**ATTACHMENT 7 CHANGE IN SERVICE FORM**

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

Version:

DRAFT 6-14-17

**Change in Service DRAFT**

Application Number: Original Application Date:

21040109-HS

 **Applicant Information**

South Shore Health System, Inc.

Aurthur Mombourquette

Title: Vice President, Support Services and Site Management

7816248565

Ext:

E-mail: amombourquette@southshorehealth.org

Applicant Name:

Contact Person:

Phone:

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| **Facility: Complete the tables below for each facility listed in the Application Form** |
| **1** Facility Name: South Shore Hospital CMS Number: 220100 |  | 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 BedsExisting | Operating BedsExisting | Change in Number of Beds ( +/-)Licensed Operating | Number of Beds After Project Completion (calculated)Licensed Operating | Patient Days(Current/ Actual) | Patient DaysProjected | Occupancy rate for Operating BedsCurrent Beds Projected | Average Length of Stay (Days) | Number of DischargesActual | Number of DischargesProjected |
|  | **Acute** |  |
|  | Medical/Surgical |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Obstetrics (Maternity) |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Pediatrics |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Neonatal Intensive Care |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | ICU/CCU/SICU |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| + - |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Acute |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Acute Rehabilitation** |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| + - |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Rehabilitation |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Acute Psychiatric** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Add/Del Rows |  | Licensed BedsExisting | Operating BedsExisting | Change in Number of Beds ( +/-)Licensed Operating | Number of Beds After Project Completion (calculated)Licensed Operating | Patient Days(Current/ Actual) | Patient DaysProjected | Occupancy rate for Operating BedsCurrent Beds Projected | Average Length of Stay (Days) | Number of DischargesActual | Number of DischargesProjected |
|  | 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 |
| + - | MRI | 3 | 1 | 4 | 14,907 | 20,749 |
|  |

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