Massachusetts Department of Public Health
Determination of Need
Change in Service

Version: DRAFT 6-14-17

DRAFT

Application Number: NEWCO-17082413-TO Original Application Date: 9//8//2017

Applicant Information

Applicant Name: Lahey Health System, Inc. (the parent of Lahey Clinic Hospital, Inc., Northeast Hospital Corp. and Winchester Hospital), CareGroup, Inc. (the par

Contact Person: C/O David Spackman Title: Lahey Health System, General Counsel and SVP Governmental Affairs

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

1 Facility Name: New England Baptist Hospital CMS Number: 220088 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 Existing	Operating Beds Existing	Change in Number of Beds (+/-) Licensed	Change in Number of Beds (+/-) Operating	Number of Beds After Project Completion (calculated) Licensed	Number of Beds After Project Completion (calculated) Operating	Patient Days (Current/ Actual)	Patient Days Projected	Occupancy rate for Operating Beds Current Beds	Occupancy rate for Operating Beds Projected	Average Length (Days)	Number of Discharges Actual	Number of Discharges Projected
	Acute													
	Medical/Surgical	108	90			108	90			0%	0%			
	Obstetrics (Maternity)									0%	0%			
	Pediatrics									0%	0%			
	Neonatal Intensive Care									0%	0%			
	ICU/CCU/SICU	10	10			10	10			0%	0%			
+ -										0%	0%			
	Total Acute	118	100			118	100			0%	0%			
	Acute Rehabilitation									0%	0%			
+ -										0%	0%			
	Total Rehabilitation									0%	0%			
	Acute Psychiatric													

Add/Del Rows		Licensed Beds Existing	Operating Beds Existing	Change in Number of Beds (+/-) Licensed	Operating	Number of Beds After Project Completion (calculated) Licensed	Operating	Patient Days (Current/ Actual)	Projected	Occupancy rate for Operating Beds Current Beds	Projected	Average Length (Days)	Number of Discharges Actual	Number of Discharges Projected
	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%			
	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
+ -						

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