



Massachusetts Department of Public Health

Determination of Need

Change in Service

Version: DRAFT
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DRAFT

Application Number: DFCI-18060111-HE

Original Application Date: 07/19/2018

Applicant Information

Applicant Name: Dana-Farber Cancer Institute, Inc.

Contact Person: Elizabeth Liebow Title: Senior Vice President of Business Development, Clinical Planning and Community Site Operations

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

1 Facility Name: Dana Farber Cancer Institute CMS Number: 220162 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.

Add/Del Rows		Licensed Beds	Operating Beds	Change in Number of Beds (+/-)		Number of Beds After Project Completion (calculated)		Patient Days (Current/ Actual)	Patient Days Projected	Occupancy rate for Operating Beds		Average Length of Stay (Days)	Number of Discharges	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating			Current Beds	Projected	(Days)	Actual	Projected
	Acute													
	Medical/Surgical									0%	0%			
	Obstetrics (Maternity)									0%	0%			
	Pediatrics									0%	0%			
	Neonatal Intensive Care									0%	0%			
	ICU/CCU/SICU									0%	0%			
+	-									0%	0%			
	Total Acute									0%	0%			
	Acute Rehabilitation									0%	0%			
+	-									0%	0%			
	Total Rehabilitation									0%	0%			
	Acute Psychiatric													

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 (Days)	Number of Discharges	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating	(Current/ Actual)	Projected	Current Beds	Projected		Actual	Projected
	Adult									0%	0%			
	Adolescent									0%	0%			
	Pediatric									0%	0%			
	Geriatric									0%	0%			
<div>+ -</div>										0%	0%			
	Total Acute Psychiatric									0%	0%			
	Chronic Disease									0%	0%			
<div>+ -</div>										0%	0%			
	Total Chronic Disease									0%	0%			
	Substance Abuse													
	detoxification									0%	0%			
	short-term intensive									0%	0%			
<div>+ -</div>										0%	0%			
	Total Substance Abuse									0%	0%			
	Skilled Nursing Facility													
	Level II									0%	0%			
	Level III									0%	0%			
	Level IV									0%	0%			
<div>+ -</div>										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
<input type="checkbox"/> + <input type="checkbox"/> -	Chestnut Hill Expansion - Addition of Examination Rooms (Units = number of Exam Rooms)	115	45	160	219,927	273,690
<input type="checkbox"/> + <input type="checkbox"/> -	Chestnut Hill Expansion - Addition of Infusion Chairs (Units = number of Infusion Chairs)	156	65	221	102,889	128,059
<input type="checkbox"/> + <input type="checkbox"/> -	MRI (Existing and Proposed Volume = Number of Scans)	2	2	4	6,962	10,401
<input type="checkbox"/> + <input type="checkbox"/> -	CT (Existing and Proposed Volume = Number of Scans)	3	2	5	30,343	47,986
<input type="checkbox"/> + <input type="checkbox"/> -	PET/CT (Existing and Proposed Volume = Number of Scans)	2	1	3	3,875	7,065

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Date/time Stamp: 07/19/2018 3:35 pm

E-mail submission to
Determination of Need