

APPENDIX 5

CHANGE IN SERVICE



Massachusetts Department of Public Health

Determination of Need

Change in Service

Version: DRAFT
6-14-17

DRAFT

Application Number: BILH-23102414-HE

Original Application Date: 07/25/2024

Applicant Information

Applicant Name: Beth Israel Lahey Health, Inc.

Contact Person: Kevin Coughlin Title: President

Phone: 5087462000 Ext: E-mail: kbcoughlin@bidplymouth.org

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

1 Facility Name: Beth Israel Deaconess Hospital - Plymouth CMS Number: 220060 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	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	(Days)	Actual	Projected
	Acute													
	Medical/Surgical	120	120			120	120	50,328	50,328	115%	115%	3.84	13,084	13,084
	Obstetrics (Maternity)	18	18			18	18	3,061	3,061	47%	47%	2.76	1,110	1,110
	Pediatrics	0	0			0	0	0	0	0%	0%	0	0	0
	Neonatal Intensive Care	6	6			6	6	1,507	1,507	69%	69%	12.45	121	121
	ICU/CCU/SICU	13	13			13	13	3,909	3,909	82%	82%	9.9	395	395
<div>+ -</div>										0%	0%			
	Total Acute	157	157			157	157	58,805	58,805	103%	103%	28.95	14,710	14,710
	Acute Rehabilitation									0%	0%			
<div>+ -</div>										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 (Current/ Actual)	Patient Days Projected	Occupancy rate for Operating Beds		Average Length of Stay (Days)	Number of Discharges Actual	Number of Discharges Projected
		Existing	Existing	Licensed	Operating	Licensed	Operating			Current Beds	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
<div>+ -</div>	Emergency Department Expansion and Renovation	50	17	67	43,609	48,326

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