applicant is sufficiently capitalized and insured to protect residents against substandard care and to provide for sufficient protection in the event of legal liability of the facility or the facility's operators.

CON STANDARD 5.5: Home health agencies shall provide services to all Vermont residents requiring medically necessary care.

CON STANDARD 5.6: Home health agencies shall have the financial depth and technical skill to serve all patients in their designated area requiring medically necessary services regardless of payment source or ability to pay.

CON STANDARD 5.7: Applicants shall provide a written recommendation from the Department of Disabilities, Aging, and Independent Living regarding proposed plans to develop, expand or reduce home health agency services. Recommendations from DAIL will be presumed to be the best available evidence.

CON STANDARD 5.8: Applicants seeking to develop or provide home health care services shall provide BISHCA with data documenting the need for additional capacity to meet the need for home health services and that the addition of such capacity is necessary and reasonable.

CON STANDARD 5.9: Applicants seeking to develop or provide home health care services shall demonstrate the financial impact of the proposed project on the home health care system are reasonable and consistent with the State's goal of providing universal access to home health care services.

CON STANDARD 5.10: For applicants seeking to add home health care services, the impact of proposed new services on continued access to the existing continuum of services within each service area shall be addressed in the application. Adverse impact on the continued accessibility of the full continuum of services shall be avoided.

CON STANDARD 5.11: Any home health care service applicants seeking to expand services for terminally ill patients shall explain what efforts the applicant has taken or will undertake which support high quality, patient centered palliative and end of life care, including training and collaboration with other health care and hospice providers to facilitate high quality, patient centered end of life care.

CON STANDARD 5.12: Applicants seeking to restructure nursing home ownership that triggers the need for a new license from DAIL shall demonstrate the ability to meet all reasonably anticipated financial and quality obligations imposed by the operation of the nursing home.