



Massachusetts Department of Public Health

Determination of Need

Change in Service

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DRAFT

Application Number: PHS-18050912-AM

Original Application Date: 10/07/2015

Applicant Information

Applicant Name: Partners HealthCare System, Inc.

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

1 Facility Name: North Shore Medical Center

CMS Number: 220035

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									0%	0%			
	Obstetrics (Maternity)									0%	0%			
	Pediatrics									0%	0%			
	Neonatal Intensive Care									0%	0%			
	ICU/CCU/SICU									0%	0%			
<input type="checkbox"/>	<input type="checkbox"/>									0%	0%			
	Total Acute									0%	0%			
	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	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating			Current Beds	Projected		Actual	Projected
	Adult	26	26	34	34	60	60	9,164	19,710	97%	90%	12.11	757	1,971
	Adolescent									0%	0%			
	Pediatric	20	20	10	10	30	30	5,497	9,034	75%	83%	10.29	534	753
	Geriatric	20	20	10	10	30	30	6,285	9,855	86%	90%	18.93	332	657
<input type="checkbox"/> + <input type="checkbox"/> -										0%	0%			
	Total Acute Psychiatric	66	66	54	54	120	120	20,946	38,599	87%	88%	41.33 *	1,623	3,381
	Chronic Disease									0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -										0%	0%			
	Total Chronic Disease									0%	0%			
	Substance Abuse													
	detoxification									0%	0%			
	short-term intensive									0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -										0%	0%			
	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"/> -						

*The form auto-calculates Total Acute Psychiatric Average Length of Stay (Days) using a summation formula, such that the total is sum of the average lengths of stay for adult, pediatric, and geriatric psychiatry (41.33 days). A more accurate total reflects a combined average (12.91 days). This total is reached using the following calculation: Total Acute Psychiatric Patient Days (Current/Actual) / Total Acute Psychiatric Number of Discharges (Actual) = 20,946 days / 1,623 discharges = 12.91 days.

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