**Massachusetts Department of Public Health Determination of Need**

**Change in Service**

Version: DRAFT

DRAFT

6-14-17

Application Number: Original Application Date:

5-10-2021

#BILH-19092415-RE

#  Applicant Information

Applicant Name:

Beth Israel Lahey Health, Inc.

Jennifer Gallop

Title: Attorney

Contact Person:

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Phone:

|  |
| --- |
| **Facility: Complete the tables below for each facility listed in the Application Form** |
| **1** | Facility Name: Beth Israel Deaconess Medical Center, Inc. |  |  |  | CMS Number: | 220086 |  | 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 BedsExisting | Operating BedsExisting | Change in Number of Beds ( +/-)Licensed Operating | Number of Beds After Project Completion (calculated)Licensed Operating | Patient Days(Current/ Actual) | Patient DaysProjected | Occupancy rate for Operating BedsCurrent Beds Projected | Average Length of Stay (Days) | Number of DischargesActual | Number of DischargesProjected |
|  | **Acute** |  |
|  | Medical/Surgical |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Obstetrics (Maternity) |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Pediatrics |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Neonatal Intensive Care |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | ICU/CCU/SICU |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| Add Button for Add/Delete Rows ColumnDelete Button for Add/Delete Rows Column+ | - |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Acute |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Acute Rehabilitation** |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| Add Button for Add/Delete Row ColumnDelete Button for Add/Delete Row Column+ | - |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Rehabilitation |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Acute Psychiatric** |  |

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|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Add/Del Rows |  | Licensed BedsExisting | Operating BedsExisting | Change in Number of Beds ( +/-)Licensed Operating | Number of Beds After Project Completion (calculated)Licensed Operating | Patient Days(Current/ Actual) | Patient DaysProjected | Occupancy rate for Operating BedsCurrent Beds Projected | Average Length of Stay (Days) | Number of DischargesActual | Number of DischargesProjected |
|  | Adult |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Adolescent |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Pediatric |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Geriatric |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| + | - |  |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Acute Psychiatric |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Chronic Disease** |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| + | - |  |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Chronic Disease |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Substance Abuse** |  |
|  | detoxification |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | short-term intensive |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| + | - |  |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Substance Abuse |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Skilled Nursing Facility** |  |
| Blank square as part of formattingBlank square as part of formatting | Level II |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Level III |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Level IV |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| Blank square as part of formattingBlank square as part of formattingBlank square as part of formattingBlank square as part of formatting+ | - |  |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Skilled Nursing |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  |
| 2.3 Complete the chart below If there are changes other than those listed in table above. |
| Blank square as part of formattingBlank square as part of formattingAdd/Del Rows | **List other services** if Changing e.g. OR, MRI, etc | Existing Number of Units1 | Change in Number +/- | Proposed Number of Units | Existing Volume | Proposed Volume |
| + |  | - |  | Acquisition of a CT (Proposed Volume = Number of Scans) | 7 | 1 | 8 | 62,000 | 62,100 |
|  |

1 The existing number of units does not include the portable unit on BIDMC’s West Campus which is primarily dedicated for operating room patients receiving neuro-CT scans.

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