

BCH-20171411-HE

Application Number:

**Massachusetts Department of Public Health Determination of Need**

**Change in Service**

Original Application Date:

07/15/2021

Version: DRAFT 6-14-17

DRAFT

# Applicant Information

Applicant Name:

The Children's Medical Center Corporation

Contact Person: Title:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility: Complete the tables below for each facility listed in the Application Form** | | | | | | | | | | | | | | | |
| **1** | Facility Name: The Children's Hospital | | |  |  |  |  | CMS Number: | 22-3302 |  | 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. | | | | | | | | | | | | | | | |
|  | |  | Licensed Beds | Operating Beds  Existing | Change in Number of Beds ( +/-)  Licensed Operating | | Number of Beds After Project Completion (calculated)  Licensed Operating | | Patient Days  (Current/ Actual) | Patient Days | Occupancy rate for Operating Beds  Current Beds Projected | | Average Length of Stay (Days) | Number of Discharges  Actual | Number of Discharges  Projected |
| Add/Del  Rows | |  |  |
|  | | Existing | Projected |
|  | | **Acute** |  | | | | | | | | | | | | |
|  | | Medical/Surgical |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | | Obstetrics (Maternity) |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | | Pediatrics | 272 | 283 |  |  | 272 | 283 | 81,488 | 81,488 | 79% | 79% | 4.4 | 18,267 | 18,267 |
|  | | Neonatal Intensive Care | 24 | 24 |  |  | 24 | 24 | 7,817 | 7,817 | 89% | 89% | 22.9 | 341 | 341 |
|  | | ICU/CCU/SICU | 108 | 97 |  |  | 108 | 97 | 27,932 | 27,932 | 79% | 79% | 21.4 | 1,301 | 1,301 |
| + - | | Waltham Pediatrics | 11 | 11 |  |  | 11 | 11 | 775 | 775 | 19% | 19% | 1.02 | 757 | 757 |
|  | | Total Acute | 415 | 415 |  |  | 415 | 415 | 118,012 | 118,012 | 78% | 78% | 49.72 | 20,666 | 20,666 |
|  | | **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 Operating | | Number of Beds After Project Completion (calculated)  Licensed Operating | | Patient Days  (Current/ Actual) | Patient Days  Projected | Occupancy rate for Operating Beds  Current Beds Projected | | Average Length of Stay (Days) | Number of Discharges  Actual | Number of Discharges  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 |
| + | - | Waltham OR | | 6 | 0 | 6 | 471,559 | 499,474 |
| + | - | Lexington OR | | 4 | -4 | 0 | 186,242 | 0 |
| + | - | Needham OR | | 0 | 8 | 8 | 0 | 584,571 |
| + | - | Longwood OR | | 24 | 0 | 24 | 2,766,251 | 3,300,702 |
| + | - |  | |  |  |  |  |  |
| + | - | Longwood MRI | | 8 | 0 | 8 | 169,511 | 193,369 |
| + | - | Peabody MRI | | 1 | 0 | 1 | 10,259 | 11,857 |
| + | - | Waltham MRI | | 1 | 0 | 1 | 41,139 | 20,570 |
| + | - | Needham MRI | | 0 | 1 | 1 | 0 | 14,500 |
| + | - | Weymouth MRI | | 0 | 1 | 1 | 0 | 14,500 |
|  |  | Add additional Facility | Delete this Facility | |  |  |  |  |

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