On March 21, 2022, The Children’s Medical Center Corporation filed an application for Determination of Need requesting approval to transfer the ownership of Franciscan Hospital for Children, Inc. We are submitting additional clarifying information to help facilitate the review of the application. Please note that all data tables that reference BCH reflect data for all entities under The Children’s Medical Center Corporation, and not solely Boston Children’s Hospital.

1. ***A table that summarizes current beds at each location, broken out into categories (behavioral health, CBAT, medical/surgical/ICU, rehab, etc.)***

Boston Children’s Hospital is undergoing a major bed construction and renovation project approved by the Determination of Need office in 2016. A portion of that project is slated to open on June 21st. The table below summarizes BCH licensed bed counts at the beginning of July as well as the bed count when the project is completed. We’ve added the current available bed count at Franciscan Children’s Hospital.



1. ***A table that summarizes our “shared” patients – e.g. who comes to BCH from FCH, who goes to FCH from BCH.***

Boston Children’s Hospital and Franciscan Children’s Hospital coordinate the care of patients across the continuum of care. The table below summarizes the number of transfers in/out between the two facilities as reported in the BCH internal systems.



As reported by FCH, BCH transfers to FCH account for 16.5% of the behavioral health bed days and 81% of the rehabilitation bed days.

1. ***Clarification of wait times for BH services in different categories (IP, CBAT, OP therapy) and/or waitlists.***

BCH does not track wait times for inpatient behavioral health or CBAT services. Summarized below is BCH’s bedded census for behavioral health patients. The bedded demand for this population has doubled between 2019 (pre pandemic) and December 2022. Please note that Waltham opened in October 2021 and was in the process of being fully staffed during that time frame.



BCH wait times for ambulatory behavioral health services is 29 days, developmental medicine services is 37 days, dental services is 73 days. The wait times for dental surgical cases is 5.1 months at BCH.

FCH reports 12-18 months for both outpatient behavioral health therapy and outpatient behavioral health assessment.

1. ***Clarification re increased demand for rehab services.***

FCH’s average daily census for inpatient medical/rehabilitation services increased from 29.1 in FY11 to 40.5 in FY19 before dipping in FY20 and FY21 mainly due to COVID.

Data on referral patterns, looking at recent daily volumes, shows that on any given day there are 5-20 patients seeking admission to Franciscan’s inpatient medical unit who cannot be immediately admitted because of capacity limitations (i.e., staff or beds) but who are otherwise appropriate for FCH’s level of care. Please note that some of those patients may be admitted on a later date when capacity is available.

In addition to those capacity issues within FCH’s scope of service, FCH is aware of demand for other forms of post-acute rehabilitation services that it is not currently able to provide, including, for example, a potential Disorders of Consciousness Program for acquired brain injury patients.

1. ***Clarification re transfers out of MA and/or out of NE because services unavailable.***

There is no readily available source of public data for transfers out of the region. However, there are often rehab patients on our waiting list and/or the Spaulding wait list because there is not an available rehab bed in local region. And there are often complex/technology dependent kids on the waiting list from acute care hospitals because FCH (the only pediatric post-acute care provider able to serve the most medically complex children in MA, even those on ventilators) does not have an available bed.

FCH scope of rehab/post-acute practice is restricted by access to specialists and lack of advanced equipment/technology). Through the affiliation, the parties would be able to expand FCH scope potentially by improving staffing, facilities and technology.

1. ***Baseline data for measures listed on page 27***

In order to establish a baseline of activity for behavioral health and rehabilitation services, the following table summarizes current activity.

