

Application Number:

**Massachusetts Department of Public Health Determination of Need**

**Change in Service**

Original Application Date:

HH-21071315-HE

07/14/2021

Version: DRAFT 6-14-17

DRAFT

# Applicant Information

Applicant Name:

Heywood Healthcare, Inc

Contact Person: Title:

Rozanna Penney

VP Perioperative Services

Phone: Ext: E-mail:

9786306825

[rozanna.penney@heywood.org](mailto:rozanna.penney@heywood.org)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility: Complete the tables below for each facility listed in the Application Form** | | | | | | | | | | | | | | | |
| **1** | Facility Name: Henry Heywood Memorial Hospital, Inc | | | |  |  |  | CMS Number: | 220095 |  | 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. | | | | | | | | | | | | | | | |
|  | |  | Licensed Beds | 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 | Occupancy rate for Operating Beds  Current Beds Projected | | Average Length of Stay (Days) | Number of Discharges  Actual | Number of Discharges  Projected |
| Add/Del  Rows | |  |  |
|  | | Existing | Projected |
|  | | **Acute** |  | | | | | | | | | | | | |
|  | | Medical/Surgical | 73 | 44 | 0 | 0 | 73 | 44 | 10,242 |  | 64% | 0% | 3.8 | 2,610 |  |
|  | | Obstetrics (Maternity) | 11 | 11 | 0 | 0 | 11 | 11 | 897 |  | 22% | 0% | 2.58 | 378 |  |
|  | | Pediatrics | 7 | 2 | 0 | 0 | 7 | 2 |  |  | 0% | 0% |  |  |  |
|  | | Neonatal Intensive Care | 0 | 0 | 0 | 0 | 0 | 0 |  |  | 0% | 0% |  |  |  |
|  | | ICU/CCU/SICU | 11 | 6 | 0 | 0 | 11 | 6 | 1,375 |  | 63% | 0% | 14.24 | 108 |  |
| + | - | Well Nursery | 13 | 13 | 0 | 0 | 13 | 13 | 861 |  | 18% | 0% | 2.44 | 361 |  |
|  | | Total Acute | 115 | 76 | 0 | 0 | 115 | 76 | 13,375 |  | 48% | 0% | 23.06 | 3,457 |  |
|  | | **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 | | 12 | 7 | 0 | 0 | 12 | 7 | 2,054 |  | | 80% | | 0% | | 7.14 | | 312 | |  |
|  | | | Adolescent | | 0 | 0 | 0 | 0 | 0 | 0 |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Pediatric | | 0 | 0 | 0 | 0 | 0 | 0 |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Geriatric | | 20 | 20 | 0 | 0 | 20 | 20 | 6,792 |  | | 93% | | 0% | | 11.73 | | 551 | |  |
| + | - |  |  | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Total Acute Psychiatric | | 32 | 27 | 0 | 0 | 32 | 27 | 8,846 |  | | 90% | | 0% | | 18.87 | | 863 | |  |
|  | | | **Chronic Disease** | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
| + | - |  |  | | 0 |  | 0 | 0 | 0 | 0 |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Total Chronic Disease | | 0 |  | 0 | 0 | 0 | 0 |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | **Substance Abuse** | |  | | | | | | | | | | | | | | | | | |
|  | | | detoxification | | 0 |  | 0 | 0 | 0 | 0 |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | short-term intensive | | 0 |  | 0 | 0 | 0 | 0 |  |  | | 0% | | 0% | |  | |  | |  |
| + | - |  |  | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Total Substance Abuse | | 0 |  | 0 | 0 | 0 | 0 |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | **Skilled Nursing Facility** | |  | | | | | | | | | | | | | | | | | |
|  | | | Level II | | 0 |  | 0 | 0 | 0 | 0 |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Level III | | 0 |  | 0 | 0 | 0 | 0 |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Level IV | | 0 |  | 0 | 0 | 0 | 0 |  |  | | 0% | | 0% | |  | |  | |  |
| + | - |  |  | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Total Skilled Nursing | | 0 |  | 0 | 0 | 0 | 0 |  |  | | 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 | |
| + |  | - |  | OR rooms | | | | | | | | | 4 | | 2 | | 6 | | 5,400 | | 6,480 | |
|  |  |  |  | |  |  |  | Add additional Facility | |  | Delete this Facility | | |  |  |  |  |  |  |  |  |  |





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| **Facility: Complete the tables below for each facility listed in the Application Form** | | | | | | | | | | | | | | | |
| **2** | Facility Name: Athol Memorial Hospital, inc | | |  |  |  |  | CMS Number: | 221303 |  | 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. | | | | | | | | | | | | | | | |
|  | |  | Licensed Beds | 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 | Occupancy rate for Operating Beds  Current Beds Projected | | Average Length of Stay (Days) | Number of Discharges  Actual | Number of Discharges  Projected |
| Add/Del  Rows | |  |  |
|  | | Existing | Projected |
|  | | **Acute** |  | | | | | | | | | | | | |
|  | | Medical/Surgical | 21 | 18 |  |  | 21 | 18 | 3,570 |  | 54% | 0% | 8.12 | 506 |  |
|  | | Obstetrics (Maternity) |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | | Pediatrics |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | | Neonatal Intensive Care |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | | ICU/CCU/SICU |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| + | - |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | | Total Acute | 21 | 18 |  |  | 21 | 18 | 3,570 |  | 54% | 0% | 8.12 | 506 |  |
|  | | **Acute Rehabilitation** |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| + | - |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | | Total Rehabilitation |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | | **Acute Psychiatric** |  | | | | | | | | | | | | |
|  | | 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% |  |  |  |



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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 |
|  | | | 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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