



Massachusetts Department of Public Health

Determination of Need

Change in Service

Version: DRAFT
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DRAFT

Application Number: HH-21071315-HE

Original Application Date: 07/14/2021

Applicant Information

Applicant Name: Heywood Healthcare, Inc

Contact Person: Rozanna Penney Title: VP Perioperative Services

Phone: 9786306825 Ext: E-mail: rozanna.penney@heywood.org

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

1 Facility Name: Henry Heywood Memorial Hospital, Inc CMS Number: 220095 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	73	44	0	0	73	44	10,242		64%	0%	3.8	2,610	
	Obstetrics (Maternity)	11	11	0	0	11	11	897		22%	0%	2.58	378	
	Pediatrics	7	2	0	0	7	2			0%	0%			
	Neonatal Intensive Care	0	0	0	0	0	0			0%	0%			
	ICU/CCU/SICU	11	6	0	0	11	6	1,375		63%	0%	14.24	108	
<input type="checkbox"/> + <input type="checkbox"/> -	Well Nursery	13	13	0	0	13	13	861		18%	0%	2.44	361	
	Total Acute	115	76	0	0	115	76	13,375		48%	0%	23.06	3,457	
	Acute Rehabilitation									0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -										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	12	7	0	0	12	7	2,054		80%	0%	7.14	312	
	Adolescent	0	0	0	0	0	0			0%	0%			
	Pediatric	0	0	0	0	0	0			0%	0%			
	Geriatric	20	20	0	0	20	20	6,792		93%	0%	11.73	551	
<input type="checkbox"/> + <input type="checkbox"/> -										0%	0%			
	Total Acute Psychiatric	32	27	0	0	32	27	8,846		90%	0%	18.87	863	
	Chronic Disease									0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -		0		0	0	0	0			0%	0%			
	Total Chronic Disease	0		0	0	0	0			0%	0%			
	Substance Abuse													
	detoxification	0		0	0	0	0			0%	0%			
	short-term intensive	0		0	0	0	0			0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -										0%	0%			
	Total Substance Abuse	0		0	0	0	0			0%	0%			
	Skilled Nursing Facility													
	Level II	0		0	0	0	0			0%	0%			
	Level III	0		0	0	0	0			0%	0%			
	Level IV	0		0	0	0	0			0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -										0%	0%			
	Total Skilled Nursing	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	Proposed Volume
<input type="checkbox"/> + <input type="checkbox"/> -	OR rooms	4	2	6	5,400	6,480

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

2 Facility Name: Athol Memorial Hospital, inc

CMS Number: 221303

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		Actual	Projected
	Acute													
	Medical/Surgical	21	18			21	18	3,570		54%	0%	8.12	506	
	Obstetrics (Maternity)									0%	0%			
	Pediatrics									0%	0%			
	Neonatal Intensive Care									0%	0%			
	ICU/CCU/SICU									0%	0%			
+	-									0%	0%			
	Total Acute	21	18			21	18	3,570		54%	0%	8.12	506	
	Acute Rehabilitation									0%	0%			
+	-									0%	0%			
	Total Rehabilitation									0%	0%			
	Acute Psychiatric													
	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%			

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		Actual	Projected
	Total Substance Abuse									0%	0%			
	Skilled Nursing Facility													
	Level II									0%	0%			
	Level III									0%	0%			
	Level IV									0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -										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"/> -						

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