



Massachusetts Department of Public Health

Determination of Need

Change in Service

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DRAFT

Application Number: PHS-19040915-HE

Original Application Date: 04/26/2019

Applicant Information

Applicant Name: Partners HealthCare System, Inc.

Contact Person: Andrew Levine Title: Attorney

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

1 Facility Name: The General Hospital Corporation d/b/a Massachusetts General Hospital CMS Number: 220071 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									0%	0%			
	Obstetrics (Maternity)									0%	0%			
	Pediatrics									0%	0%			
	Neonatal Intensive Care									0%	0%			
	ICU/CCU/SICU									0%	0%			
<div>+ -</div>										0%	0%			
	Total Acute									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	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
	Adult									0%	0%			
	Adolescent									0%	0%			
	Pediatric									0%	0%			
	Geriatric									0%	0%			
<input type="button" value="+"/> <input type="button" value="-"/>										0%	0%			
	Total Acute Psychiatric									0%	0%			
	Chronic Disease									0%	0%			
<input type="button" value="+"/> <input type="button" value="-"/>										0%	0%			
	Total Chronic Disease									0%	0%			
	Substance Abuse													
	detoxification									0%	0%			
	short-term intensive									0%	0%			
<input type="button" value="+"/> <input type="button" value="-"/>										0%	0%			
	Total Substance Abuse									0%	0%			
	Skilled Nursing Facility													
	Level II									0%	0%			
	Level III									0%	0%			
	Level IV									0%	0%			
<input type="button" value="+"/> <input type="button" value="-"/>										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"/> -	Renovation and expansion of the Electrophysiology Lab - Existing number of units refers to procedure rooms	3	2	5	3,121	3,563
<input type="checkbox"/> + <input type="checkbox"/> -	Renovation and expansion of the Electrophysiology Lab - Existing number of units refers to recovery bays	1	9	10	3,121	3,563
<input type="checkbox"/> + <input type="checkbox"/> -	Renovation and expansion of the Emergency Department - Existing number of units refers to acute psychiatric bays /treatment rooms	6	14	20	6,590	7,136
<input type="checkbox"/> + <input type="checkbox"/> -	Renovation and expansion of the Endoscopy Service - Existing number of units refers to the number of procedure rooms	10	3	13	34,591	42,606
<input type="checkbox"/> + <input type="checkbox"/> -	Renovation and expansion of the Endoscopy Service - Existing number of units refers to the number of pre- and post-procedural bays	21	10	31	34,591	42,606
<input type="checkbox"/> + <input type="checkbox"/> -	Acquisition of a PET/MR unit for part-time PET/MR clinical use - Existing number of units refers to the number of scanners	0	1	1	0	462
<input type="checkbox"/> + <input type="checkbox"/> -	Part-time MRI-only use - Existing number of units refers to the number of scanners	10	1	11	0	596

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