Massachusetts Department of Public Health
Determination of Need
Change in Service

Version: DRAFT 6-14-17

DRAFT

Application Number: -18092615-AM Original Application Date: 04/02/2011

Applicant Information

Applicant Name: Steward Health Care System, LLC

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

1 Facility Name: St. Elizabeth's Medical Center CMS Number: 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	Change in Number of Beds (+/-) Operating	Number of Beds After Project Completion (calculated) Licensed	Number of Beds After Project Completion (calculated) Operating	Patient Days (Current/ Actual)	Patient Days Projected	Occupancy rate for Operating Beds Current Beds	Occupancy rate for Operating Beds Projected	Average Length of Stay (Days)	Number of Discharges Actual	Number of Discharges Projected
	Acute													
	Medical/Surgical	*154	*154	16	16	16	16	*35,650	40,010	*70% 0%	64% 0%	4.9	7,256	7,959
	Obstetrics (Maternity)									0%	0%			
	Pediatrics									0%	0%			
	Neonatal Intensive Care									0%	0%			
	ICU/CCU/SICU	28	28	10	10	38	38	8,529	10,379	83% 0%	75% 0%	4.41	2,123	2,354
+ -										0%	0%			
	Total Acute	182	182	26	26	208	208	44,179	50,389	**72% 0%	66% 0%	9.31	9,379	10,313
	Acute Rehabilitation									0%	0%			
+ -										0%	0%			
	Total Rehabilitation									0%	0%			
	Acute Psychiatric													

* The form auto-calculates Occupancy Rates for Operating Beds based on values provided under Operating Beds and Patient Days. Currently, the Hospital is licensed for and operates 154 beds. In 2017, the year for which Patient Day data is provided, the Hospital operated 139 beds with a resulting 35,650 patient days. As a result, Current Beds Occupancy correctly is 70%.

** The form auto-calculates Total Acute Occupancy Rate based on a weighted avergage of Acute Service Occupancy Rates. Given the correct Current Beds Occupancy of 70%, the corect Total Acute Occupancy Rate is 72%.

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
+ -						

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