**Attachment 6**

**Change in Service Table**

 Version 6-14-17

**Massachusetts Department of Public Health**

**Determination of Need Change in Service**

Application Number: DFCI-23040915-HE

Original Application Date: 10/24/2024

**Applicant Information:**

Applicant Name: Dana-Farber Cancer Institute, Inc.

Contact Person: Benjamin Wilson

Title: Partner, Ropes & Gray, counsel to the Applicant

Phone: 6179517336

E-mail: Benjamin.Wilson@ropesgray.com

**Facility:**

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

1 Facility Name: Dana-Farber Cancer Institute, Inc.

CMS Number: 220162

Facility Type: Hospital

**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 | 30  | 30 | 250 | 250 | 280 | 280 | 9,663 | 97,103 | 88% | 95% | 7.5 | 1,295 | 12,111 |
|  | Obstetrics (Maternity) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
|  | Pediatrics | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
|  | Neonatal Intensive Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
|  | ICU/CCU/SICU | 0 | 0 | 20  | 20  | 20  | 20  | 0 | 6,936 | 0% | 95% | 0 | 0 | 0 |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Acute | 30  | 30 | 270 | 270 | 300 | 300 | 9,663 | 104,039 | 88% | 95% | 7.5 | 1,295 | 12,111 |
|  | **Acute Rehabilitation** | 0 | 0 |  | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Rehabilitation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
|  | **Acute Psychiatric** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Adult | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
|  | Adolescent | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
|  | Pediatric | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
|  | Geriatric | 0 | 0 |  | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
| +/- |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Total Acute Psychiatric | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
|  | **Chronic Disease** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Chronic Disease | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
|  | **Substance Abuse** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Detoxification | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
|  | Short-term intensive | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Substance Abuse | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
|  | **Skilled Nursing Facility** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Level II | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
|  | Level III | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
|  | Level IV | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 0 | 0 |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Skilled Nursing | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0% | 0% | 0 | 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** |
| +/- | MRI  | 2 | 2 | 4 | 8,008 | 12,632 |
| +/- | CT  | 3 | 2 | 5 | 30,513 | 50,801 |
| +/- | PET-CT  | 2 | 1 | 3 | 6,792 | 12,401 |
| +/- | LINAC  | 3 | 3 | 6 | 25,356 | 42,000 |
| +/- | CT Simulator  | 0 | 2 | 2 | 0 | 2,475 |

1. The existing volume in this form does not include the volume from the Applicant's Chestnut Hill site.

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