APPENDIX 7

CHANGE IN SERVICE

Massachusetts Department of Public Health
Determination of Need
Change in Service

Version: DRAFT 6-14-17

DRAFT

Application Number: UMMHC-22042514-HE   Original Application Date: 06/10/2022

Applicant Information

Applicant Name: UMass Memorial Health Care, Inc.

Contact Person: David Bierschied   Title: Sr. Director of Strategic Financial Planning

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

1 Facility Name: UMass Memorial Medical Center   CMS Number: 22-0163   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	462	462	91	91	553	553	153,013	178,756	91%	89%	5.7	26,676	31,439
	Obstetrics (Maternity)	65	65	0	0	65	65			0%	0%			
	Pediatrics	41	41	0	0	41	41			0%	0%			
	Neonatal Intensive Care	27	27	0	0	27	27			0%	0%			
	ICU/CCU/SICU	114	114	0	0	114	114			0%	0%			
+ -	Psychiatric	40	40	0	0	40	40			0%	0%			
	Total Acute	749	749	91	91	840	840	153,013	178,756	56%	58%	5.7	26,676	31,439
	Acute Rehabilitation									0%	0%			
+ -										0%	0%			
	Total Rehabilitation									0%	0%			
	Acute Psychiatric													

Add/Del Rows		Licensed Beds Existing	Operating Beds Existing	Change in Number of Beds (+/-) Licensed		Number of Beds After Project Completion (calculated) Licensed		Patient Days (Current/ Actual)	Patient Days Projected	Occupancy rate for Operating Beds Current Beds		Average Length of Stay (Days)	Number of Discharges Actual	Number of Discharges Projected
				Licensed	Operating	Licensed	Operating			Current Beds	Projected			
	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%			
	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
+ -	CT	6	1	7	85,730	97,665

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