**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

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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 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 |
|  | **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 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 | |
| + - | | MRI | | | | | | | | | 3 | | 1 | | 4 | | 14,907 | | 20,749 | |
|  | | | | | | | | | | | | | | | | | | | | |

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