

APPENDIX 7

CHANGE IN SERVICE



Massachusetts Department of Public Health

Determination of Need

Change in Service

Version: DRAFT
6-14-17

DRAFT

Application Number: 22111516

Original Application Date: 12/30/2022

Applicant Information

Applicant Name: Steward Health Care System LLC

Contact Person: Matthew Hesketh Title: President of Good Samaritan Medical Center

Phone: 5084272602 Ext: E-mail: Matthew.hesketh@steward.org

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

1 Facility Name: Good Samaritan Medical Center CMS Number: 220111 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%			
+	-									0%	0%			
	Total Acute									0%	0%			
	Acute Rehabilitation									0%	0%			
+	-									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 (Current/ Actual)	Patient Days Projected	Occupancy rate for Operating Beds		Average Length of Stay (Days)	Number of Discharges Actual	Number of Discharges Projected
		Existing	Existing	Licensed	Operating	Licensed	Operating			Current Beds	Projected			
	Adult	0	0	39	39	39	39	0	12,812	0%	90%	10	0	1,281
	Adolescent									0%	0%			
	Pediatric									0%	0%			
	Geriatric	16	16	22	22	38	38	452	12,483	8%	90%	11.64	17	892
<input type="button" value="+"/> <input type="button" value="-"/>										0%	0%			
	Total Acute Psychiatric	16	16	61	61	77	77	452	25,295	8%	90%	21.64	17	2,173
	Chronic Disease									0%	0%			
<input type="button" value="+"/> <input type="button" value="-"/>										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="button" value="+"/> <input type="button" value="-"/>						

Document Ready for Filing

When document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form. To make changes to the document un-check the "document is ready to file" box. Edit document then lock file and submit Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the "E-mail submission to Determination of Need" button.

This document is ready to file:



Date/time Stamp: 12/30/2022 2:23 pm

E-mail submission to
Determination of Need