# Massachusetts Department of Public Health
# Determination of Need
# Change in Service

Version: DRAFT 3-15-17

**DRAFT**

Application Date: 09/08/2017 Application Number: NEWCO-17080111-TO

## Applicant Information

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

Contact Person: David Spackman Title: General Counsel and SVP Governmental Affairs

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

Facility Name: Northeast Hospital Corporation CMS Number: 220033 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 (calculate) Licensed | Number of Beds After Project Completion (calculate) Operating | Patient Days (Current/ Actual) | Projected Patient Days | Occupancy rate for Operating Beds (Current/Actual) Current Beds | Occupancy rate for Operating Beds (Current/Actual) Projected | Average Length of Stay | Number of Discharges |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Acute** | | | | | | | | | | | | |
| | Medical/Surgical | 203 | 177 | | | 203 | 177 | | | 0% | 0% | | |
| | Obstetrics (Maternity) | 31 | 31 | | | 31 | 31 | | | 0% | 0% | | |
| | Pediatrics | 16 | 11 | | | 16 | 11 | | | 0% | 0% | | |
| | Neonatal Intensive Care | 0 | 0 | | | 0 | 0 | | | 0% | 0% | | |
| | ICU/CCU/SICU | 22 | 18 | | | 22 | 18 | | | 0% | 0% | | |
| + - | | | | | | | | | | 0% | 0% | | |
| | Total Acute | 272 | 237 | | | 272 | 237 | | | 0% | 0% | | |
| | **Acute Rehabilitation** | 0 | 0 | | | 0 | 0 | | | 0% | 0% | | |
| + - | | | | | | | | | | 0% | 0% | | |
| | Total Rehabilitation | 0 | 0 | | | 0 | 0 | | | 0% | 0% | | |
| | **Acute Psychiatric** | | | | | | | | | | | | |
| | Adult | 92 | 92 | | | 92 | 92 | | | 0% | 0% | | |
| | Adolescent | 0 | 0 | | | 0 | 0 | | | 0% | 0% | | |

| Add/Del Rows | | Licensed Beds Existing | Operating Beds Existing | Change in Number of Beds =/- Licensed | Operating | Number of Beds After Project Completion (calculate) Licensed | Operating | Patient Days (Current/ Actual) | Projected Patient Days | Occupancy rate for Operating Beds (Current/Actual) Current Beds | Projected | Average Length of Stay | Number of Discharges |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Pediatric | | | | | | | | | 0% | 0% | | |
| | Geriatric | | | | | | | | | 0% | 0% | | |
| + - | | | | | | | | | | 0% | 0% | | |
| | Total Acute Psychiatric | 92 | 92 | | | 92 | 92 | | | 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 |
|---|---|---|---|---|---|---|
| + - | | | | | | |

Add additional Facility  Delete this Facility

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