



Massachusetts Department of Public Health

Determination of Need

Change in Service

Version: DRAFT
3-15-17

DRAFT

Application Date: 11/15/2017

Application Number: PHS-17111513-HE

Applicant Information

Applicant Name: Partners HealthCare System, Inc.

Contact Person: Andrew Levine, Esq. Title:

Phone: 6175986700 Ext: E-mail: alevine@dbslawfirm.com

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

Facility Name: Brigham and Women's Hospital CMS Number: 220110 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 (calculate)		Patient Days (Current/ Actual)	Projected Patient Days	Occupancy rate for Operating Beds (Current/Actual)		Average Length of Stay	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating			Current Beds	Projected		
	Acute												
	Medical/Surgical									0%	0%		
	Obstetrics (Maternity)									0%	0%		
	Pediatrics									0%	0%		
	Neonatal Intensive Care									0%	0%		
	ICU/CCU/SICU									0%	0%		
+	-									0%	0%		
	Total Acute									0%	0%		
	Acute Rehabilitation									0%	0%		
+	-									0%	0%		
	Total Rehabilitation									0%	0%		
	Acute Psychiatric												
	Adult									0%	0%		
	Adolescent									0%	0%		

Add/Del Rows		Licensed Beds	Operating Beds	Change in Number of Beds +/-		Number of Beds After Project Completion (calculate)		Patient Days (Current/ Actual)	Projected Patient Days	Occupancy rate for Operating Beds (Current/Actual)		Average Length of Stay	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating			Current Beds	Projected		
	Pediatric									0%	0%		
	Geriatric									0%	0%		
<input type="checkbox"/> <input type="checkbox"/>										0%	0%		
	Total Acute Psychiatric									0%	0%		
	Chronic Disease									0%	0%		
<input type="checkbox"/> <input type="checkbox"/>										0%	0%		
	Total Chronic Disease									0%	0%		
	Substance Abuse												
	detoxification									0%	0%		
	short-term intensive									0%	0%		
<input type="checkbox"/> <input type="checkbox"/>										0%	0%		
	Total Substance Abuse									0%	0%		
	Skilled Nursing Facility												
	Level II									0%	0%		
	Level III									0%	0%		
	Level IV									0%	0%		
<input type="checkbox"/> <input type="checkbox"/>										0%	0%		
	Total Skilled Nursing									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"/>	Emergency Department Expansion and Renovation (Units = Beds and Proposed Volume = Visits)	49	20	69	62,252	66,084
<input type="checkbox"/> <input type="checkbox"/>	7T MRI (Proposed Volume = Number of Scans)	0	1	1	0	1,500
<input type="checkbox"/> <input type="checkbox"/>	Linear Accelerator/MRI (Proposed Volume = Number of Treatments)	0	1	1	0	5,389
<input type="checkbox"/> <input type="checkbox"/>	MRI Simulator (Proposed Volume = Number of Scans)	0	1	1	0	1,288
<div> <div>Add additional Facility</div> <div>Delete this Facility</div> </div>						

Document Ready for Filing

When document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form. To make changes to the document un-check the "document is ready to file" box.
Edit document then lock file and submit Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the "E-mail submission to Determination of Need" button.

This document is ready to file:

☒

Date/time Stamp: 11/15/2017 1:57 pm

E-mail submission to
Determination of Need