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 parer

Contact Person: C/O David Spackman Title: Lahey Health System, General Counsel and SVP Governmental Affairs

Phone: 7817443466 Ext: E-mail: David.G.Spackman@lahey.org

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 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
	Acute													
	Medical/Surgical	493	453	0		493	453			0%	0%			
	Obstetrics (Maternity)	62	51	0		62	51			0%	0%			
	Pediatrics			0		0				0%	0%			
	Neonatal Intensive Care	16	13	0		16	13			0%	0%			
	ICU/CCU/SICU	77	67	0		77	67			0%	0%			
+ -										0%	0%			
	Total Acute	648	584	0		648	584			0%	0%			
	Acute Rehabilitation									0%	0%			
+ -										0%	0%			
	Total Rehabilitation									0%	0%			
	Acute Psychiatric													

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									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
+ -						

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