

APPENDIX 6

CHANGE IN SERVICE



Massachusetts Department of Public Health

Determination of Need

Change in Service

Version: DRAFT
6-14-17

DRAFT

Application Number: SH-24100710-HE

Original Application Date: 12/05/2024

Applicant Information

Applicant Name: Sturdy Health Foundation, Inc.

Contact Person: Amy Pfeffer Title: Chief Financial Officer

Phone: 5082368013 Ext: E-mail: APfeffer@SturdyHealth.org

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

1 Facility Name: Sturdy Memorial Hospital CMS Number: 220008 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		Actual	Projected
	Acute													
	Medical/Surgical	94	94	0	0	94	94			0%	0%			
	Obstetrics (Maternity)	18	18	0	0	18	18			0%	0%			
	Pediatrics									0%	0%			
	Neonatal Intensive Care									0%	0%			
	ICU/CCU/SICU	14	14	0	0	14	14			0%	0%			
<div>+ -</div>										0%	0%			
	Total Acute	126	126	0	0	126	126			0%	0%			
	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		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%			
	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>	Treatment Beds	36	14	50	52,160	54,160
<div>+ -</div>						

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Date/time Stamp: 12/04/2024 4:00 pm

E-mail submission to
Determination of Need