

## **APPENDIX 5**

### **CHANGE IN SERVICE**



# Massachusetts Department of Public Health

## Determination of Need

### Change in Service

Version: DRAFT  
6-14-17

**DRAFT**

Application Number: BILH-25102211-AS

Original Application Date: 12/02/2025

#### Applicant Information

Applicant Name: Beth Israel Lahey Health, Inc.

Contact Person: Catharine Robertson Szczepanski Title: Vice President of Ambulatory Services

Phone: 7817562114 Ext: E-mail: catharine.a.robertson@lahey.org

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

1 Facility Name: Winchester Hospital CMS Number: 220105 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
	<b>Acute</b>													
	Medical/Surgical	134	134	0	0	134	134			0%	0%			
	Obstetrics (Maternity)	27	27	0	0	27	27			0%	0%			
	Pediatrics	12	12	0	0	12	12			0%	0%			
	Neonatal Intensive Care									0%	0%			
	ICU/CCU/SICU	10	10	0	0	10	10			0%	0%			
<b>+</b>	<b>-</b>									0%	0%			
	Total Acute	183	183	0	0	183	183			0%	0%			
	<b>Acute Rehabilitation</b>									0%	0%			
<b>+</b>	<b>-</b>									0%	0%			
	Total Rehabilitation									0%	0%			
	<b>Acute Psychiatric</b>													

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			
	Adult									0%	0%			
	Adolescent									0%	0%			
	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"/> -	Endoscopy Procedure Rooms	5	3	8	11,079	16,779
<input type="checkbox"/> + <input type="checkbox"/> -	Endoscopy Pre/Post Op Bays	15	7	22	11,079	16,779

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: 12/02/2025 10:21 am

E-mail submission to  
Determination of Need