**APPENDIX 5**

**CHANGE IN SERVICE**

 Version DRAFT 6-14-17

**Massachusetts Department of Public Health**

**Determination of Need Change in Service**

Application Number: BILH-23102414-HE

Original Application Date: 07/25/2024

**Applicant Information:**

Applicant Name: Beth Israel Lahey Health, Inc.

Contact Person: Kevin Coughlin

Title: President

Phone: 5087462000

E-mail: kbcoughlin@bidplymouth.org

**Facility:**

Complete the tables below for each facility listed in the Application Form

1 Facility Name: Beth Israel Lahey Health Surgery Center

CMS Number: NA

Facility Type: Freestanding Ambulatory Surgery capacity

**Change in Service:**

2.2 Complete the chart below with existing and planned service changes. Add additional services within 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**  | **Number of Discharges** | **Number of Discharges** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Existing | Existing | Licensed | Operating | Licensed | Operating | (Current/ Actual) | Projected | Current Beds | Projected | (Days) | Actual | Projected |
|  | **Acute** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Medical/ Surgical | 120 | 120 |  |  | 120 | 120 | 50,328 | 50,328 | 115% | 115% | 3.84 | 13,084 | 13,084 |
|  | Obstetrics (Maternity) | 18 | 18 |  |  | 18 | 18 | 3,061 | 3,061 | 47% | 47% | 2.76 | 1,110 | 1,110 |
|  | Pediatrics | 0 | 0 |  |  | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
|  | Neonatal Intensive Care | 6 | 6 |  |  | 6 | 6 | 1,507 | 1,507 | 69% | 69% | 12.45 | 121 | 121 |
|  | ICU/CCU/SICU | 13 | 13 |  |  | 13 | 13 | 3,909 | 3,909 | 82% | 82% | 9.9 | 395 | 395 |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Acute | 157 | 157 |  |  | 157 | 157 | 58,805 | 58,805 | 103% | 103% | 28.95 | 14,710 | 14,710 |
|  | **Acute Rehabilitation** |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| +/- | Encompass Health Rehabil |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Rehabilitation |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Acute Psychatric** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Adult |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Adolescent |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Pediatric |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Geriatric |  |  |  |  |  |  |  |  | 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% |  |  |  |

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** |
| +/- | Emergency Department Expansion and Renovation | 50 | 17 | 67 | 43,609 | 48,326 |

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