Massachusetts Department of Public Health
Determination of Need
Change in Service

Version: DRAFT 6-14-17

DRAFT

Application Number: NEWCO-17082413-TO

Original Application Date: 09/08/2017

Applicant Information

Applicant Name: Lahey Health System, Inc. (the parent of Lahey Clinic Hospital, Inc., Northeast Hospital Corp. and Winchester Hospital), CareGroup, Inc. (the paren

Contact Person: C/O David Spackman

Title: Lahey Health System, General Counsel and SVP Governmental Affairs

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

1 Facility Name: Anna Jaques Hospital

CMS Number: 220029

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	Patient Days	Occupancy rate for Operating Beds		Average Length of Stay (Days)	Number of Discharges	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating	(Current/ Actual)	Projected	Current Beds	Projected		Actual	Projected
	Acute													
	Medical/Surgical	63	59			63	59			0%	0%			
	Obstetrics (Maternity)	12	9			12	9			0%	0%			
	Pediatrics	8	2			8	2			0%	0%			
	Neonatal Intensive Care	0	0			0	0			0%	0%			
	ICU/CCU/SICU	8	6			8	6			0%	0%			
+ -										0%	0%			
	Total Acute	91	76			91	76			0%	0%			
	Acute Rehabilitation									0%	0%			
+ -										0%	0%			
	Total Rehabilitation									0%	0%			
	Acute Psychiatric													

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Add/Del Rows		Licensed Beds Existing	Operating Beds Existing	Change in Number of Beds (+/-) Licensed	Operating	Number of Beds After Project Completion (calculated) Licensed	Operating	Patient Days (Current/ Actual)	Patient Days Projected	Occupancy rate for Operating Beds Current Beds	Projected	Average Length of Stay (Days)	Number of Discharges Actual	Number of Discharges Projected
	Adult	20	20			20	20			0%	0%			
	Adolescent									0%	0%			
	Pediatric	12	4			12	4			0%	0%			
	Geriatric									0%	0%			
+ -										0%	0%			
	Total Acute Psychiatric	32	24			32	24			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													
	Level II									0%	0%			
	Level III									0%	0%			
	Level IV									0%	0%			
+ -										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
+ -						

Add additional Facility   Delete this Facility

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