

Attachment 6
Change in Service Table



Massachusetts Department of Public Health
Determination of Need
Change in Service

Version: DRAFT
6-14-17

Application Number: DFCI-23040915-HE Original Application Date: 10/24/2024

Applicant Information

Applicant Name: Dana-Farber Cancer Institute, Inc.
Contact Person: Benjamin Wilson Title: Partner, Ropes & Gray, counsel to the Applicant
Phone: 6179517336 Ext: E-mail: Benjamin.Wilson@ropesgray.com

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

1 Facility Name: Dana-Farber Cancer Institute, Inc. 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	30	30	250	250	280	280	9,663	97,103	88%	95%	7.5	1,295	12,111
	Obstetrics (Maternity)	0	0	0	0	0	0	0	0	0%	0%	0	0	0
	Pediatrics	0	0	0	0	0	0	0	0	0%	0%	0	0	0
	Neonatal Intensive Care	0	0	0	0	0	0	0	0	0%	0%	0	0	0
	ICU/CCU/SICU	0	0	20	20	20	20	0	6,936	0%	95%	0	0	0
+ -										0%	0%			
	Total Acute	30	30	270	270	300	300	9,663	104,039	88%	95%	7.5	1,295	12,111
	Acute Rehabilitation	0	0		0	0	0	0	0	0%	0%	0	0	0
+ -										0%	0%			
	Total Rehabilitation	0	0		0	0	0	0	0	0%	0%	0	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		Occupancy rate for Operating Beds		Average Length of Stay (Days)	Number of Discharges	
		Existing		Existing		Licensed	Operating	Licensed	Operating	(Current/ Actual)	Projected	Current Beds	Projected		Actual	Projected
	Adult	0		0		0	0	0	0	0	0	0%	0%	0	0	0
	Adolescent	0		0		0	0	0	0	0	0	0%	0%	0	0	0
	Pediatric	0		0		0	0	0	0	0	0	0%	0%	0	0	0
	Geriatric	0		0			0	0	0	0	0	0%	0%	0	0	0
+	-											0%	0%			
	Total Acute Psychiatric	0		0		0	0	0	0	0	0	0%	0%	0	0	0
	Chronic Disease	0		0		0	0	0	0	0	0	0%	0%	0	0	0
+	-											0%	0%			
	Total Chronic Disease	0		0		0	0	0	0	0	0	0%	0%	0	0	0
	Substance Abuse															
	detoxification	0		0		0	0	0	0	0	0	0%	0%	0	0	0
	short-term intensive	0		0		0	0	0	0	0	0	0%	0%	0	0	0
+	-											0%	0%			
	Total Substance Abuse	0		0		0	0	0	0	0	0	0%	0%	0	0	0
	Skilled Nursing Facility															
	Level II	0		0		0	0	0	0	0	0	0%	0%	0	0	0
	Level III	0		0		0	0	0	0	0	0	0%	0%	0	0	0
	Level IV	0		0		0	0	0	0	0	0	0%	0%	0	0	0
+	-											0%	0%			
	Total Skilled Nursing	0		0		0	0	0	0	0	0	0%	0%	0	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 ¹	Proposed Volume
<div>+ -</div>	MRI	2	2	4	8,008	12,632
<div>+ -</div>	CT	3	2	5	30,513	50,801
<div>+ -</div>	PET-CT	2	1	3	6,792	12,401
<div>+ -</div>	LINAC	3	3	6	25,356	42,000
<div>+ -</div>	CT Simulator	0	2	2	0	2,475

1. The existing volume in this form does not include the volume from the Applicant's Chestnut Hill site.

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