



Massachusetts Department of Public Health

Determination of Need

Change in Service

Version: DRAFT
6-14-17

DRAFT

Application Number: BH-18010311-HS

Original Application Date: 01/08/2018

Applicant Information

Applicant Name: Baystate Health, Inc.

Contact Person: Vanessa L. Smith

Title: Vice President & Chief General Counsel

Phone: 4137943284

Ext:

E-mail: vanessa.smith@baystatehealth.org

Facility: Complete the tables below for each facility listed in the Application Form

1 Facility Name: Baystate Medical Center

CMS Number: 22-0077

Facility type: Hospital

Change in Service

2.2 Complete the chart below with existing and planned service changes. Add additional services with in each grouping if applicable.

Add/Del Rows		Licensed Beds	Operating Beds	Change in Number of Beds (+/-)		Number of Beds After Project Completion (calculated)		Patient Days (Current/ Actual)	Patient Days Projected	Occupancy rate for Operating Beds		Average Length of Stay (Days)	Number of Discharges	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating			Current Beds	Projected	(Days)	Actual	Projected
	Acute													
	Medical/Surgical			0		0				0%	0%			
	Obstetrics (Maternity)			0		0				0%	0%			
	Pediatrics			0		0				0%	0%			
	Neonatal Intensive Care			0		0				0%	0%			
	ICU/CCU/SICU			0		0				0%	0%			
<input type="checkbox"/>	PICU			0		0				0%	0%			
<input type="checkbox"/>	Psychiatric Service			0		0				0%	0%			
	Total Acute			0		0				0%	0%			
	Acute Rehabilitation									0%	0%			
<input type="checkbox"/>										0%	0%			
	Total Rehabilitation									0%	0%			

Add/Del Rows		Licensed Beds	Operating Beds	Change in Number of Beds (+/-)		Number of Beds After Project Completion (calculated)		Patient Days (Current/Actual)	Patient Days Projected	Occupancy rate for Operating Beds		Average Length of Stay (Days)	Number of Discharges Actual	Number of Discharges Projected
		Existing	Existing	Licensed	Operating	Licensed	Operating			Current Beds	Projected			
	Acute Psychiatric													
	Adult			0		0				0%	0%			
	Adolescent			0		0				0%	0%			
	Pediatric			0		0				0%	0%			
	Geriatric			0		0				0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -				0		0				0%	0%			
	Total Acute Psychiatric			0		0				0%	0%			
	Chronic Disease			0		0				0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -										0%	0%			
	Total Chronic Disease			0		0				0%	0%			
	Substance Abuse													
	detoxification			0		0				0%	0%			
	short-term intensive			0		0				0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -										0%	0%			
	Total Substance Abuse			0		0				0%	0%			
	Skilled Nursing Facility													
	Level II			0		0				0%	0%			
	Level III			0		0				0%	0%			
	Level IV			0		0				0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -										0%	0%			
	Total Skilled Nursing			0		0				0%	0%			

2.3 Complete the chart below If there are changes other than those listed in table above.

Add/Del Rows	List other services if Changing e.g. OR, MRI, etc	Existing Number of Units	Change in Number +/-	Proposed Number of Units	Existing Volume	Proposed Volume
<input type="checkbox"/> + <input type="checkbox"/> -	Operating Rooms at Baystate Orthopedic Surgery Center	6	2	8		

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Date/time Stamp: 01/08/2018 2:17 pm

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Determination of Need