 Version 6-14-17

**Massachusetts Department of Public Health**

**Determination of Need Change in Service**

Application Number: BCH-23082514-HE

Original Application Date: 09/06/2023

**Applicant Information:**

Applicant Name: The Children's Medical Center Corporation

Contact Person: Donna M Casey

Title: Senior Vice President, Strategic Business Planning

Phone: 6173552683

E-mail: donna.casey@childrens.harvard.edu

**Facility:**

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

1 Facility Name: Franciscan Hospital for Children

CMS Number: 22-3300

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 |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Obstetrics (Maternity) |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Pediatrics | 40 | 40 | -40 | -40 | 0 | 0 | 11,629 | 0 | 80% | 0% | 62.5 | 186 | 0 |
|  | Neonatal Intensive Care |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | ICU/CCU/SICU |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| +/- | Pediatric Level II Specialty |  |  | 60 | 60 | 60 | 60 | 0 | 17,520 | 0 | 80% | 62.5 | 0 | 280 |
|  | Total Acute | 40 | 40 | 20 | 20 | 60 | 60 | 11,629 | 17,520 | 80% | 80% | 125 | 186 | 280 |
|  | **Acute Rehabilitation** | 40 | 8 | -40 | -8 | 0 | 0 | 2,052 | 0 | 70% | 0% | 62.2 | 33 | 0 |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Rehabilitation | 40 | 8 | -40 | -8 | 0 | 0 | 2,052 | 0 | 70% | 0% | 62.2 | 33 | 0 |
|  | **Acute Psychatric** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Adult |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Adolescent |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Pediatric | 32 | 32 | 16 | 16 | 48 | 48 | 6,892 | 15,768 | 59% | 90% | 29.08 | 237 | 542 |
|  | Geriatric |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| +/- | Intellectual and Developmental Disability (IDD) |  |  | 8 | 8 | 8 | 8 | 0 | 2,336 | 0% | 80% | 29.08 | 0 | 80 |
|  | Total Acute Psychiatric | 32 | 32 | 24 | 24 | 56 | 56 | 6,892 | 18,104 | 59% | 89% | 58.16 | 237 | 622 |
|  | **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** |
| +/- | Operating Room | 3 | 1 | 4 | 2,713 | 4,096 |

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