

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

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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 BedsExisting | 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 BedsCurrent Beds Projected | Average Length of Stay (Days) | Number of DischargesActual | Number of DischargesProjected |
| Add/DelRows |  |  |
|  | 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** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Add/Del Rows |  | Licensed BedsExisting | Operating BedsExisting | Change in Number of Beds ( +/-)Licensed Operating | Number of Beds After Project Completion (calculated)Licensed Operating | Patient Days(Current/ Actual) | Patient DaysProjected | Occupancy rate for Operating BedsCurrent Beds Projected | Average Length of Stay (Days) | Number of DischargesActual | Number of DischargesProjected |
|  | 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 BedsExisting | 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 BedsCurrent Beds Projected | Average Length of Stay (Days) | Number of DischargesActual | Number of DischargesProjected |
| Add/DelRows |  |  |
|  | 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% |  |  |  |



|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Add/Del Rows |  | Licensed BedsExisting | Operating BedsExisting | Change in Number of Beds ( +/-)Licensed Operating | Number of Beds After Project Completion (calculated)Licensed Operating | Patient Days(Current/ Actual) | Patient DaysProjected | Occupancy rate for Operating BedsCurrent Beds Projected | Average Length of Stay (Days) | Number of DischargesActual | Number of DischargesProjected |
|  | 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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