

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

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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	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	(Days)	Actual	Projected
	Acute													
	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%	
+/-												0%	0%	
	Total Acute	183	183	0	0	183	183					0%	0%	
	Acute Rehabilitation											0%	0%	
+/-												0%	0%	
	Total Rehabilitation											0%	0%	
	Acute Psychiatric													

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%			
+ -										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													
	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
+ -	Endoscopy Procedure Rooms	5	3	8	11,079	16,779
+ -	Endoscopy Pre/Post Op Bays	15	7	22	11,079	16,779

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Determination of Need